### TAX RETURN FILING INSTRUCTIONS

FORM 990

#### \*\*\*PUBLIC DISCLOSURE COPY\*\*\*

#### FOR THE YEAR ENDING

December 31, 2022

#### **Prepared For:**

Good Tidings Foundation 1469 Rollins Road Burlingame, CA 94010

#### **Prepared By:**

BPM LLP 4200 Bohannon Drive, Suite 250 Menlo Park, CA 94025-1021

#### Amount Due or Refund:

Not applicable

#### Make Check Payable To:

Not applicable

#### Mail Tax Return and Check (if applicable) To:

Not applicable

#### Return Must be Mailed On or Before:

Not applicable

#### **Special Instructions:**

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us by November 15, 2023

An additional copy of Form 990 has been included, to be made available for public inspection upon request. Please note that all statements of donors' contributions are not subject to public inspection and have been removed, as appropriate.

Form 990 must be made available for public inspection for a period of three (3) years, beginning with the date the return is filed. The available document must be an exact copy of the return and schedules, as filed with the IRS, except that the names and the addresses of the contributors may be excluded.

Any organization which fails to comply with this provision is subject to a penalty of \$20 for each day that inspection is not permitted, up to a maximum of \$10,000. Any organization which willfully fails to comply shall be subject to an additional penalty of \$5,000. You are also required to provide copies of the return if you receive such a request. Should you receive a request for inspection or for copies of your return, you may want to contact us for further details.

Form <b>990</b>
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Т

### DR-4683-CA / EM-3592-CA RELIEF 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) 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. 2022 Open to Public Inspection

Dep Inter	epartment of the Treasury ternal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.							Open to Public Inspection	
			ar year, or tax yea	r beginning	and	ending			
в	Check if applicab	C Name of	forganization				D Employe	er identificati	on number
F	Chang	e		CONDATION			94-	3219013	
F	chang		usiness as	box if mail is not delivered to	straat addrass)	Room/suite	E Telephor		
	returr Final	1/69	ROLLINS		Sileel auu 655)	noon/suite		8247366	
	lreturr termi ated	n_		nce, country, and ZIP or fo	reign postal code		G Gross recei		1,777,223.
	Amer		INGAME, C		reign postal code			a group retur	
F	returr Appli tion			cipal officer: LARRY H	ARPER			ordinates?	
L	pend			DAD, BURLINGAM		0			ed? Yes No
1	Тах-ех	empt status:		7	ert no.) 4947(a)(1)				. See instructions
	Websi		GOODTIDIN				1 í	exemption n	
			X Corporation	Trust Association	Other	L Year			ate of legal domicile: CA
	art I	Summary				1 - 104			ato or logar actinente, -
_	1	Briefly describ	e the organization	's mission or most significa	nt activities: ARTS	, EDUC	ATION,	ATHLET	ICS &
Governance		DREAMS	FOR YOUTH	FROM COMMUNIT	IES OF NEED	) IN NO	RTHERN	CALIFC	RNIA AND
nar	2	Check this bo	x if the o	organization discontinued i	ts operations or dispos	sed of more	than 25% of	its net assets	
ver	3	Number of vot		e governing body (Part VI,					14
									13
ŝ	5								5
Activities &	6	Total number	6	75					
cti	7 a	7 a Total unrelated business revenue from Part VIII, column (C), line 12						7a	0.
_	b	Net unrelated	business taxable i	ncome from Form 990-T, Pa	art I, line 11			7b	0.
							Prior Ye		Current Year
đ	8	Contributions	and grants (Part V	III, line 1h)			851	<u>,849.</u>	1,017,962.
Revenue	9	Program servi	ce revenue (Part V	III, line 2g)				0.	0.
eve	10	Investment ind	come (Part VIII, col	umn (A), lines 3, 4, and 7d)				,718.	360,386.
Ξ	11	Other revenue	e (Part VIII, column	(A), lines 5, 6d, 8c, 9c, 10c	, and 11e)			,454.	214,473.
	12	Total revenue	- add lines 8 throu	gh 11 (must equal Part VIII,	, column (A), line 12)		1,505		1,592,821.
	13	Grants and sir	nilar amounts paid	(Part IX, column (A), lines	1-3)		186	<u>,061.</u>	105,000.
	14	•		(Part IX, column (A), line 4)				0.	0.
S	15			nployee benefits (Part IX, c			405	,547.	488,976.
sus	16a	Professional fu	undraising fees (Pa	rt IX, column (A), line 11e)		—		0.	0.
Expenses	b	Total fundraisi	ing expenses (Part	IX, column (D), line 25)	102,0	98.		100	
ш	17			(A), lines 11a-11d, 11f-24e)				,132.	959,403.
	18			(must equal Part IX, colum			1,022	,740.	1,553,379.
	19	Revenue less	expenses. Subtrac	t line 18 from line 12	<u></u>			,281.	39,442.
Net Assets or	1					Be	ginning of Cur		End of Year
sset	ਸ਼ੂ 20	Total assets (F					13,487		11,430,836.
at As	21		(Part X, line 26)					,822.	487,839.
Ĩ	22			otract line 21 from line 20			13,188	,288.	10,942,997.
P	art II	Signature							

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

Sign	Signature of officer	Date									
Here	LARRY HARPER, EXECUTIVE I	DIRECTOR/SEC.									
	Type or print name and title										
Print/Type preparer's name Preparer's signature Date PTIN											
Paid CAROLYN R. AMSTER CAROLYN R. AMSTER 07/12/23 self-employed PO											
Preparer Firm's name BPM LLP Firm's EIN 81-4234											
Use Only	Firm's address 4200 BOHANNON DR	IVE, SUITE 250									
MENLO PARK, CA 94025-1021 Phone no.650-855-6											
May the IF	May the IRS discuss this return with the preparer shown above? See instructions										
232001 12-1	32001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)										

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2022) GOOD TIDINGS FOUNDATION	94-3219013 Page 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: SEE SCHEDULE O.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as r Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$303,173. including grants of \$) (Revenue	D ATHLETES TO LL COURTS & RING THEM BACK WHILE
4b	(Code:) (Expenses \$159,212. including grants of \$105,000.) (Revenue EDUCATION - WE AWARD TEN \$10,000 COMMUNITY SERVICE SCHOLD DESERVING HIGH SCHOOL SENIORS EACH YEAR WHO EXHIBIT A HIC COMMUNITY GIVING WHILE STRIVING FOR HIGHER EDUCATION.	ARSHIPS TO
4c	(Code:) (Expenses \$147,771. including grants of \$) (Revenue WONDER WINTERLAND DURING THE MONTH OF DECEMBER WE HOST TO KIDS INTO OUR WINTER WONDERLAND WHERE THEY CAN SHOP FOR TO RECORD PLAYERS, ETC TO HELP THEM HAVE A HAPPY HOLIDAY.	1,500 DESERVING
4d	Other program services (Describe on Schedule O.) (Expenses \$ 490,811. including grants of \$ ) (Revenue \$	)
4e	Total program service expenses1,100,967.	Form <b>990</b> (2022)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X_
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			37
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			77
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-		х
Ŀ.	Schedule D, Parts XI and XII	12a		
a	Was the organization included in consolidated, independent audited financial statements for the tax year?	101		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	120		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> " <i>Yes</i> ," <i>complete Schedule E</i> Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
14а ь		14a		
U	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
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	110		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		Х
20a		20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		Х

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u> </u>
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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			37
	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Pa	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Fdl				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable <b>1a</b> 6 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable <b>1b</b> 0			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4	v	
	(gambling) winnings to prize winners?	1c	Х	

Form 990 (2022)

Form 990 (2022) GOOD TIDINGS FOUNDATION 94-3219013 Page								
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)							
			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return 2a 5		v					
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	x				
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a oh						
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>				
44	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x				
h	If "Yes," enter the name of the foreign country	<u>+a</u>						
D.	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
	any contributions that were not tax deductible as charitable contributions?	6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7c		X				
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 7f		X X				
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?							
-	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
n 8	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
0	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organization have excess business holdings at any time during the year?							
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:							
а	Initiation fees and capital contributions included on Part VIII, line 12							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
11	Section 501(c)(12) organizations. Enter:							
а	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.)							
	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.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.							
d	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans 13b	1						
	Enter the amount of reserves on hand	14a		x				
14a b	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If</i> " <i>No</i> ," <i>provide an explanation on Schedule O</i>	14a 14b		<u> </u>				
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.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x				
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17						
	If "Yes " complete Form 6069.							

	Form	990	(2022)	)
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## GOOD TIDINGS FOUNDATION

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1 000 0			i ugo
Part VI	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b l	below, and for a "No" re	sponse
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instru		
	Check if Schedule O contains a response or note to any line in this Part VI		X

a Ener the number of volting members of the governing body at the end of the tax year         1a         14           if there are number of volting rights among members of the governing body, of the governing body delegated broad subtrity to an executive committee or similar committee, explain on Schedule 0.         13           D be there the number of volting members in clouded on line 1a, above, who are independent         13           D data yofter, director, trustee, or key employee there a tamily relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other person?         3         X           D D data organization become aware during the year of a significant diversion of the organization's assets?         5         X           D D data organization become aware during the year of a significant diversion of the corganization is assets?         6         X           D D data organization nearements or stock/holders, or other persons who had the power to elect or appoint one or more members of the governing body?         7         X           D D data organization contemporaeously accument the methors bed or writen actions undertaken during the year by the following:         8         8           D Each commute write writen policies and proceedures son stock/holders. or objective indication contemporaeously accument the methors held or writen actions undertaken during the year by the following:         8           D D the organization nearement the methors held or Wells and proceedures son stock/holders. or         7         X		Check if Schedule O contains a response or note to any line in this Part VI									
a Ener the number of volting members of the governing body at the end of the tax year         1a         14           if there are number of volting rights among members of the governing body, of the governing body delegated broad subtrity to an executive committee or similar committee, explain on Schedule 0.         13           D be there the number of volting members in clouded on line 1a, above, who are independent         13           D data yofter, director, trustee, or key employee there a tamily relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other person?         3         X           D D data organization become aware during the year of a significant diversion of the organization's assets?         5         X           D D data organization become aware during the year of a significant diversion of the corganization is assets?         6         X           D D data organization nearements or stock/holders, or other persons who had the power to elect or appoint one or more members of the governing body?         7         X           D D data organization contemporaeously accument the methors bed or writen actions undertaken during the year by the following:         8         8           D Each commute write writen policies and proceedures son stock/holders. or objective indication contemporaeously accument the methors held or writen actions undertaken during the year by the following:         8           D D the organization nearement the methors held or Wells and proceedures son stock/holders. or         7         X	Sec	tion A. Governing Body and Management									
If there are material differences in voting rights among members of the governing body delegated from a wacube committee or similar committee, explain on Schedule O.       13         Ib Enter the number of voting members included on line 1a, above, who are independent					_		Yes	No			
by delegated trace alloring to an excluse committer or similar committer, explain on Scholute 0.         10         13           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 employees to a management duties customarily performed by or under the direct supervision of difficer, directors, trustees, or key employees to a management duties customarily performed by or under the direct supervision of difficer, directors, trustees, or key employees to a management duties customarily performed by or under the direct supervision of difficer, directors, trustees, or key employees to a general document since the prior Form 990 was field?         2         X           4         Did the organization become aware during the year of a significant diversion of the organization's assets?         5         X           5         Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?         7         X           9         D Are any governing body?         8a         X         8b         X           9         D Bid the organization centemproavaluely document the meetings held or written actions undertaken during the year by the following:         an         X           9         D Bid the organization centemproavaluely document the meetings held or written actives an Schedula O.         9         X           9 <td< th=""><th>1a</th><th>Enter the number of voting members of the governing body at the end of the tax year</th><th>1a</th><th></th><th>14</th><th></th><th></th><th></th></td<>	1a	Enter the number of voting members of the governing body at the end of the tax year	1a		14						
b         Entire the number of voting members included on line 1a, above, who are independent         10         13           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 have a lawly relationship or under the direct supervision         3         X           3         Did the organization delegate control over management duties customarily performed by or under the direct supervision         3         X           4         Did the organization become aware during the year of a significant diversion of the organization was may significant changes to its governing documents since the prior Form 990 was filed?         4         X           5         Did the organization have members, stockholders?         6         X           7         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?         7         X           8         Did the organization comenopamously occument the meetings held or written actions undertaken during the year by the following:         8         X           9         Is there any offer, director, trustee, or key employee listed in PAT UI, Secton A, who cannot be reached at the organization relation take any significant diversion of the organization provide by the following:         8         X           9         Is there any offer, director, trustee, or key employee listefin PAT UI, Secton A, who cannot be reached at the		If there are material differences in voting rights among members of the governing body, or if the governing									
2       Did any officer, director, fusites, or key employee have a family relationship or a business relationship with any other officer, director, fusites, or key employees to a management duffes customarily performed by or under the direct supervision of officers, directors, fusitese, or key employees to a management duffes customarily performed by or under the direct supervision of officers, directors, fusitese, or key employees to a management duffes customarily performed by or under the direct supervision of the organization bace members or stockholders? <ul> <li>A</li> <li>X</li> <li>Did the organization bace members or stockholders?</li> <li>Git At organization chave members or stockholders?</li> <li>Did the organization customarization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?</li> <li>Did the organization customarization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?</li> <li>Bit at organization customarization customarization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?</li> <li>Bit at organization customarization and the space stock at the organization's members of stockholders in the activities of such chapters, affiliates, and branches to nearched at the organization frame organization's member and addresses on Schedule O</li> <li>Did the organization have interporting the capters of the governing body?</li> <li>Bit at a store any officer, director, instee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's member and the termation advections on the searched at the organization have withen portions and organization searce and advectors on the persemption and code in the sethore the searched at the org</li></ul>		body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
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officer, director, functers, tracters, or key employee?     2     X       3     Did the organization delegate control over management during or other person?     3     X       4     Did the organization backers, tracters, tracters, or key employees to a management company or other person?     4     X       4     Did the organization backers aware during the year of a significant diversion of the organization's assets?     5     X       5     Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members and the governing body?     7a     X       8     Did the organization backers members, stockholders, or other persons who had the power to elect or appoint one or more members and the governing body?     7b     X       8     Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:     8a     X       9     Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization orderes?     9a     X       9     Is there any officer, director, trustee, or key employee listed in Part VII, Section B. Policles T. This, Section B. Requests information about calicies not negulized by the Internal Bavenue Code.     9a     X       10a     Did the organization have wortten policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?     10a     10a	2	<b>o i i i</b>	with	any other							
3       Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?       3       X         4       Did the organization make any significant changes to its governing documents since the prior Form 900 was filed?       4       X         5       Did the organization baceme aware during the year of a significant diversion of the organization sasets?       6       X         6       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?       6       X         7       Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members or the governing body?       7a       X         8       Did the organization contemportaeously document the meetings held or written actions undertaken during the year by the following:       7b       X         9       Each committee with autionity to act on behalf of the governing body?       8a       X         9       Each committee with autionity to act on behalf of the governing body.       8a       X         9       Each committee with autionity to act on behalf of the governing body.       8a       X         9       Each committee with autionity to act on behalf of the governing body?       8a       X         9       Isteme any		affine and the standard and the standard of th		-		2		Х			
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persons other than the governing body?       7b       X         8       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       8a       X         9       Each committee with authority to act on behalf of the governing body?       8b       X         9       Each committee with authority to act on behalf of the governing body?       8b       X         9       Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's maling address? (It "rise," provide the manase and addresses on Schedule O.       9       X         Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)       10a       10d the organization have local chapters, branches, or affiliates?       10a       X         9       Juit 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 to review this Form 990.       10a       10a       X         10       Did the organization have a written ordine of a complete copy of this Form 990 to all members of its governing body before filing the form?       10a       11a       X         12       Did the organization have a written onticit of Interest policy?       11a       X       12a       X         13       Did the organization hav		more members of the governing body?			[	7a		X			
8       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       Image: State Stat	b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or							
a The governing body?       Ba       X         b Each committee with authority to act on behalf of the governing body?       Ba       X         g 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       9       X         Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)       Yes       Yes         10a Did the organization have local chapters, branches, or affiliates?       10a       X         b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?       10a       X         11a Has the organization nave a written conflict of interest policy? If "Ne," go to line 13       10       11a       X         2 Did the organization nave a written conflict of interest policy? If "Ne," go to line 13       12b       X       12c       X         13 Did the organization have a written whisteblower policy?       13       X       14       X       12c       X         14 Did the organization have a written occument retention and destruction policy?       13       X       12c       X       12b       X         13 Did the organization have a written oblicy or porcedure requiring the organization and		persons other than the governing body?			[	7b		Х			
b       Each committee with authority to act on behalf of the governing body?       8b       X         9       Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's malling address? <i>III 'Yes</i> , <i>'govide the names and addresses on Schedule O</i> 9         Section B. Policies ( <i>This Saction B requests information about policies not required by the Internal Revenue Code</i> .)         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 is governing body before filing the form?         11       Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       11a       X         12       Did the organization negularly and consistently monitor and enforce compliance with the condities?       12a       X         13       Did the organization have a written vhisteblower policy?       14       X       12a       X         14       the organization negularly and consistently monitor and destruction policy?       13       X       12a       X         15       Did the organization have a written vhisteblower policy?       14       X       12a       X         14       Did the organization negularly and consistently monitor and destruction policy?       13       X       14a       X	8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea	r by th	e following:							
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,'' address and addresses on Schedule O       9       X         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?       Yes,'' No.         11a       Has the organization norwided a complete copy of this Form 990 to all members of its governing body before filing the form?       10a         2b       Did the organization have a written conflict of interest policy? If 'No,' go to line 13       11a         2b       Did the organization have a written conflict of interest policy?       10a       12a         2b       Did the organization have a written conflict of interest policy?       12b       X         2b       Did the organization have a written document retention and destruction policy?       14       X         15       Did the organization inset and written document retention and destruction policy?       14       X         16a       Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the yea?       15b       X         13       Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the yea?	а	The governing body?			[	8a	Х				
organization's mailing address? If "Yes," provide the names and addresses on Schedule O         9         X           Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)         Image: Code Code Code Code Code Code Code Code	b	Each committee with authority to act on behalf of the governing body?				8b		X			
Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)       Yes         10a       Did the organization have local chapters, branches, or affiliates?       10a       X         b       If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?       10a       X         11a       Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       10a       X         12a       Did the organization novided a complete copy of this Form 990.       12a       X       12a       X         12a       Did the organization regularly and consistently monitor and enforce compliance with the policy? If "No," go to line 13       12a       X       12b       X         13       Did the organization new a written whistleblower policy?       13       X       12c       X         14       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?       14a       X       15b       X	9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the							
10a       Did the organization have local chapters, branches, or affiliates?       10a       X         b       If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?       10a       X         11a       Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       11a       X       11a       X       11a       X       12a       X       12b       X       12a       X       12b       X       12a       X       12a       X       12a       X       12a       X       12a       X       12b       X       12a       X		organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		Х			
10a       X         10b       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       Interview         11a       Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       11a       X         12b       Did the organization ave a written conflict of interest policy? If "No," go to line 13       12a       12a       X       12b       12a       X       12b       12b       X	Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)							
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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 filling the form?       11a         b       Describe on Schedule O the process, if any, used by the organization to review this Form 990.       12a         12a       Did the organization nave a written conflict of interest policy? If "No," go to line 13       12a         b       Were officers, directors, or trustess, and key employees required to disclose annually interests that could give rise to conflicts?       12a         c       Did the organization negularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done       12c       X         13       Did the organization have a written document retention and destruction policy?       13       X       14       X         15       Did the organization inves a written document retention and destruction policy?       13       X       14       X         15       Did the organization inves a written document retention and destructions.       15a       X       15b       X       15a       X       15b       X       15a       X       15b       X       15b       X       15b       X       16a       X       16a       X       16a       X       16a	10a	Did the organization have local chapters, branches, or affiliates?				10a		X			
11a       Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form??       11a       X         b       Describe on Schedule O the process, if any, used by the organization to review this Form 990.       12a       Did the organization have a written conflict of interest policy? If "No," go to line 13       12a       X       12b       X       12a       X       12b       X       12a       X       12a       X       12b       X       12b </th <th>b</th> <th>If "Yes," did the organization have written policies and procedures governing the activities of such cha</th> <th>apters</th> <th>, affiliates,</th> <th></th> <th></th> <th></th> <th></th>	b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters	, affiliates,							
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? <i>If *No,* go to line 13</i> 12a       X       12a       X       12a       X       12a       X       12a       X       12b       Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?       12a       X       12b		and branches to ensure their operations are consistent with the organization's exempt purposes? $\hfill \ldots$				10b					
12a       Did the organization have a written conflict of interest policy? If "No," go to line 13       12a       X         b       Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?       12b       X         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       X         13       Did the organization have a written whistleblower policy?       13       X         14       Did the organization have a written document retention and destruction policy?       14       X         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?       14       X         16       Other officers or key employees of the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       15b       X         16       If "Yes," did the organization follow a written policy or procedure requiring the organization 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       X         Section C.Disclosure       If the states with which a copy of this Form 990 is required to be filed CA       CA <t< th=""><th>11a</th><th>Has the organization provided a complete copy of this Form 990 to all members of its governing body</th><th>/ befoi</th><th>e filing the form</th><th>1?</th><th>11a</th><th>X</th><th></th></t<>	11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befoi	e filing the form	1?	11a	X				
b       Were officers, directors, or trustees, and key employees required to disclose anually interests that could give rise to conflicts?       12b       X         c       Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe       12b       X         13       Did the organization have a written whistleblower policy?       13       X       14         14       Did the organization have a written document retention and destruction policy?       14       X       14         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?       15a       X         a       The organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       15b       X         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       X         9       H "Yes," did the organization to make its Form 900 is required to be filed	b										
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       X         13       Did the organization have a written whistleblower policy?       13       X         14       Did the organization have a written document retention and destruction policy?       14       X         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?       15a       X         15       Did the organization's CEO, Executive Director, or top management official       15b       X       15b       X         16       Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       16a       X         16a       X       16b       16a       X         17       List the states with respect to such arrangements?       16b       16b       16b         Section C. Disclosure         17       List the states with which a copy of this Form 990 is required to be filed       CA       16b       16b         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 the	12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a					
on Schedule O how this was done       12c       X         13       Did the organization have a written whistleblower policy?       13       X         14       Did the organization have a written document retention and destruction policy?       14       X         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?       14       X         16       Did the organization's CEO, Executive Director, or top management official       15b       X       15b       X         17       Net organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       16a       X         16       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?       16a       X         17       List the states with which a copy of this Form 990 is required to be filed CA       CA       16b       16b         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.       Ima       Ima       Ima       I	b					12b	X				
13       Did the organization have a written whistleblower policy?       13       X         14       Did the organization have a written document retention and destruction policy?       14       X         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?       14       X         a       The organization's CEO, Executive Director, or top management official       15a       X       15b       X       15b       X       15b       X       15b       X       16a       15b       X       16b       17b       17c	с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	′es," d	escribe							
14       Did the organization have a written document retention and destruction policy?       14       X         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?       15       X         a       The organization's CEO, Executive Director, or top management official       15a       X       15b       X       16a       X       16b       16a       X       16b       16a       X       16a       X       16a       X       16a       X       16a       X       16a       X       16a<		on Schedule O how this was done									
<ul> <li>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?</li> <li>a The organization's CEO, Executive Director, or top management official</li> <li>b Other officers or key employees of the organization if "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.</li> <li>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?</li> <li>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?</li> <li>Section C. Disclosure</li> <li>17 List the states with which a copy of this Form 990 is required to be filed <u>CA</u></li> <li>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.</li> <li>X Own website X Another's website X Upon request C Other (<i>explain on Schedule O</i>)</li> <li>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.</li> <li>20 State the name, address, and telephone number of the person who possesses the organization's books and records</li> </ul>	13										
<ul> <li>persons, comparability data, and contemporaneous substantiation of the deliberation and decision?</li> <li>a The organization's CEO, Executive Director, or top management official</li> <li>b Other officers or key employees of the organization</li> <li>if "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.</li> <li>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?</li> <li>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?</li> <li>Section C. Disclosure</li> <li>17 List the states with which a copy of this Form 990 is required to be filed for public inspection. Indicate how you made these available. Check all that apply.</li> <li>If Own website IX Another's website IX Upon request Other (explain on Schedule O)</li> <li>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.</li> <li>20 State the name, address, and telephone number of the person who possesses the organization's books and records</li> </ul>	14	Did the organization have a written document retention and destruction policy?				14	X				
<ul> <li>a The organization's CEO, Executive Director, or top management official</li> <li>b Other officers or key employees of the organization</li> <li>If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.</li> <li>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?</li> <li>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?</li> <li>CA</li> <li>Section C. Disclosure</li> <li>16a 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.</li> <li>X Own website X Another's website X Upon request Other (<i>explain on Schedule O</i>)</li> <li>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.</li> <li>20 State the name, address, and telephone number of the person who possesses the organization's books and records</li> </ul>	15			dependent							
<ul> <li>b Other officers or key employees of the organization <ul> <li>If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.</li> </ul> </li> <li>16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a <ul> <li>taxable entity during the year?</li> <li>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 <ul> <li>exempt status with respect to such arrangements?</li> </ul> </li> <li>16b If "Yes," did the organization to make its Form 990 is required to be filed CA</li> </ul> </li> <li>17 List the states with which a copy of this Form 990 is required to be filed CA</li> <li>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. <ul> <li>X Own website</li> <li>X Another's website</li> <li>X Upon request</li> <li>Other (explain on Schedule O)</li> </ul> </li> <li>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.</li> </ul> <li>20 State the name, address, and telephone number of the person who possesses the organization's books and records</li>											
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<ul> <li>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?</li> <li>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?</li> <li>C. Disclosure</li> <li>16b </li> <li>1</li></ul>	b	, , , , ,				15b	X				
taxable entity during the year?       16a       X         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?       16a       X         Section C. Disclosure       16b       16b       16b       16b       16b         17       List the states with which a copy of this Form 990 is required to be filed for public inspection. Indicate how you made these available. Check all that apply.       16a       X         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.       10 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											
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in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's <u>exempt status with respect to such arrangements?</u> Section C. Disclosure   I List the states with which a copy of this Form 990 is required to be filed <u>CA</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  X Own website X Another's website X Upon request Other (explain on Schedule O)  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.  Section State the name, address, and telephone number of the person who possesses the organization's books and records					····	16a					
exempt status with respect to such arrangements?       16b         Section C. Disclosure       16b         17 List the states with which a copy of this Form 990 is required to be filed <u>CA</u> CA         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.       Image: Check all that apply.         Image:	b										
<ul> <li>Section C. Disclosure</li> <li>17 List the states with which a copy of this Form 990 is required to be filed <u>CA</u></li> <li>18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (<i>explain on Schedule O</i>)</li> <li>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.</li> <li>20 State the name, address, and telephone number of the person who possesses the organization's books and records</li> </ul>						101					
<ul> <li>17 List the states with which a copy of this Form 990 is required to be filed CA</li> <li>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.</li> <li>X Own website X Another's website X Upon request Other (explain on Schedule O)</li> <li>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.</li> <li>20 State the name, address, and telephone number of the person who possesses the organization's books and records</li> </ul>	Sac			<u></u>		160					
<ul> <li>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.</li> <li>X Own website X Another's website X Upon request Other (explain on Schedule O)</li> <li>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.</li> <li>20 State the name, address, and telephone number of the person who possesses the organization's books and records</li> </ul>											
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<ul> <li>X Own website X Another's website X Upon request Other (explain on Schedule O)</li> <li>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.</li> <li>State the name, address, and telephone number of the person who possesses the organization's books and records</li> </ul>	10										
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<ul><li>statements available to the public during the tax year.</li><li>20 State the name, address, and telephone number of the person who possesses the organization's books and records</li></ul>	10			,	/ and	finana	ial				
20 State the name, address, and telephone number of the person who possesses the organization's books and records	19		i mict (	or interest policy	/, and	manc	idi				
	20		ke on	d records							
LAKKY HAKPEK - (800) 874-7300	20	LARRY HARPER - (800) 824-7366	no di li								
1469 ROLLINS ROAD, BURLINGAME, CA 94010											

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)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	Position (do not check more than one			ne	Reportable	Estimated			
	hours per	box	box, unless perso officer and a direct			s both	n an	compensation	compensation	amount of
	week		cer an	id a d	recto	r/trus	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or di	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	rustee	trus		ee	npen		1099-NEC)	1099-NEC)	and related
	below	dual t	utiona	_	nploy	st cor	ar	1000 (120)		organizations
	line)	ndivid	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			ergamzanene
(1) LARRY HARPER	50.00	_	_				-			
FOUNDER/SECRETARY		х		х				149,900.	Ο.	122,200.
(2) MATTHEW KING	2.00									
PRESIDENT		Х		х				0.	Ο.	Ο.
(3) JERRI KAY-PHILLIPS	2.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(4) AARON BARULICH	2.00									
TRUSTEE		Х						0.	0.	0.
(5) GLENN DEKRAKER	2.00									
TRUSTEE		Х						0.	0.	0.
(6) DAVE FLEMMING	2.00									
TRUSTEE		Х						0.	0.	0.
(7) ALI HINGA-NEVITT	2.00									
TRUSTEE		Х						0.	0.	0.
(8) DREW HAGEN	5.00									
TRUSTEE		Х						0.	0.	0.
(9) JAMIE GREENE	2.00									_
TRUSTEE		Х						0.	0.	0.
(10) JOHN MCNULTY	2.00									
TRUSTEE		Х						0.	0.	0.
(11) RACHEL NGHE	2.00									
TRUSTEE		Х						0.	0.	0.
(12) KIM POPOVITS	2.00									
TRUSTEE		Х						0.	0.	0.
(13) RICH SARRIS	2.00									
TRUSTEE		Х						0.	0.	0.
(14) RICK LYONS	2.00									_
TREASURER		х		х				0.	0.	0.
						-				
		1								
		l		I			L			

Form 990 (2022) GOOD TID:									94-32	1901	.3	Page <b>8</b>
Part VII Section A. Officers, Directors, Trus		oloye	ees,			ghes	t Co		, ,			
(A) Name and title	<b>(B)</b> Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			than c s both	an	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related			ated nt of	
	(list any hours for related organizations below line) line) up to the line organizations below line organizations organizations below line organizations line organiz					C/	from from organiz and rel organiza	sation the ation ated				
	Indext     Indext       Former     Individued											
								149,900.		0.1	2.2	200
1b       Subtotal         c       Total from continuation sheets to Part VI         d       Total (add lines 1b and 1c)	I, Section A							<u>149,900.</u> <u>0.</u> 149,900.		0.	22,	200.
<ul> <li>2 Total number of individuals (including but n compensation from the organization</li> </ul>										••		1
<ul><li>3 Did the organization list any former officer,</li></ul>	director, truste	e, k	ey e	empl	oyee	e, or	hig	hest compensated emp	loyee on		Yes	s No
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the su											3	X
<ul><li>and related organizations greater than \$150</li><li>5 Did any person listed on line 1a receive or a</li></ul>										-	4	X
rendered to the organization? <i>If</i> "Yes," <i>corr</i> Section B. Independent Contractors	plete Schedule	e J fo	or su	ıch r	bers	on .				{	5	X
<ol> <li>Complete this table for your five highest co the organization. Report compensation for</li> </ol>										ensatior	n from	
(A) Name and business			ONE					(B) Description of s		Con	(C) npensat	ion
2 Total number of independent contractors (ii	ncluding but no	ot lin	niter	tot	thos	e lis	ted	above) who received mo	ore than			
\$100.000 of compensation from the organiz	•				0			,				

				GS	FOUNDATI	ON		94-3219	013 Page <b>9</b>
Ра	rt VII	II Statement of Re Check if Schedule O			or noto to onv lin	a in this Dart VIII			
			contains a resp		or note to any in	(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d f f		ributions) 1e grants, and above 1f lines 1a-1f 1g	\$	017,962. 134,948.	1,017,962.			
Program Service Revenue			revenue						
	3 4 5 6 a b c	Investment income (includ other similar amounts) Income from investment of Royalties Gross rents Less: rental expenses	ding dividends, of tax-exempt b (i) Re 6a 6b 6c	intere ond p	st, and roceeds	368,950.			368,950.
Other Revenue	b c d	<ul> <li>Gross amount from sales of assets other than inventory</li> <li>Less: cost or other basis and sales expenses</li> <li>Gain or (loss)</li> <li>Net gain or (loss)</li> <li>Gross income from fundraisi</li> </ul>			(ii) Other 8,564. -8,564.	-8,564.			-8,564.
Otho	b 9 a b c 10 a	including \$ contributions reported on Part IV, line 18 Less: direct expenses Net income or (loss) from Gross income from gamin Part IV, line 19 Less: direct expenses Net income or (loss) from Gross sales of inventory, l and allowances Less: cost of goods sold Net income or (loss) from	of line 1c). See fundraising even ng activities. Se gaming activiti less returns	8b e 9a 9b es 10a 10b		214,473.			214,473.
Miscellaneous Revenue	11 a b c d	All other revenue			Business Code				
	12	Total revenue. See instruction	ons			1,592,821.	0.	0.	574,859.

## Form 990 (2022) GOOD TIDINGS FOUNDATION 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).

De not include amounts reported or lines (b), B, B, B, B, Other Mark (b) or Plant VI.         Total expenses         Programs         Manual Control of Control		Check if Schedule O contains a response or note to any line in this Part IX								
1         Other sand unrestitutions in domestic optimizations and durestic provements. See Part IV, line 21         105,000.         105,000.           2         Grants and other assistance to domestic individuals. See Part IV, line 21         105,000.         105,000.           3         Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 11         105,000.         105,000.           4         Benefits paid to or for morbores.         Comperstation of current offices (incitons, truttee, and key employees         272,100.         135,779.         84,443.         51,878.           6         Comperstation of current offices (incitons, truttee, and key employees         272,100.         135,779.         84,443.         51,878.           7         Other analysis and wage         160,037.         82,331.         52,323.         4,828.           9         Prestoments and wage         160,037.         82,331.         52,323.         4,828.           10         Prestoments anoulla and contributions (indukt sector 4010) and 4030 periodyce contributions (induk sector 4010) and 4030 periodyce contributions (ind		not include amounts reported on lines 6b,	(A)	<b>(B)</b> Program service	(C) Management and	Fundraising				
ad domestic governments. See Part IV, line 21				expenses	general expenses	expenses				
2         Grants and other assistance to domesic individuals. So Part V, line 32 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. So Part V, line 35 and 16 Gompensition of functed foreign.         105,000.         105,000.           3         Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. So Part V, line 55 and 16 Compensition of functed foreign.         105,000.         105,000.           4         Benefits paid to of to members         5         5         5           5         Compensition of functed fores, (freetors, tratasee, and key employees         272,100.         135,779.         84,443.         51,878.           6         Compensition is actin 458(R)(1) and parsons discreding isocial foreign 56,655.         160,037.         82,331.         52,323.         25,383.           9         Other enployee brefits         31,493.         9,432.         17,233.         4,828.           10         Payoti taxes         25,346.         14,102.         5,555.           10         Fees to services inomethyles: Colum (N), month Isite II to pensons of 0.         1,881.         1,893.         200.           12         Adverting and penetotion 1,881.         1,881.         2,903.         16,394.	•	-								
individuals. See Part N, line 22         105,000.         105,000.           3 Grafts and other assistance to freeign organizations, forsign governments, and foreign individuals. See Part N, lines 15 and 16         105,000.         105,000.           4 Bondits part of the members         5 </th <th>2</th> <th>• · · · · · · · · · · · · · · · · · · ·</th> <th></th> <th></th> <th></th> <th></th>	2	• · · · · · · · · · · · · · · · · · · ·								
3         Garats and other assistance to foreign individuals. See Part IV, lines 15 and 16 Compensation of current Oriense, directors, trustees, and key employees         272,100.         135,779.         84,443.         51,878.           4         Benefits paid to or for members trustees, and key employees         272,100.         135,779.         84,443.         51,878.           6         Compensation of uncil did above to disqualified persons (as other section 4586(IV)) and persons described in section 4586(IV) and per	-		105,000.	105,000.						
argenizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	3		,							
individuals. See Part IV, lines 15 and 16		C C								
4         Benefits paid to of or members.         272,100.         135,779.         84,443.         51,878.           5         Compensation of current offices, directors, trustees, and key employees.         272,100.         135,779.         84,443.         51,878.           6         Compensation of current offices, directors, trustees, and key employees.         160,037.         82,331.         52,323.         25,383.           7         Other senders and wage         160,037.         82,331.         52,323.         4,828.           10         Payrolit taxes         25,346.         14,102.         5,589.         5,655.           11         Fees for exices (nonemployees):         31,493.         9,432.         17,233.         4,828.           10         Payrolit taxes         25,346.         14,102.         5,589.         5,655.           11         Fees for exices (nonemployees):         41,379.         41,379.         41,379.           4         Lobying         16,942.         16,942.         00.         200.         200.         200.         200.         200.         200.         200.         200.         200.         200.         200.         200.         200.         200.         200.         200.         200.         200. <td< th=""><td></td><td></td><td></td><td></td><td></td><td></td></td<>										
5         Compensation of current offices, directors, trustese, and key employees         272,100.         135,779.         84,443.         51,878.           6         Compensation not included above to disgualfied persons (as defined under saction 4958(1)(1) and persons discribed in saction 4958(1)(2)(2)         160,037.         82,331.         52,323.         25,383.           7         Other salaries and wages         160,037.         82,331.         52,323.         25,383.           9         Other employee benefits         25,346.         14,102.         5,589.         5,655.           17         Fees for services (noremployees): a Management         41,379.         41,379.         41,379.           0         Legal         166,942.         166,942.         0.         200.           200.         200.         200.         200.         200.         200.           16         0.942.         16,942.         16,394.         16,394.         16,394.           18         Poynetiss         28,461.         558.         27,903.         16,394.         16,394.         16,394.           19         Other ophores.         24,6672.         24,000.         22,672.         16,799.           10         Occupancy         46,672.         24,000.         22,672.	4									
6         Compensation on included above to disputified persons (as defined under section 4958(f)(1)) and the section 4958(f) (1) and (200) explore the section 4958(f) (200) explore the	5									
6         Compension not included above to disqualified persons (as defined under section 4958(f)(1)) and persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1)) and there are accurate and contributions (includes section 4958(f)(1)) and there are accurate and contributions (includes section 4958(f)(1)) and there are accurate and contributions (includes section 4958(f)(1)) and there are accurate and contributions (includes section 4958(f)(1)) and there are accurate and contributions (includes section 4958(f)(1)) and there are accurate and contributions (includes section 4958(f)(1)) and there are accurate and contributions (includes section 4958(f)(1)) and there are accurate and contributions (includes section 4958(f)(1)) and there are accurate and contributions (includes section 4958(f)(1)) and there are accurate and contributions (includes section 4958(f)(1)) and there are accurate and contributions (includes section 4958(f)(1)) and there are accurate and contributions (includes section 4958(f)(1)) and there are accurate and control accurate acc			272,100.	135,779.	84,443.	51,878.				
persons described in section 4958(c/(3)(8)         160,037.         82,331.         52,323.         25,383.           7 Other salaries and wages         160,037.         82,331.         52,323.         25,383.           9 Person plan accruits and contributions)         9430.         17,233.         4,828.           10 Payrolit axes         31,493.         9,432.         17,233.         4,828.           10 Payrolit axes         25,346.         14,102.         5,589.         5,655.           11 Fees for services (non-employees):         a         41,379.         41,379.         41,379.           11 Adventising services. See Part IV, Ine 17         Investment management fees         0         200.         200.           12 Adventising and promotion         28,461.         558.         27,903.         11,881.         1,881.         1,634.           13 Office expenses         28,461.         558.         27,903.         16,334.         16,334.           14 Information technology         16,6,712.         22,572.         22,572.         22,572.           13 Office expenses         29,307.         6,712.         22,595.         16,934.           15 Royaties         9,345.         824.         8,472.         49.           16 occupanicy	6									
7       Other statifies and vages       160,037.       82,331.       52,323.       25,383.         8       Persion plan accruals and contributions;       31,493.       9,432.       17,233.       4,828.         9       Other employee benefits       31,493.       9,432.       17,233.       4,828.         10       Payorit taxes       25,346.       14,102.       5,589.       5,655.         11       Fees for services (nonemployees):       a       Anagement       25,346.       14,102.       5,589.       5,655.         12       Adventing and promotion       41,379.       41,379.       41,379.       41,379.         12       Adventsing and promotion       16,942.       16,942.       0.0.       200.       200.       200.       200.       200.       200.       16,394.       16,314.       16,314.       16,314. <td< th=""><td></td><td>persons (as defined under section 4958(f)(1)) and</td><td></td><td></td><td></td><td></td></td<>		persons (as defined under section 4958(f)(1)) and								
8       Pension plan accruals and contributions (include section 401(k) and 402(b) employer contributions)         9       Other employee benefits       31,493.       9,432.       17,233.       4,828.         10       Payrolit axes       25,346.       14,102.       5,589.       5,655.         11       Fees for services (nonemployees):       41,379.       41,379.       41,379.         11       Lobbying       41,379.       41,379.       41,379.         12       Contrast for the services (nonemployees):       41,379.       41,379.         12       Contrast for the services (nonemployees):       41,379.       41,379.         12       Contrast for the services (nonemployees):       41,379.       41,379.         13       Contrast for the services (nonemployees):       200.       200.         14       Information technology       16,942.       16,942.       16,344.         13       Office expenses       22,00.       200.       200.       200.         14       Information technology       16,394.       16,394.       16,394.       16,394.       16,394.       16,394.       16,394.       16,394.       16,394.       16,394.       16,394.       16,394.       16,394.       16,394.       16,394.       16,394. <td></td> <td>persons described in section 4958(c)(3)(B)</td> <td></td> <td></td> <td></td> <td></td>		persons described in section 4958(c)(3)(B)								
section 401(k) and 403(b) employer contributions)         31, 493.         9, 432.         17, 233.         4, 828.           D Payrolit taxes         31, 493.         9, 432.         17, 233.         4, 828.           D Payrolit taxes         25, 346.         14, 102.         5, 589.         5, 655.           Amagement         1         14, 102.         5, 589.         5, 655.           Amagement         41, 379.         41, 379.         41, 379.           Coccounting         41, 379.         41, 379.         41, 379.           I bobying         16, 942.         16, 942.         16, 942.           Other, (Iline 11g anouncescels 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)         1, 881.         1, 881.           Other expenses         16, 394.         16, 394.         16, 394.           I formation technology         16, 672.         24, 000.         22, 572.           IT ravel         29, 345.         824.         8, 472.         49.           Interest         3, 614.         3, 334.         280.         28.           Payments to affiliates         9, 345.         824.         8, 472.         49.           Deprication, depletion, and amortization         8, 193.         928.         6, 894. <t< th=""><td>7</td><td>Other salaries and wages</td><td>160,037.</td><td>82,331.</td><td>52,323.</td><td>25,383.</td></t<>	7	Other salaries and wages	160,037.	82,331.	52,323.	25,383.				
9       Other employee benefits       31,493.       9,432.       17,233.       4,828.         10       Payrolitaxes       25,346.       14,102.       5,589.       5,655.         a Management       25,346.       14,102.       5,589.       5,655.         a Management       41,379.       41,379.       41,379.         c Accounting       41,379.       41,379.       44,379.         c Accounting       41,379.       41,379.       44,379.         c Accounting       41,379.       44,379.       44,379.         c Accounting       200.       200.       200.       200.         14       Information technology       16,394.       16,394.       16,394.         15       Royalties       29,307.       6,712.       22,672.       22,672.	8									
10       Payrolitaxes       25,346.       14,102.       5,589.       5,655.         11       Fees for services (nonemployees):       41,379.       41,379.       41,379.         10       Legal       41,379.       41,379.       41,379.         11       Legal       16,942.       16,942.       16,942.         12       Adventsing and promotion       16,942.       200.       200.         12       Adventsing and promotion       1881.       1,881.       1,881.         14       Information technology       16,394.       16,394.       16,394.         16       Cocupancy       46,672.       24,000.       22,672.       22,595.         18       Payments of travel or entertainment expenses       29,307.       6,712.       22,595.       18,779.         19       Conferences, conventions, and meetings       9,345.       824.       8,472.       49.         11       Interest       3,614.       3,334.       280.       28,193.       928.       6,894.       371.         20       Interest       303,288.       303,173.       115.       147,771.       147,771.       49.         21       Interest       0,838.       90,838.       90,838.		section 401(k) and 403(b) employer contributions)								
11       Fees for services (nonemployees):         a Management	9	Other employee benefits				4,828.				
a Management	10	Payroll taxes	25,346.	14,102.	5,589.	5,655.				
b Legal         41,379.           c Accounting         41,379.           d Lobbying         41,379.           e Protessional fundraising services. See Part IV, line 17         16,942.           g Other. (If line 11g anount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)         200.           12 Advertising and promotion         18,811.           13 Office expenses         28,461.           16 Occupancy         16,394.           17 Travel         29,307.           18 Payments of travel or entertainment expenses for any federal, state, or local public officials         9,345.           19 Ocnerces, conventions, and meetings         9,345.           10 Interest         9,345.           12 Apyments to affliates         9,345.           20 Depreciation, depletion, and amortization         18,779.           18 NTTER WONDERLAND         147,771.           19 WINTER WONDERLAND         147,771.           10 MINTER WONDERLAND         14,771.           113,982.         113,982.           113,982.         1,13,982.           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 there in itelewing SOC 96 42,62 costa-roo	11	Fees for services (nonemployees):								
c Accounting       41,379.       41,379.         d Lobbying       9       9         e Professional fundraising services. See Part IV, line 17       16,942.       16,942.         g Other. (II line 11g amount exceeds 10% of line 25, column (A), amount, list ine 11g expenses on Sch 0.)       200.       200.         12       Advertising and promotion       16,942.       00.       200.         13       Office expenses       28,461.       558.       27,903.         14       Information technology       16,394.       16,394.       16,394.         16       Occupancy       46,672.       24,000.       22,672.         17       Travel       29,307.       6,712.       22,595.         18       Payments of travel or entertainment expenses for any federal, state, or local public officials       9       9,345.       824.       8,472.       49.         20       Interest       3,614.       3,334.       280.       18,779.       18,779.         21       Payments to affiliates       9,345.       824.8       6,894.       371.         21       Payments co affiliates       18,779.       18,779.       18,779.       18,779.       29,830.3,173.       115.       147,771.       417,771.       40.       303,288	а	Management								
d Lobbying       Protessional functising services. See Part IV, line 17         e Protessional functising services. See Part IV, line 17       Information seconds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)         2 Advertising and promotion       16,942.         12 Advertising and promotion       1,881.         13 Office expenses       28,461.         16 Cocupacy       16,394.         16 Cocupacy       46,672.         24,4000.       22,672.         17 Travel       29,307.         18 Payments of travel or entertainment expenses for any federal, state, or local public officials       9,345.         19 Conferences, conventions, and meetings       9,345.         19 Payments to affiliates       9,345.         20 Payments to affiliates       9,345.         21 Payments to affiliates       9,345.         22 Perpresidention, depletion, and amortization       18,779.         18 Numarce       8,193.         24 Other expenses in the 24e, If line 24e, amount exceeds 10% of line 25, column (A), amount, list line 24e appresses on Schedule 0.)         a ATTLETTICS       303,288.         90,838.       90,838.         90,838.       90,838.         90,838.       90,838.         90,838.       90,838.         90,838.	b	Legal								
e         Professional fundraising services. See Part IV, line 17           f         Investment management fees         16,942.           g         Other. (If line 11g anount exceeds 10% of line 25, column (A), anount, list line 11g expenses on Sch O.)         200.         200.           12         Adventising and promotion         1,881.         1,881.         200.           13         Office expenses         28,461.         558.         27,903.           14         Information technology         16,394.         16,394.         16,394.           15         Royatties         22,672.         22,672.         22,575.           17         Travel         29,307.         6,712.         22,575.           18         Payments of travel or entertainment expenses for any federal, state, or local public officials         9,345.         8244.         8,472.         49.           20         Interest         3,614.         3,334.         280.         280.           19         Conferences, conventions, and meetings         9,345.         824.         8,472.         49.           21         Payments of affiliates         9,345.         824.         8,472.         49.           22         Depreciation, depletion, and amortization line 24e. If ine 24e anount exceeds 10% of line 25, col	с	Accounting	41,379.		41,379.					
f       Investment management fees       16,942.       16,942.         g       Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)       200.       200.         12       Advertsing and promotion       1,881.       1,881.       200.         13       Office expenses       28,461.       558.       27,903.         14       Information technology       16,394.       16,394.         15       Royatiles       16,672.       24,000.       22,672.         17       Travel       29,307.       6,712.       22,595.         18       Payments of travel or entertainment expenses for any federal, state, or local public officials       9,345.       824.       8,472.       49.         20       Dereciation, depletion, and amortization insurance       9,345.       824.       8,472.       49.         21       Payments to affiliates       3,614.       3,334.       280.         22       Depreciation, depletion, and amortization insurance       8,193.       928.       6,894.       371.         23       Insurance       303,288.       303,173.       115.       5         34       Other expenses on Schelue 0.)       303,288.       303,173.       115.         a	d	Lobbying								
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)       200.       200.         12 Advertising and promotion       1,881.       1,881.       1,881.         13 Office expenses       28,461.       558.       27,903.         14 Information technology       16,394.       16,394.       16,394.         15 Royatties										
column (A), amount, list line 11g expenses on Sch 0.)         200.         200.           12         Advertising and promotion         1,881.         1,881.            13         Office expenses         28,461.         558.         27,903.           14         Information technology         16,394.             15         Royatties               16         Occupancy                17         Travel                 19         Conferences, conventions, and meetings                20         Interest                 21         Payments to affiliates                 22         Depreciation, depletion, and amortization	f		16,942.		16,942.					
12       Advertising and promotion       1,881.       1,881.         13       Office expenses       28,461.       558.       27,903.         14       Information technology       16,394.       16,394.         15       Royalties	g									
13       Office expenses       28,461.       558.       27,903.         14       Information technology       16,394.       16,394.         15       Royatties       46,672.       24,000.       22,672.         16       Occupancy       46,672.       24,000.       22,672.         17       Travel       29,307.       6,712.       22,595.         18       Payments of travel or entertainment expenses for any federal, state, or local public officials       9,345.       824.       8,472.       49.         20       Interest       3,614.       3,334.       280.       28.       28.193.       928.       6,894.       371.         20       Interest       18,779.       18,779.       18,779.       28.       371.         21       Payments to affiliates       90.       303,288.       303,173.       115.       147,771.       303,288.       303,173.       115.       113,982.       40.       303,288.       303,173.       115.       113,982.       90,838.       90,838.       90,838.       90,838.       90,838.       90,838.       90,838.       90,838.       90,838.       90,838.       102,098.       102,098.       102,098.       1,553,379.       1,100,967.       350,314.				1 001	200.					
14       Information technology       16,394.       16,394.         15       Royatties       46,672.       24,000.       22,672.         16       Occupancy       46,672.       24,000.       22,672.         17       Travel       29,307.       6,712.       22,595.         18       Payments of travel or entertainment expenses for any federal, state, or local public officials       9,345.       824.       8,472.       49.         20       Interest       3,614.       3,334.       280.       28.         21       Payments to affiliates       9,345.       824.       8,472.       49.         20       Interest       3,614.       3,334.       280.         21       Payments to affiliates       9,345.       824.       8,472.       49.         20       Interest       3,614.       3,334.       280.       28.         22       pereciation, depletion, and amortization       18,779.       18,779.       28.       371.         24       Other expenses on line 24e. If ine 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)       303,288.       303,173.       115.         b       WINTER WONDERLAND       147,771.       147,771.       90,838. <t< th=""><td></td><td></td><td></td><td></td><td>07 002</td><td></td></t<>					07 002					
15       Royalties       46,672.24,000.22,672.         17       Travel       29,307.6,712.22,595.         18       Payments of travel or entertainment expenses       1         19       Conferences, conventions, and meetings       9,345.824.8,472.49.         20       Interest       3,614.3,334.280.         21       Payments to affiliates       1         22       Depreciation, depletion, and amortization       18,779.18,779.         23       Insurance       8,193.928.6,894.371.         24       Other expenses. Itemize expenses on to covered above. (List miscellaneous expenses on line 24e. It line 24e expenses on Schedule 0.)       303,288.303,173.115.         a       ATHLETICS       347.71.147,771.         b       WINTER WONDERLAND       113,982.113,982.         e       All other expenses. Add lines 1 through 24e       1,553,379.1,100,967.350,314.102,098.         25       Total functional expenses. Add lines 1 through 24e       1,553,379.1,100,967.350,314.102,098.         26       Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraiding solicitation. Check here [] if following SOP 98-2(ASC 956-720]       1,100,967.350,314.102,098.				558.						
16       Occupancy       46,672.       24,000.       22,672.         17       Travel       29,307.       6,712.       22,595.         18       Payments of travel or entertainment expenses for any federal, state, or local public officials       9,345.       824.       8,472.       49.         20       Interest       3,614.       3,334.       280.         21       Payments to affiliates       18,779.       18,779.         23       Insurance       8,193.       928.       6,894.       371.         24       Other expenses. Itemize expenses on to 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 0.)       303,288.       303,173.       115.         a       ATHLETICS       347,771.       147,771.       147,771.       113,982.       90,838.       90,838.       90,838.       90,838.       90,838.       13,934.       13,934.       102,098.       1,553,379.       1,100,967.       350,314.       102,098.       102,098.       102,098.       102,098.       102,098.       102,098.       102,098.       102,098.       102,098.       102,098.       102,098.       102,098.       102,098.       102,098.       102,098.       102,098.       102,098.       102,098. </th <td></td> <td></td> <td>10,394.</td> <td></td> <td>10,394.</td> <td></td>			10,394.		10,394.					
17       Travel       29,307.       6,712.       22,595.         18       Payments of travel or entertainment expenses for any federal, state, or local public officials       9,345.       824.       8,472.       49.         19       Conferences, conventions, and meetings       9,345.       824.       8,472.       49.         20       Interest       3,614.       3,334.       280.         21       Payments to affiliates       3       614.       3,334.       280.         22       Depreciation, depletion, and amortization       18,779.       18,779.       28.       6,894.       371.         23       Insurance       18,779.       18,779.       303,288.       303,173.       115.         24       Other expenses not covered above. (List miscellaneous expenses on line 24. If line 24 expenses on Schedule 0.)       303,288.       303,173.       115.         a       ATHLETICS       303,288.       303,173.       115.         b       WINTER WONDERLAND       147,771.       147,771.       147,971.         c       MUSIC       113,982.       90,838.       90,838.       90,838.         e       All other expenses. Add lines 1 through 24e       1,553,379.       1,100,967.       350,314.       102,098.			16 672	24 000	22 672					
18       Payments of travel or entertainment expenses for any federal, state, or local public officials         19       Conferences, conventions, and meetings       9, 345.       824.       8, 472.       49.         20       Interest       3, 614.       3, 334.       280.         21       Payments to affiliates       3, 614.       3, 334.       280.         22       Depreciation, depletion, and amortization       18, 779.       18, 779.         23       Insurance       8, 193.       928.       6, 894.       371.         24       Other expenses. Itemize expenses on tovered above. (List miscellaneous expenses on Schedule 0.) a ATHLETICS       303, 288.       303, 173.       115.         b       WINTER WONDERLAND       147, 771.       147, 771.       113, 982.         c       MUSIC       90, 838.       90, 838.       90, 838.         e       All other expenses       All other expenses. Add lines 1 through 24e       1, 553, 379.       1, 100, 967.       350, 314.       102, 098.         25       Total functional expenses. Add lines 1 through 24e       1, 553, 379.       1, 100, 967.       350, 314.       102, 098.         26       Joint costs from a combined educational campaign and fundraising solicitation. Check here ir trallowing SOP 98-2 (ASC 958-720)       1, 553, 379. <td< th=""><td></td><td></td><td></td><td></td><td></td><td></td></td<>										
for any federal, state, or local public officials       9,345.824.8,472.49.         19       Conferences, conventions, and meetings       9,345.824.8,472.49.         20       Interest       3,614.3,334.280.         21       Payments to affiliates			29,307.	0,712.						
19       Conferences, conventions, and meetings       9,345.       824.       8,472.       49.         20       Interest       3,614.       3,334.       280.         21       Payments to affiliates	18	-								
20       Interest       3,614.       3,334.       280.         21       Payments to affiliates       18,779.       18,779.         22       Depreciation, depletion, and amortization       18,779.       18,779.         23       Insurance       8,193.       928.       6,894.       371.         24       Other expenses. Itemize expenses on to covered above. (List miscellaneous expenses on Schedule 0.) amount, list line 24e expenses on Schedule 0.)       303,288.       303,173.       115.         a       ATHLETICS       303,288.       303,173.       115.         b       WINTER WONDERLAND       147,771.       147,771.         c       MUSIC       113,982.       113,982.         d       ARTS       90,838.       90,838.       90,838.         e       All other expenses. Add lines 1 through 24e       1,553,379.       1,100,967.       350,314.       102,098.         25       Total functional expension combined educational campaign and fundraising solicitation. Check here       ir tolowing SOP 98-2(ASC 958-720)       ir tolowing SOP 98-2(ASC 958-720)       1       102,098.	10	-	9 345	824	8 472	49				
21       Payments to affiliates       18,779.         22       Depreciation, depletion, and amortization       18,779.         23       Insurance       8,193.       928.       6,894.       371.         24       Other expenses. Itemize expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)       303,288.       303,173.       115.         a       ATHLETICS       303,288.       303,173.       115.         b       WINTER WONDERLAND       147,771.       147,771.         c       MUSIC       113,982.       113,982.         d       ARTS       90,838.       90,838.       90,838.         e       All other expenses. Add lines 1 through 24e       1,553,379.       1,100,967.       350,314.       102,098.         26       Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here       if tollowing SOP 98-2(ASC 958-720)       1,553,379.       1,100,967.       350,314.       102,098.		· · · · · · · · · · · · · · · · · · ·								
22       Depreciation, depletion, and amortization       18,779.       18,779.         23       Insurance       8,193.       928.       6,894.       371.         24       Other expenses. Itemize expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)       303,288.       303,173.       115.         a       ATHLETICS       303,288.       303,173.       115.         b       WINTER WONDERLAND       147,771.       147,771.         c       MUSIC       113,982.       113,982.         d       ARTS       90,838.       90,838.         e       All other expenses. Add lines 1 through 24e       1,553,379.       1,100,967.       350,314.       102,098.         26       Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here       if tollowing SOP 98-2 (ASC 958-720)       1,553,379.       1,100,967.       350,314.       102,098.			3,0110	5,5510	2001					
23       Insurance       8,193.       928.       6,894.       371.         24       Other expenses. Itemize expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)       303,288.       303,173.       115.         a       ATHLETICS       303,288.       303,173.       115.         b       WINTER WONDERLAND       147,771.       147,771.         c       MUSIC       113,982.       113,982.         d       ARTS       90,838.       90,838.         e       All other expenses. Add lines 1 through 24e       1,553,379.       1,100,967.       350,314.       102,098.         26       Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if tollowing SOP 98-2 (ASC 958-720)       if tollowing SOP 98-2 (ASC 958-720)       if tollowing SOP 98-2 (ASC 958-720)			18,779.		18,779.					
24       Other expenses. Itemize expenses on to 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 0.)       303, 288. 303, 173. 115.         a       ATHLETICS       303, 288. 303, 173. 115.         b       WINTER WONDERLAND       147, 771. 147, 771.         c       MUSIC       113, 982. 113, 982.         d       ARTS       90, 838. 90, 838.         e       All other expenses. Add lines 1 through 24e       1, 553, 379. 1, 100, 967. 350, 314. 102, 098.         26       Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)       1, 100, 967. 350, 314. 102, 098.		. [		928.		371.				
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 0.)       303,288.303,173.115.         a ATHLETICS       303,288.303,173.115.         b WINTER WONDERLAND       147,771.147,771.         c MUSIC       113,982.113,982.         d ARTS       90,838.90,838.         e All other expenses       82,357.60,322.8,101.13,934.         25 Total functional expenses. Add lines 1 through 24e       1,553,379.1,100,967.350,314.102,098.         26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if tolowing SOP 98-2 (ASC 958-720)       1			.,		.,					
amount, list line 24e expenses on Schedule 0.)       303,288.303,173.115.         b       MINTER WONDERLAND       147,771.147,771.         c       MUSIC       113,982.113,982.         d       ARTS       90,838.90,838.         e       All other expenses       82,357.60,322.8,101.13,934.         25       Total functional expenses. Add lines 1 through 24e       1,553,379.1,100,967.350,314.102,098.         26       Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)       1,553,270		above. (List miscellaneous expenses on line 24e. If								
a ATHLETICS       303,288. 303,173. 115.         b WINTER WONDERLAND       147,771. 147,771.         c MUSIC       113,982. 113,982.         d ARTS       90,838. 90,838.         e All other expenses       82,357. 60,322. 8,101. 13,934.         25 Total functional expenses. Add lines 1 through 24e       1,553,379. 1,100,967. 350,314. 102,098.         26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)       1										
b       WINTER WONDERLAND       147,771.       147,771.         c       MUSIC       113,982.       113,982.         d       ARTS       90,838.       90,838.         e       All other expenses       82,357.       60,322.       8,101.       13,934.         25       Total functional expenses. Add lines 1 through 24e       1,553,379.       1,100,967.       350,314.       102,098.         26       Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)       Image: Content of the organization of the organi	а	· · · · · · ·	303,288.	303,173.	115.					
c       MUSIC       113,982.       113,982.         d       ARTS       90,838.       90,838.         e       All other expenses       82,357.       60,322.       8,101.       13,934.         25       Total functional expenses. Add lines 1 through 24e       1,553,379.       1,100,967.       350,314.       102,098.         26       Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)       Image: Complete the solid c										
dARTS90,838.90,838.eAll other expenses82,357.60,322.8,101.13,934.25Total functional expenses. Add lines 1 through 24e1,553,379.1,100,967.350,314.102,098.26Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)Image: Complete the solution of the solution	с									
25       Total functional expenses. Add lines 1 through 24e       1,553,379.       1,100,967.       350,314.       102,098.         26       Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	d	ARTS								
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)       Image: Complete this line only if the organization of the organization	е	All other expenses								
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check hereif following SOP 98-2 (ASC 958-720)	25	Total functional expenses. Add lines 1 through 24e	1,553,379.	1,100,967.	350,314.	102,098.				
educational campaign and fundraising solicitation. Check hereif following SOP 98-2 (ASC 958-720)	26	Joint costs. Complete this line only if the organization								
Check here if following SOP 98-2 (ASC 958-720)		reported in column (B) joint costs from a combined								
······································										
		Check here if following SOP 98-2 (ASC 958-720)				<b>– 990</b> (2222)				

GOOD TIDINGS FOUNDATION	1
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Pa		Balance Sneet					
		Check if Schedule O contains a response or note	e to any	/ line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			543,598.	1	469,061.
	2	Savings and temporary cash investments		·····		2	
	3	Pledges and grants receivable, net			60,000.	3	0.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disgualif		_			
		under section 4958(f)(1)), and persons described				6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9				634.	9	2,828.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	369,667.			
	ь	Less: accumulated depreciation	10b	103,417.	12,163.	10c	266,250.
	11	Investments - publicly traded securities			12,446,201.	11	10,508,183.
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		424,514.	15	184,514.	
	16	Total assets. Add lines 1 through 15 (must equa			13,487,110.	16	11,430,836.
	17	Accounts payable and accrued expenses			37,222.	17	43,163.
	18	Grants payable			•	18	
	19	Deferred revenue		16,600.	19	0.	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
bili		controlled entity or family member of any of thes				22	
Lia	23	Secured mortgages and notes payable to unrela	-			23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines					
		of Schedule D	,.		245,000.	25	444,676.
	26	_ · · · · · · · · · · · · · · · · · · ·			298,822.	26	487,839.
		Organizations that follow FASB ASC 958, che			/ -		
es		and complete lines 27, 28, 32, and 33.					
anc	27				13,188,288.	27	10,942,997.
Bala	28	Net assets with donor restrictions				28	
β		Organizations that do not follow FASB ASC 9					
Ъц		and complete lines 29 through 33.					
ç	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or eq				30	
Ass	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			13,188,288.	32	10,942,997.
Z	33	Total liabilities and net assets/fund balances			13,487,110.	33	11,430,836.
				·····	, , 0 0		Earm <b>990</b> (2022)

Form **990** (2022)

# Form 990 (2022) Part X Balance Sheet

Form	990 (2022) GOOD TIDINGS FOUNDATION	94-	-3219013	Pag	<sub>je</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,592	, 82	21.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,553	, 31	79.
3	Revenue less expenses. Subtract line 2 from line 1	3	39	,44	12.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	13,188	, 28	38.
5	Net unrealized gains (losses) on investments	5	-2,018	,73	33.
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	-266	,00	)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	10,942	, 99	<del>)</del> 7.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule C	).		
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?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	lit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form 990 (2022)

Department of the Treasury Internal Revenue Service

(Form 990)

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022
Open to Public Inspection

### Name of the organization

Nam	me of the organization Employer identification number									
			TIDINGS F						4-3219013	
Pa	rtI	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.		
The	organi	ization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)				
1		A church, convention of ch	urches, or associatio	n of churches described	l in <b>sectio</b>	n <b>170(b)(</b> 1	I)(A)(i).			
2		A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	า 990).)					
3		A hospital or a cooperative	hospital service orga	anization described in so	ection 170	(b)(1)(A)(ii	ii).			
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,	
		city, and state:								
5		An organization operated for	or the benefit of a col	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).			
7	X	An organization that norma	Ily receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from th	ne general	public described in	
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)					
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college	
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	e or	
		university:								
10		An organization that norma								
		activities related to its exem		-					•	
		income and unrelated busir		(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	after June 30, 1975.	
		See section 509(a)(2). (Con								
11		An organization organized a	-	•	•					
12		An organization organized a	•	•	•			•		
		more publicly supported or	-						Check the box on	
		lines 12a through 12d that	• •					-		
а		<b>Type I.</b> A supporting orga	-	-	• • • •	-				
		the supported organization			majority c	of the direc	tors or truste	es of the su	upporting	
		organization. You must o	-							
b		<b>Type II.</b> A supporting org	-				-		-	
		control or management o			ame perso	ns that co	ntrol or manag	ge the supp	borted	
	_	organization(s). You mus	-							
С		J Type III functionally inte						ly integrate	ed with,	
		its supported organization		-						
d		Type III non-functionally						-		
		that is not functionally int			•		-	an attentiv	/eness	
_	_	requirement (see instructi	-	-						
е		Check this box if the orga					Type I, Type	II, Type III		
	Fata	functionally integrated, or	,	, , , , , , , , , , , , , , , , , , , ,	0 0	ation.				
		er the number of supported or vide the following informatior	•	d organization(a)						
<u> </u>		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the org	nization listed	(v) Amount of	monetary	(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	in your governi Yes	No	support (see ir	structions)	support (see instructions)	
				above (see instructions))						
_										
Tota	l									

Part II

#### GOOD TIDINGS FOUNDATION

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1124403.	997,614.	1403580.	851,849.	1017961.	5395407.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1124403.	997,614.	1403580.	851,849.	1017961.	5395407.
	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)						1795679.
6	Public support. Subtract line 5 from line 4.						3599728.
	ction B. Total Support			I	1		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	1124403.	997,614.	1403580.	851,849.	1017961.	5395407.
	Gross income from interest,		-		-		
-	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	296,878.	360,940.	291,246.	526,183.	368,950.	1844197.
9	Net income from unrelated business						
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						7239604.
	Gross receipts from related activities,	oto (soo instructio				12 1	,475,247.
	First 5 years. If the Form 990 is for th			fourth or fifth tax y			/1/0/21/0
10	organization, check this box and stop	-					
Sec	tion C. Computation of Publi						
	Public support percentage for 2022 (I		-	column (f))		14	49.72 %
15	Public support percentage from 2021					15	44.97 %
	<b>33 1/3% support test - 2022.</b> If the c					· · · ·	
100	stop here. The organization qualifies	-					37
h			-				
~	<b>b 33 1/3% support test - 2021.</b> 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						
17-	and stop here. The organization qualifies as a publicly supported organization						
174	and if the organization meets the facts	0					
	meets the facts-and-circumstances te			-		-	
Ь		0	•		•	7a and line 15 is 1	
D D	10% -facts-and-circumstances test	-					
	more, and if the organization meets the						
10	organization meets the facts-and-circu <b>Private foundation</b> If the organization						
18	Private foundation. If the organization	IT UIU HOL CHECK a		a, 100, 17a, 01 170	, check this box a		(Form 990) 2022

Schedule A	Form 990	) 202

### GOOD TIDINGS FOUNDATION

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

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

Section A. Fublic Support						
Calendar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(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 per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities						
furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5					1	
<b>7a</b> Amounts included on lines 1, 2, and						
3 received from disgualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support	•	•	•	•	÷	•
Calendar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
<ul> <li>c Add lines 10a and 10b</li> <li>11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on</li> </ul>						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)					1	
<b>14 First 5 years.</b> If the Form 990 is for the	ne organization's fi	rst, second, third, <sup>-</sup>	fourth, or fifth tax	year as a section 5	501(c)(3) organiz	ation,
check this box and stop here						
Section C. Computation of Publi		¥			1 1	
<b>15</b> Public support percentage for 2022 (I	, (),	<b>,</b> ,	column (f))		15	%
16 Public support percentage from 2021					16	%
Section D. Computation of Inves		•			1 1	
17 Investment income percentage for 20					17	%
<b>18</b> Investment income percentage from					18	%
19a 33 1/3% support tests - 2022. If the	organization did r	not check the box o	on line 14, and line	e 15 is more than 3	33 1/3%, and lin	e 17 is not
more than 33 1/3%, check this box ar <b>b 33 1/3% support tests - 2021.</b> If the	-	•				
line 18 is not more than 33 1/3%, che	ck this box and st	<b>op here.</b> The orga	nization qualifies	as a publicly suppo	orted organizatio	on
20 Private foundation. If the organization			-		-	

(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

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

Yes

No

#### Schedule A (Form 990) 2022 GOOD TIDINGS FOUNDATION

2

1

Yes No

Pa	t IV Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		
	11c below, the governing body of a supported organization? 11a		
b	A family member of a person described on line 11a above? 11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI.		
Sec	tion 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.	
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	

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization

SUDEIVISEL		
Section C. T	pe II Supporting	Organizations

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).* 

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 t	hat the organization used to satisf	v the Integral Part Test durin	a the year (see instructions).
•		nal line organization used to satisi	, וווכ ווווכקומו ז מונ ז ככו טעוווי	

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* line 3 *below.*

с		The organization supported a governmental entity.	Describe in Part VI how	you supported a	governmental entity	(see instruction <u>s).</u>
---	--	---	-------------------------	-----------------	---------------------	-----------------------------

- 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.
- 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.
- 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.**
- **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.*

No

Yes

2 Enter 0.85 of line 1.

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

3 4

5

6

7

Minimum asset amount for prior year (from Section B, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Part V 1

Sect	ion 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		
Sect	ion 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		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		

2

3

4 5

6

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

#### GOOD TIDINGS FOUNDATION Schedule A (Form 990) 2022 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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.

Schedule A (Form 990) 2022

and 4c. 8 Breakdown of line 7: a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

7 Excess distributions carryover to 2023. Add lines 3j

_	dule A (Form 990) 2022 GOOD TIDINGS		<u> </u>		<u>4-3219013 <sub>Ра</sub></u>
Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	anizations (continu	ied)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	npt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive	)		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
0	Line 8 amount divided by line 9 amount		1	10	
ecti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	IS	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
	From 2017				
b	From 2018				
с	From 2019				
	From 2020				
е	From 2021				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
_	Applied to 2022 distributable amount				
	Carryover from 2017 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
-	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
5	and 4b from line 1. For result greater than zero, explain in				
	and to nonnine 1.1 or result greater than zero, explain in				

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022		TIDINGS					Page <b>8</b>
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, I Section D, lines 5, 6, and 8 (See instructions.)	2, 3b, 3c, 4 ines 2 and	1b, 4c, 5a, 6, 9a 3; Part IV, Sect	a, 9b, 9c, 11a, ion E, lines 1c	, 11b, and 11c; F , 2a, 2b, 3a, and	Part IV, Section B, lines I 3b; Part V, line 1; Par	s 1 and 2; Part IV, Section t V, Section B, line 1e; Pa	C, rt V,
	(							

#### \*\* PUBLIC DISCLOSURE COPY \*\*

### Schedule of Contributors

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

2022

Employer identification number

Schedule	В
(Form 990)	

Department of the Treasury Internal Revenue Service

Form 990 or 990-EZ

Filers of:

Name of the organization

Organization type (check

G

OOD TIDINGS FOUNDATION	94-3219013
one):	
Section:	
X 501(c)( 3 ) (enter number) organization	

	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

#### **General Rule**

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

#### **Special Rules**

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set in the set of t

**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).

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

Schedule B (Form 990) (2022)

No.

(a)

No.

6

5

lame of o	rganization	Emp
500D '	FIDINGS FOUNDATION	9
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
1		
		\$30,000.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
2		
		\$ <u>24,000</u> .
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
3		
		\$65,000.
(a)	(b)	(c)
No.	Name, address, and ZIP + 4	Total contributions
4_		\$21,275.
(a)	(b)	(c)

	\$_	21,275.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contributior
	\$_	79,400.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

(b) (c) (d) Total contributions Type of contribution Name, address, and ZIP + 4 X Person Payroll 25,000. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Person Payroll Noncash

Person Payroll Noncash

Person

Payroll Noncash

(Complete Part II for noncash contributions.)

> (d) Type of contribution

(Complete Part II for noncash contributions.)

(d) Type of contribution

(Complete Part II for noncash contributions.)

> (d) Type of contribution

> (d) Type of contribution

> > X

X

X

94-3219013

Page 2

nployer identification number

Schedule I	B (Form 990) (2022)		Pag
Name of o	rganization	Emp	oloyer identification numbe
GOOD '	TIDINGS FOUNDATION	2	4-3219013
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		\$49,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8_		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9_		\$34,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$29,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$95,301.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution

12

X

(Complete Part II for noncash contributions.)

Person Payroll

Noncash

50,000.

\$

Schedule B (Form 990) (2022)

Name of organization

GOOD TIDINGS FOUNDATION

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

Part II	<b>Noncash Property</b> (see instructions). Use duplicate copies of Part	Il if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

94-3219013

Employer identification number

	TIDINGS FOUNDATION			94-3219013	
Part III	Exclusively religious, charitable, etc., contributio	ons to organizations described in	section 50	1(c)(7), (8), or (10) that total more than \$1,000 for the year	
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, c	haritable, etc., contributions of <b>\$1,000</b>	or less for th	e year. (Enter this info. once.)	
	Use duplicate copies of Part III if additional s	space is needed.		- , ,	
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
<u> </u>					
		(e) Transfer of g	gift		
			_		
	Transferee's name, address, ar	nd ZIP + 4	R	elationship of transferor to transferee	
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
Part I	(b) Fulpose of gift	(c) Use of gift		(d) Description of now gift is field	
		(e) Transfer of g	qift		
			-		
	Transferee's name, address, ar	nd ZIP + 4	B	elationship of transferor to transferee	
	,, _,, _				
(a) No.		I			
from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
Part I					
·		· · -			
		(e) Transfer of g	gift		
			_		
	Transferee's name, address, ar	nd ZIP + 4	R	elationship of transferor to transferee	
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
Part I				(a) Description of now girt is held	
		(e) Transfer of g	gift		
	Transferee's name, address, ar	nd <b>ZIP</b> + 4	R	elationship of transferor to transferee	

Employer identification number

		0					OMB No.	1545.00	17
	HEDULE D n 990)	Supplementa Complete if the organ	nization answered	"Yes" on Form 990	),		20	<b>22</b>	+/
Depart	ment of the Treasury	Part IV, line 6, 7, 8, 9, 10, At	11a, 11b, 11c, 110 ttach to Form 990.		12b.			o Publi	ic
Interna	Revenue Service	Go to www.irs.gov/Form990	) for instructions a	and the latest inform			Inspec		
Nam	e of the organizati	on GOOD TIDINGS FOUNDA	NUTON			Emplo	yer identificati 94-3219		ıber
Par	t I Organiza	ations Maintaining Donor Advised		er Similar Fund	s or Acc	ounts			
	organizatio	n answered "Yes" on Form 990, Part IV, line	e 6.				•		
			<b>(a)</b> Donor a	dvised funds	(b)	Funds	and other acco	unts	
1	Total number at e	nd of year							
2		f contributions to (during year)							
3		f grants from (during year)							
4		t end of year							
5	-	on inform all donors and donor advisors in v	-						1
•		on's property, subject to the organization's e					Yes		No
6		on inform all grantees, donors, and donor ac							
		poses and not for the benefit of the donor or		, , ,	-		Yes		] N.a
Par	impermissible priv	ate benefit? ation Easements. Complete if the org							No
1		servation easements held by the organizatio			, r art iv, ii	10 7.			
•		of land for public use (for example, recreat	· ·		of a historio	allv im	portant land are	a	
		f natural habitat		Preservation		-	-		
		n of open space							
2		through 2d if the organization held a qualifi	ed conservation co	ntribution in the forr	n of a cons	ervatio	n easement on	the last	:
	day of the tax yea						eld at the End of		
а	Total number of co	onservation easements				2a			
b	Total acreage rest	ricted by conservation easements				2b			
с	Number of conser	vation easements on a certified historic stru	icture included in (a	a)		2c			
d		vation easements included in (c) acquired a	• • •						
		isted in the National Register				2d			
3	Number of conser year	vation easements modified, transferred, rele	eased, extinguished	l, or terminated by th	ne organiza	tion du	ring the tax		
4		where property subject to conservation eas			_				
5	0	tion have a written policy regarding the peri	0,	· · ·					1
		orcement of the conservation easements it					Yes		No
6	Staff and voluntee	r hours devoted to monitoring, inspecting, h	nandling of violatior	ns, and enforcing co	nservation	easeme	ents during the	year	
7	Amount of expens	es incurred in monitoring, inspecting, hand	ling of violations, ar	nd enforcing conserv	ation easer	ments o	during the year		
8		vation easement reported on line 2(d) above							1.
-	and section 170(h						Yes		No
9		be how the organization reports conservation					aa tha		
		d include, if applicable, the text of the footne	ote to the organizat	tion's financial stater	nents that (	Jescrip	es the		
Par	t III Organization s acc	ounting for conservation easements. ations Maintaining Collections of	Art. Historical	Treasures, or C	Other Sin	nilar A	Assets.		
		f the organization answered "Yes" on Form							
<b>1</b> a	· · · ·	elected, as permitted under FASB ASC 958			and balance	e shee	et works		
	U U	easures, or other similar assets held for pub	· •						
		Part XIII the text of the footnote to its finan				- 698			
b	· •	elected, as permitted under FASB ASC 958				neet wo	orks of		
	0	sures, or other similar assets held for public	•						
		ing amounts relating to these items:	,	,					

b	Assets included in Form 990, Part X	\$
а	Revenue included on Form 990, Part VIII, line 1	\$
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provid	e
	(ii) Assets included in Form 990, Part X	\$
	(i) Revenue included on Form 990, Part VIII, line 1	\$
	F	

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Schedule D (Form 990) 2022

		DINGS FOUND					94-32			<sub>age</sub> 2
Par	t III Organizations Maintaining C	ollections of Art,	, Historical Tre	asures, or O	ther S	Similar	Assets	(contir	nued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	following that ma	ake sign	ificant u	se of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exc	hange program						
b	Scholarly research e Other									
с	Preservation for future generations									
4	Provide a description of the organization's co	ellections and explain	how they further th	ne organization's	exemp	t purpos	e in Part	XIII.		
5										
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang							ine 9. or		
	reported an amount on Form 990, Par		C							
1a	Is the organization an agent, trustee, custodi	an or other intermedia	arv for contribution	s or other assets	not inc	luded				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII								-	
	5	Ī	5					Amoun	t	
с	Beginning balance					1c				
	Additions during the year					1d				
	Distributions during the year					1e				
	Ending balance					1f				
	Did the organization include an amount on Fo					· · · ·		Yes		No
	If "Yes," explain the arrangement in Part XIII.						······ <u> </u>			j
Par										<u></u>
	·	(a) Current year	(b) Prior year	(c) Two years b			ears back	(e) Four	years	back
1a	Beginning of year balance	12,446,201.	11,142,321.	8,995,6	51.	8,04	45,458.	8	,552,	573.
	Contributions		60,000.	1,145,0	00.				212,	122.
	Net investment earnings, gains, and losses	-1,651,076.	1,544,382.	1,001,6	70.	1,38	34,668.	-	-419,	237.
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs	270,000.	300,502.						300,	000.
f	Administrative expenses	16,942.				43	34,475.			
g	End of year balance	10,508,183.	12,446,201.	11,142,3	21.	8,99	95,651.	8	,045,	458.
2	Provide the estimated percentage of the curr									
a	Board designated or quasi-endowment	•	%	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
b	Permanent endowment	%	_^ -							
		/** %								
-	The percentages on lines 2a, 2b, and 2c show									
3a	Are there endowment funds not in the posses		ion that are held ar	nd administered	for the					
	organization by:	eelen er ine erganizat						]	Yes	No
	(i) Unrelated organizations							3a(i)		X
	(ii) Related organizations							3a(ii)		X
h	If "Yes" on line 3a(ii), are the related organiza							3b		
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Pa	art X, lin	e 10.				
	Description of property	(a) Cost or ot	her (b) Cost	or other	(c) Acc	umulate	d	(d) Boo	k valu	e
_		basis (investm		(other)	. ,	eciation				
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment		36	9,667.	10	)3,41	7.	26	6,2	50.
	Other									
	. Add lines 1a through 1e. (Column (d) must e		. column (B). line 1	0c.)	<u></u>	<u></u>		26	6,2	50.
		-	• • •							

Schedule D (Form 990) 2022

#### Schedule D (Form 990) 2022 GOOD TIDINGS FOUNDATION

#### 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. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

#### Part VIII Investments - Program Related.

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

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

#### Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part	IV, line 11e or 11f. See Form 990, Part X, line 25.
1. (a) Description of liability	(b) Book value
(1) Eederal income taxes	

(1) Federal income taxes	
(2) SCHOLARSHIPS PAYABLE	252,500.
(3) AIRSTREAM INTERSTATE VAN	192,176.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990 Part X col. (B) line 25.)	444,676.

Iotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Sche	dule D (Form 990) 2022 GOOD TIDINGS FOUNDATION		94-3219013 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stat	ements With Reven	ue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	=	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities	2a	
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines <b>2a</b> through <b>2d</b>		
3	Subtract line <b>2e</b> from line <b>1</b>		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
С	Add lines <b>4a</b> and <b>4b</b>		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	<u>3.</u> )	
Pa	rt 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.

PART V, LINE 4:

UPON APPROVAL FROM 51% OF THE BOARD OF DIRECTORS, THE FOUNDATION CAN

WITHDRAW A MAXIMUM OF 7% OF THE ENDOWMENT FUNDS EACH CALENDAR YEAR TO

SUPPORT THE OPERATIONS OF GOOD TIDINGS.

SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ng or Gaming A	ctiv	ities	OMB	No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$1				r 19,	or if the	2	2022
Department of the Treasury		Attach to Form 990	or Forr	n 990	-EZ.				en to Public
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.         Inspection           n         Employer identification number								
Name of the organization		DINGS FOUNDATION					Employer 94-32		
		Complete if the organization answe	ered "Y	'es" or	n Form 990, Part IV, li	ine 17			
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solicitat</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> <li>b If "Yes," list the 10 compensated at leter</li> <li>(i) Name and addres</li> </ul>	ions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv past \$5,000 by the s of individual	f Solicita g Specia or oral agreement with any individual art VII) or entity in connection with p riduals or entities (fundraisers) pursu	ttion of ttion of l fundra (incluc professi uant to	non-g gover aising of onal fu agreer	overnment grants nment grants events ficers, directors, trust undraising services? ments under which th (iv) Gross receipts	ne fur (v)	Amount pai	d (v	No No
or entity (func	iraiser)		have custody or control of contributions?		from activity		fundraiser listed in col. (i)		organization
Total									
	ch the organizatio	n is registered or licensed to solicit	contrib	utions	or has been notified	it is e	exempt from	ı registr	ation

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Schedule G (Form 990) 2022

GOOD TIDINGS FOUNDATION

94-3219013 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b, List events with gross receipts greater than \$5,000

			(a) Event #1	(b) Event #2 GOLF	(c) Other events NONE	(d) Total events (add col. (a) through
			ANNUAL PARTY			col. (c)
			(event type)	(event type)	(total number)	
	1	Gross receipts	290,716.	99,594.		390,310
	2	Looo: Contributions				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	290,716.	99,594.		390,310
	4	Cash prizes				
	5	Noncash prizes	9,154.			9,154
	Ū					
	6	Rent/facility costs				
				170		170
	7	Food and beverages		170.		170
	8	Entertainment	125,840.			125,840
		Other direct expenses		38,998.		40,674
		Direct expense summary. Add lines 4 throu	•	· · · ·		175,838
L		Net income summary. Subtract line 10 from				214,472
_						
	rt II	<b>Gaming.</b> Complete if the organizatio	n answered "Yes" on Form	1990, Part IV, line 19, or r	eported more than	
	rt II	Gaming. Complete if the organizatio \$15,000 on Form 990-EZ, line 6a.	n answered "Yes" on Form		eported more than	
a	rt II		n answered "Yes" on Form (a) Bingo	(b) Pull tabs/instant	eported more than (c) Other gaming	
31 	rtl					
1	_	\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant		
31 	1 1		(a) Bingo	(b) Pull tabs/instant		
	1	\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant		
	1	\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant		
	1	\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant		
	1 2 3	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes	(a) Bingo	(b) Pull tabs/instant		
	1 2 3	\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant		
	1 2 3 4	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs	(a) Bingo	(b) Pull tabs/instant		
	1 2 3 4	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	col. (a) through col. (a)
	1 2 3 4 5	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	col. (a) through col. (
	1 2 3 4 5	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	col. (a) through col. (
	1 2 3 4 5 6	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	col. (a) through col. (
	1 2 3 4 5 6	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	col. (a) through col. (
	1 2 3 4 5 6 7	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	col. (a) through col. (
	1 2 3 4 5 6 7 8	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throu Net gaming income summary. Subtract line	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	col. (a) through col. (
	1 2 3 4 5 6 7 8 Ent	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throu Net gaming income summary. Subtract line er the state(s) in which the organization con-	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	col. (a) through col. (
	1 2 3 4 5 6 7 8 Ent Is th	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throu Net gaming income summary. Subtract line	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	

 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?
 Yes

 b If "Yes," explain:
 Yes

232082 10-27-22

Schedule G (Form 990) 2022

Sch	edule G (Form 990) 2022	GOOD TIDINGS	FOUNDATION 9	4-3219	013	Page 3
11	Does the organization conduct ga	ming activities with nonme	mbers?		Yes	No
12			or a member of a partnership or other entity formed			
	to administer charitable gaming?				Yes	No No
13	Indicate the percentage of gaming	activity conducted in:				
á	The organization's facility			13a		%
				13b		%
14	Enter the name and address of the	e person who prepares the	organization's gaming/special events books and records:			
	Name					
	Address					
15a	Does the organization have a cont	tract with a third party from	whom the organization receives gaming revenue?		Yes	🗌 No
I	If "Yes," enter the amount of gami	ing revenue received by the	e organization \$ and the amou	nt		
	of gaming revenue retained by the	e third party \$				
0	If "Yes," enter name and address	of the third party:				
	Name					
	Address					
16	Gaming manager information:					
	Name					
		•				
	Gaming manager compensation	\$				
	Description of services provided					
	Director/officer	Employee	Independent contractor			
17	Mandatory distributions:					
á	Is the organization required under	state law to make charitab	le distributions from the gaming proceeds to			
	retain the state gaming license?				Yes	No No
I		•	be distributed to other exempt organizations or spent in the	ne		
D	organization's own exempt activiti rt IV Supplemental Inform		\$ 			
FC			anations required by Part I, line 2b, columns (iii) and (v); ar ny additional information. See instructions.	id Part III, IIr	1es 9, 5	90, 100,
	100, 100, 10, and 170, as	applicable. Also provide al				

Fart iv Supplemental Information	(continued)	

SCHEDULE I		G	ants and Oth	ner Assistan	ce to Organ	izations.		OMB No. 1545-0047		
(Form 990)	Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.									
Department of the Treasury										
Internal Revenue Service			Go to www.irs	s.gov/Form990 for		ation.		Open to Public Inspection		
Name of the organizat	ion			-				Employer identification number		
	GOOD TIDI	NGS FOUND	ATION					94-3219013		
	nformation on Grants a									
-	zation maintain records t award the grants or assis		-			-	stance, and the select			
	IV the organization's pro									
	d Other Assistance to I hat received more than \$					anization answered "Y	es" on Form 990, Par	t IV, line 21, for any		
		· ·	-	1		(f) Method of				
	Idress of organization vernment	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
			1		I	1	1	1		

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

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

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

Schedule I (Form 990) 2022

GOOD TIDINGS FOUNDATION

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CHOLARSHIP FUND	38	95,000.	0.		
T VENTURES	1	10,000.	0.		

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

FORM 990 SCHEDULE I PART III COLUMN B

SCHOLARSHIP FUND - UP TO TEN \$10,000 COMMUNITY SERVICE SCHOLARSHIPS TO

DESERVING HIGH SCHOOL SENIORS EACH YEAR WHO EXHIBIT A HIGH LEVEL OF

COMMUNITY GIVING WHILE STRIVING FOR HIGHER EDUCATION. EACH YEAR, THE

RECIPIENTS ARE AWARDED \$10,000 TO BE PAID OUT OVER 4 YEARS.

FORM 990 SCHEDULE I PART III COLUMN B

GT VENTURES - \$10,000 GRANT IS AWARDED TO A YOUNG BLACK ENTREPRENEUR

#### FOR START-UP CAPITAL FOR THEIR BUSINESS OR NON-PROFIT VENTURES.

SCI	IEDULE J	Compensation Information		OMB No.	1545-00	47		
(Foi	Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest							
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line	2	2022				
Depar	ment of the Treasury	Attach to Form 990.	.0.	Open to				
Interna	I Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information		•	ection			
Nam	e of the organizatior			er identificati		mber		
De		GOOD TIDINGS FOUNDATION	94-	-321901	3			
Pa		s Regarding Compensation				Τ		
4-		a bar a chair a tha ann an a	000		Yes	No		
па		ate box(es) if the organization provided any of the following to or for a person listed on F	orm 990,					
		line 1a. Complete Part III to provide any relevant information regarding these items.	record					
	First-class or c							
		panions Payments for business use of person ation and gross-up payments I Health or social club dues or initiatior						
		spending account Personal services (such as maid, cha						
			fileur, cheij					
h	If any of the hoxes	on line 1a are checked, did the organization follow a written policy regarding payment or						
	-			1b				
2		require substantiation prior to reimbursing or allowing expenses incurred by all director						
		rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2				
		-,						
3	Indicate which, if ar	ny, of the following the organization used to establish the compensation of the organizat	on's					
		ctor. Check all that apply. Do not check any boxes for methods used by a related organ						
		ation of the CEO/Executive Director, but explain in Part III.						
	Compensation	committee Written employment contract						
	Independent c	ompensation consultant Compensation survey or study						
	X Form 990 of ot		on 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 re	lated organization:						
а	Receive a severanc	e payment or change-of-control payment?		4a		X		
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X		
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		<u>4c</u>		X		
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.								
		)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compen-	ation					
	contingent on the re			5a		37		
	a The organization?					X		
b		ation?		<u>5b</u>		X		
~		r 5b, describe in Part III.						
6		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compen-	ation					
_	contingent on the n	-		0		v		
						X X		
a		ation? r 6b, describe in Part III.		<u>6b</u>				
7			onte					
		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed paym		7		x		
		es 5 and 6? If "Yes," describe in Part III reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject						
						x		
		d the organization also follow the rebuttable presumption procedure described in		8		<u> </u>		
3		53.4958-6(c)?		9				
LHA		eduction Act Notice, see the Instructions for Form 990.		edule J (Fori	n 990	) 2022		
		· · · · · · · · · · · · · · · · · · ·	2.511	(				

Schedule J (Form 990) 2022

94-3219013

Page 2

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

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

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

(A) Name and Title		B) Breakdown of W-2 and/or 1099-MISC and/or 1099-N compensation			(C) Retirement and (D) Nontaxable (E) other deferred benefits		(B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) LARRY HARPER	(i)	149,900.	0.	0.	0.	122,200.	272,100.	0.
FOUNDER/SECRETARY	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(i) (ii)							

Schedule J (Form 990) 2022

#### 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.

Schedule J (Form 990) 2022

SCHEDULE	Μ
(Form 990)	

### **Noncash Contributions**

OMB No. 1545-0047

2022

**Open to Public** 

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

Department of the Treasury Internal Revenue Service

Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection Employer identification number

94-3219013

Name of the or	ganization
----------------	------------

Pa	rt I Types of Property						
		<b>(a)</b> 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 de noncash contribu	•	ts
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods	x		30,500,	FAIR MARKET	VALUE	
6	Cars and other vehicles					111101	
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
10	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22							
23	Historical artifacts						
23 24	Archeological artifacts						
25	Other (TOYS)	x	5,000	93,000,	FAIR MARKET	VALUE	
26	Other ( )		5,000	55,000		111101	
20	Other ()						
28	Other ( )						
29		I zation during	l 1 the tax year for co				
20	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						
		50, i uit v, E	once / tokine wiedg			Yes	No
30a	During the year, did the organization receive by	/ contributio	n any property rep	orted in Part L lines 1 throug	ih 28. that it		
	must hold for at least 3 years from the date of t		•••••				
	exempt purposes for the entire holding period?	_				30a	x
b	If "Yes," describe the arrangement in Part II.	·					
31	Deep the experimentian have a gift appendance policy, that requires the requires of any paneton dowd contributions?					31	x
	2a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash						<u> </u>
<u>u</u>	contributions?					32a	x
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	/ for which column (a) is che	cked.		
	describe in Part II.						
LHA							

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

SCHEDULE M, PART I, COLUMN (B):

SCHEDULE M, PART I, COLUMN (B) LINE 5:

WINTER WONDERLAND TOY DRIVE - \$30,500 OF SOCKS WERE RECEIVED FOR THE

WINTER WONDERLAND EVENT.

SCHEDULE M, PART I, COLUMN (B) LINE 25:

WINTER WONDERLAND TOY DRIVE - 5,000 TOYS WERE RECEIVED FOR THE WINTER

WONDERLAND TOY DRIVE.

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

FORM 990, PART

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 the latest information.



94-3219013

GOOD TIDINGS FOUNDATION

I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

BEYOND

FORM 990, PART III, LINE 1

GOOD TIDINGS FOUNDATION, FOUNDED IN 1995, IS A 501(C)(3) CHILDREN'S

CHARITY THAT ENCOURAGES AND SUPPORTS THE GROWTH OF MARGINALIZED YOUTH

IN NORTHERN CALIFORNIA AND BEYOND BY CREATING ENVIRONMENTS FOR ARTS,

ATHLETICS, EDUCATION AND WONDER. WE AIM TO PROVIDE OPPORTUNITIES THAT

OTHERWISE WOULD BE UNAVAILABLE TO KIDS REGARDLESS OF THEIR FINANCIAL

STATUS, ETHNIC ORIGIN, OR RELIGION.

FORM 990, PART VI, SECTION A, LINE 8B:

BOARD MINUTES ARE MAINTAINED FOR ALL BOARD OF DIRECTORS MEETINGS. GOOD TIDINGS DOES NOT HAVE COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

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

LINE 11B EXPLANATION - COPY OF FORM 990 IS DISTRIBUTED TO THE BOARD OF

DIRECTORS ELECTRONICALLY BEFORE FILING. THE BOARD RESPONDS WITH ANY

COMMENTS OR CHANGES.

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

BOARD MEMBERS CERTIFY ANNUALLY ANY CONFLICTS OF INTEREST RELATIVE TO THE

ORGANIZATION.

GOOD TIDINGS FOUNDATION

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

BOARD AND MANAGEMENT REVIEW COMPENSATION FOR COMPARABLE POSITIONS WITHIN

#### SIMILAR TYPES OF ORGANIZATIONS BEFORE DETERMINING EMPLOYEE COMPENSATION.

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

PROVIDED UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

UNCOLLECTIBLE PLEDGES

-266,000.

### TAX RETURN FILING INSTRUCTIONS

FORM 990

#### FOR THE YEAR ENDING

December 31, 2022

#### **Prepared For:**

Good Tidings Foundation 1469 Rollins Road Burlingame, CA 94010

#### **Prepared By:**

BPM LLP 4200 Bohannon Drive, Suite 250 Menlo Park, CA 94025-1021

#### Amount Due or Refund:

Not applicable

#### Make Check Payable To:

Not applicable

#### Mail Tax Return and Check (if applicable) To:

Not applicable

#### Return Must be Mailed On or Before:

Not applicable

#### **Special Instructions:**

This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed.

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us by November 15, 2023

An additional copy of Form 990 has been included, to be made available for public inspection upon request. Please note that all statements of donors' contributions are not subject to public inspection and have been removed, as appropriate.

Form 990 must be made available for public inspection for a period of three (3) years, beginning with the date the return is filed. The available document must be an exact copy of the return and schedules, as filed with the IRS, except that the names and the addresses of the contributors may be excluded.

Any organization which fails to comply with this provision is subject to a penalty of \$20 for each day that inspection is not permitted, up to a maximum of \$10,000. Any organization which willfully fails to comply shall be subject to an additional penalty of \$5,000. You are also required to provide copies of the return if you receive such a request. Should you receive a request for inspection or for copies of your return, you may want to contact us for further details.

GOOD TIDINGS FOUNDATION 1469 ROLLINS ROAD BURLINGAME, CA 94010

#### DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027

HalalahdillaanIIII...Ilaaddaaddilaad



July 12, 2023

Good Tidings Foundation 1469 Rollins Road Burlingame, CA 94010 Attention: Larry Harper, Executive Director/Sec

Dear Larry:

Enclosed is the organization's 2022 Exempt Organization return.

Specific filing instructions are as follows.

#### FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us by November 15, 2023.

#### CALIFORNIA FORM 199 RETURN:

The California Form 199 return has qualified for electronic filing. After you have reviewed your return for completeness and accuracy, please sign, date and return Form 8453-EO to our office. We will then transmit your return to the FTB. Do not mail the paper copy of the return to the FTB.

No payment is required.

CALIFORNIA FORM RRF-1:

The California Form RRF-1 should be mailed on or before November 15, 2023 to:

Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

Enclose a check or money order for \$200, payable to Department of Justice.

The report should be signed and dated by the authorized individual(s).

Copies of all the returns are enclosed for your files. We suggest that you retain these copies indefinitely.

An additional copy of Form 990 has been included, to be made available for public inspection upon request. Please note that all statements of donors' contributions are not subject to public inspection and have been removed, as appropriate.

Form 990 must be made available for public inspection for a period of three (3) years, beginning with the date the return is filed. The available document must be an exact copy of the return and schedules, as filed with the IRS, except that the names and the addresses of the contributors may be excluded.

Any organization which fails to comply with this provision is subject to a penalty of \$20 for each day that

inspection is not permitted, up to a maximum of \$10,000. Any organization which willfully fails to comply shall be subject to an additional penalty of \$5,000. You are also required to provide copies of the return if you receive such a request. Should you receive a request for inspection or for copies of your return, you may want to contact us for further details.

#### FEDERALLY DECLARED DISASTER AREA RELIEF:

Businesses, Fiduciaries, NFP entities and Individuals may qualify for disaster-area relief by the IRS, which provides that disaster-area taxpayers in most of California and parts of Alabama and Georgia have until October 16, 2023, to file various federal tax returns and make tax payments. This relief also applies to estate and gift tax returns.

In some states, however, there is uncertainty around the disaster-area relief process and whether other states will conform to the relief. California has conformed to the relief in certain instances. We encourage you to make the payment(s) instructed above on or before the statutory due date(s) to avoid notices from the IRS and other tax authorities due to potential delinquency, penalties, and interest. If you are not in a declared county, you may still qualify due to the CPA firm location, or your records being in a declared disaster zone. In the latter case, a Power of Attorney will be required for BPM to contact the IRS and applicable state authorities to request relief on your behalf.

For more information on the FEMA declared disaster relief, please visit the IRS news release at www.irs.gov/newsroom/tax-relief-in-disaster-situations. If an entity/taxpayer chooses to defer the payment due, BPM is not liable for any penalties or interest and time related to responding to any IRS or other state inquires and will be invoiced based on our hourly rates in effect at that time. Please inform us if you plan to defer the payment due as soon as possible so we can denote it in our files for future correspondence and disclosures in your returns.

As discussed, BPM provides guidance on state jurisdictions in which the entity/taxpayer may have income tax nexus. It is the entity/taxpayer's responsibility to provide relevant state activity information to BPM, so that it may help determine which states to file tax returns. Accordingly, BPM is not responsible for any penalties or interest relating to failure to file state income tax returns.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Very truly yours,

RPM LLP