#### Del Prete and Cheng LLP 111 Atlantic Avenue Suite 1R Brooklyn, NY 11201 (718) 875-3535 dpcbrooklyn@gmail.com

November 14, 2023

The Goodnation Foundation, Inc 100 Crosby Street, #301 New York, NY 10012

Dear Client,

Enclosed is the 2022 U.S. Form 990, Return of Organization Exempt from Income Tax, for The Goodnation Foundation, Inc for the tax year ending December 31, 2022.

Your 2022 U.S. Form 990, Return of Organization Exempt from Income Tax, return will be electronically filed.

We very much appreciate the opportunity to serve you. If you have any questions regarding this return, please do not hesitate to call.

Sincerely,

Susan Cheng

### **990**

### **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2022

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

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

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

Open to Public Inspection

Α	For the	2022 calend	dar year, or tax year beginning	, 2022, and end	ling	_	, 20				
В	Check if	applicable:	C Name of organization The Go	odnation Foundation, Inc		D Empl	oyer identification number				
	Address	change	Doing business as			81-4	768448				
X	Name ch	nange	Number and street (or P.O. box if	mail is not delivered to street address)	Room/suite	<b>E</b> Telepl	hone number				
	Initial ret	urn	100 Crosby Street		301	(646	)907-8269				
	Final retu	ırn/terminated	City or town, state or province, co	ountry, and ZIP or foreign postal code							
	Amende	d return	New York, NY 1001:	2		<b>G</b> Gross receipts \$5,990,584.					
	Applicati	on pending	F Name and address of principal off	icer:	H(a) Is this a gro	oup return f	or subordinates? Yes X No				
			Chris Alexander, 100 (	Crosby Street, New York, NY 1	0 0 1 2 <b>H(b)</b> Are all si	ubordinat	es included?  Yes No				
ī	Tax-exer	mpt status:	<b>X</b> 501(c)(3)	) (insert no.) 4947(a)(1) or 527			st. See instructions.				
J	Website	: www.g	oodnationfoundation	.org	H(c) Group ex	xemption	number				
K											
P	art I	Summa	ry								
	1	Briefly des	cribe the organization's miss	ion or most significant activities: Good	Nation Four	ndatio	n's mission is to				
e				nd communities' toughest							
Governance				to high performing nonpro							
/err	2			iscontinued its operations or disposed		5% of it	s net assets.				
9	3	Number of	voting members of the gove	rning body (Part VI, line 1a)		3	6				
જ	4	Number of	independent voting member	rs of the governing body (Part VI, line	lb)	4	6				
ijes	5	Total numb	per of individuals employed in	n calendar year 2022 (Part V, line 2a)		5	0				
Activities &	6	Total numb	per of volunteers (estimate if	necessary)		6	6				
Ac	7a	Total unrel	ated business revenue from	Part VIII, column (C), line 12		7a	0.				
	b	Net unrelat	ted business taxable income	from Form 990-T, Part I, line 11		7b	0.				
					Prior Yea	r	Current Year				
Ф	8	Contributio	ons and grants (Part VIII, line	9,558,	558.	5,989,728.					
Revenue	9	Program se	ervice revenue (Part VIII, line								
ě	10	Investment	t income (Part VIII, column (A		412.	856.					
Œ	11	Other reve	nue (Part VIII, column (A), line								
	12	Total reven	ue-add lines 8 through 11 (n	nust equal Part VIII, column (A), line 12)	9,558,	970.	5,990,584.				
	13	Grants and	similar amounts paid (Part I	X, column (A), lines 1-3)			1,074,368.				
	14	Benefits pa	aid to or for members (Part IX	K, column (A), line 4)							
S	15	Salaries, ot	her compensation, employee	benefits (Part IX, column (A), lines 5-10)							
Expenses	16a	Profession	al fundraising fees (Part IX, c	olumn (A), line 11e)							
ф	b	Total fundr	raising expenses (Part IX, col	umn (D), line 25) 143,085.							
Ш	17	Other expe	enses (Part IX, column (A), line	es 11a-11d, 11f-24e)	1,549,	449.	3,319,474.				
	18	Total expe	nses. Add lines 13-17 (must	equal Part IX, column (A), line 25) .	9,586,	424.	4,393,842.				
	19	Revenue le	ess expenses. Subtract line 1	8 from line 12	-27,	454.	1,596,742.				
or	3				Beginning of Curr	ent Year	End of Year				
sets	20	Total asset	ts (Part X, line 16)		2,105,	948.	1,404,584.				
t As	21	Total liabili	ties (Part X, line 26)		2,422,	580.	124,474.				
Net Assets or Fund Balances	22	Net assets	or fund balances. Subtract li	ine 21 from line 20	-316,	632.	1,280,110.				
P	art II	Signatu	re Block								
				return, including accompanying schedules and s			my knowledge and belief, it is				
tru	ie, correct	t, and complete	Declaration of preparer (other than	officer) is based on all information of which prep	arer nas any knowled	ige.					
٠.											
Si	_	Signature of	officer		Date	!					
Here Chelsea Jia, President											
		Type or print	name and title								
Pa	nid	Print/Type	e preparer's name	Preparer's signature	Date	Check					
	epare	Susan	Cheng	Susan Cheng	11/14/2023	self-emp	P00432426				
	se Onl	Lives's see	me Del Prete and C	Cheng LLP	Firm's	s EIN	92-0200281				
		Firm's add		enue Suite 1R, Brooklyn, N	Y 11201 Phone	e no. <b>(7</b>	18)875-3535				
Ma	v the IE	29 discuss t	this return with the preparer	shown above? See instructions			▼ Voc □ No				

Part	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:
	Good Nation Foundation's mission is to
	help address our country and communities' toughest challenges by bringing
	new philanthropic support to high performing nonprofits.
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 be expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 3,212,760. including grants of \$ 0.) (Revenue \$ 5,151,166.)
	Systemic Reform - To provide mobilization efforts.
4b	(Code:) (Expenses \$ 231,617. including grants of \$ 0.) (Revenue \$ 371,363.)
	Social Services - to provide economic advancement needs to
	vulnerable populations.
	(Codo: \(\)\(\)\(\)\(\)\(\)\(\)\(\)\(\)\(\)\(\
40	(Code: ) (Expenses \$ 291,390. including grants of \$ 0.) (Revenue \$ 467,199.)
	Other - To support environmental protection and the arts.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 3,735,767.

	<u>90 (2022)</u>		F	Page (
Part	Checklist of Required Schedules		V	N
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	×	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I </i>	3		×
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	×	
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		×
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		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		×
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII </i>	11c		×
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		×
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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	11e		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	×	
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		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
b	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		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	×	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		×
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		×
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		×
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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 . . . . . .

Part l	Checklist of Required Schedules (continued)			
	Charles of the quality of the contract (Contract)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	00		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	23		×
		24a		×
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 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		×
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		×
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
	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		×
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29	×	.,
24		30		×
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	31		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
05-	or IV, and Part V, line 1	34		×
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		×
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		×
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	×	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Check if Schedule O contains a response of note to any line in this Part V	• •	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable   1a   0		.03	.10
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10	×	

Part	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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4-		
<b>L</b>		4a		×
b	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b		
С	required to file Form 8282?	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	_		
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
10-	against amounts due or received from them.)	12a		
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	128		
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			
C	Enter the amount of reserves on hand	4.4		.,
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
b 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b		
	excess parachute payment(s) during the year?	15		
	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		
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in	struc	tions.
Secti	on A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year	-	Yes	No
b 2	Enter the number of voting members included on line 1a, above, who are independent .  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		×
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		×
6 7a	Did the organization have members or stockholders?	6		×
	one or more members of the governing body?	7a		×
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	76		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		×
а	The governing body?	8a	×	
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 reached at the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		×
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	ode.)	
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		×
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	×	
b C	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12b		×
13	Did the organization have a written whistleblower policy?	13		×
14	Did the organization have a written document retention and destruction policy?	14		×
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		×
b	Other officers or key employees of the organization	15b		×
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
C1.	organization's exempt status with respect to such arrangements?	16b		<u> </u>
<b>Secti</b> 17	ion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed NY			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	T (sec	tion 5	501(c)
19	☐ Own website ☒ Another's website ☐ Upon request ☒ Other (explain on Schedule O)  Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.		·	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and re Chelsea Jia, 100 Crosby Street, New York, NY 10012 (646)907-8269	cords.		

Form 990 (2022) Page **7** 

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

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

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

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

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

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

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

				((	C)	-				
(A)	(B)	Posi						(D)	(E)	(F)
Name and title	Average	(do not check more than one box, unless person is both an						Reportable	Reportable	Estimated amount
	hours	officer and a director/trustee)						compensation	compensation	of other
	per week (list any	Individual trustee or director	Ins	♀	₩	en Hi	Fo	from the organization (W-2/	from related organizations (W-2/	compensation from the
	hours for	livid	titu	Officer	y er	ploy	Former	1099-MISC/	1099-MISC/	organization and
	related organizations	ual t	iona		Key employee	t co	~	1099-NEC)	1099-NEC)	related organizations
	below	trust	<del> </del>		yee	mpe				
	dotted line)	e e	Institutional trustee			Highest compensated employee				
			U .			ied.				
(1)Chris Alexander	2.00									
Board Chair		×		×						
(2) Chelsea Jia	2.00									
Treasurer		×		×						
(3) Sidney Cherubin, Esq	1.00									
Director		×								
(4) Andrew Casino	1.00									
Director		×								
(5) Jacob Carney	1.00									
Director		×								
(6) Michael Leahy	1.00									
Director		×								
(7)										
(8)										
(9)										
-X-f										
(10)										
(11)										
(12)										
11-1	<del> </del>									
(13)										
440										
(14)	<del> </del>									

Part	VII Section A. Officers, Directors,	Trustees,	Key I	Ξm	plo	yee	s, an	d F	lighest Compe	nsated E	mplo	yees (c	ontinued)
						C)							
	(A) Name and title	(B) Average hours	box, ı	unles	neck ss pe	rson	e than of is both or/trus	n an	(D)  Reportable compensation	(E) Reportal		Estimat	(F) ed amount other
		per week (list any hours for related organizations below dotted line)	Individua or directo	a Institutional trustee	a Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from rela	ted s (W-2/ SC/	comp fro organi	oensation om the zation and organizations
(15)							<u>a</u>						
(16)			-										
(17)													
(18)			-										
(19)													
(20)			-										
(21)			-										
(22)			-										
(23)			-										
(24)			-										
(25)			-										
1b c d	Subtotal	t not limited			e list	ed	  above	e) w	ho received mor	e than \$10	0,000	of	
3	Did the organization list any former of employee on line 1a? If "Yes," complete of							-	loyee, or highes	-		3	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	an \$1	150,	,000	? /	f "Ye	s,"	complete Sche				×
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue co	ompei	nsa	tion	fro	m any	/ un	related organiza				×
	on B. Independent Contractors												
1	Complete this table for your five high compensation from the organization. Rep												
	(A) Name and business add	Iress							<b>(B)</b> Description of ser	vices	(	(C) Compensa	ation
2	Total number of independent contractor received more than \$100,000 of compens						ted to	th	nose listed abov	e) who			

### Part VIII Statement of Revenue

		Check if Schedule	Осо	ntains a re	spon	se or note to ar	ny line in this Pa	ırt VIII		🗌
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts,	1a	Federated campaig	ns .		1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues			1b					
G, D	С	Fundraising events			1c					
fts, r A	d	Related organization	ns .		1d					
, Gi nila	е	Government grants	•	,	1e					
ns, Sin	f	All other contribution								
utio ìer		and similar amounts no			1f	5,989,728.				
rib Q≢	g	Noncash contribution								
ont					1g					
Q a	h	Total. Add lines 1a-	-1f .				5,989,728.			
o)	_					Business Code				
/ic	2a									
ier ue	b									
gram Ser Revenue	C .									
ıraı Re∖	d									
Program Service Revenue	e	All atlantaneous as								
Д	f	All other program se								
	<u>g</u> 3	Total. Add lines 2a- Investment income								
		other similar amoun					856.	856.	0.	0.
	4	Income from investr					050.	030.	0.	
	5	<b>5</b>								
		rioyanioo	Ė	(i) Rea		(ii) Personal				
	6a	Gross rents	6a			.,				
	b	Less: rental expenses								
	С	Rental income or (loss)								
	d	Net rental income o		s)						
	7a	Gross amount from		(i) Securit		(ii) Other				
		sales of assets								
		other than inventory	7a							
<u>e</u>	b	Less: cost or other basis								
Revenue		and sales expenses .	7b							
}ev		Gain or (loss)	7c							
		Net gain or (loss)								
Other	8a	Gross income from		ndraising						
0		events (not including								
		of contributions rep								
		1c). See Part IV, line			8a					
		Less: direct expens			8b					
		Net income or (loss) Gross income f			y eve	nts				
	Эа	activities. See Part I			9a					
	_ h	Less: direct expens			9a 9b					
		Net income or (loss)								
		Gross sales of in								
		returns and allowances 10a								
	b	Less: cost of goods			10b					
	C	Net income or (loss)				pry				
S	_					Business Code				
Miscellaneous Revenue	11a									
scellaneo Revenue	b									
ell:	С									
isc Re	d	All other revenue								
Σ	е	Total. Add lines 11a	<u>a–1</u> 1c	<u> 1</u>						
	12	Total revenue. See	instr	uctions			5,990,584.	856.	0.	0.

	Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All	other organizations	must complete colur	nn (A)
	Check if Schedule O contains a response				
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
2	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .  Grants and other assistance to domestic individuals. See Part IV, line 22	1,074,368.	1,074,368.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7 8	Other salaries and wages				
9 10 11	Other employee benefits				
a b c d	Management				
e f g	Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	2 275 667	2 (61 200	471 102	142 005
12 13	Advertising and promotion	3,275,667.	2,661,399.	471,183.	143,085.
14 15 16 17 18	Information technology				
19 20 21	for any federal, state, or local public officials  Conferences, conventions, and meetings  Interest  Payments to affiliates				
22 23	Depreciation, depletion, and amortization . Insurance	303.	0.	303.	0.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a b c	Professional fees Miscellaneous	10,100. 33,404.	0.	10,100. 33,404.	0.
d e	All other expenses	4 202 040	2 725 767	F14 000	142.005
25 26	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)	4,393,842.	3,735,767.	514,990.	143,085.

Р	art X				,
		Check if Schedule O contains a response or note to any line in this Par	rt X		<u> </u>
			Beginning of year		End of year
	1	Cash—non-interest-bearing	1,083,069.	1	1,227,759.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	1,022,879.	3	150,000.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
şţs	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	26 025
	14	Intangible assets		14	26,825.
	15 16	Other assets. See Part IV, line 11	2,105,948.	15	1 404 504
	17	Total assets. Add lines 1 through 15 (must equal line 33)	441,314.	16 17	1,404,584. 113,026.
	18	Grants payable	1,970,019.	18	113,020.
	19	Deferred revenue	1,370,013.	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ig		controlled entity or family member of any of these persons		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties	11,247.	23	11,448.
	24	Unsecured notes and loans payable to unrelated third parties	•	24	,
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	2,422,580.	26	124,474.
nces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions	-415,132.	27	-146,645.
Ã	28	Net assets with donor restrictions	98,500.	28	1,426,755.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ěŧ	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
4SS	31	Retained earnings, endowment, accumulated income, or other funds .		31	
et /	32	Total net assets or fund balances	-316,632.	32	1,280,110.
Ž	33	Total liabilities and net assets/fund balances	2,105,948.	33	1,404,584.
					Form <b>990</b> (2022

Form 990 (2022) Page **12** 

Part	XI Reconciliation of Net Assets		-	
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	5,9	90,5	84.
2	Total expenses (must equal Part IX, column (A), line 25)	4,3	93,8	42.
3	Revenue less expenses. Subtract line 2 from line 1		96,7	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4	-3	16,6	32.
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))	1,2	80,1	10.
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990:  Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	×	
	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		×
	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?			
	If the organization changed either its oversight process or selection process during the tax year, explain on	2c	×	
	Schedule O.			
20	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
Ja	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	Ja		
D	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	3b		
		0.0		

REV 05/17/23 PRO Form **990** (2022)

# SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

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.

Open to Public Inspection

Name of the	Name of the organization Employer identification number								
	Phe Goodnation Foundation, Inc   81-4768448  Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.								
Part I							ons.		
-	zation is not a private founda		,		-	•			
	church, convention of church school described in <b>section</b>					υ(b)( i)(A)(i).			
	hospital or a cooperative hos				-	<b>\(Δ\/iii</b> )			
4 🗌 A	medical research organizationspital's name, city, and state	n operated in co					(iii). Enter the		
5 🗌 Ar	n organization operated for section 170(b)(1)(A)(iv). (Comp	the benefit of a	college or university	owned o	r operate	ed by a government	al unit described in		
	federal, state, or local govern	•	mental unit described	l in <b>sectio</b>	on 170(b)	(1)(A)(v).			
7 🔀 Ar	n organization that normally escribed in section 170(b)(1)	receives a subs	tantial part of its sup				1 the general public		
8 🗌 A	community trust described in	n section 170(b)	(1)(A)(vi). (Complete	Part II.)					
or ur	n agricultural research organi runiversity or a non-land-gra niversity:	nt college of agr	iculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or		
re SL	n organization that normally receipts from activities related apport from gross investment by the organization a	to its exempt full income and uni	nctions, subject to ce related business taxal	rtain exc ble incom	eptions; a ne (less se	and (2) no more than ection 511 tax) from	ı 33¹/₃% of its		
<b>11</b> $\square$ At	n organization organized and	operated exclus	sively to test for public	safety.	See <b>sect</b> i	on 509(a)(4).			
	n organization organized and								
th	ne or more publicly supported e box on lines 12a through 12	d that describes	the type of supporting	g organiza	ation and	complete lines 12e,	12f, and 12g.		
a 🗌	<b>Type I.</b> A supporting organ the supported organization supporting organization. You	(s) the power to	regularly appoint or e	lect a ma	jority of t				
b 🗌	<b>Type II.</b> A supporting organ control or management of organization(s). <b>You must</b>	the supporting o	rganization vested in	the same					
<b>c</b>	Type III functionally integ its supported organization(						ally integrated with,		
d 🗌	Type III non-functionally it that is not functionally integrequirement (see instructionally integrated)	grated. The orga	nization generally mu	st satisfy	a distribu	ition requirement an			
e 🗌	Check this box if the organ functionally integrated, or T	ization received Type III non-func	a written determination	on from tl	ne IRS tha	at it is a Type I, Type ion.	e II, Type III		
	er the number of supported o	•							
	vide the following information								
(i) Nar	ne of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
				Yes	No				
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 **(e)** 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 367,251. 8,715,653. 9,558,558. 5,989,728. 25,132,160. 500,970. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . The value of services or facilities furnished by a governmental unit to the organization without charge . . . . **Total.** Add lines 1 through 3 . . . 4 500,970. 367,251. 8,715,653. 9,558,558. 5,989,728. 25,132,160. 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) . . . . **Public support.** Subtract line 5 from line 4 25,132,160. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 500,970. 367,251. 8,715,653. 9,558,558. 5,989,728. 25,132,160. 7 Amounts from line 4 . . . . . . 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . . . . 856. 1,433. 412. 2,701. Net income from unrelated business 9 activities, whether or not the business is regularly carried on . . . . . . 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . . . . **Total support.** Add lines 7 through 10 11 25,134,861. Gross receipts from related activities, etc. (see instructions) . . . . . . . . . . . . . . . . . . 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 99.99% Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) . . . . . 14 Public support percentage from 2021 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . 15 331/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 

18

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

#### 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.)

Secti	on A. Public Support			, ,		,	
Calen	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
_	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
_	line 6.)						
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	, ,	, ,	.,	, ,	, ,	
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)			Laborat Consults	Cifale Account		504(-)(0)
14	First 5 years. If the Form 990 is for the organization, check this box and stop he	re			•	ear as a section	. , . ,
	on C. Computation of Public Suppor						
15	Public support percentage for 2022 (line 8						%
16 Saati	Public support percentage from 2021 Sch	nedule A, Part	ntogs			16	%
	on D. Computation of Investment In			ov line 40!		47	0/
17 10	Investment income percentage for 2022 (			•	. , ,		<u>%</u>
18	Investment income percentage from 2021 331/3% support tests—2022. If the organ						% and line
19a	17 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box						
h	33 <sup>1</sup> /3% support tests—2021. If the organiz	_	-	-		_	_
b	line 18 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this l						
20	<b>Private foundation.</b> If the organization di	_	=	•	-		_
	rearraging in the organization of		~ J/ J/ III I I I T	,	DON		·

#### 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.)

#### S

ecti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	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.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Vas 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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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 <b>Part VI</b> 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.	4c		
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 <b>Part VI</b> , 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).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
с 6	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited	5c		
	by one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
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 Lef School Lef Lef Comp. 2001)	_		
8	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).  Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line	7		
9a	7? If "Yes," complete Part I of Schedule L (Form 990).  Was the organization controlled directly or indirectly at any time during the tax year by one or more	8		
	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 <b>Part VI</b> .	9a		
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 <b>Part VI</b> .	9b		
С	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 <b>Part VI</b> .	9c		
l0a	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.			
h	Did the organization have any excess husiness holdings in the tay year? (Use Schedule C. Form 4720 to	10a		

determine whether the organization had excess business holdings.)

Part	V Supporting Organizations (continued)		-	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in <b>Part VI</b> .	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed			
C4:	the supported organization(s).	1		
Secu	on D. All Type III Supporting Organizations		Vaa	Na
			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?	_		
0		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 <b>Part VI</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	nstru	ctions	s).
a b c	<ul> <li>☐ The organization satisfied the Activities Test. Complete line 2 below.</li> <li>☐ The organization is the parent of each of its supported organizations. Complete line 3 below.</li> <li>☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (</li> </ul>			
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> 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>2</b> a		
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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3h		

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	izations							
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See									
	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.									
Sect	ion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)						
1	Net short-term capital gain	1								
2	Recoveries of prior-year distributions	2								
3	Other gross income (see instructions)	3								
4	Add lines 1 through 3.	4								
5	Depreciation and depletion	5								
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6								
7	Other expenses (see instructions)	7								
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8								
Sect	ion B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)						
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):									
а	Average monthly value of securities	1a								
b	Average monthly cash balances	1b								
С	Fair market value of other non-exempt-use assets	1c								
d	Total (add lines 1a, 1b, and 1c)	1d								
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):									
2	Acquisition indebtedness applicable to non-exempt-use assets	2								
3	Subtract line 2 from line 1d.	3								
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4								
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5								
6	Multiply line 5 by 0.035.	6								
7	Recoveries of prior-year distributions	7								
8	Minimum Asset Amount (add line 7 to line 6)	8								
Sect	ion C-Distributable Amount			Current Year						
1	Adjusted net income for prior year (from Section A, line 8, column A)	1								
2	Enter 0.85 of line 1.	2								
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3								
4	Enter greater of line 2 or line 3.	4								
5	Income tax imposed in prior year	5								
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6								
7	Check here if the current year is the organization's first as a non-functional (see instructions).	ally i	ntegrated Type III supporti	ng organization						

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2022 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) Section E—Distribution Allocations (see instructions) **Underdistributions Distributable Excess Distributions** Pre-2022 Amount for 2022 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 **a** From 2017 . . . . . From 2018 **c** From 2019 **d** From 2020 . . . . . From 2021 . . . . Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2022 distributable amount Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2022 from 4 Section D, line 7: Applied to underdistributions of prior years Applied to 2022 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2023. Add lines 3j and 4c. Breakdown of line 7: Excess from 2018 . . . Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . .

Schedule A (Form 990) 2022 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

## SCHEDULE C (Form 990)

#### **Political Campaign and Lobbying Activities**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- , (-					
	ection 501(c)(4), (5), or (6) orga	nizations: Complete Part III.			
	of organization			Employer ider	ntification number
The	Goodnation Founda			81-47684	
Part 1		e organization is exempt under the organization's direct and incompaign activities."			
2	Political campaign activit	y expenditures. See instructions .		\$	;
3		cal campaign activities. See instruc			
Part		e organization is exempt unde			
1 2 3 4a b Part 1 2 3 4 5	Enter the amount of any of the organization incurred Was a correction made? If "Yes," describe in Part I-C Complete if the Enter the amount direct activities	excise tax incurred by the organization and a section 4955 tax, did it file Formula.  File Formulation is exempt under the expended by the filing organization is expended by the filing organization is funds contributions. Add lines 1 and 2.  File Form 1120-POL for this year are sets and employer identification nurents. For each organization listed, contributions received that were profund or a political action committee that is excepted that were profund or a political action committee.	er section 501(cation for section or section	ear?	C)(3).  Yes No  No  Yes No  No  Xes No
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Par	II-A Complete if the organization section 501(h)).	on is exempt	under section 5	01(c)(3) and filed	d Form 5768 (ele	ection under		
<b>A</b> C	heck if the filing organization belongs EIN, expenses, and share of exceptions.			art IV each affiliate	ed group member's	name, address,		
В	heck [] if the filing organization checked	box A and "lin	nited control" provi	sions apply.				
	Limits on Lob (The term "expenditures" n	bying Expendi		.)	(a) Filing organization's totals	(b) Affiliated group totals		
1a				-	0.			
b				•	0.			
c	Total lobbying expenditures (add lines	J	, ,	0,	0.			
d		,			4,393,842.			
е	<del>-</del>				4,393,842.			
f	Lobbying nontaxable amount. Enter columns.		•					
		T			369,692.			
	If the amount on line 1e, column (a) or (b) i		g nontaxable amour	it is:				
	Not over \$500,000		mount on line 1e.	<b>#500.000</b>				
	Over \$500,000 but not over \$1,000,000		is 15% of the excess	· · · · · · · · · · · · · · · · · · ·				
	Over \$1,000,000 but not over \$1,500,000		is 10% of the excess					
	Over \$1,500,000 but not over \$17,000,000		is 5% of the excess of	over \$1,500,000.				
	Over \$17,000,000 Grassroots nontaxable amount (enter 2	\$1,000,000.			02 422			
9		•			92,423.			
h i	Subtract line 1f from line 1c. If zero or l				0.			
i	If there is an amount other than zero	•	 1h or line 1i dic	the organization				
,	reporting section 4911 tax for this year	•		=	Г	Yes No		
	(Some organizations that made a se	ection 501(h) e	Period Under Sec lection do not hav tructions for lines	e to complete all	of the five columi	ns below.		
	Lobbyin	g Expenditure	s During 4-Year A	veraging Period	I			
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) Total		
<b>2</b> a	, 3							
b	Lobbying ceiling amount (150% of line 2a, column (e))							
c	Total lobbying expenditures							
d								
е	Grassroots ceiling amount (150% of line 2d, column (e))							
f	Grassroots lobbying expenditures							

BAA REV 05/17/23 PRO Schedule C (Form 990) 2022

	(election under section 501(h)).	(6	a)		(b)	
	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed ription of the lobbying activity.	Yes	No	A	moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or					
	referendum, through the use of:					
a	Volunteers?					
b						
c d	Media advertisements?					
e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total. Add lines 1c through 1i					
2a b	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	;)(5),	or se	ction		
	501(c)(6).					
1	Were substantially all (90% or more) dues received nondeductible by members?			1	Yes	No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		-
3	Did the organization make only in-nouse lobbying experiorates of \$2,000 or less:			3		
1	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" O answered "Yes."  Dues, assessments and similar amounts from members	R (b)	Part 1	III-A, I	ine 3	3, is
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts	s of	•			
	political expenses for which the section 527(f) tax was paid).	5 01	20			
a b	Current year	•	2a 2b			
C	Total	•	2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	•	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb	the				
	and political expenditures next year?		4			
5	Taxable amount of lobbying and political expenditures. See instructions		5			
Par	t IV Supplemental Information					
Provid	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro	oup lis	t); Par	t II-A, I	ines 1	1 and
2 (See	e instructions); and Part II-B, line 1. Also, complete this part for any additional information.					

Part IV	Supplemental Information (continued)

Page 4

Schedule C (Form 990) 2022

## SCHEDULE D (Form 990)

#### **Supplemental Financial Statements**

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name o	the organization		Employer identification number
	Goodnation Foundation, Inc		81-4768448
Par	Organizations Maintaining Donor Advi	sed Funds or Other Similar Fund	ls or Accounts.
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year) .		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor funds are the organization's property, subject to the	e organization's exclusive legal control	? 🗌 Yes 🗌 No
6	Did the organization inform all grantees, donors, are only for charitable purposes and not for the benefit conferring impermissible private benefit?	t of the donor or donor advisor, or for	r any other purpose
Part			
	Complete if the organization answered "		
1	Purpose(s) of conservation easements held by the c		
	Preservation of land for public use (for example, recre		
	Protection of natural habitat	☐ Preservation of	f a certified historic structure
•	Preservation of open space		
2	Complete lines 2a through 2d if the organization hel	id a qualified conservation contribution	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified h		
d	Number of conservation easements included in (c) a		
	<u> </u>		24
3	Number of conservation easements modified, trans	sterred, released, extinguished, or term	ninated by the organization during the
	tax year		
4 5	Number of states where property subject to consendoes the organization have a written policy reg		ection handling of
3	violations, and enforcement of the conservation eas		
6	Staff and volunteer hours devoted to monitoring, inspec		
0	Stall and volunteer flours devoted to monitoring, inspec	ting, nanding of violations, and emorcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing of	conservation easements during the year
8	Does each conservation easement reported on line 2 and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports c		
	balance sheet, and include, if applicable, the text of		•
	organization's accounting for conservation easement	_	
Part	III Organizations Maintaining Collections	of Art. Historical Treasures, or 0	Other Similar Assets.
	Complete if the organization answered "		
	If the organization elected, as permitted under FAS		e statement and balance sheet works
	of art, historical treasures, or other similar assets		
	service, provide in Part XIII the text of the footnote t	The state of the s	The state of the s
b	If the organization elected, as permitted under FAS art, historical treasures, or other similar assets held provide the following amounts relating to these item	for public exhibition, education, or res	
	(i) Revenue included on Form 990. Part VIII. line 1		\$
	(ii) Assets included in Form 990. Part X		\$
2	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art,	historical treasures, or other similar	assets for financial gain, provide the
	following amounts required to be reported under FA	ASB ASC 958 relating to these items:	
a b	Revenue included on Form 990, Part VIII, line 1 . Assets included in Form 990, Part X		\$ \$

Part									
3	Using the organization's acquisition, according to the collection items (check all that apply):	ession, and other	record	ls, checl	k any of the	e follow	ving that make si	gnificant u	se of its
а	☐ Public exhibition		d [	Loan	or exchange	e progr	am		
b	☐ Scholarly research		е [	Other	_				
С	☐ Preservation for future generations								
4	Provide a description of the organization XIII.	's collections and	d explai	n how th	ney further	the org	anization's exem	pt purpos	e in Part
5	During the year, did the organization sol	icit or receive do	nations	of art I	historical tr	easure	s or other simila	r	
	assets to be sold to raise funds rather that	an to be maintaine							☐ No
Part	Complete if the organization an		n Forn	n 990, F	art IV, line	9, or	reported an am	ount on F	orm
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, cu								
	included on Form 990, Part X?							Yes	∐ No
b	If "Yes," explain the arrangement in Part	XIII and complete	the foll	owing ta	able:				
								nount	
C	Beginning balance					1c	_		
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount o								∐ No
	If "Yes," explain the arrangement in Part	XIII. Check here if	the exp	olanation	n has been	provide	ed on Part XIII .		
Par				- 000 -	)t	. 10			
	Complete if the organization an						(D.T.		
	<del></del>	a) Current year	(b) Prior	year	(c) Two year	s back	(d) Three years back	(e) Four ye	ars back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the	current year end b	oalance	(line 1g	, column (a)	)) held a	as:		
а	Board designated or quasi-endowment	%							
b	Permanent endowment %								
С	Term endowment %								
	The percentages on lines 2a, 2b, and 2c s	should equal 1009	%.						
3a	Are there endowment funds not in the po	ossession of the o	organiza	ation tha	t are held	and ad	ministered for the	Э	
	organization by:							Y	es No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organ	nizations listed as	require	ed on Sc	hedule R?			3b	
4	Describe in Part XIII the intended uses of	the organization's	s endov	vment fu	ınds.				
Part	VI Land, Buildings, and Equipme	ent.							
	Complete if the organization an	swered "Yes" o	n Forn	n 990, F	Part IV, line	11a.	See Form 990,	Part X, lin	e 10.
	Description of property	(a) Cost or other (investment)		` '	r other basis ther)		Accumulated epreciation	(d) Book	alue
1a	Land								
b	Buildings								
C	Leasehold improvements								
d	Equipment								
e	Other								
	Add lines 1a through 1e. (Column (d) must	t equal Form 990,	Part X,	column	(B), line 10	c.)			

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Part VII	Investments—Other Securities.	000 5 1 11/1	441.0 -	000 D 13/ 11 40
	Complete if the organization answered "Yes" on For			
	(a) Description of security or category (including name of security)	(b) Book value		hod of valuation: -of-year market value
(1) Financial	derivatives			
	neld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G) (H)				
	mn (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments – Program Related.			
	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11c. See Form	990, Part X, line 13.
	(a) Description of investment	(b) Book value		hod of valuation: -of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	mn (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
I di tix	Complete if the organization answered "Yes" on For	m 990. Part IV. lin	e 11d. See Form	990. Part X. line 15.
	(a) Description	,,		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(b) 100 d f = 100 D t V = 1 (D) 100 d f			
Part X	mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.	<u> </u>		
PartA	Complete if the organization answered "Yes" on For	m 000 Part IV lin	o 11o or 11f Soc	Form 000 Part Y
	line 25.	iii 330, i ait iv, iiii	e i le di i il. dec	er omi 990, ran X,
1.	(a) Description of liability			(b) Book value
(1) Federal in				(,,
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 25.)			
	r uncertain tax positions. In Part XIII, provide the text of the footnotes is liability for uncertain tax positions under FASB ASC 740. Check			

Part			-	Retur	n.
	Complete if the organization answered "Yes" on Form 990, I	Part IV, line 12a			
1	Total revenue, gains, and other support per audited financial statements			1	5,990,584.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line <b>2e</b> from line <b>1</b>			3	5,990,584.
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 <b>4a</b> and <b>4b</b>			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	5,990,584.
Part				r Ret	urn.
	Complete if the organization answered "Yes" on Form 990, I	Part IV, line 12a			
1	Total expenses and losses per audited financial statements			1	4,393,842.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
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			2e	
3	Subtract line <b>2e</b> from line <b>1</b>			3	4,393,842.
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			
	OII /D II I D I / / II /	41-			
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	
с 5	Add lines <b>4a</b> and <b>4b</b>			4c 5	4,393,842.
c 5 Part	Add lines <b>4a</b> and <b>4b</b>	· · · · · · · · · · · · · · · · · · ·		5	
5 Part Provid	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line <b>XIII</b> Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1a	14; Part IV, lines	 1b and 2b	<b>5</b> ; Part '	V, line 4; Part X, line
5 Part Provid	Add lines <b>4a</b> and <b>4b</b>	14; Part IV, lines	 1b and 2b	<b>5</b> ; Part '	V, line 4; Part X, line
5 Part Provid	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line <b>XIII</b> Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1a	14; Part IV, lines	 1b and 2b	<b>5</b> ; Part '	V, line 4; Part X, line
5 Part Provid	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line <b>XIII</b> Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1a	14; Part IV, lines	 1b and 2b	<b>5</b> ; Part '	V, line 4; Part X, line
5 Part Provid	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line <b>XIII</b> Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1a	14; Part IV, lines	 1b and 2b	<b>5</b> ; Part '	V, line 4; Part X, line
5 Part Provid	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line <b>XIII</b> Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1a	14; Part IV, lines	 1b and 2b	<b>5</b> ; Part '	V, line 4; Part X, line
5 Part Provid	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line <b>XIII</b> Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1a	14; Part IV, lines	 1b and 2b	<b>5</b> ; Part '	V, line 4; Part X, line
5 Part Provid	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line <b>XIII</b> Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1a	14; Part IV, lines	 1b and 2b	<b>5</b> ; Part '	V, line 4; Part X, line
5 Part Provid	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line <b>XIII</b> Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1a	14; Part IV, lines	 1b and 2b	<b>5</b> ; Part '	V, line 4; Part X, line
5 Part Provid	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line <b>XIII</b> Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1a	14; Part IV, lines	 1b and 2b	<b>5</b> ; Part '	V, line 4; Part X, line
5 Part Provid	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line <b>XIII</b> Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1a	14; Part IV, lines	 1b and 2b	<b>5</b> ; Part '	V, line 4; Part X, line
5 Part Provid	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line <b>XIII</b> Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1a	14; Part IV, lines	 1b and 2b	<b>5</b> ; Part '	V, line 4; Part X, line
5 Part Provid	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line <b>XIII</b> Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1a	14; Part IV, lines	 1b and 2b	<b>5</b> ; Part '	V, line 4; Part X, line
5 Part Provid	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line <b>XIII</b> Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1a	14; Part IV, lines	 1b and 2b	<b>5</b> ; Part '	V, line 4; Part X, line
5 Part Provid	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line <b>XIII</b> Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1a	14; Part IV, lines	 1b and 2b	<b>5</b> ; Part '	V, line 4; Part X, line
5 Part Provid	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line <b>XIII</b> Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1a	14; Part IV, lines	 1b and 2b	<b>5</b> ; Part '	V, line 4; Part X, line
5 Part Provid	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line <b>XIII</b> Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1a	14; Part IV, lines	 1b and 2b	<b>5</b> ; Part '	V, line 4; Part X, line
5 Part Provid	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line <b>XIII</b> Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1a	14; Part IV, lines	 1b and 2b	<b>5</b> ; Part '	V, line 4; Part X, line
5 Part Provid	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line <b>XIII</b> Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1a	14; Part IV, lines	 1b and 2b	<b>5</b> ; Part '	V, line 4; Part X, line
5 Part Provid	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line <b>XIII</b> Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1a	14; Part IV, lines	 1b and 2b	<b>5</b> ; Part '	V, line 4; Part X, line
5 Part Provid	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line <b>XIII</b> Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1a	14; Part IV, lines	 1b and 2b	<b>5</b> ; Part '	V, line 4; Part X, line
5 Part Provid	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line <b>XIII</b> Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1a	14; Part IV, lines	 1b and 2b	<b>5</b> ; Part '	V, line 4; Part X, line
5 Part Provid	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line <b>XIII</b> Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1a	14; Part IV, lines	 1b and 2b	<b>5</b> ; Part '	V, line 4; Part X, line
5 Part Provid	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line <b>XIII</b> Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1a	14; Part IV, lines	 1b and 2b	<b>5</b> ; Part '	V, line 4; Part X, line

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Schedule D (Fo	rm 990) 2022	Page \$
Part XIII	Supplemental Information (continued)	

#### **SCHEDULE F** (Form 990)

#### **Statement of Activities Outside the United States**

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

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

Inspection Employer identification number

The	Goodnation Foundation				81-4/6	
Part	General Information Form 990, Part IV, line	n <b>on Activit</b> 14b.	ies Outside	the United States. Com	nplete if the organization a	nswered "Yes" on
1	For grantmakers. Does the other assistance, the grante award the grants or assistance.	es' eligibility	for the gran	ts or assistance, and the s	selection criteria used to	☐ Yes ☐ No
2	For grantmakers. Describe outside the United States.	in Part V the	e organization	's procedures for monitorin	g the use of its grants and	d other assistance
3	Activities per Region. (The fo	llowing Part	I, line 3 table o	can be duplicated if addition	nal space is needed.)	
	<b>(a)</b> Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Subtotal					
	Total from continuation sheets to Part I					
С	Totals (add lines 3a and 3b)					

REV 05/17/23 PRO

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			Europe	Futhering he mission	9,975.	wire transfer			
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
2	exempt 501(c)	)(3) organizatio	n by the IRS, or fo	s listed above that are ror which the grantee or contities	ounsel has provid	ded a section 501(c)(3)	equivalency letter	•	

Schedule F (Form 990) 2022

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
_(13)						
_(14)						
(15)						
(16)						
_(17)						
(18)						

#### Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐ Yes	⊠ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	☐ Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	☐ Yes	⊠ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐ Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	☐ Yes	⊠ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	☐ Yes	⊠ No

	Form 990) 2022 Page \$
Part V	Supplemental Information  Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

#### **SCHEDULE I** (Form 990)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990. Go to www.irs.gov/Form990 for the latest information. **Open to Public** Inspection

Name of the organization **Employer identification number** The Goodnation Foundation, Inc 81-4768448 **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes No Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990. Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of cash (e) Amount of (g) Description of (h) Purpose of grant (book, FMV, appraisal, other) or government (if applicable) grant noncash assistance noncash assistance or assistance (1) Acronym Plus 25550 SW 152nd Ave Homestead FL 33032 87-1323260 100,000. 501(c)(3) Futhering he mission of the Org (2) AFYA Foundation 510 Nepperhan Ave Yonkers NY 10701 26-1300361 501(c)(3) 15,050. Futhering he mission of the Org (3) All Hands and Hearts 6 County Rd #6 Mattapoisett MA 02739 13-4148824 501(c)(3) 8,000. Futhering he mission of the Org (4) ARC-Southeast P O Box 570132 Atlanta GA 30357 47-3813101 501(c)(3) 16,125. Futhering he mission of the Org (5) Bergen Volunteer Medical Initiative 75 Essex St #100 Hackensack NJ 07601 20-2633437 501(c)(3) 19,000. Futhering he mission of the Org (6) Bideawee 152 W 24th St New York NY 10011 13-1655210 501(c)(3) 100,000. Futhering he mission of the Org (7) Brady Center to Prevent Gun Violence 840 First St. NE Washington DC 20002 | 52-1285097 501(c)(3) 23,750. Futhering he mission of the Org (8) Center for Urban Education about Sustainable Agriculture (CUESA) - Foodwise One Ferry Building #50 San Francisco CA 94111 94-3212988 501(c)(3) 20,900. Futhering he mission of the Org (9) Climate and Clean Energy Equity Fund 1629 K st NW Ste 300 Washington DC 20006 87-4680230 501(c)(3) 15,000. Futhering he mission of the Org (10) Direct Relief 6100 Wallace Becknell Rd Goleta CA 93117 | 95-1831116 501(c)(3) 8,000. Futhering he mission of the Org (11) Equis Lab 1825 K St NW Washington DC 20006 82-1517696 501(c)(3) 43,197. Futhering he mission of the Org (12) See Statement 1,064,868. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . . . . . . . . .

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

Schedule I (Form 990) 2022

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistan
Supplemental Information, P	rovide the information re	equired in Part I. I	ne 2: Part III. colum	n (b): and any other addition	onal information.
V Supplemental Information. P	rovide the information re	equired in Part I, l	ne 2; Part III, colum	n (b); and any other addition	onal information.
V Supplemental Information. Pr	rovide the information re	equired in Part I, li	ne 2; Part III, colum	n (b); and any other addition	onal information.
Supplemental Information. Pi	rovide the information re	equired in Part I, li	ne 2; Part III, colum	n (b); and any other addition	onal information.
V Supplemental Information. Pr	rovide the information re	equired in Part I, li	ne 2; Part III, colum	n (b); and any other addition	onal information.
V Supplemental Information. Pr	rovide the information re	equired in Part I, li	ne 2; Part III, colum	n (b); and any other addition	onal information.
V Supplemental Information. Pr	rovide the information re	equired in Part I, li	ne 2; Part III, colum	n (b); and any other addition	onal information.
V Supplemental Information. Pr	rovide the information re	equired in Part I, li	ne 2; Part III, colum	n (b); and any other addition	onal information.
V Supplemental Information. Pr	rovide the information re	equired in Part I, Ii	ne 2; Part III, colum	n (b); and any other addition	onal information.
V Supplemental Information. Pr	rovide the information re	equired in Part I, li	ne 2; Part III, colum	n (b); and any other addition	onal information.
V Supplemental Information. Pr	rovide the information re	equired in Part I, li	ne 2; Part III, colum	n (b); and any other addition	onal information.

# Schedule I: Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Part II: Grants and Other Assistance to Domestic Organizations and Domestic Governments Continuation Statement

Name and address of organization or government	EIN	IRC Section (if applicable)	Amount of cash grant	Amount of non-cash assistance	Method of valuation (book, FMV, appraisal, other)	Description of noncash assistance	Purpose of grant or assistance
Everytown for Gun Safety Support Fund	261598353	501(c)(3)	9,500.				Futhering he mission of the Org
P O Box 4184, New York, NY 10163			•				
Florida Immigrant Coalition 2800 Biscayne Blvd #300, Miami, FL 33137	202123833	501(c)(3)	16,750.				Futhering he mission of the Org
Friends of the Winchester Public Library 80 Washington St, Winchester, MA 01890	800577361	501(c)(3)	10,000.				Futhering he mission of the Org
Harambee House 425 Pennsylvania Ave, Savannah, GA 31404	582219332	501(c)(3)	15,000.				Futhering he mission of the Org
HIAS 1300 Spring St, Suite 500, Silver Spring, MD 20910	135633307	501(c)(3)	15,216.				Futhering he mission of the Org
Internationals Network for Public Schools 50 Broadway #1601, New York, NY 10004	030547067	501(c)(3)	9,500.				Futhering he mission of the Org
P O Box 3299, Decatur, GA 30031	820911954	501(c)(3)	10,117.				Futhering he mission of the Org
Lilith Fund P O Box 684949, Austin, TX 78768	743008249	501(c)(3)	6,125.				Futhering he mission of the Org
Loaves and Fisahes 1351 N C St, Sacramento, CA 95811	770370874	501(c)(3)	20,900.				Futhering he mission of the Org
Martha's Kitchen 434 Highland Ave, Clifton, NJ 07011	912091094	501(c)(3)	20,900.				Futhering he mission of the Org
Movement Voter Project 37 Bridge St Box 749, Northampton, MA 01060	371697474	501(c)(3)	12,500.				Futhering he mission of the Org
National Network of Abortion Funds 9450 SW Gemini Dr, Beaverton, OR 97008	043236982	501(c)(3)	15,800.				Futhering he mission of the Org
New Classrooms Innovation Partners 344 Grove Street #65400, Jersey City, NJ 07302	452736163	501(c)(3)	35,000.				Futhering he mission of the Org
New Mexico Youth Justice Coalition (SWOP) 831 Isleta Blvd SW, Albuquerque, NM 87105	850368743	501(c)(3)	15,000.				Futhering he mission of the Org
NOLEF Turns 211 N 18th St, Richmond, VA 23223	475341386	501(c)(3)	15,000.				Futhering he mission of the Org
Nova Ukraine 963 Mears Ct, Stanford, CA 94305	465335435	501(c)(3)	15,050.				Futhering he mission of the Org
Pat Tillman Foundation 80 N. LaSalle St., Ste. 2910, Chicago, IL 60602	201072336	501(c)(3)	23,750.				Futhering he mission of the Org
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#### The Goodnation Foundation, Inc 81-4768448

# Schedule I: Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Part II: Grants and Other Assistance to Domestic Organizations and Domestic Governments Continuation Statement

Physicians for Reproductive Health 1430 Broadway Suite 1614, New York, NY 10018	133693391	501(c)(3)	24,800.	Futhering he mission of the Org
Plan C 1413 K St NW #400, Washington, DC 20005	134148824	501(c)(3)	6,125.	Futhering he mission of the Org
Power of Two	812018185	501(c)(3)	9,500.	Futhering he mission of the Org
21 Livonia Ave, Brooklyn, NY 11212			10.00	
Promote the Vote 600 W St Joseph St, Suite 3G, Lansing, MI 48933	854202848	501(c)(3)	10,000.	Futhering he mission of the Org
Pursuit 47-10 Austell Place, 2nd Floor, Long Island City, NY 11101	611652332	501(c)(3)	11,400.	Futhering he mission of the Org
QuestBridge 445 Sherman Ave #100, Palo Alto, CA 94306	943348336	501(c)(3)	9,500.	Futhering he mission of the Org
Quill 41 E 11th St, 11th Floor, New York, NY 10003	462736440	501(c)(3)	9,500.	Futhering he mission of the Org
Recovery Cafe San Jose 80 S 5th St, San Jose, CA 95112	454496745	501(c)(3)	20,900.	Futhering he mission of the Org
Run for Something P O Box 33079, Washington, DC 20033	814761176	501(c)(3)	500,000.	Futhering he mission of the Org
Second Harvest Food Bank 750 Curtner Avenue, San Jose, CA 95125	942614101	501(c)(3)	20,900.	Futhering he mission of the Org
SisterSong P O Box 94408, Atlanta, GA 30377	510584492	501(c)(3)	6,125.	Futhering he mission of the Org
Small Steps Nurturing Center 2902 Jensen Dr, Houston, TX 77026	760471755	501(c)(3)	28,500.	Futhering he mission of the Org
SOS Children's Village 1620 I Street, NW Suite 220, Washington, DC 20006	134148824	501(c)(3)	15,050.	Futhering he mission of the Org
South Florida Wildlife Center 3200 SW 4th Ave, Fort Lauderdale, FL 33315	237086391	501(c)(3)	8,000.	Futhering he mission of the Org
STRIVE 205 East 122 Street, New York, NY 10035	133255679	501(c)(3)	38,000.	Futhering he mission of the Org
The TEAK Fellowship 16 West 22nd Street 3rd Fl, New York, NY 10010	134011465	501(c)(3)	9,500.	Futhering he mission of the Org
The Nature Conservancy 4245 North Fairfax Dr, Suite 100, Arlington, VA 22203	530242652	501(c)(3)	11,750.	Futhering he mission of the Org
United Help Ukraine P O Box 83426, Gaithersburg, MD 20883	471837509	501(c)(3)	15,050.	Futhering he mission of the Org

The Goodnation Foundation, Inc 81-4768448

# Schedule I: Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Part II: Grants and Other Assistance to Domestic Organizations and Domestic Governments Continuation Statement

Upwardly Global	943346127	501(c)(3)	9,738.		Futhering he mission of the Org
505 8th Ave #1704, New York, NY 10018					
West Side Campaign Against Hunger	710908184	501(c)(3)	12,500.		Futhering he mission of the Org
263 W 86 St, New York, NY 10024					
Winchester A Better Chance	237121159	501(c)(3)	10,000.		Futhering he mission of the Org
2 Dix St, Winchester, MA 01890					
World Central Kitchen	273521132	501(c)(3)	11,922.		Futhering he mission of the Org
200 Massachusetts Ave, 7th Floor, Washington, DC 20001					
			1 064 969	0.	
			1,064,868.	0.	

#### **SCHEDULE M** (Form 990)

#### **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Employer identification number

Name of the organization

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

The Goodnation Foundation, Inc 81 - 4768448Types of Property Part I

		(a) Check if applicable	<b>(b)</b> Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o			-
1	Art—Works of art							
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities-Publicly traded	×	1	77,280.	FMV			
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							
15	Real estate – Residential							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ( ) Number of Forms 8283 received	h		for contributions for				
29	which the organization completed				00			
	which the organization completed	1 01111 0200	, i ait v, bonee Acknowled	igement	29		Vaa	N <sub>0</sub>
20-	During the year did the everening		. land a superior street and a superior	under was a suband in David I lisaan	4 41-11-11-11-1		Yes	INO
30a	During the year, did the organizat 28, that it must hold for at least 3							
	used for exempt purposes for the					30a		~
h	If "Yes," describe the arrangemen		ing ponod			Sua		×
31	Does the organization have a		stance policy that require	as the review of any no	netandard			
J1	=					31	×	
32a	Does the organization hire or use				ll noncash	31	^	
J∠d	contributions?					320		~
h	If "Yes," describe in Part II.					32a		<u>×</u>
ь 33	If the organization didn't report an	amount in	column (c) for a type of pro	nerty for which column (a) i	s checked			
55	describe in Part II.	arrount III	oolanin (o) for a type of pro	porty for willou column (a) i	o oneoneu,			

Schedule M (Form 990) 2022 Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether Part II 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 O (Form 990)

#### 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.

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

Department of the Treasury Internal Revenue Service Name of the organization

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

The Goodnation Foundation, Inc	81-4768448
Pt VI, Line 11b: Form 990 is prepared by the organization's external accountants.	
The return is submitted to the board of directors for review and approval.	
Pt VI, Line 18: Published to Guidestar	
Pt VI, Line 19: Governing documents disclosure explanation all poli	cies/documents
that are required to be provided to the publis are available upon request.	

#### **Eorm 8879-TE**

#### **IRS** *e-file* **Signature Authorization** for a Tax Exempt Entity

OMB No. 1545-0047

Department of the Treasury

For calendar year 2022, or fiscal year beginning \_\_\_\_\_\_, 2022, and ending \_\_\_\_\_ Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

Internal Revenue Service EIN or SSN Name of filer 81-4768448 The Goodnation Foundation, Inc Name and title of officer or person subject to tax Chelsea Jia, President Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I. **1a** Form 990 check here . . . ⊠ **b Total revenue**. if any (Form 990, Part VIII, column (A), line 12) . . . 5,990,584. Form 990-EZ check here . . . **b Total revenue**, if any (Form 990-EZ, line 9) . . . . . . . . Form 1120-POL check here . . **b** Total tax (Form 1120-POL, line 22) . . . . . . . . . . . 3b 3a Form 990-PF check here . . . **b** Tax based on investment income (Form 990-PF, Part V, line 5) . 4a 4b **b Balance due** (Form 8868, line 3c) . . . . . . . . . . . . **Form 8868** check here . . . . 5b Form 990-T check here . . . **b Total tax** (Form 990-T, Part III, line 4) . . . . . . . . . . . . Form 4720 check here . . . **b Total tax** (Form 4720, Part III, line 1) . . . . . . . . . . . 7a 7b Form 5227 check here . . . . **b FMV** of assets at end of tax year (Form 5227, Item D) . . . . **Form 5330** check here . . . □ **b Tax due** (Form 5330, Part II, line 19) . . . . . . . . . . . 9b 92 Form 8038-CP check here . . . **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a **Declaration and Signature Authorization of Officer or Person Subject to Tax** Part II Under penalties of perjury, I declare that 🗵 I am an officer of the above entity or 🗌 I am a person subject to tax with respect to (name of entity) , (EIN) and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only ▼ I authorize Del Prete and Cheng LLP to enter my PIN as my signature Enter five numbers, but on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax Date **Certification and Authentication** Part III **ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 1 5 1 5 3 2 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. Date 11/14/2023 ERO's signature

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