

Form	990
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** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Α	For the	2023 calendar year, or tax year beginning and ending			
в	Check if applicabl	C Name of organization	D	Employer identifie	cation number
_	Addre				
	Chang	GOOD TIDINGS FOUNDATION			
	chang	Doing business as		94-32190	
	return	Number and street (or P.O. box if mail is not delivered to street address)	suite E	Telephone numbe	
	Final return termin			(800) 82	
_	ated Amen	City or town, state or province, country, and ZIP or foreign postal code	G	Gross receipts \$	2,006,489.
Ļ	return	BURLINGAME, CA 94010	H	(a) Is this a group re	
	Applic tion pendir	F Name and address of principal officer. DARKY TIARY BR		for subordinates	
		SAME AS C ABOVE		(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527		list. See instructions
	Websi			(c) Group exemptio	
	orm of art I	organization: X Corporation Trust Association Other L Summary	Year of fo		State of legal domicile: CA
e	1	Briefly describe the organization's mission or most significant activities: ARTS, ED DREAMS FOR YOUTH FROM COMMUNITIES OF NEED IN			
Governance					
/ern	2	Check this box if the organization discontinued its operations or disposed of n Number of voting members of the governing body (Part VI, line 1a)			14 sets.
<u>G</u>	3	Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)			13
00	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			5
ties	6	Total number of volunteers (estimate if necessary)			127
Activities &	79	Total unrelated business revenue from Part VIII, column (C), line 12			260.
Ă	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
	-			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	1	L,017,962.	1,113,577.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	260.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		360,386.	458,929.
ň	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		214,473.	196,165.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1	L,592,821.	1,768,931.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	272,025.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	507,583.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
xpe	. b	Total fundraising expenses (Part IX, column (D), line 25) 117,447.			
Ш	1 17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		0.	858,318.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		0.	1,637,926.
		Revenue less expenses. Subtract line 18 from line 12		L,592,821.	131,005.
Net Assets or				ning of Current Year	End of Year
sset	g 20	Total assets (Part X, line 16)		L,430,836.	13,359,118.
etA	21	Total liabilities (Part X, line 26)	10	487,839. 0,942,997.	<u>617,630.</u> 12,741,488.
	<u>art II</u>	Net assets or fund balances. Subtract line 21 from line 20	1	5,942,997.	12,/41,400.
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and sta	tomonte	and to the best of my	knowledge and belief it is
	•	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep		•	knowledge and beller, it is
<u></u>	,			any knowledge.	
Sig	n	Signature of officer		Date	
He		LARRY HARPER			
	C	Type or print name and title			
		Print/Type preparer's name Preparer's signature	Date	Check	PTIN
Pai	d	EMILY HANOVER, CPA EMILY HANOVER, CPA	05/	/13/24 if self-employ	
	- parer	Firm's name CREATIVE PLANNING TAX, LLC	1 /		7-1019942
	Only	Firm's address 5454 W 110TH STREET			
		OVERLAND PARK, KS 66211		Phone no 91	3-338-2727

LHA	For Pape	erwork Reduction	Ac	t Notice	, see the separate instru	ctions.	332	001 12-21-23		Forn
	SEE	SCHEDULE	0	FOR	ORGANTZATTON	MISSIO	N	STATEMENT	CONTINUATION	

May the IRS discuss this return with the preparer shown above? See instructions

No

X Yes

Form	990 (2023) GOOD TIDINGS FOUNDATION 94-3219013 Page 2
	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: <u>GOOD TIDINGS FOUNDATION, FOUNDED IN 1995, IS A 501(C)(3) CHILDREN'S</u>
	CHARITY THAT ENCOURAGES AND SUPPORTS
	THE GROWTH OF MARGINALIZED YOUTH IN NORTHERN CALIFORNIA AND BEYOND BY
	CREATING ENVIRONMENTS FOR
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.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$ 362,246. including grants of \$) (Revenue \$
4a	(Code:) (Expenses \$
	ANNUALLY REFURBISH DILAPIDATED BASEBALL FIELDS, BASKETBALL COURTS &
	GYMS, STREET HOCKEY COURTS, VOLLEYBALL COURTS ETC. AND BRING THEM BACK
	TO LIFE TO PROVIDE YOUTH A SAFE PLACE TO GATHER AND PLAY WHILE
	PROVIDING A SENSE OF PRIDE FOR AN ENTIRE COMMUNITY. WE HAVE BUILT 226
	OF THESE SPACES IN THE PAST 29 YEARS.
	OF THESE SPACES IN THE PAST 23 TEARS.
4b	(Code:) (Expenses \$ 193,324. including grants of \$ 157,000.) (Revenue \$
40	(Code:) (Expenses \$ IS3,324. including grants of \$ IS7,000.) (Revenue \$ GOOD TIDINGS BEGAN WITH A HOLIDAY TOY DRIVE IN OUR FOUNDER'S GARAGE IN
	1995. EVER SINCE, WE HAVE GROWN TO SERVE THOUSANDS OF KIDS AND HAVE
	GIFTED OVER 65,000 TOYS IN THE PAST 28 YEARS WITH OUR WINTER
	WONDERLAND. OVER 28 YEARS LATER, GOOD TIDINGS CONTINUES THE SEASON OF
	GIVING IN DECEMBER BY ANNUALLY TRANSFORMING OUR GT'S WAREHOUSE INTO A
	FESTIVE WINTER WONDERLAND.
4c	(Code:) (Expenses \$131,686. including grants of \$) (Revenue \$)
	ARTS - ONE OF THE BEST OUTLETS FOR UNDERSERVED YOUTH IS THE CREATIVE
	ARTS. IN PARTNERSHIP AND IN HONOR OF LEROY NEIMAN, WE HAVE WORKED WITH
	LEGENDARY ARTISTS AND MUSICAL TALENT TO BUILD ART AND MUSIC STUDIOS.
	OUR STUDIOS ALLOW KIDS TO EXPRESS THEMSELVES WITHOUT LIMITS.
<u>/</u> 4	Other program services (Describe on Schedule O.)
-tu	(Expenses \$ 539,346 · including grants of \$ 115,025 ·) (Revenue \$)
40	Total program service expenses 1,226,602.
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			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	<u> </u>		
U	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
10		10	х	
44	or in quasi-endowments? If "Yes," complete Schedule D, Part V		- 23	
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,		v	
	Part VI	<u>11a</u>	X	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			v
	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			v
	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			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			<u></u>
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
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		x
20a		20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
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			Yes	No
	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	X	
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
	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
b	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
	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
	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
	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A 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
	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
	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	<u> </u>		
	contributions? If "Yes," complete Schedule M	30		x
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
	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
	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			
		34		x
	Part V, line 1	35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	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
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
		37		x
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI			
	Did the organization complete Schedule O and provide explanations on Schedule O for 1 art VI, lines 115 and 13?		v	
Par	Note: All Form 990 filers are required to complete Schedule O	28	· ·	
	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
	t V Statements Regarding Other IRS Filings and Tax Compliance	38	_ <u>A</u>	
		38		
10	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V	38	Yes	No
	tv Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			No
b	t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Ib			No
b c	Image: Non-State State			No
b c	t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Ib	1c	Yes	No (2023)

2023.03040 GOOD TIDINGS FOUNDATION

Form	990 (2023) GOOD TIDINGS FOUNDATION	94-3219	013	P	age 5
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		Х
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac	tion?	5b		Х
с	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 th				
	any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributi				
	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 ser	vices provided to the pavor?	7a	Х	
b			7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	to file Form 8282?	•	7c		х
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 or	II	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		Х
a	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
-		- ,	8		
9	Sponsoring organizations maintaining donor advised funds.		_		
а			9a		
b			9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders	11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	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		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
с	Enter the amount of reserves on hand	13c			
14a			14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				
-	excess parachute payment(s) during the year?		15		х
	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		х
	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 ac	tivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				
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Form 990	(2023)
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GOOD TIDINGS FOUNDATION 1.....

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

		1	1 .		Yes
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a	14	1	
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	1	3	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other		
	officer, director, trustee, or key employee?			2	
3	Did the organization delegate control over management duties customarily performed by or under the	ne direc	t supervision		
	of officers, directors, trustees, or key employees to a management company or other person?			3	
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	s filed?	4	
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5	
6	Did the organization have members or stockholders?			6	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a				
	more members of the governing body?			7a	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				
	persons other than the governing body?		,	7b	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye				
а	The governing body?	-	-	8a	х
b	Each committee with authority to act on behalf of the governing body?			8b	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-				
-	organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>			9	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R				
	(This Section B requests mornation about policies not required by the memain	evenue	Code.)		Yes
102	Did the organization have local chapters, branches, or affiliates?			10a	10.
	If "Yes," did the organization have written policies and procedures governing the activities of such c			104	
b		•		10b	
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body		ro filing the form?	11a	X
					- 23
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			10-	x
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			12a	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	~
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	,			v
	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 approv				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official			15a	X
b	Other officers or key employees of the organization			15b	X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement w	vith a		
	taxable entity during the year?			16a	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its p	articipation		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nizatior	ı's		
	exempt status with respect to such arrangements?			16b	
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filedCA				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990)-T (section 501(c)(3)s only)	availa
	for public inspection. Indicate how you made these available. Check all that apply.				
	X Own website X Another's website X Upon request Other (expla	in on So	chedule ()		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or		,	nd finan	cial
-	statements available to the public during the tax year.				
	State the name, address, and telephone number of the person who possesses the organization's bo	noke an	d records		
20					
20					
20	LARRY HARPER - (800) 824-7366 1469 ROLLINS ROAD, BURLINGAME, CA 94010				

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than o s both	th an compensation stee) from	(E) Reportable compensation	(F) Estimated amount of	
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		trom the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) LARRY HARPER	50.00							155 000	0	01 004
FOUNDER/ CHAIRMAN	2 00			X				155,089.	0.	81,224.
(2) MATTHEW KING	2.00			v				0.	0.	0
PRESIDENT (3) JERRI KAY-PHILLIPS	2.00			X				0.	0.	0.
VICE PRESIDENT	2.00			x				0.	0.	0.
(4) RICKY LYONS	2.00							0.	0.	0.
ENDOWMENT CHAIR	2.00			x				0.	0.	0.
(5) AARON BARULICH	2.00									
SECRETARY		х						0.	0.	0.
(6) GLENN DEKRAKER	2.00									
TRUSTEE		х						0.	0.	0.
(7) DAVE FLEMMING	2.00									
TRUSTEE		Х						0.	Ο.	0.
(8) ALI HINGA-NEVITT	2.00									
TRUSTEE		Х						0.	0.	0.
(9) DREW HAGEN	2.00									
TRUSTEE		Х						0.	0.	0.
(10) JAMIE GREENE	2.00									
TREASURER		Х						0.	0.	0.
(11) JOHN MCNULTY	2.00									
TRUSTEE		Х						0.	0.	0.
(12) RACHEL NGHE	2.00									•
TRUSTEE	0.00	X						0.	0.	0.
(13) KIM POPVITS	2.00	37							<u>^</u>	•
TRUSTEE	2 00	Х						0.	0.	0.
(14) RICH SARRIS TRUSTEE	2.00	x						0.	0.	0.
TRUSTEE		•						0.	0.	0.
		-								
		-								
										- 000 (2000)

7

332007 12-21-23

Form 990 (2023)

	990 (2023) GOOD TIDI									94-32	2190	013	P	age 8
Par	Section A. Onicers, Directors, Trust		oloye	ees,			ghes	t Co		· · /			(=)	
	(A) Name and title	(B) Average hours per week (list any	box, offic	not cl unles	ss per	ition more rson is	than c s both r/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		an	(F) timate nount other pensa	of
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MISC (W-2/1099-MISC/ 1099-NEC)				
1b	Subtotal								155,089.		0.	8	1,2	24.
	Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A							0. 155,089.		0.			
2	Total number of individuals (including but no compensation from the organization									000 of reportable			-	1
3	Did the organization list any former officer,			-	•	-		Ŭ		•	[Yes	No
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensat	tion	and	oth	er compensation from t	he organization		3	X	X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." <i>com</i>	ccrue compen	satio	on fr	om a	any	unre	late	ed organization or individ	dual for services		4 5	Λ	x
Sec	tion B. Independent Contractors			<u> </u>		20/0	011 .							
1	Complete this table for your five highest con the organization. Report compensation for t	•	•						the organization's tax y		ensat			
	(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	С	(C omper		n
								_						
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	nited	d to t	thos C		ted	above) who received mo	ore than			000	

332008 12-21-23

			2023) GOOD TIDI	NGS	FOUNDATIC	ON		94-3219	013 Page 9
Par	t V		Statement of Revenue						
			Check if Schedule O contains a re	sponse	or note to any lin		(B)	(C)	
						(A) Total revenue	Related or exempt	Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1	а	Federated campaigns	la					
Contributions, Gifts, Grants and Other Similar Amounts	I	b		lb					
5 ĕ		с	Fundraising events	lc	138,775.				
ar /		d	Related organizations	Id					
, s'i		е	Government grants (contributions)	le					
5 S	1	f	All other contributions, gifts, grants, and						
Ē					974,802.				
		-		lg \$	157,000.	1 112 577			
שי		h	Total. Add lines 1a-1f		Business Code	1,113,577.			
	0	~	BOOK SALES		459210	260.		260.	
		a b			455210	2001		2001	
Ser		c							
žer 1		d							
Program Service Revenue		e							
ž	i	f	All other program service revenue						
		g	Total. Add lines 2a-2f			260.			
	3		Investment income (including dividence	ls, intere	est, and				
						342,867.			342,867.
	4		Income from investment of tax-exemp	-					
	5 Royalties(i) Real								
	-			Real	(ii) Personal				
	6		Gross rents <u>6a</u> Less: rental expenses 6b						
			Less: rental expenses 6b Rental income or (loss) 6c						
			Not rental income or (loss)						
				urities	(ii) Other				
		u	assets other than inventory 7a 116 ,		(
		b	Less: cost or other basis						
e			and sales expenses	Ο.					
venue		с	Gain or (loss) 7c 116,	062.					
ω		d	Net gain or (loss)	<u></u>		116,062.	116,062.		
Other R	8	а	Gross income from fundraising events (no						
ð			including \$ 138,775.	of					
			contributions reported on line 1c). See						
		_	Part IV, line 18		433,723.				
			Less: direct expenses	····· <u> </u>	237,558.	196,165.			196,165.
			Net income or (loss) from fundraising e Gross income from gaming activities.			190,105.			190,105.
	9	d	Part IV, line 19						
	1	h	Less: direct expenses						
			Net income or (loss) from gaming activ	····· —					
			Gross sales of inventory, less returns						
			and allowances	10a	a				
	I	b	Less: cost of goods sold						
		с	Net income or (loss) from sales of inve	ntory					
s					Business Code				
eon	11	а							
Miscellaneous Revenue	I	b							
Scel		c							
Σ			All other revenue						
	12	e	Total. Add lines 11a-11d Total revenue. See instructions			1,768,931.	116,062.	260.	539,032.
32009		21.				-,,,,,,,,,,,,,,	,002.		Form 990 (2023)

9

12450513 147340 GOOD TIDINGS

2023.03040 GOOD TIDINGS FOUNDATION

Form 990 (2023)

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)

Х Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising expenses (C) Management and general expenses (A) (B) Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations 525. 525. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 271,500. 271,500. individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, 155,089. 105,430. 16,423. 33,236. trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and 24,666. 115,098. 78,244. <u>12,1</u>88. persons described in section 4958(c)(3)(B) 49,423. 33,598. 5,234. 10,591. Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 163,523. 111,164. 17,316. 35,043. Other employee benefits 9 24,450. 16,621. 2,589. 5,240. 10 Payroll taxes 11 Fees for services (nonemployees): Management а b Legal 32,542. 32,542. С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е 12,770. 12,770. Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 5,950. 5,750. 200. column (A), amount, list line 11g expenses on Sch 0.) 3,250. 3,250. Advertising and promotion 12 38,362. 1,279. 33,108. 3,975. Office expenses 13 13,595. 4,835. 8,760. Information technology 14 15 Royalties 20,185. 30,331. 53,937. 3,421. 16 Occupancy 13,688. 4,310. 9,339. 39. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... 1,790. 5,810. 3,942. 78. Conferences, conventions, and meetings 19 14,990. 14,990. 20 Interest Payments to affiliates 21 57,203. 57,203. Depreciation, depletion, and amortization 22 34,228. 707. 33,521. 23 Insurance Other expenses. Itemize expenses not covered 24 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.) 362,246. 362,246. PROGRAM SERVICE - ATHLE а PROGRAM SERVICE -ARTS 131,686. 131,686. h 36,324. 36,324. - WINTE PROGRAM SERVICE С 22,888. 1,150. d AUTOMOBILE EXPENSES 20,665. 1,073. SEE SCH O 18,849. 4.195. 14,569. 85. e All other expenses 1,637,926. 1,226,602. 293,877. 117,447. Total functional expenses. Add lines 1 through 24e 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

332010 12-21-23

Check here

12450513 147340 GOOD TIDINGS

if following SOP 98-2 (ASC 958-720)

2023.03040 GOOD TIDINGS FOUNDATION GOOD TI1

Form 990 (2023)

12450513 147340 GOOD TIDINGS

10,942,997.

11,430,836.

29

30

31

32

33

trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 7 8 Inventories for sale or use 8 2,828. 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 369,668. basis. Complete Part VI of Schedule D _____ 10a 160,620. 266,250. b Less: accumulated depreciation _____ 10b 10c 10,508,183. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 184,514. 15 Other assets. See Part IV, line 11 15 11,430,836. 16 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 43,163. Accounts payable and accrued expenses 17 17 0. 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 0. Secured mortgages and notes payable to unrelated third parties 23 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 444,676. 25 of Schedule D 487,839. 26 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 2,617,664. 10,942,997. 27 27 Net assets without donor restrictions 10,123,824. Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here

GOOD TIDINGS FOUNDATION

Cash - non-interest-bearing

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

Savings and temporary cash investments 3 Pledges and grants receivable, net Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, 209,048. 12,351,928. 181,314. 13,359,118. 13,194. 400,000.

(A) Beginning of year

469,061.

1

2

Part X | Balance Sheet

Form 990 (2023)

1

2

3

4

5

Assets

Liabilities

Net Assets or Fund Balances

29

30

31

32

33

and complete lines 29 through 33.

Total liabilities and net assets/fund balances

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

616,828.

0.

186,992.

17,444.

617,630.

12,741,488.

13,359,118.

Form 990 (2023)

(B) End of year

Form	990 (2023) GOOD TIDINGS FOUNDATION	94-	-3219013	Pag	e 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,768		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,637		
3	Revenue less expenses. Subtract line 2 from line 1	3		.,00	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10,942	-	
5	Net unrealized gains (losses) on investments	5	1,673	3,76	<u>53.</u>
6	Donated services and use of facilities	6	10),05	<u>59.</u>
7	Investment expenses	7			
8	Prior period adjustments	8	-142	2,95	<u>51.</u>
9	Other changes in net assets or fund balances (explain on Schedule O)	9	126	i,61	<u>.5.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	12,741	.,48	<u> 88.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: 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>X</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	audit,			
	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	edule 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?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed auc	lit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2023)

332012 12-21-23

SCHEDULE A	١
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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
2023
Open to Public Inspection

I.

Name of the organization

Nam	e of t	he organization							identification number			
			TIDINGS FO						4-3219013			
Par	tl	Reason for Public (Charity Status.	All organizations must c	omplete th	nis part.) S	ee instruction	s.				
The c	organi	zation is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only o	one box.)						
1		A church, convention of chu	urches, or associatio	n of churches described	l in sectio	n 170(b)(I)(A)(i).					
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)							
3		A hospital or a cooperative					-					
4		A medical research organization	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	lege 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 government or governmental unit described in section 170(b)(1)(A)(v).										
7	Х	X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in										
		section 170(b)(1)(A)(vi). (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	anization 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 I	name, city	, and state of	the college	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). (Cor	mplete Part III.)									
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).					
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	ne functio	ns of, or to ca	rry out the	purposes of one or			
		more publicly supported or	-						Check the box on			
		lines 12a through 12d that	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.				
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving			
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or truste	es of the su	upporting			
		organization. You must c	complete Part IV, Se	ctions A and B.								
b		Type II. A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	ed organizatio	n(s), by hav	ving			
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported			
		organization(s). You mus	t complete Part IV,	Sections A and C.								
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functional	ly integrate	ed with,			
		its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.					
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection v	vith its suppor	ted organiz	zation(s)			
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution red	quirement and	an attentiv	/eness			
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	v .					
е		Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III				
		functionally integrated, or	Type III non-functior	nally integrated supporti	ng organiz	ation.						
		r the number of supported o	•									
g		vide the following information		- · ·	(iii) is the error	inization listed						
	(1	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi		(v) Amount of support (see ir		(vi) Amount of other			
		organization		above (see instructions))	Yes	No	support (see in	istructions)	support (see instructions)			
Tota												

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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	997,614.	1403580.	851,849.	1017961.	1113577.	5384581.
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	007 614	1402500	051 040	1017961.	1113577.	E201E01
	Total. Add lines 1 through 3	997,614.	1403580.	851,849.	101/961.	11135//.	5384581.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1842646.
6	Public support. Subtract line 5 from line 4.						3541935.
	tion B. Total Support						3341933.
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	997,614.	1403580.	851,849.	1017961.	1113577.	5384581.
8	Gross income from interest,						
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	360,940.	291,246.	526,183.	368,950.	458,930.	2006249.
9	Net income from unrelated business					,	
	activities, whether or not the						
	business is regularly carried on					260.	260.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						7391090.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	ear as a section 5/	01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	ic Support Per	centage			I	
	Public support percentage for 2023 (I					14	47.92 %
	Public support percentage from 2022						49.72 %
16a	33 1/3% support test - 2023. If the o				14 is 33 1/3% or m	ore, check this bo>	
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2022. If the						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	vi how the organiz	ation
	meets the facts-and-circumstances te	•	•		•		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the						
10	organization meets the facts-and-circle				• •		
IŎ	Private foundation. If the organization	л ана пот спеска		a, 100, 17a, or 170	, check this box a		
						Schedule A	(Form 990) 2023

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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.)

Sectio	n A. Public Support						
Calendar	year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gift	s, grants, contributions, and						
mer	mbership fees received. (Do not						
incl	ude any "unusual grants.")						
mer forn any	ss receipts from admissions, rchandise sold or services per- ned, or facilities furnished in activity that is related to the						
•	anization's tax-exempt purpose						
	ss receipts from activities that not an unrelated trade or bus-						
	ss under section 513						
izati	revenues levied for the organ- ion's benefit and either paid to expended on its behalf						
	value of services or facilities						
furn	hished by a governmental unit to						
	organization without charge						
6 Tot	al. Add lines 1 through 5						
	ounts included on lines 1, 2, and eceived from disqualified persons						
from exce	unts included on lines 2 and 3 received other than disqualified persons that ed the greater of \$5,000 or 1% of the unt on line 13 for the year						
	l lines 7a and 7b						
8 Pub	Dlic support. (Subtract line 7c from line 6.)						
Sectio	n B. Total Support						
Calendar	year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Am	ounts from line 6						
10a Gro divi sec	ss income from interest, dends, payments received on urities loans, rents, royalties, l income from similar sources						
	elated business taxable income						
(less	s section 511 taxes) from businesses						
acqu	uired after June 30, 1975						
	l lines 10a and 10b						
11 Net acti whe	income from unrelated business vities not included on line 10b, ether or not the business is ularly carried on						
or lo	er income. Do not include gain oss from the sale of capital ets (Explain in Part VI.)						
	Il support. (Add lines 9, 10c, 11, and 12.)						
14 Firs	st 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organi	zation,
	ck this box and stop here n C. Computation of Publi						
	plic support percentage for 2023 (I			column (f))		15	%
	blic support percentage from 2022		•			16	%
Sectio	n D. Computation of Inves	stment Income	e Percentage				/0
	estment income percentage for 20			ine 13, column (f))		17	%
	estment income percentage from					18	%
	1/3% support tests - 2023. If the						ne 17 is not
	re than 33 1/3%, check this box a						
b 33 ⁻	1/3% support tests - 2022. If the	organization did n	ot check a box or	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/3	%, and
line	18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	anization qualifies	as a publicly suppo	orted organizat	ion
20 Priv	vate foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins		
332023 12-	21-23		15	i		Sched	ule A (Form 990) 2023

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3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 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 disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? 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.)

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10b Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 GOOD TIDINGS FOUNDATION

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1

Yes No

Pa	rt IV S	upporting Organizations (continued)			
				Yes	No
11	Has the o	rganization 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 belo	v, the governing body of a supported organization?	11a		
b	A family	nember of a person described on line 11a above?	11b		
с	A 35% co	ntrolled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in I		11c		
Sec	tion B.	Type I Supporting Organizations			
				Yes	No
1	Did the g	overning 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 have available a visit as wind out the averages of the available available () that an evided			

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

Section C. Type II Supporting Organizations	

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.*

c		The organization supported a governmental entity.	Describe in Part VI how	you supported a governmental er	ntity (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.*

Yes No
Yes No
Yes
No

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Schedule A	(Form	990)	2023

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	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	Ig Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on N	lov. 20, 1970 (<i>explain in</i>)	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus		•	
Sect	tion 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	tion 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		
Section C - Distributable Amount				Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2023

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Section E - Distribution Allocations (see instructions) Pre-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2023 a From 2018 **b** From 2019 c From 2020 d From 2021 e From 2022 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2023 distributable amount i Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2023 from Section D, line 7: \$ a Applied to underdistributions of prior years b Applied to 2023 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2024. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2019 b Excess from 2020

(i)

Excess Distributions

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

1 Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

Other distributions (describe in Part VI). See instructions.

Total annual distributions. Add lines 1 through 6.

Distributable amount for 2023 from Section C, line 6

Amounts paid to acquire exempt-use assets

(provide details in Part VI). See instructions.

10 Line 8 amount divided by line 9 amount

Amounts paid to perform activity that directly furthers exempt purposes of supported

5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)

Administrative expenses paid to accomplish exempt purposes of supported organizations

Distributions to attentive supported organizations to which the organization is responsive

1

2

3

4

5

6

7

8 9

10

(ii)

Underdistributions

Current Year

(iii)

Distributable

Schedule A (Form 990) 2023

c Excess from 2021 d Excess from 2022 e Excess from 2023

Schedule A (Form 990) 2023

Section D - Distributions

2

3

4

6

7

8

9

1

Schedule A	(Form 990) 2023	GOOD	TIDINGS	FOUNDATION	94-3219013 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	mation. , 2, 3b, 3c, lines 2 and	Provide the exp 4b, 4c, 5a, 6, 9a I 3; Part IV, Sect	lanations required by Part II, line 10; Part II, line 17 a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lir ion E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; P nes 2, 5, and 6. Also complete this part for any ad	7a or 17b; Part III, line 12; les 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V,
332028 12-21-2	23			20	Schedule A (Form 990) 2023

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Schedule of Contributors

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

2023

Employer identification number

Schedule	В
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

GOOD TIDINGS FOUNDATION

	GOOD TIDINGS FOUNDATION	94-3219013
Organization type (ch	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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 ______\$

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).

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

Name of organization

Page **2**

Employer identification number

94-3219013

GOOD TIDINGS FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$ <u>35,955.</u>	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
2		\$ <u>100,000.</u>	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
3		\$300,546.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$46,560.	Type of contribution Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>		\$30,000.	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
<u> </u>		\$141,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

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Name of organization

Employer identification number

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94-3219013

GOOD TIDINGS FOUNDATION

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		\$59,000.	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		\$31,920.	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			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Schedule B (Form 990) (2023)

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Schedule B (Form 990) (2023

Name of organization

Page 3

Employer identification number

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GOOD TIDINGS FOUNDATION

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
. 		\$	
(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

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2023.03040 GOOD TIDINGS FOUNDATION GOOD TI1

Schedule E	3 (Form 990) (2023)		Page
Name of or	ganization		Employer identification number
GOOD 1	TIDINGS FOUNDATION		94-3219013
Part III			on 501(c)(7), (8), or (10) that total more than \$1,000 for the year
	completing Part III, enter the total of exclusively religious, c	haritable, etc., contributions of \$1,000 or less	s for the year. (Enter this info. once.)
(a) No.	Use duplicate copies of Part III if additional s	pace is needed.	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			_
-		(e) Transfer of gift	
		(c) transfer of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
F		(a) Transfor of gift	
		(e) Transfer of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
F		(e) Transfer of gift	
		(c) transfer of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
	-		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
			_
F		(e) Transfer of gift	
Ļ	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee

Schedule B (Form 990) (2023)

25 2023.03040 GOOD TIDINGS FOUNDATION GOOD TI1

SC	HEDULE D	Supplementa	al Financial Statements	⊢	OMB No. 1545-0047
•	n 990)	Part IV, line 6, 7, 8, 9, 10,	nization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		2023 Open to Public
	ment of the Treasury I Revenue Service		ttach to Form 990.) for instructions and the latest information.		Inspection
Nam	e of the organization	on		Employer id	dentification number
		GOOD TIDINGS FOUNDA			-3219013
Par			d Funds or Other Similar Funds or Ac	counts. Co	omplete if the
	organizatio	n answered "Yes" on Form 990, Part IV, line			
			(a) Donor advised funds (b) Funds and o	other accounts
1		nd of year			
2		f contributions to (during year)			
3		f grants from (during year)			
4		t end of year			
5	-		vriting that the assets held in donor advised func	_	
•			exclusive legal control?		Yes No
6	-		dvisors in writing that grant funds can be used or	-	
			r donor advisor, or for any other purpose conferri	· · ·	
Par	impermissible prive	ation Easements. Complete if the orc	anization answered "Yes" on Form 990, Part IV,	Line 7	Yes No
1		servation easements held by the organization			
•		of land for public use (for example, recreat		vrically importa	nt land area
		f natural habitat	Preservation of a certi		
		of open space			ucture
2			ed conservation contribution in the form of a cor	nservation eas	ement on the last
-	day of the tax year				the End of the Tax Year
а				2a	
b				2b	
с	•	vation easements on a certified historic stru		2c	
d		vation easements included on line 2c acqui			
		-		2d	
3			eased, extinguished, or terminated by the organiz	zation during t	he tax
	year				
4	Number of states	where property subject to conservation eas	ement is located		
5	Does the organization	tion have a written policy regarding the peri	odic monitoring, inspection, handling of		
	violations, and enf	orcement of the conservation easements it	holds?	[Yes No
6	Staff and voluntee	r hours devoted to monitoring, inspecting, l	handling of violations, and enforcing conservatio	n easements c	luring the year
7	Amount of expens	es incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation eas	sements during	g the year
8	Does each conser	•	satisfy the requirements of section 170(h)(4)(B)(i)		
	and section 170(h)				Yes No
9		-	on easements in its revenue and expense statem		
			ote to the organization's financial statements that	at describes th	e
Par	organization's acc	ounting for conservation easements.	Art, Historical Treasures, or Other S	imilar Asso	te
T ai		the organization answered "Yes" on Form			13.
4.					1
18	•		B, not to report in its revenue statement and bala		KS
			lic exhibition, education, or research in furtheran	ice of public	
L.	· •		cial statements that describes these items.	choot works -	.f
a	-		B, to report in its revenue statement and balance		
		· ·	exhibition, education, or research in furtherance	or public serv	
	•	ng amounts relating to these items. ded on Form 990, Part VIII, line 1		\$	
	() nevenue inclu	ucu on i onni 330, i ait vill, illie i		Ψ	

332051	26	
332051	1 09-28-23	
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2023
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, provide	le
	(ii) Assets included in Form 990, Part X	\$

2023.03040	GOOD	TIDINGS	FOUNDATION

Sche		DINGS FOUND					94-32			_{age} 2
Par	t III Organizations Maintaining Co	ollections of Art,	, Historical Tre	asures, or O	ther S	imilaı	r Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that ma	ke signi	ficant u	use of its			
	collection items (check all that apply).									
а	Public exhibition	d	Loan or exc	hange program						
b	Scholarly research	е	Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's	exempt	purpos	se in Part)	XIII.		
5	During the year, did the organization solicit or									
	to be sold to raise funds rather than to be ma			•				Yes		No
Par	t IV Escrow and Custodial Arrang							_		
	reported an amount on Form 990, Par		on the englin-uner							
1a	Is the organization an agent, trustee, custodia		ary for contribution	s or other assets	not inc	luded				
14	on Form 990, Part X?							Yes		No
h	If "Yes," explain the arrangement in Part XIII a						∟	165	L	
U			Swing table.					Amount		
_								7 anoun		
	Beginning balance					1c				
	Additions during the year					1d				
	Distributions during the year					1e				
	Ending balance					1 f		7 22		
	Did the organization include an amount on Fo						L	Yes		_ No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds Complete if	Check here if the exp	lanation has been	provided in Part	<u>XIII</u>		· · · · · · · · · · · · · · · · · · ·			<u> </u>
T ai						Three	vaara baak	(a) Four	vooro	book
_		(a) Current year	(b) Prior year	(c) Two years ba	. ,		/ears back	(e) Four		
	Beginning of year balance	10,508,183.	12,446,201.	11,142,32			95,651.	8	045,	458.
	Contributions	0.124.002	1 (51)8(60,00			45,000.		204	
	Net investment earnings, gains, and losses	2,134,923.	-1,651,076.	1,544,38	82.	1,0	01,670.	. 1,384,668		668.
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	250,000.	270,000.							
f	Administrative expenses		16,942.						434,	
g	End of year balance	12,393,106.	10,508,183.	12,446,20	01.	11,1	42,321.	8,	995,	651.
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, column (a)) held as:						
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.								
3a	Are there endowment funds not in the posses	sion of the organizat	ion that are held ar	nd administered f	or the			-		
	organization by:								Yes	No
	(i) Unrelated organizations?							3a(i)		X
	(ii) Related organizations?							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organizat							3b		
4	Describe in Part XIII the intended uses of the	organization's endow	ment funds.							
Par	t VI Land, Buildings, and Equipme	ent								
	Complete if the organization answered	l "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Pa	rt X, line	e 10.				
	Description of property	(a) Cost or ot	ner (b) Cost	or other	(c) Accı	umulate	ed	(d) Bool	k valu	e
		basis (investm	• •			ciation		.,		
1 a	Land									
	Buildings									
	Leasehold improvements		5	8,260.	5	8,20	60.			0.
	Equipment			9,861.		0,8		209	9,0	
	Other			1,547.		1,54			, -	0.
	. Add lines 1a through 1e. (Column (d) must ed							209	9,0	
1010		<u>uai ruini 330. Fdfl A</u>					Schodulo			

Schedule D (Form 990) 2023

332052 09-28-23

Schedule D (Form 990) 2023 GOOD TIDINGS FOUNDATION

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	nd-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, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	id-of-vear market value
(1)	(-)		
(2)			
•••			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets Complete if the organization answered "Yes"	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets Complete if the organization answered "Yes" (a)		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets Complete if the organization answered "Yes" (a)		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2)		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3)		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4)		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6)		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7)		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, coll Part X Other Liabilities	Description		
Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" (complete if the organization answered "Yes" (co	Description		5.
Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" (a) (a) Description of liability	Description		
Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" (a) (1) Federal income taxes	Description		5. (b) Book value
Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" (a) (a) Description of liability	Description		5.
Part IX Other Assets Complete if the organization answered "Yes" (a) (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" (b) (1) Federal income taxes (2) CREDIT CARD PAYABLE (3) (3)	Description		5. (b) Book value
Part IX Other Assets Complete if the organization answered "Yes" (a) (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" (a) (a) Description of liability (1) Federal income taxes (2) CREDIT CARD PAYABLE	Description		5. (b) Book value
Part IX Other Assets Complete if the organization answered "Yes" (a) (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" (b) (1) Federal income taxes (2) CREDIT CARD PAYABLE (3) (3)	Description		5. (b) Book value
Part IX Other Assets Complete if the organization answered "Yes" (a) (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" (a) (1) (2) CREDIT CARD PAYABLE (3) (4)	Description		5. (b) Book value
Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" (a) (1) (2) CREDIT CARD PAYABLE (3) (4) (5)	Description		5. (b) Book value
Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" (a) (1) (1) (2) CREDIT CARD (4) (5) (6)	Description		5. (b) Book value
Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" (a) (1) Federal income taxes (2) CREDIT CARD PAYABLE (3) (4) (5) (6) (7) (7)	Description		5. (b) Book value

Schedule D (Form 990) 2023

332053 09-28-23

Sche	dule D (Form 990) 2023 GOOD TIDINGS FOUNDATION		94-3219013 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial State	ments With Reven	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	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.)		
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	t XII Reconciliation of Expenses per Audited Financial State	ements With Expe	nses per Return
	Complete if the organization answered "Yes" on Form 990, Part IV, line		
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	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, 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 expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
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.

332054 09-28-23

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990)	Complete if the	or if the	2023					
Department of the Treasury	U	rganization entered more than \$15 Attach to Form 990 o						Open to Public
Internal Revenue Service		o www.irs.gov/Form990 for instruc	ctions	and th	ne latest information	า.		Inspection
Name of the organization		DINGG HOUNDARION						entification number
Part I Fundrais		DINGS FOUNDATION Complete if the organization answe	rod "V	oo" or	Earm 000 Dart IV/ I	ino 1	94-3219	
	complete this part		ieu i	85 01	1 FOITH 990, Fait IV, I		7. FOITT 990-E	z mers are not
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d In-person solicitations g Special fundraising events 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be No								
								-
compensated at least \$5,000 by the organization. (i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts from activity (v) Amount paid to (or retained by fundraiser have custody or control of contributions?					or retained by) fundraiser	(vi) Amount paid to (or retained by) organization		
			Yes	No				
Total								
3 List all states in whi or licensing.	ch the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is e	exempt from r	egistration

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		(a) Event #1 GT ANNIVERSARY	(b) Event #2 THE DONNA INVITATIONAL	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	(-)/
1	1 Gross receipts	495,486.	77,012.		572,498
2	2 Less: Contributions	109,975.	28,800.		138,775
3	3 Gross income (line 1 minus line 2)	385,511.	48,212.		433,723
4	4 Cash prizes				
	5 Noncash prizes				
6	6 Rent/facility costs	32,069.	25,160.		57,229
7	7 Food and beverages	9,466.			9,466
	8 Entertainment				9,914
9	9 Other direct expenses	155,222.	5,725.		160,947
10		-			
11	1 Net income summary. Subtract line 10 from	line 3, column (d)			
11	1 Net income summary. Subtract line 10 from Gaming. Complete if the organization	line 3, column (d)			
11 art	1 Net income summary. Subtract line 10 from	line 3, column (d)			237,556 196,167 (d) Total gaming (add col. (a) through col. (c
11	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	line 3, column (d)	n 990, Part IV, line 19, or re	eported more than	196 , 167 (d) Total gaming (add
11 art	1 Net income summary. Subtract line 10 from Gaming. Complete if the organization	line 3, column (d)	n 990, Part IV, line 19, or re	eported more than	196 , 167 (d) Total gaming (add
11 art	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	line 3, column (d) a answered "Yes" on Forn (a) Bingo	n 990, Part IV, line 19, or re	eported more than	196 , 167 (d) Total gaming (add
11 art	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue	line 3, column (d) n answered "Yes" on Forn (a) Bingo	n 990, Part IV, line 19, or re	eported more than	196 , 167 (d) Total gaming (add
11 art 1 2 3	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes	line 3, column (d) n answered "Yes" on Forn (a) Bingo	n 990, Part IV, line 19, or re	eported more than	196 , 167 (d) Total gaming (add
11 11 11 11 2 3	 Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs 	line 3, column (d) n answered "Yes" on Forn (a) Bingo	n 990, Part IV, line 19, or re	eported more than	196 , 167 (d) Total gaming (add
11 11 11 11 2 3	 Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes 	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	eported more than	196 , 167 (d) Total gaming (add
11 art 1 2 3 4 5	 Net income summary. Subtract line 10 from Gaming. Complete if the organization \$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	eported more than (c) Other gaming	196 , 167 (d) Total gaming (add
11 art 1 2 3 4 5 6	 Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses 	line 3, column (d) n answered "Yes" on Form (a) Bingo (a) Bingo	b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming	196 , 167 (d) Total gaming (add
11 art 1 2 3 4 5 6 7	 Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor 	line 3, column (d) n answered "Yes" on Form (a) Bingo (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming	196 , 167 (d) Total gaming (add
11 art 1 2 3 4 5 6 7 8	 Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Gross revenue Cash prizes Noncash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 througe 	line 3, column (d) n answered "Yes" on Form (a) Bingo (a) Bingo (a) Bingo (a) Bingo (a) Bingo (b) Bingo (a) Bingo (a) Bingo (a) Bingo (a) Bingo (b) Bingo (a) Bingo (b) Bingo (a) Bingo (b) Bingo (a) Bingo (b) Bingo (c) Bingo (a) Bingo (b) Bingo (c) Bingo </td <td>1990, Part IV, line 19, or re (b) Pull tabs/instant bingo/progressive bingo</td> <td>eported more than (c) Other gaming Yes% No</td> <td>196, 167 (d) Total gaming (add</td>	1990, Part IV, line 19, or re (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming Yes% No	196 , 167 (d) Total gaming (add

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

332082 09-13-23

Schedule G (Form 990) 2023

No

Sch	edule G (Form 990) 2023	GOOD	TIDINGS	FOUNDATION	94-3219013	Page 3
				mbers?	Yes	No
	Is the organization a grantor, ben	eficiary or tr	rustee of a trust	, or a member of a partnership or other entity formed		No
13	Indicate the percentage of gamin					
					13a	%
						<u></u> %
				organization's gaming/special events books and rec		70
14	Enter the name and address of th	le person w	no prepares trie	organization's garning/special events books and rec	Jrus.	
	Name					
	Address					
15a	Does the organization have a cor	ntract with a	third party fron	whom the organization receives gaming revenue?	Yes	No
a	If "Yes," enter the amount of gam			-	amount	
	of gaming revenue retained by th					
С	If "Yes," enter name and address	s of the third	party:			
	Name					
	Address					
16	Gaming manager information:					
	Name					
	Gaming manager compensation	\$				
	Description of services provided					
	Director/officer	Empl	ovee	Independent contractor		
		·	,			
17	Mandatory distributions:					
		r state law t	o make charitat	ble distributions from the gaming proceeds to		
	retain the state gaming license?				Yes	No No
h	•••			be distributed to other exempt organizations or sper		
	organization's own exempt activi	•		\$		
Pa				anations required by Part I, line 2b, columns (iii) and	(v): and Part III lines 9	ah 10h
				ny additional information. See instructions.	v), and r art in, intes 5, 3	55, 105,
	155, 156, 16, and 175, a	s applicable				
33204	33 09-13-23				Schedule G (Form	990) 2023
_ = = = = = = =				32		, _020

Part IV Supplemental Information (continued)		
332084 04-01-23		Schedule G (Form 990)
	33	

SCHEDULE I	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.							
(Form 990)								
Department of the Treasury		Compl	ete îl the organizatio	Attach to Forn		rt iv, inte z i or zz.		2023 Open to Public
Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.								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 selecti	
	IV the organization's pro							
	d Other Assistance to I hat received more than \$					anization answered "Y	es" on Form 990, Parl	IV, line 21, for any
		· ·	-	1		(f) Method of		
	Idress of organization vernment	(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			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 ...

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

Schedule I (Form 990) 2023

Schedule I (Form 990) 2023

GOOD TIDINGS FOUNDATION

Part III	Grants and Other Assistance to Domestic Individuals.	Complete if the organization answ	vered "Yes"	' on Form 990, F	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
SCHOLARSHIP FUND	41	102,500.	0.		
GT VENTURES	3	12,000.	0.		
IN-KIND ASSISTANCE	1400	0.	157 000	FAIR MARKET VALUE	TOYS, HOUSEHOLD GOODS
Part IV Supplemental Information. Provide the information re	equired in Part I, lin	e 2; Part III, column	(b); and any other ad	dditional information.	
FORM 990, SCHEDULE I, PART III, CO	DLUMN B				
SCHOLARSHIP FUND - UP TO TEN \$10,(00 COMMUN	IITY SERVIC	E SCHOLARS	HIPS 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. PAYABLE

94-3219013

Page 2

OUTRIGHT OR OVER TIME.

FORM 990, SCHEDULE I, PART III, COLUMN B

WINTER WONDERLAND - EACH DECEMBER WE HOST NEARLY 1,400 DESERVING KIDS

AND THEIR FAMILIES FOR A SPECIAL SHOPPING EXPERIENCE IN OUR CUSTOM

DESIGNED WINTER WONDERLAND TO SHOP FOR HOLIDAY TOYS. THIE YEAR, 5,800

TOYS WERE COLLECTED DURING OUR TOY DRIVE AND WERE PROVIDED DURING THE

WINTER WONDERLAND EVENT.

Schedule I (Form 990)

332291 04-01-23

SC	HEDULE J	Compensation Information	1	OMB No. 1	545-004	47
	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	n n	
•	•	Compensated Employees		20	Ľ٦	j –
-		Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	ne of the organization	1	Employer ic	dentificatio	on nui	mber
		GOOD TIDINGS FOUNDATION	94-3	21901	3	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	harter travel Housing allowance or residence for perso	nal use			
	Travel for com	panions Payments for business use of personal re-	sidence			
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	S			
	Discretionary s	pending account Personal services (such as maid, chauffer	ır, chef)			
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain		1 b		
2		require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3		ly, of the following the organization used to establish the compensation of the organization's				
		ctor. Check all that apply. Do not check any boxes for methods used by a related organization	on to			
	·	tion of the CEO/Executive Director, but explain in Part III.				
	Compensation					
		ompensation consultant				
	X Form 990 of o	ther organizations	ommittee			
	During the user alig	any newspan listed on Faura 000 Dart VIII. Continue A. line to with warport to the filing				
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
•	organization or a re			10		x
a b		e payment or change-of-control payment? eive payment from a supplemental nonqualified retirement plan?				X
	-					X
U	-	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.		+0		
	in res to any or in					
	Only section 501/c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	'n			
-	contingent on the re					
а	•			5a		X
		ation?				X
		r 5b, describe in Part III.				
6		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the n					
а		-		6a		X
		ation?				X
		r 6b, describe in Part III.				
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	i			
	not described on lir	es 5 and 6? If "Yes," describe in Part III				X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th				
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9	If "Yes" on line 8, d	d the organization also follow the rebuttable presumption procedure described in				
	Regulations section	53.4958-6(c)?		9		
For	Paperwork Reducti	on Act Notice, see the Instructions for Form 990.		ule J (Forn	n 990)) 2023

LHA 332111 11-06-23

Schedule J (Form 990) 2023

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.

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) LARRY HARPER	(i)	155,089.	0.	0.	0.	81,224.	236,313.	0.
FOUNDER/ CHAIRMAN	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

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) 2023

SCHE	DULE	Μ
(Form	990)	

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

Open to Public

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

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

Name of the organization

	Inspection
Employer	identification number

חר	TUTNCC	FOIINDATION	

	GOOD TIDINGS	FOUND.	ATION			94-32	2190)13	
Pa	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) /lethod of dete ash contributi		•	s
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods	Х		12,000.	FAIR	MARKET	VAI	JUE	
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other \ldots								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other (<u>WINTER WONDERLA</u>)	X	5,800	145,000.	FAIR	MARKET	VAI	JUE	
26	Other ()								
27	Other ()								
28	Other ()								
29	Number of Forms 8283 received by the organiz								
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29					
								Yes	No
30a	During the year, did the organization receive by		•••••			it			
	must hold for at least 3 years from the date of t		ntribution, and whi	ich isn't required to be used	for				
	exempt purposes for the entire holding period?	·····					30a		X
	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p	•	-	-	ions?	·····	31		_X_
32a	0	or related or	ganizations to solid	cit, process, or sell noncash					37
	contributions?						32a		X
	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in co	olumn (c) foi	r a type of property	/ for which column (a) is cheo	cked,				

332141 09-11-23

LHA

describe in Part II.

Schedule M (Form 990) 2023

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

Part II		Supple	mental	Inform	ation.	Drovido	the information requ	
Schedule	M (Form 990) 2023	GOOD	TID	INGS	FOUNDATION	1

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):

ORGANIZATION IS REPORTING A COMBINATION OF BOTH CONTRIBUTIONS AND ITEMS

RECEIVED. 5,800 TOYS WERE RECEIVED (LINE 25) AND \$12,000 WORTH OF

HOUSEHOLD GOODS WERE RECEIVED FOR THE WINTER WONDERLAND PROGRAM.

Schedule M (Form 990) 2023

332142 09-11-23

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.

Employer identification number 94-3219013

OMB No. 1545-0047

GOOD TIDINGS FOUNDATION

LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

BEYOND.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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

THAT OTHERWISE WOULD BE

I,

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:

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.

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.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA 332211 11-14-23 Schedule O (Form 990) 2023

Name of the organization GOOD TIDINGS FOUNDATION	Employer identification number 94-3219013
FORM 990, PART VI, SECTION C, LINE 19:	
PROVIDED UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
KALEIDOSCOPE CONTRACT FEE - SCHOLARSHIP MANAGEMENT:	
PROGRAM SERVICE EXPENSES	5,750.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	5,750.
DEPARTMENT OF JUSTICE:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	200.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	200.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	5,950.
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENS	ES:
GIFTS:	
PROGRAM SERVICE EXPENSES	1,797.
MANAGEMENT AND GENERAL EXPENSES	12,908.
FUNDRAISING EXPENSES	85.
TOTAL EXPENSES	14,790.
DUES & SUBSCRIPTIONS:	
PROGRAM SERVICE EXPENSES	528.
MANAGEMENT AND GENERAL EXPENSES	1,422.
FUNDRAISING EXPENSES	0 . Schedule O (Form 990) 202

Schedule O (Form 990) 2023 Name of the organization GOOD TIDINGS FOUNDATION	Page Employer identification numbe 94-3219013
TOTAL EXPENSES	1,950.
PROGRAM SERVICE - OTHER:	
PROGRAM SERVICE EXPENSES	1,870.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,870.
BANK FEES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	239.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	239.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A	18,849.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
FMV OF DONATED AUCTION ITEMS	136,674.
FMV OF DONATED SERVICES AND USE OF FACILITIES	-10,059.
TOTAL TO FORM 990, PART XI, LINE 9	126,615.
332212 11-14-23	Schedule O (Form 990) 202

Good Tidings Foundation

Financial Report For the period ended December 31, 2023



Prepared by Creative Planning

Prepared on January 22, 2024

For management use only

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atement of Financial Position	5

Statement of Activity

January - December 2023

	Total
REVENUE	
4000 Annual Appeal/FAN	164,579.56
4100 Individual Contributions	169,359.77
4175 Endowment Fund Contribution	34,608.15
4200 Restricted Grants	478,546.00
4201 Unrestricted Grants	46,287.79
4205 Foundation Grants	89,000.00
4300 In-Kind Contributions	10,059.00
4400 Misc. Income	751.86
4500 Catalogue Revenue	90,275.00
4600 Party/Live	240,631.67
4610 Golf Fundraiser	77,011.75
4700 Investment Income	
4705 Dividend Income	339,214.14
4710 Interest Income	3,652.85
4715 LT Cap Gain Distribution Income	114,807.43
4720 Realized Gain/Loss on Investment	1,255.25
Total 4700 Investment Income	458,929.67
4850 Book Sales	260.00
QuickBooks Payments Sales	0.00
Total Revenue	1,860,300.22
GROSS PROFIT	1,860,300.22
EXPENDITURES	
5100 Arts	128,831.79
5200 Athletics	362,245.85
5300 Education	12,652.92
5400 Winter Wonderland - (Net of In-Kind)	
5400 Winter Wonderland - (Net of In-Kind)	36,323.95
5400 Willer Wondenand - (Net of In-Kind) 5410 Golf Tournament	
	36,323.95
5410 Golf Tournament	36,323.95 30,885.85
5410 Golf Tournament 5600 Music	36,323.95 30,885.85 2,854.63
5410 Golf Tournament 5600 Music 5700 Special Projects	36,323.95 30,885.85 2,854.63 1,397.41
5410 Golf Tournament 5600 Music 5700 Special Projects 5705 Project Refresh	36,323.95 30,885.85 2,854.63 1,397.41 472.85 12,000.00
5410 Golf Tournament 5600 Music 5700 Special Projects 5705 Project Refresh 5900 GT Ventures	36,323.95 30,885.85 2,854.63 1,397.41 472.85
5410 Golf Tournament 5600 Music 5700 Special Projects 5705 Project Refresh 5900 GT Ventures 6100 Party Expenses	36,323.95 30,885.85 2,854.63 1,397.41 472.85 12,000.00 65,362.22
5410 Golf Tournament 5600 Music 5700 Special Projects 5705 Project Refresh 5900 GT Ventures 6100 Party Expenses 6200 Fundraising Sales	36,323.95 30,885.85 2,854.63 1,397.41 472.85 12,000.00 65,362.22 302.73
5410 Golf Tournament 5600 Music 5700 Special Projects 5705 Project Refresh 5900 GT Ventures 6100 Party Expenses 6200 Fundraising Sales 7100 Salaries	36,323.95 30,885.85 2,854.63 1,397.41 472.85 12,000.00 65,362.22 302.73 305,885.00
5410 Golf Tournament 5600 Music 5700 Special Projects 5705 Project Refresh 5900 GT Ventures 6100 Party Expenses 6200 Fundraising Sales 7100 Salaries 7400 Benefits	36,323.95 30,885.85 2,854.63 1,397.41 472.85 12,000.00 65,362.22 302.73 305,885.00 96,780.00
5410 Golf Tournament 5600 Music 5700 Special Projects 5705 Project Refresh 5900 GT Ventures 6100 Party Expenses 6200 Fundraising Sales 7100 Salaries 7400 Benefits 7200 Medical	36,323.95 30,885.85 2,854.63 1,397.41 472.85 12,000.00 65,362.22 302.73 305,885.00 96,780.00 66,260.28
5410 Golf Tournament 5600 Music 5700 Special Projects 5705 Project Refresh 5900 GT Ventures 6100 Party Expenses 6200 Fundraising Sales 7100 Salaries 7400 Benefits 7200 Medical 7300 Workers Comp	36,323.95 30,885.85 2,854.63 1,397.41 472.85 12,000.00 65,362.22 302.73 305,885.00 96,780.00 66,260.28 294.79

	Total
8000 Catalogue Expense	4,332.21
8100 Rent	38,417.96
8110 Office Supplies	35,069.28
8120 Auto Expenses	22,888.08
8200 Insurance	19,440.00
8210 Insurance Liability	7,723.64
8220 Insurance D&O	1,413.00
8230 Insurance Life	5,950.00
Total 8200 Insurance	34,526.64
8300 Travel, Meetings & Ent.	14,141.33
8310 Professional Fees	7,529.50
8311 Accounting Fees	20,439.95
8313 Investment Advisor Fees	12,769.82
Total 8310 Professional Fees	40,739.27
8320 Utilities	1,051.52
8321 Telephone & Internet	10,785.40
8322 Garbage	357.96
8323 Electric & Gas	3,324.14
Total 8320 Utilities	15,519.02
8340 Meetings & Meals	4,299.29
8400 Gifts	14,790.07
8450 Web/IT/Marketing	8,760.43
8500 Finance costs	15.58
8501 Interest Expense	14,990.23
8505 Credit Card Fees	61.32
8510 Bank Fees	162.55
8515 QuickBooks Payments Fees	4,772.73
Total 8500 Finance costs	20,002.41
8525 Dues & Subscriptions	1,950.07
8600 Signage	3,250.00
8700 Postage & Shipping	3,260.88
8800 In-Kind Expense	10,059.00
Total Expenditures	1,419,724.90
NET OPERATING REVENUE	440,575.32
NET REVENUE	\$440,575.32

NOTE

These financial statements were not subjected to an audit, review, or compilation engagement and we do not express an opinion, nor provide any assurance on them.

Statement of Financial Position

As of December 31, 2023

	Tota
SSETS	
Current Assets	
Bank Accounts	
1020 First Republic Checking	575,651.4
Total Bank Accounts	575,651.4
Other Current Assets	
1350 Auction Items	1,000.0
1450 Deposits	2,200.0
1600 Investments	
1610 MS General Endowment	5,975,852.0
1612 MS General Endowment Cash	2,329.9
1613 MS General Endowment Mkt Adj	1,110,143.7
Total 1610 MS General Endowment	7,088,325.7
1640 Schwab #6776	4,106,793.8
1642 Schwab #6776 Cash	38,847.6
1643 Schwab #6776 Mkt Adj	563,619.4
Total 1640 Schwab #6776	4,709,260.9
Total 1600 Investments	11,797,586.6
Total Other Current Assets	11,800,786.6
Total Current Assets	12,376,438.1
Fixed Assets	
1500 Property & Equipment	
1505 Vehicles	281,428.8
1510 Leasehold Improvements	58,259.6
1520 Office Furniture & Equipment	12,600.4
1530 Computer Equipment	17,378.4
1540 Accumulated Depreciation	-103,416.8
Total 1500 Property & Equipment	266,250.5
Total Fixed Assets	266,250.5
Other Assets	
1700 Works of Art	181,313.5
Total Other Assets	181,313.5
TOTAL ASSETS	\$12,824,002.2
IABILITIES AND EQUITY	
Liabilities	

Current Liabilities

Credit Cards

2020 Citibank Visa Credit Card	17,444.45
Total Credit Cards	17,444.45

	Total
Other Current Liabilities	
2150 Accrued Expenses	0.00
2155 Scholarships Payable - ST	7,450.00
Total 2150 Accrued Expenses	7,450.00
Total Other Current Liabilities	7,450.00
Total Current Liabilities	24,894.45
Long-Term Liabilities	
2200 Auto Loan	0.00
2205 N/P - 2022 Airstream Interstate Van	186,992.37
Total 2200 Auto Loan	186,992.37
2800 Scholarships Payable - LT	150,000.00
Total Long-Term Liabilities	336,992.37
Total Liabilities	361,886.82
Equity	
3000 Net assets without donor restrictions	2,468,945.66
3030 Net assets with donor restrictions	10,123,823.52
3031 MS General Endowment Unrealized Gain/Loss (equity)	1,110,143.70
3032 Schwab #6776 Unrealized Gain/Loss (equity)	563,619.47
Total 3030 Net assets with donor restrictions	11,797,586.69
3050 Owner's Draw	299.18
Retained Earnings	-2,245,291.38
Net Revenue	440,575.32
Total Equity	12,462,115.47
TOTAL LIABILITIES AND EQUITY	\$12,824,002.29

NOTE

These financial statements were not subjected to an audit, review, or compilation engagement and we do not express an opinion, nor provide any assurance on them.