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Return of Organization Exempt From Income Tax

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

Open to Public

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. Inspection and ending A For the 2015 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change GOOD360 Name change 54-1282616 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 675 NORTH WASHINGTON STREET 330 (703)836-2121 termin-ated 383,103,928. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 22314 Amended ALEXANDRIA, VA H(a) Is this a group return Applica-F Name and address of principal officer: HOWARD SHERMAN Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.GOOD360.ORG **H(c)** Group exemption number ▶ **K** Form of organization: **X** Corporation Association Other > L Year of formation: 1984 M State of legal domicile: VA Part I Summary Briefly describe the organization's mission or most significant activities: OUR MISSION IS TO HELP COMPANIES Activities & Governance HELP CHARITIES THROUGH PRODUCT DONATIONS. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 7 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 48 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 20 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 309,216,742. 377,230,449. Contributions and grants (Part VIII, line 1h) Revenue <u>5,</u>267,223. 5,250,229 Program service revenue (Part VIII, line 2g) <u>479.</u> 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 63,991. 376,394. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 314,530,962. 382,874,545. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 304,843,923. 371,541,365. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Ō. Benefits paid to or for members (Part IX, column (A), line 4) 3,113,333. 2,749,236. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 124. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 3,950,963 4,460,745. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 378,751,346. 311,908,343. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 4,123,199. 2,622,619. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 9,972,868. 13,586,315. 20 Total assets (Part X, line 16) 3,981,868. 4,491,620. 21 Total liabilities (Part X, line 26) 5,481,248. 9,604,447. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign HOWARD SHERMAN, Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature if self-employed 08/12/16 FRANK H. SMITH P00639053 Paid 52-1511275 Firm's name RAFFA, Preparer P.C. Firm's EIN ▶ Firm's address 1899 L STREET, NW, SUITE 850 Use Only Phone no. (202) 822-5000 WASHINGTON, DC 20036 May the IRS discuss this return with the preparer shown above? (see instructions)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

| Pa | rt III Statement of Program Service Accomplishments |
|----|----------------------------------------------------------------------------------------------------------------------------------------------|
| | Check if Schedule O contains a response or note to any line in this Part III |
| 1 | Briefly describe the organization's mission: GOOD360 TRANSFORMS LIVES AND STRENGTHENS COMMUNITIES BY MOBILIZING |
| | COMPANIES TO DONATE CRITICALLY NEEDED GOODS. |
| | |
| | |
| 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? Yes X No |
| _ | If "Yes," describe these changes on Schedule O. |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. |
| • | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and |
| | revenue, if any, for each program service reported. |
| 4a | (Code:) (Expenses \$ 374,715,420 · including grants of \$ 371,541,365 ·) (Revenue \$ 5,295,713 ·) |
| | AT GOOD360, WE BRING TOGETHER NONPROFITS, INDIVIDUALS AND COMPANIES TO |
| | MAKE A GREATER SOCIAL IMPACT IN COMMUNITIES AROUND THE WORLD. WE WORK |
| | WITH OUR PARTNERS TO DELIVER MORE THAN \$300 MILLION IN PRODUCT |
| | DONATIONS EACH YEAR TO OUR 40,000+ NONPROFIT MEMBERS ACROSS THE GLOBE. |
| | OUR NONPROFIT PARTNERS RECEIVE THE RESOURCES THEY NEED TO HELP THEIR |
| | COMMUNITIES, AND CORPORATE AND INDIVIDUAL DONORS WITNESS THE TANGIBLE |
| | GOOD FROM THEIR GIVING. FROM BOOKS FOR CHILDREN TO CLOTHING AND |
| | PERSONAL CARE ITEMS FOR DISASTER VICTIMS TO MATTRESSES FOR HOMELESS |
| | SHELTERS OR TECHNOLOGY FOR SCHOOLS, GOOD360 GIVES CORPORATE PRODUCT |
| | DONATIONS A NEW AND SUSTAINABLE AFTERLIFE BY KEEPING THEM OUT OF |
| | LANDFILLS. WE HELP COMPANIES ACHIEVE ZERO-WASTE INITIATIVES WHILE |
| | FULFILLING THE GROWING NEEDS OF OUR NETWORK OF PRE-QUALIFIED CHARITIES. |
| 4b | (Code:) (Expenses \$ including grants of \$) (Revenue \$) |
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| 4c | (Code:) (Expenses \$ including grants of \$) (Revenue \$) |
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| 4d | Other program services (Describe in Schedule O.) |
| | (Expenses \$ including grants of \$) (Revenue \$) |
| 4e | Total program service expenses ► 374,715,420. |

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Form 990 (2015) GOOD 3 6 0 Part IV Checklist of Required Schedules

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



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Form 990 (2015) GOOD 3 6 0 Part IV Checklist of Required Schedules (continued)

| | | | Yes | NO |
|-------------|---------------------------------------------------------------------------------------------------------------------------------|-------------|-----|----------|
| 20 a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20 b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | Х | |
| 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 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | X | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No", go to line 25a | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | l |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | l |
| | Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or | | | |
| | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," | | | l |
| | complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | |
| | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | | | l |
| | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | X |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | | | l |
| | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | X | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | l |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | , |
| | If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | ,, |
| | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | 37 |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | | X |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | <u> </u> |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | , |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | ,, |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | | |
| | Note. All Form 990 filers are required to complete Schedule O | 38 | X | |



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Part V Statements Regarding Other IRS Filings and Tax Compliance

| | Check if Schedule O contains a response or note to any line in this Part V | | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------------------|-----|-----|----------|--|--|--|
| | | | | | Yes | No | | | |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 18 | | | | | | |
| | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 | | | | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and re | eporta | ble gaming | | | | | | |
| | (gambling) winnings to prize winners? | | | 1c | Х | | | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | | | | | |
| | filed for the calendar year ending with or within the year covered by this return | 2a | 48 | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax return | ns? | | 2b | Х | | | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions | s) | | | | | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | За | | X | | | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule | 0 | | 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 a | accou | nt)? | 4a | | X | | | |
| b | If "Yes," enter the name of the foreign country: | | | | | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad | ccoun | its (FBAR). | | | 77 | | | |
| | | | | 5a | | X | | | |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction | | | 5b | | Х | | | |
| | 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 | | | | | Х | | | |
| L | any contributions that were not tax deductible as charitable contributions? | | | 6a | | | | | |
| D | If "Yes," did the organization include with every solicitation an express statement that such contributi were not tax deductible? | ioris o | rgiits | 6h | | | | | |
| 7 | were not tax deductible? Organizations that may receive deductible contributions under section 170(c). | | | 6b | | | | | |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly as a contribution an | vices n | rovided to the payor? | 7a | | Х | | | |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | V1000 P | novidud to the payor. | 7b | | | | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | as red | uired | | | | | | |
| • | to file Form 8282? | | 5 4 | 7c | | Х | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | | | | |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or | ontrac | ct? | 7e | | Х | | | |
| f | | | | 7f | | Х | | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Fo | orm 88 | 399 as required? | 7g | | | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | ation fi | le a Form 1098-C? | 7h | | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained | by th | е | | | | | | |
| | sponsoring organization have excess business holdings at any time during the year? | | | 8 | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | | | 9a | | <u> </u> | | | |
| b | , , , , , , , , , , , , , , , , , , , , | | | 9b | | | | | |
| 0 | Section 501(c)(7) organizations. Enter: | امدا | | | | | | | |
| a | · · · · · · · · · · · · · · · · · · · | 10a | | | | | | | |
| b 1 | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | | | | |
| 1 | · · · / · · | 11a | | | | | | | |
| a b | | ı ıa | | | | | | | |
| b | amounts due or received from them.) | 11b | | | | | | | |
| 2a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | |) | 12a | | | | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | | | | | |
| 3 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | | | 13a | | | | | |
| | Note. See the instructions for additional information the organization must report on Schedule O. | | | | | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | | | | | | |
| | organization is licensed to issue qualified health plans | 13b | | | | | | | |
| С | Enter the amount of reserves on hand | 13c | | | | | | | |
| | | | | 14a | | Х | | | |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule | e O | | 14b | | | | | |

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

| | to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. | | | |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------|---------|------|-------------|
| | Check if Schedule O contains a response or note to any line in this Part VI | | | X |
| Sec | tion A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year la | 7 | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | 1 | | |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b | 7 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | 1 | | |
| | officer, director, trustee, or key employee? | 2 | | Х |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | |
| | of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | Х |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | Х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | Х |
| 6 | Did the organization have members or stockholders? | 6 | | Х |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | |
| | more members of the governing body? | 7a | | Х |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | |
| | persons other than the governing body? | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | The governing body? | 8a | Х | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | |
| | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | X |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | X | |
| b | Describe in 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 | Х | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | |
| | in Schedule O how this was done | 12c | Х | |
| 13 | Did the organization have a written whistleblower policy? | 13 | X | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| | The organization's CEO, Executive Director, or top management official | 15a | Х | |
| b | Other officers or key employees of the organization | 15b | | X |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | |
| | taxable entity during the year? | 16a | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | |
| | exempt status with respect to such arrangements? | 16b | | |
| Sec | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶AL, AK, AZ, AR, CA, CO, CT, FL, GA | | | <i>,</i> 11 |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) | availab | ole | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | X Own website | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an | d finan | cial | |
| | statements available to the public during the tax year. | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records: MICHAEL AVIS, CPA - (703) 299-7566 | | | |

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VA

675 NORTH WASHINGTON STREET, SUITE 330, ALEXANDRIA,

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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 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 and/or Box 7 of Form 1099-MISC) 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.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

| (A) | (B) | Τ | | ((| C) | | | (D) | (E) | (F) |
|--------------------------------------------------|----------------------------------------------------------------------|--------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------|--------------------------------------------|--------------------------------------------------------------------------|
| Name and Title | Average hours per week | box offi | not c , unle | ss pe | more rson | than is bot or/trus | h an | Reportable compensation from | Reportable compensation from related | Estimated amount of other |
| | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1) CARLY FIORINA BOARD CHAIR - UNTIL 10/2015 | 2.00 | X | | x | | | | 0. | 0. | 0. |
| (2) BOB SCHWARTZ | 3.00 | | | | | | | • | | |
| CO-CHAIRMAN | | X | | x | | | | 0. | 0. | 0. |
| (3) MATTHEW CONNELLY | 3.00 | | | | | | | | | |
| CO-CHAIRMAN | | Х | | х | | | | 0. | 0. | 0. |
| (4) MIKEL ARDEN DURHAM | 3.00 | | | | | | | | | |
| VICE CHAIRMAN - UNTIL 10/2015 | | Х | | Х | | | | 0. | 0. | 0. |
| (5) LORI BERTMAN | 2.00 | | | | | | | | | |
| STATEGIC ADVISOR | | X | | | | | | 0. | 0. | 0. |
| (6) SAUL N. RAMIREZ, JR. | 2.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (7) PETER RESNICK | 2.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (8) MATTHEW SHAY | 2.00 | | | | | | | | _ | _ |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (9) MARK WHITE | 2.00 | ļ | | | | | | | | |
| DIRECTOR | 15.00 | Х | | | | | | 0. | 0. | 0. |
| (10) CINDY HALLBERLIN | 45.00 | 1 | | | | | | 055 605 | | 16 120 |
| CEO - UNTIL 07/2015 | 45 00 | _ | | Х | | | | 255,627. | 0. | 16,139. |
| (11) SHABAB GRUBERG | 45.00 | - | | ,, | | | | 170 010 | | 1 4 4 7 1 |
| CIO (INTERIM PRESIDENT/CEO) | 45.00 | | | Х | | | | 179,912. | 0. | 14,471. |
| (12) MICHAEL AVIS | 45.00 | - | | x | | | | 121 012 | 0. | 20 665 |
| CFO (INTERIM CAO) | 45.00 | | | ^ | | - | | 131,912. | 0. | 20,665. |
| (13) RICHARD BARNEY EVP, BUSINESS DEVELOPMENT | 43.00 | - | | | x | | | 156,700. | 0. | 18,984. |
| EVP, BUSINESS DEVELOPMENT | | | | | ^ | | | 130,700. | 0. | 10,904. |
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| Pa | Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) | | | | | | | | | | | | | |
|-----|-----------------------------------------------------------------------------------------------------------------|------------------|--------------------------------|--------------------------------------|---------|--------------|------------------------------|----------|-------------------------|--------------------|-------------------|----------|----------|------|
| | (A) | (B) | | | (0 | C) | | | (D) (E) | | | | (F) | |
| | Name and title | Average | (40 | Position (do not check more than one | | | | | Reportable | Reportable | , | Es | timate | ed |
| | | hours per | | | | | tnan is bot | | 1 | | | an | nount | of |
| | | week | offic | officer and a direc | | | or/trus | tee) | from | from related | I | | other | |
| | | (list any | ctor | | | | | | the | organization | s | com | pensa | tion |
| | | hours for | dire | | | | eg | | organization | (W-2/1099-MIS | SC) | fr | om the | е |
| | | related | tee o | ıstee | | | ensat | | (W-2/1099-MISC) | | | org | anizati | ion |
| | | organizations | trus | nal tru | | yee | omp(| | | | | and | d relate | ed |
| | | below | Individual trustee or director | Institutional trustee | la la | Key employee | est c loyee | Je. | | | | orga | anizatio | ons |
| | | line) | Indiv | Instit | Officer | Key e | Highest compensated employee | Former | | | | | | |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| 1b | Sub-total | • | | • | | • | | <u> </u> | 724,151. | | 0. | 7 | 0,2 | 59. |
| С | Total from continuation sheets to Part VI | | | | | | | | 0. | | 0. | | | 0. |
| d | Total (add lines 1b and 1c) | | | | | | | | 724,151. | | 0. | 7 | 0,2 | 59. |
| 2 | Total number of individuals (including but n | | | | | | | | eceived more than \$100 | ,000 of reportab | le | | | |
| | compensation from the organization | | | | | | | | | | | | | 4 |
| | | | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any former officer, | director, or tru | uste | e, ke | ey er | mplo | oyee | , or | highest compensated e | mployee on | | | | |
| | line 1a? If "Yes," complete Schedule J for s | uch individual | | | | | | | | | | 3 | | X |
| 4 | For any individual listed on line 1a, is the su | | | | | | | | | | | | | |
| | and related organizations greater than \$15 | | | - | | | | | • | · · | | 4 | Х | |
| 5 | Did any person listed on line 1a receive or a | | | | | | | | | idual for services | ; | | | |
| | rendered to the organization? If "Yes," com | • | | | | • | | | · · | | Г | 5 | | Х |
| Sec | ction B. Independent Contractors | | | | | | | | | | | <u> </u> | | |
| 1 | Complete this table for your five highest co | mpensated in | depe | ende | ent c | onti | racto | ors t | that received more than | \$100,000 of con | npensa | ation f | rom | |
| | the organization. Report compensation for | | | | | | | | | | | | | |
| | (A) | | | | | | | | (B) | | | (C | ;) | |

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--------------------------------------------------------------------------------------|-----------------------------|---------------------|
| MIQ | | |
| | SHIPPING | 1,195,935. |
| ITEGRATION, 401 RYLAND STREET, SUITE | | |
| 200-A, RENO, NV 89502 | IT CONSULTING | 610,027. |
| LAB 9 DESIGN, LLC | | |
| P.O. BOX 9605, JACKSON, WY 83002 | IT CONSULTING | 363,120. |
| CREATURE SHEETS, LLC | IT & MARKETING | |
| 1005 E. WALNUT AVENUE, EL SEGUNDO, CA 90245 | SERVICES | 175,617. |
| CARGO ZONE, LLC | | |
| 6200 NORTH 16TH STREET, OMAHA, NE 68110 | WAREHOUSING | 162,172. |
| 2 Total number of independent contractors (including but not limited to those lister | | |
| \$100,000 of compensation from the organization > 7 | | |

| | | | Check if Schedule O cont | ains a re | sponse | or note to any lin | e in this Part VIII | | | |
|--------------------------------------------------------|----|-----------------|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-------------------------|----------------------|----------------------------------------|-----------------------------------------|--------------------------------------------------------|
| | | | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| nts nts | 1 | а | Federated campaigns | | 1a | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | b | Membership dues | | 1b | | | | | |
| S, G | | | Fundraising events | | 1c | | | | | |
| ar. | | | Related organizations | | 1d | | | | | |
| s, C | | | Government grants (contribut | The state of the s | 1e | | | | | |
| Sign | | | All other contributions, gifts, gran | , | | | | | | |
| but | | - | similar amounts not included above | | 1f | 377,230,449. | | | | |
| ĘĘ. | | a | Noncash contributions included in lines | | | 375,040,188. | | | | |
| ang G | | | Total. Add lines 1a-1f | _ | | | 377,230,449. | | | |
| _ | | | | | | Business Code | , , | | | |
| φ | 2 | а | SHIPPING AND HANDLING | | | 900099 | 3,923,510. | 3,923,510. | | |
| , ki | | | RDP REVENUE | | | 900099 | 1,058,047. | 1,058,047. | | |
| Ser | | - | REGISTRATION FEES | | | 900099 | 195,491. | 195,491. | | |
| E Š | | d | SUPPORT FEES | | | 900099 | 90,175. | 90,175. | | |
| Program Service Revenue | | _ | | | | | , | 22,212. | | |
| Pro | | f | All other program service reve | nue | | | | | | |
| | | | Total. Add lines 2a-2f | | | | 5,267,223. | | | |
| | 3 | 9 | Investment income (including | | | T T | -,, | | | |
| | | | other similar amounts) | | | 1 | 479. | | | 479 |
| | 4 | | Income from investment of tax | | | | | | | |
| | 5 | | Royalties | | | T | | | | |
| | | | rioyanies | (i) F | | (ii) Personal | | | | |
| | 6 | 2 | Gross rents | (1) | ICai | (ii) i cisoriai | | | | |
| | | | Less: rental expenses | | | | | | | |
| | | | Rental income or (loss) | | | | | | | |
| | | | Nist went all become any (least) | | | | | | | |
| | | | Gross amount from sales of | (i) Sec | | (ii) Othor | | | | |
| | ′ | а | | (1) Sec | unities | (ii) Other | | | | |
| | | h | assets other than inventory Less: cost or other basis | | | | | | | |
| | | D | | | | | | | | |
| | | _ | and sales expenses | | | | | | | |
| | | | Gain or (loss) | | | | | | | |
| | | | Net gain or (loss) | | | | | | | |
| ne | ٥ | а | Gross income from fundraising | | | | | | | |
| Ş. | | including \$ of | | | | | | | | |
| Be | | | contributions reported on line | | | | | | | |
| Other Reven | | h | Part IV, line 18 | | | | | | | |
| ō | | | Less: direct expenses Net income or (loss) from fund | | | | | | | |
| | | | Gross income from gaming ac | _ | | | | | | |
| | 9 | а | Part IV, line 19 | | | | | | | |
| | | h | Less: direct expenses | | | | | | | |
| | | | Net income or (loss) from gam | | | | | | | |
| | | | Gross sales of inventory, less | | es | | | | | |
| | 10 | а | | | | 257,873. | | | | |
| | | L | and allowances | | | | | | | |
| | | | Less: cost of goods sold | | | | 28 490 | 28 490 | | |
| | | C | Net income or (loss) from sale | | itory | | 28,490. | 28,490. | | |
| | 44 | _ | Miscellaneous Revenu SUBLEASE INCOME | ie | | Business Code 900099 | 347,888. | | | 347,888 |
| | | | | | | 900099 | 16. | | | 16 |
| | | | MISCELLANEOUS | | | 300033 | 10. | | | 10 |
| | | C | All ath an universe | | | | | | | |
| | | | All other revenue | | | | 247 004 | | | |
| | | е | Total. Add lines 11a-11d | | | | 347,904. | E 20E 712 | 0. | 240 202 |
| | 12 | | Total revenue. See instructions. | | | 🟲 📗 | 382,874,545. | 5,295,713. | υ. | 348,383 |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

| | Check if Schedule O contains a response or note to any line in this Part IX | | | | | | | | | | |
|-----|-------------------------------------------------------------------------------------------------------|--------------------|---------------------|--------------------|---------------------------|--|--|--|--|--|--|
| | not include amounts reported on lines 6b, | (A) Total expenses | (B) Program service | (C) Management and | (D) Fundraising | | | | | | |
| 7b, | 8b, 9b, and 10b of Part VIII. | Total expenses | expenses | general expenses | expenses | | | | | | |
| 1 | Grants and other assistance to domestic organizations | | | | | | | | | | |
| | and domestic governments. See Part IV, line 21 | 371,348,868. | 371,348,868. | | | | | | | | |
| 2 | Grants and other assistance to domestic | | | | | | | | | | |
| | individuals. See Part IV, line 22 | | | | | | | | | | |
| 3 | Grants and other assistance to foreign | | | | | | | | | | |
| | organizations, foreign governments, and foreign | | | | | | | | | | |
| | individuals. See Part IV, lines 15 and 16 | 192,497. | 192,497. | | | | | | | | |
| 4 | Benefits paid to or for members | | | | | | | | | | |
| 5 | Compensation of current officers, directors, | | | | | | | | | | |
| | trustees, and key employees | 794,410. | | 618,726. | 175,684. | | | | | | |
| 6 | Compensation not included above, to disqualified | | | | | | | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | | | | | | | |
| | persons described in section 4958(c)(3)(B) | | | | | | | | | | |
| 7 | Other salaries and wages | 1,647,710. | 694,244. | 473,796. | 479,670. | | | | | | |
| 8 | Pension plan accruals and contributions (include | | | | | | | | | | |
| | section 401(k) and 403(b) employer contributions) | 3,000. | | 1,317. | 805. | | | | | | |
| 9 | Other employee benefits | 131,650. | | 37,363. | 35,188. | | | | | | |
| 10 | Payroll taxes | 172,466. | 50,481. | 75,712. | 46,273. | | | | | | |
| 11 | Fees for services (non-employees): | | | | | | | | | | |
| а | Management | | | | | | | | | | |
| b | Legal | 32,479. | | 14,258. | 8,714. | | | | | | |
| С | Accounting | 51,576. | 15,096. | 22,642. | 13,838. | | | | | | |
| d | Lobbying | | | | | | | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | | | | | | | |
| f | Investment management fees | | | | | | | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | | | | | | | |
| | column (A) amount, list line 11g expenses on Sch 0.) | 249,162. | | 109,382. | 66,850. | | | | | | |
| 12 | Advertising and promotion | 300,567. | | 131,949. | 80,642. | | | | | | |
| 13 | Office expenses | 236,309. | | 42,088. | 25,723. | | | | | | |
| 14 | Information technology | 357,140. | 104,534. | 156,785. | 95,821. | | | | | | |
| 15 | Royalties | | 10- 10- | 100 00- | 11-101 | | | | | | |
| 16 | Occupancy | 429,124. | | 188,385. | 115,134. | | | | | | |
| 17 | Travel | 242,328. | 70,929. | 106,382. | 65,017. | | | | | | |
| 18 | Payments of travel or entertainment expenses | | | | | | | | | | |
| | for any federal, state, or local public officials | | | | | | | | | | |
| 19 | Conferences, conventions, and meetings | 81,064. | 23,727. | 35,587. | 21,750. | | | | | | |
| 20 | Interest | 85,958. | | 85,958. | | | | | | | |
| 21 | Payments to affiliates | 225 522 | 20.05. | 148 262 | ^^ ^ | | | | | | |
| 22 | Depreciation, depletion, and amortization | 335,680. | | 147,363. | 90,063. | | | | | | |
| 23 | Insurance | 40,410. | 11,828. | 17,740. | 10,842. | | | | | | |
| 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line | | | | | | | | | | |
| | 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) | | | | | | | | | | |
| а | LOGISTICS | 1,537,354. | 1,537,354. | | | | | | | | |
| b | LOSS ON OPERATING LEASE | 276,157. | | 276,157. | | | | | | | |
| С | DUES & SUBSCRIPTIONS | 30,418. | 8,903. | 13,354. | 8,161. | | | | | | |
| d | EMPLOYEE EXPENSES | 12,119. | 3,547. | 5,321. | 3,251. | | | | | | |
| е | All other expenses | 162,900. | | 104,123. | 28,112. | | | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | | 374,715,420. | 2,664,388. | 1,371,538. | | | | | | |
| 26 | Joint costs. Complete this line only if the organization | | | | | | | | | | |
| | reported in column (B) joint costs from a combined | | | | | | | | | | |
| | educational campaign and fundraising solicitation. | | | | | | | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | | | | | | | |
| | 10.16.15 | | | • | Earm 990 (2015) | | | | | | |

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Form 990 (2015)
Part X Balance Sheet

| Pa | π χ | Balance Sheet | | | | | |
|---------------|----------|----------------------------------------------------------------------------------------------------|---------------|-----------------------|---------------------------------|--------|---------------------------|
| | | Check if Schedule O contains a response or not | e to an | y line in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | | Ocale man interest beauting | | | 257,633 . | _ | 307,464. |
| | 1 | Cash - non-interest-bearing | 257,055. | 1 | 6,019. | | |
| | 2 | Savings and temporary cash investments | 4,640,487. | 2 | 3,474,356. | | |
| | 3 | Pledges and grants receivable, net | 223,325. | 3 | 134,023. | | |
| | 4 | Accounts receivable, net | | | 223,323. | 4 | 134,023. |
| | 5 | Loans and other receivables from current and fo | | | | | |
| | | trustees, key employees, and highest compensa | | . , | | _ | |
| | _ | Part II of Schedule L | | | | 5 | |
| | 6 | Loans and other receivables from other disquali | - | · | | | |
| | | section 4958(f)(1)), persons described in section | | | | | |
| 'n | | employers and sponsoring organizations of sect | | | | 6 | |
| Assets | _ | employees' beneficiary organizations (see instr). | | | | 6 | |
| Ass | 7 | Notes and loans receivable, net | | | 3,664,550. | 7 | 8,310,172. |
| | 8 | Inventories for sale or use | | | 61,697. | 8 9 | 47,447. |
| | 9 | | I I | | 01,007. | 9 | 17,117. |
| | lua | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 40- | 2 469 565 | | | |
| | | | $\overline{}$ | 1,340,826. | 1,056,546. | 10c | 1,128,739. |
| | | Less: accumulated depreciation | | | 1,030,340. | 11 | 1,120,733. |
| | 11 12 | Investments - publicly traded securities Investments - other securities. See Part IV, line 1 | | | 12 | | |
| | 13 | Investments - other securities. See Part IV, line Investments - program-related. See Part IV, line | | | 13 | | |
| | 14 | | | | 14 | | |
| | 15 | Intangible assets | 68,630. | 15 | 178,095. | | |
| | 16 | Total assets. Add lines 1 through 15 (must equal | 9,972,868. | 16 | 13,586,315. | | |
| | 17 | Accounts payable and accrued expenses | | | 1,341,304. | 17 | 1,213,916. |
| | 18 | Grants payable | | 18 | 2,220,5200 | | |
| | 19 | Deferred revenue | | | 704,953. | 19 | 679,932. |
| | 20 | Tax-exempt bond liabilities | | | | 20 | 01170001 |
| | 21 | Escrow or custodial account liability. Complete I | | | | 21 | |
| Ø | 22 | Loans and other payables to current and former | | | | | |
| iţie | | key employees, highest compensated employee | | | | | |
| Liabilities | | Complete Part II of Schedule L | | | | 22 | |
| Ë | 23 | Secured mortgages and notes payable to unrela | | | 1,478,571. | 23 | 1,335,714. |
| | 24 | Unsecured notes and loans payable to unrelated | | | | 24 | |
| | 25 | Other liabilities (including federal income tax, pa | | | | | |
| | | parties, and other liabilities not included on lines | | | | | |
| | | Schedule D | - | | 966,792. | 25 | 752,306. |
| | 26 | | | | 4,491,620. | 26 | 3,981,868. |
| | | Organizations that follow SFAS 117 (ASC 958 |), chec | k here ▶ X and | | | |
| 8 | | complete lines 27 through 29, and lines 33 an | d 34. | | | | |
| ů. | 27 | Unrestricted net assets | | | 5,203,563. | 27 | 9,352,170. |
| Fund Balances | 28 | Temporarily restricted net assets | 277,685. | 28 | 252,277. | | |
| βE | 29 | Permanently restricted net assets | | <u></u> | | 29 | |
| 五 | | Organizations that do not follow SFAS 117 (A | SC 958 | 3), check here 🕨 🔲 | | | |
| | | and complete lines 30 through 34. | | | | | |
| ets | 30 | Capital stock or trust principal, or current funds | | | | 30 | |
| Ass | 31 | Paid-in or capital surplus, or land, building, or ed | luipmer | nt fund | | 31 | |
| Net Assets or | 32 | Retained earnings, endowment, accumulated in | | | | 32 | |
| Z | 33 | Total net assets or fund balances | | | 5,481,248. | 33 | 9,604,447. |
| | 34 | Total liabilities and net assets/fund balances | | | 9,972,868. | 34 | 13,586,315. |

Form 990 (2015) GOOD 360 54-1282616 Page **12**

| Pa | rt XI Reconciliation of Net Assets | | | | | | |
|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------------------------------|----------------------|------------|--|--|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | | |
| 1 2 3 4 5 | Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities | 1 | 382,87 378,75 4,12 5,48 | 74,5 51,3 23,1 | 46. 99. | | |
| 7 | Investment expenses | 7 | | | | | |
| 8 | Prior period adjustments | 8 | | | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | 0. | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 9,60 | 4,4 | 47. | | |
| Pai | rt XII Financial Statements and Reporting | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | Ш | | |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | | - | Yes | No | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis | | 2a | | X | | |
| | b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, | | | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | Х | | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | | | | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits. | | 3b | | | | |

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization GOOD360 54-1282616 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your organization (described on lines 1-9 support (see other support (see governing document? above (see instructions)) instructions) instructions) Yes No

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

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

| Sec | ction A. Public Support | | | | | | | |
|------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------------|---------------------------|----------------------------|--------------------------|--------------------------|--|
| Cale | ndar year (or fiscal year beginning in) | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total | |
| 1 | Gifts, grants, contributions, and | | | | | | | |
| | membership fees received. (Do not | | | | | | | |
| | include any "unusual grants.") | 305,824,918. | 294,267,181. | 305,733,329. | 309,216,742. | 377,230,449. | 1592272619. | |
| 2 | Tax revenues levied for the organ- | | | | | | | |
| | ization's benefit and either paid to | | | | | | | |
| | or expended on its behalf | | | | | | | |
| 3 | The value of services or facilities | | | | | | | |
| | furnished by a governmental unit to | | | | | | | |
| | the organization without charge | | | | | | | |
| | Total. Add lines 1 through 3 | 305,824,918. | 294,267,181. | 305,733,329. | 309,216,742. | 377,230,449. | 1592272619. | |
| 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) | | | | | | 1056872980. | |
| | Public support. Subtract line 5 from line 4. | | | | | | 535,399,639. | |
| | etion B. Total Support | () 0044 | #1.0040 | () 0040 | (1) 004 (| () 0045 | (0 T) | |
| | ndar year (or fiscal year beginning in) | (a) 2011 305,824,918. | (b) 2012 294, 267, 181. | (c) 2013 305,733,329. | (d) 2014 309, 216, 742. | (e) 2015 377,230,449. | (f) Total 1592272619. | |
| | Amounts from line 4 | 305,624,916. | 294,207,101. | 305,733,329. | 309,216,742. | 377,230,449. | 1592272619. | |
| 8 | Gross income from interest, | | | | | | | |
| | dividends, payments received on | | | | | | | |
| | securities loans, rents, royalties | | 39,600. | 41,580. | 41,580. | 348,367. | 471,127. | |
| 0 | and income from similar sources | | 33,000. | 41,500. | 41,500. | 340,307. | 4/1,12/4 | |
| 9 | Net income from unrelated business | | | | | | | |
| | activities, whether or not the | | | | | | | |
| 10 | business is regularly carried on Other income. Do not include gain | | | | | | | |
| 10 | or loss from the sale of capital | | | | | | | |
| | assets (Explain in Part VI.) | 10,418. | 13,272. | 6,982. | 22,411. | 16. | 53,099. | |
| 11 | Total support. Add lines 7 through 10 | 20,1201 | 20,2,2 | 0,3021 | | 201 | 1592796845. | |
| 12 | Gross receipts from related activities, | etc. (see instruction | nns) | | | 12 24 | ,045,368. | |
| | First five years. If the Form 990 is for | | | d fourth or fifth ta | | <u> </u> | , , | |
| | organization, check this box and stor | - 1 | | | - | | | |
| Sec | ction C. Computation of Publ | | | | | | | |
| 14 | Public support percentage for 2015 (| line 6, column (f) di | ivided by line 11, c | column (f)) | | 14 | 33.61 % | |
| 15 | Public support percentage from 2014 | | | | | 15 | 35.58 % | |
| 16a | 33 1/3% support test - 2015. If the o | | | | | nore, check this bo | x and | |
| | stop here. The organization qualifies | as a publicly supp | orted organization | | | | ► X | |
| b | 33 1/3% support test - 2014. If the o | | | | | | nis box | |
| | and stop here. The organization qual | ifies as a publicly s | supported organiza | ation | | | ▶□ | |
| 17a | 10% -facts-and-circumstances tes | t - 2015. If the org | anization did not c | heck a box on line | e 13, 16a, or 16b, a | and line 14 is 10% | or more, | |
| | and if the organization meets the "fac | ts-and-circumstan | ces" test, check th | nis box and stop h | iere. Explain in Pa | rt VI how the organ | ization | |
| | meets the "facts-and-circumstances" | test. The organiza | tion qualifies as a | publicly supported | d organization | | ▶□ | |
| b | 10% -facts-and-circumstances tes | t - 2014. If the org | anization did not c | heck a box on line | e 13, 16a, 16b, or | 17a, and line 15 is | 10% or | |
| | more, and if the organization meets the | ne "facts-and-circu | mstances" test, ch | neck this box and | stop here. Explair | n in Part VI how the | | |
| | organization meets the "facts-and-circ | cumstances" test. | The organization of | qualifies as a publi | cly supported orga | anization | ▶∐ | |
| 18 | 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | | | | | | |

Schedule A (Form 990 or 990-EZ) 2015

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Section A. Public Support | , , , , , , , , , , , , , , , , , , , | , | | | | |
|--------------------------------------------------------------------------------------|---------------------------------------|---------------------------|-----------------------|----------------------|----------------------|-----------|
| Calendar year (or fiscal year beginning in) ▶ | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
| 1 Gifts, grants, contributions, and | | | | | | |
| membership fees received. (Do not | | | | | | |
| include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, | | | | | | |
| merchandise sold or services per- | | | | | | |
| formed, or facilities furnished in any activity that is related to the | | | | | | |
| organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that | | | | | | |
| are not an unrelated trade or bus- | | | | | | |
| iness under section 513 | | | | | | |
| 4 Tax revenues levied for the organ- | | | | | | |
| ization'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 | | | | <u> </u> | <u> </u> | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and | | | | | | |
| 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received | | | | | | |
| from other than disqualified persons that exceed the greater of \$5,000 or 1% of the | | | | | | |
| amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |
| Section B. Total Support | | | | | | |
| Calendar year (or fiscal year beginning in) 🖊 | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, | | | | | | |
| dividends, payments received on securities loans, rents, royalties | | | | | | |
| and income from similar sources | | | | | | |
| b Unrelated business taxable income | | | | | | |
| (less section 511 taxes) from businesses | | | | | | |
| acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business | | | | | | |
| activities not included in 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.) | | | | | <u> </u> | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 First five years. If the Form 990 is for | the organization's | s first, second, thi | d, fourth, or fifth t | ax year as a section | on 501(c)(3) organiz | zation, |
| | | | | | | <u> </u> |
| Section C. Computation of Publi | | | | | | |
| 15 Public support percentage for 2015 (lin | ne 8, column (f) d | livided by line 13, | column (f)) | | 15 | % |
| 16 Public support percentage from 2014 | | | | | 16 | % |
| Section D. Computation of Inves | | | | | | |
| 17 Investment income percentage for 20 | | | | | 17 | % |
| 18 Investment income percentage from 2 | | | | | 18 | <u>%</u> |
| 19a 33 1/3% support tests - 2015. If the | | | | | | |
| more than 33 1/3%, check this box an | id stop here. The | e organization qua | ifies as a publicly | supported organiz | ation | ▶□ |
| b 33 1/3 % support tests - 2014. If the | • | | | • | • | |
| line 18 is not more than 33 1/3%, chec | ck this box and s | top here. The orga | anization qualifies | as a publicly supp | orted organization | ▶∐ |
| 20 Private foundation If the organization | did not check a | hay on line 1/1 10 | a or 10h check t | hie hov and see in | etructione | |

Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

| | | Yes | No |
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| Pa | rt IV | Supporting Organizations (continued) | | | |
|-----|---------|-----------------------------------------------------------------------------------------------------------------------------|----------|-----|----|
| | | Continuedy | | Yes | No |
| 11 | Has th | ne organization accepted a gift or contribution from any of the following persons? | | | |
| а | | son who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| _ | | r, the governing body of a supported organization? | 11a | | |
| h | | ily member of a person described in (a) above? | 11b | | |
| | | 6 controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | |
| | | 3. Type I Supporting Organizations | 110 | | |
| 000 | tion L | 5. Type I oupporting Organizations | | Yes | No |
| 4 | Did +b | diverters twinters or membership of one or mare supported examinations have the negree to | | 162 | NO |
| 1 | | e directors, trustees, or membership of one or more supported organizations have the power to | | | |
| | | arly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | | ear? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | | olled the organization's activities. If the organization had more than one supported organization, | | | |
| | | ibe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | |
| _ | | izations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | | e organization operate for the benefit of any supported organization other than the supported | | | |
| | | ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | | /I how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | | vised, or controlled the supporting organization. | 2 | | |
| Sec | tion (| C. Type II Supporting Organizations | | | |
| | | , | | Yes | No |
| 1 | | a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | | stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or mai | nagement of the supporting organization was vested in the same persons that controlled or managed | | | |
| | | pported organization(s). | 1 | | |
| Sec | tion [| D. All Type III Supporting Organizations | | | |
| | | · | | Yes | No |
| 1 | Did th | e organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organ | ization'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 | | | |
| | organ | ization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were | any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organ | ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the or | ganization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By rea | ason of the relationship described in (2), did the organization's supported organizations have a | | | |
| | signifi | cant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | incom | ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | suppo | orted organizations played in this regard. | 3 | | |
| Sec | tion E | E. Type III Functionally-Integrated Supporting Organizations | | | |
| 1 | Check | k the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions): | | | |
| а | | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| С | | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru | ructions |). | |
| 2 | Activit | ties Test. Answer (a) and (b) below. | | Yes | No |
| а | Did su | ubstantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the su | upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those | supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how ti | he organization was responsive to those supported organizations, and how the organization determined | | | |
| | that th | nese activities constituted substantially all of its activities. | 2a | | |
| b | Did th | e activities described in (a) constitute activities that, but for the organization's involvement, one or more | | | |
| | of the | organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | |
| | reasor | ns for the organization's position that its supported organization(s) would have engaged in these | | | |
| | | ies but for the organization's involvement. | 2b | | |
| 3 | | t of Supported Organizations. <i>Answer (a) and (b) below.</i> | | | |
| а | Did th | e organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| | | es of each of the supported organizations? Provide details in <i>Part VI.</i> | 3a | | |
| b | | e organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| | | supported organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard. | 3b | | |

| Pa | Type III Non-Functionally Integrated 509(a)(3) Supportin | g Orga | anizations | | | |
|------|-------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------|--------------------------------|--|--|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All | | | | | |
| | other Type III non-functionally integrated supporting organizations must co | mplete \$ | 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 | Discount claimed for blockage or other | | | | | |
| | factors (explain in detail in Part VI): | | | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | | | |
| 3 | Subtract line 2 from line 1d | 3 | | | | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% 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 .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 85% of line 1 | 2 | | | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | | | |
| 4 | Enter greater of line 2 or line 3 | 4 | | | | |
| 5 | Income tax imposed in prior year | 5 | | | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | | | |
| | emergency temporary reduction (see instructions) | 6 | | | | |
| 7 | Check here if the current year is the organization's first as a non-functional | y-integra | ated Type III supporting org | janization (see | | |
| | instructions). | | | | | |

Schedule A (Form 990 or 990-EZ) 2015

| Par | ιV | Type III Non-Functionally Integrated 509(| (a)(3) Supporting Orga | anizations _(continued) | |
|-------|---------|-----------------------------------------------------------|-------------------------------|----------------------------------------|-------------------------------------------|
| Secti | on D - | Distributions | | | Current Year |
| 1 | Amou | nts paid to supported organizations to accomplish exe | | | |
| 2 | Amou | | | | |
| | organ | zations, in excess of income from activity | | | |
| 3 | Admir | istrative expenses paid to accomplish exempt purpose | es of supported organization | is | |
| 4 | Amou | nts paid to acquire exempt-use assets | | | |
| 5 | Qualif | ed set-aside amounts (prior IRS approval required) | | | |
| 6 | Other | distributions (describe in Part VI). See instructions. | | | |
| 7 | Total | annual distributions. Add lines 1 through 6. | | | |
| 8 | Distrib | outions to attentive supported organizations to which the | ne organization is responsive | e | |
| | (provi | de details in Part VI). See instructions. | | | |
| 9 | Distrib | outable amount for 2015 from Section C, line 6 | | | |
| 10 | Line 8 | amount divided by Line 9 amount | | | |
| Secti | on E - | Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2015 | (iii) Distributable Amount for 2015 |
| 1 | Distrib | outable amount for 2015 from Section C, line 6 | | | |
| 2 | Under | distributions, if any, for years prior to 2015 | | | |
| | (reaso | nable cause required-see instructions) | | | |
| 3 | Exces | s distributions carryover, if any, to 2015: | | | |
| а | | | | | |
| b | | | | | |
| С | | | | | |
| d | From | 2013 | | | |
| е | From | 2014 | | | |
| f | Total | of lines 3a through e | | | |
| g | Applie | d to underdistributions of prior years | | | |
| h | Applie | d to 2015 distributable amount | | | |
| i | Carry | over from 2010 not applied (see instructions) | | | |
| j | Rema | inder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distrib | outions for 2015 from Section D, | | | |
| | line 7: | \$ | | | |
| а | Applie | d to underdistributions of prior years | | | |
| b | Applie | d to 2015 distributable amount | | | |
| С | Rema | inder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Rema | ining underdistributions for years prior to 2015, if | | | |
| | any. S | subtract lines 3g and 4a from line 2 (if amount | | | |
| | _ | r than zero, see instructions). | | | |
| 6 | Rema | ning underdistributions for 2015. Subtract lines 3h | | | |
| | and 4 | o from line 1 (if amount greater than zero, see | | | |
| | instru | ctions). | | | |
| 7 | Exces | s distributions carryover to 2016. Add lines 3j | | | |
| | and 4 | Э. | | | |
| 8 | Break | down of line 7: | | | |
| а | | | | | |
| b | | | | | |
| С | Exces | s from 2013 | | | |
| | | s from 2014 | | | |
| е | Exces | s from 2015 | | | |

Schedule A (Form 990 or 990-EZ) 2015

| | 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.) | | | | | | on C, art V, | | | | | |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------|-----|------|-----|-----------------|---------|-------|-------|---------|--|
| SCHEI | OULE | Α, | PART | II, | LINE | 10, | EXPL | ANATION | 1 FOR | OTHER | INCOME: | |
| OTHE | RIN | COME | | | | | | | | | | |
| 2011 | AMO | UNT: | \$ | 10, | 418. | | | | | | | |
| 2012 | AMO | UNT: | \$ | 13, | 272. | | | | | | | |
| 2013 | AMO | UNT: | \$ | 6,9 | 82. | | | | | | | |
| 2014 | AMO | UNT: | \$ | 22, | 411. | | | | | | | |
| 2015 | AMO | UNT: | \$ | 16. | | | | | | | | |
| | | | | | | | | | | | | |
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Name of the organization

Employer identification number

GOOD360 54-1282616

| Organization type (check one): | | | | | | | |
|--------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|
| Filers of: | Section: | | | | | | |
| Form 990 or 990-EZ | $\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization | | | | | | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | | | |
| | 527 political organization | | | | | | |
| Form 990-PF | 501(c)(3) exempt private foundation | | | | | | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | | | |
| | 501(c)(3) taxable private foundation | | | | | | |
| | | | | | | | |
| | is covered by the General Rule or a Special Rule . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. | | | | | | |
| General Rule | | | | | | | |
| - | on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. | | | | | | |
| Special Rules | | | | | | | |
| sections 509(a)(1) any one contribut | on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from tor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, Z, line 1. Complete Parts I and II. | | | | | | |
| year, total contrib | For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. | | | | | | |
| year, contribution is checked, enter purpose. Do not o | on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the as exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the General Rule applies to this organization because it received nonexclusively ble, etc., contributions totaling \$5,000 or more during the year | | | | | | |
| but it must answer "No" o | that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), in Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to get the filing requirements of Schedule B (Form 990, 990-FZ, or 990-PF) | | | | | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization Employer identification number GOOD360 54-1282616

| Parti | Contributors (see instructions). Use duplicate copies of Part I if a | dullional space is needed. | |
|------------|----------------------------------------------------------------------|----------------------------|-------------------------------------------------------------------------------------------------------|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | | \$\frac{186,225,000.}{} | Person Payroll Noncash X (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | | \$\$\$62,350,549. | Person X Payroll X Noncash X (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | | \$20,267,757. | Person X Payroll X Noncash X (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | | \$ <u>19,157,422.</u> | Person Payroll Noncash X (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | | \$ <u>19,059,157.</u> | Person Payroll Noncash X (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 6 | | \$11,709,186. | Person Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2015) |

Name of organization Employer identification number 54-1282616 GOOD360

| Part I | Contributors (see instructions). Use duplicate copies of Part I if addit | ional space is needed. | |
|------------|--------------------------------------------------------------------------|---------------------------------------|------------------------------------------------------------------------|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 7 | | \$10,904,669. | Person Payroll Noncash X (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. 8 | Name, address, and ZIP + 4 | Total contributions | Person Payroll Complete Part II for noncash contributions. |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions \$ | Person Payroll Complete Part II for noncash contributions. |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 110. | Nume, audi 655, and £if T T | - \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) Total contributions | (d) Type of contribution |
| No. | Name, address, and ZIP + 4 | S S S S S S S S S S | Person Payroll Noncash (Complete Part II for noncash contributions.) |

 $\frac{\mbox{Schedule B (Form 990, 990-EZ, or 990-PF) (2015)}}{\mbox{Name of organization}}$ Employer identification number

54-1282616 GOOD360

| Part II | Noncash Property (see instructions). Use duplicate copies of Part | II if additional space is needed. | |
|------------------------------|-------------------------------------------------------------------|------------------------------------------------|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | HOUSEHOLD ITEMS | | |
| 1 | | | |
| | | <u>\$ 186,225,000.</u> | 12/31/15 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | HOUSEHOLD ITEMS | | |
| 2 | | | |
| | | \$ 62,250,549. | 12/31/15 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| _ | HOUSEHOLD ITEMS | | |
| 3 | - | | |
| | | \$ 19,267,757. | 12/31/15 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| 4 | CLOTHING | _ | |
| | | | 12/31/15 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| 5 | HOUSEHOLD ITEMS | _ | |
| | - | — | |
| | | <u>\$ 19,059,157.</u> | 12/31/15 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | HOUSEHOLD ITEMS | | |
| 6 | | | |
| E024E2 10 00 | | \$ 11,709,186. | 12/31/15 |

Name of organization Employer identification number

GOOD360 54-1282616

| Part II | Noncash Property (see instructions). Use duplicate copies of Part II | if additional space is needed. | |
|------------------------------|----------------------------------------------------------------------|------------------------------------------|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | TOYS | _ | |
| 7 | | _ | |
| | | \$10,904,669 . | 12/31/15 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| 8 | HOUSEHOLD ITEMS | _ | |
| | | | 12/31/15 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | _ | |
| | | _ | |
| | | _ \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | _ | |
| | | _ | |
| | | _ \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | _ | |
| | | - - | |
| | | _ \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | - | _ | |
| | | - | |
| | | _ | |

Schedule B (Form 990, 990-EZ, or 990-PF) (2015) Page 4 Name of organization Employer identification number GOOD360 54-1282616 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number GOOD360 54-1282616

| Par | tΙ | Organizations Maintaining Donor Advise | ed Funds or Other Similar Fund | s or Acco | unts.Complete if the |
|-----|------------|--------------------------------------------------------------|----------------------------------------------|-----------------|------------------------------------|
| | | organization answered "Yes" on Form 990, Part IV, lin | ne 6. | | |
| | | | (a) Donor advised funds | (b) Fu | nds and other accounts |
| 1 | Total | number at end of year | | | |
| 2 | Aggre | egate value of contributions to (during year) | | | |
| 3 | Aggre | egate value of grants from (during year) | | | |
| 4 | Aggre | egate value at end of year | | | |
| 5 | Did th | ne organization inform all donors and donor advisors in | writing that the assets held in donor advi | sed funds | |
| | are th | ne organization's property, subject to the organization's | exclusive legal control? | | Yes No |
| 6 | Did th | ne organization inform all grantees, donors, and donor a | advisors in writing that grant funds can be | used only | |
| | for ch | paritable purposes and not for the benefit of the donor of | or donor advisor, or for any other purpose | conferring | |
| | imper | missible private benefit? | | | |
| Par | t II | Conservation Easements. Complete if the org | ganization answered "Yes" on Form 990, | Part IV, line | 7. |
| 1 | Purpo | ose(s) of conservation easements held by the organizat | ion (check all that apply). | | |
| | | Preservation of land for public use (e.g., recreation or e | education) Preservation of a hist | torically impo | ortant land area |
| | | Protection of natural habitat | Preservation of a cer | tified historic | structure |
| | | Preservation of open space | | | |
| 2 | Comp | plete lines 2a through 2d if the organization held a quali | fied conservation contribution in the form | of a conser | vation easement on the last |
| | | f the tax year. | | | Held at the End of the Tax Year |
| а | Total | number of conservation easements | | 2a | |
| b | | acreage restricted by conservation easements | | | |
| С | Numb | per of conservation easements on a certified historic str | ructure included in (a) | 2c | |
| d | Numb | per of conservation easements included in (c) acquired | after 8/17/06, and not on a historic struct | ture | |
| | listed | in the National Register | | 2d | |
| 3 | | per of conservation easements modified, transferred, re | | | on during the tax |
| | year] | > | | | |
| 4 | Numb | per of states where property subject to conservation ea | sement is located | | |
| 5 | Does | the organization have a written policy regarding the pe | riodic monitoring, inspection, handling of | | |
| | violat | ions, and enforcement of the conservation easements i | t holds? | | Yes No |
| 6 | Staff | and volunteer hours devoted to monitoring, inspecting, | handling of violations, and enforcing con | servation ea | sements during the year |
| | \ _ | | | | |
| 7 | Amou | unt of expenses incurred in monitoring, inspecting, hand | dling of violations, and enforcing conserva | ation easem | ents during the year |
| | ▶\$ | | | | |
| 8 | Does | each conservation easement reported on line 2(d) above | ve satisfy the requirements of section 170 | O(h)(4)(B)(i) | |
| | and s | ection 170(h)(4)(B)(ii)? | | | Yes No |
| 9 | In Pa | rt XIII, describe how the organization reports conservati | ion easements in its revenue and expens | e statement | and balance sheet, and |
| | includ | de, if applicable, the text of the footnote to the organiza | tion's financial statements that describes | the organiz | ation's accounting for |
| | | ervation easements. | | | |
| Par | t III | Organizations Maintaining Collections o | | other Sim | ilar Assets. |
| | | Complete if the organization answered "Yes" on Form | n 990, Part IV, line 8. | | |
| 1a | If the | organization elected, as permitted under SFAS 116 (AS | SC 958), not to report in its revenue state | ment and ba | llance sheet works of art, |
| | histor | rical treasures, or other similar assets held for public exl | hibition, education, or research in furthera | ance of publ | ic service, provide, in Part XIII, |
| | the te | ext of the footnote to its financial statements that descri | ibes these items. | | |
| b | If the | organization elected, as permitted under SFAS 116 (AS | SC 958), to report in its revenue statemen | nt and baland | ce sheet works of art, historical |
| | treas | ures, or other similar assets held for public exhibition, e | ducation, or research in furtherance of pu | ublic service | provide the following amounts |
| | relatir | ng to these items: | | | |
| | (i) R | evenue included on Form 990, Part VIII, line 1 | | | |
| | | | | | \$ |
| 2 | If the | organization received or held works of art, historical tre | asures, or other similar assets for financia | al gain, prov | de |
| | | ollowing amounts required to be reported under SFAS 1 | | | |
| а | Reve | nue included on Form 990, Part VIII, line 1 | | > | \$ |
| b | Asset | ts included in Form 990, Part X | | | \$ |



| | dule D (Form 990) 2015 GOOD 3 6 0 | alla ations of Aut | Llisterical T | | | L282616 Page 2 |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------|-----------------------|--------------------|------------------------|
| | To a game a transfer and a transfer a transf | | | | | |
| 3 | Using the organization's acquisition, accession | on, and other records, | check any of the | tollowing that are a | significant use of | its collection items |
| _ | (check all that apply): Public exhibition | a | L con or ove | hanga programa | | |
| a | | d | | change programs | | |
| b | Scholarly research Property stipp for future generations | е | U Other | | | |
| C 4 | Preservation for future generations | llastians and synlain | have thave fourthar | the evacuitation's ex | compt numposs in I | Dort VIII |
| 4 | Provide a description of the organization's co | | | | | Part Alli. |
| 5 | During the year, did the organization solicit or | | * | · | | Yes No |
| Pai | t IV Escrow and Custodial Arrang | <u> </u> | | | | |
| ı aı | reported an amount on Form 990, Par | | e ii tile organizatio | on answered res (| on Form 990, Part | 10, 11116 9, 01 |
| 12 | Is the organization an agent, trustee, custodia | | ury for contributio | ns or other assets n | ot included | |
| Ia | on Form 990, Part X? | | • | | | Yes No |
| h | If "Yes," explain the arrangement in Part XIII | | | | | 103110 |
| b | ii res, explain the arrangement iiii art xiii a | and complete the folic | wing table. | | | Amount |
| _ | Beginning balance | | | | 1c | Amount |
| | Additions during the year | | | | | |
| | Distributions during the year | | | | | |
| f | | | | | | |
| | Did the organization include an amount on Fo | | | | | Yes No |
| | If "Yes," explain the arrangement in Part XIII. | | | | • | |
| _ | t V Endowment Funds. Complete if | | | | | |
| | · | (a) Current year | (b) Prior year | (c) Two years back | | ck (e) Four years back |
| 1a | Beginning of year balance | , | | | | |
| b | Contributions | | | | | |
| С | Net investment earnings, gains, and losses | | | | | |
| | Grants or scholarships | | | | | |
| | Other expenditures for facilities | | | | | |
| | and programs | | | | | |
| f | Administrative expenses | | | | | |
| | End of year balance | | | | | |
| 2 | Provide the estimated percentage of the curr | ent year end balance | (line 1g, column (| a)) held as: | • | • |
| а | Board designated or quasi-endowment | | % | • | | |
| b | Permanent endowment | % | | | | |
| С | Temporarily restricted endowment ▶ | | | | | |
| | The percentages on lines 2a, 2b, and 2c show | uld equal 100%. | | | | |
| За | Are there endowment funds not in the posses | ssion of the organizati | on that are held | and administered for | the organization | |
| | by: | | | | | Yes No |
| | (i) unrelated organizations | | | | | 3a(i) |
| | 400 | | | | | a (m) |
| b | If "Yes" on line 3a(ii), are the related organization | | | | | |
| 4 | Describe in Part XIII the intended uses of the | | | | | |
| Pai | t VI Land, Buildings, and Equipm | | | | | |
| | Complete if the organization answered | "Yes" on Form 990, | Part IV, line 11a. | See Form 990, Part | X, line 10. | |
| | Description of property | (a) Cost or oth | er (b) Cos | t or other (c) | Accumulated | (d) Book value |
| | | basis (investme | ent) basis | (other) | epreciation | |
| | | | | | | |

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value | | | | |
|------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|--|--|--|--|
| 1a Land | | | | | | | | |
| b Buildings | | | | | | | | |
| c Leasehold improvements | | 17,635. | 2,988. | 14,647. | | | | |
| d Equipment | | 380,811. | 373,360. | 7,451. | | | | |
| e Other | | 2,071,119. | 964,478. | 1,106,641. | | | | |
| otal. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.) | | | | | | | | |

Schedule D (Form 990) 2015

| Scriedule D (Form 990) 2015 400 200 | | | <u> </u> | 1202010 Fage |
|------------------------------------------------------------------------------|---------------------|------------------------------|---------------------------------------|------------------------|
| Part VII Investments - Other Securities. | | | | |
| Complete if the organization answered "Yes" o | | | | d of year market value |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of Va | aluation: Cost or end | d-of-year market value |
| (1) Financial derivatives | | | | |
| (2) Closely-held equity interests | | | | |
| (3) Other | | | | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | | | | |
| Part VIII Investments - Program Related. | | | | |
| | n Form OOO Dort IV | / line 11e Cae Form 000 | Dort V. line 10 | |
| Complete if the organization answered "Yes" o (a) Description of investment | (b) Book value | | | d-of-year market value |
| | (b) Book value | (O) Wellied of Vi | aldation: Coot of one | a or your market value |
| (1) | | | | |
| (2) | | | | |
| (3) (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | | | |
| Part IX Other Assets. | | | | |
| Complete if the organization answered "Yes" o | n Form 990. Part I\ | /. line 11d. See Form 990. | Part X. line 15. | |
| | escription | , | · · · · · · · · · · · · · · · · · · · | (b) Book value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line | 15.) | | > | |
| Part X Other Liabilities. | | | | |
| Complete if the organization answered "Yes" o | n Form 990, Part I\ | /, line 11e or 11f. See Forn | n 990, Part X, line 25 | j. |
| 1. (a) Description of liability | | (b) Book value | | |
| (1) Federal income taxes | | | | |
| (-) | CENTIVE | 722,047. | | |
| (3) SECURITY DEPOSITS | | 30,259. | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line | 25.) | 752,306. | | |

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

| Pai | rt XI Reconciliation of Revenue per Audited Financial | Statements \ | Wit | h Revenue per R | etur | 'n. |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-------|----------------------|--------|------------------------|
| | Complete if the organization answered "Yes" on Form 990, Part I' | V, line 12a. | | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | 3 | | | 1 | 383,132,116 |
| 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 | | | 257,571. | | |
| С | | | : | | | |
| d | | | П | | | |
| е | | | | | 2e | 257,571 |
| 3 | Subtract line 2e from line 1 | | | | 3 | 382,874,545 |
| 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 | | | | | | |
| С | Add lines 4a and 4b | | | | 4c | 0. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line | | | | 5 | 382,874,545 |
| Pai | rt XII Reconciliation of Expenses per Audited Financial | | | | | |
| | Complete if the organization answered "Yes" on Form 990, Part I | | | | | |
| 1 | Total expenses and losses per audited financial statements | | | | 1 | 379,008,917 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | - | . , |
| – a | Donated services and use of facilities | 2a | 1 | 257,571. | | |
| b | Prior year adjustments | | - | | | |
| c | 0.11 | | _ | | | |
| d | | | _ | | | |
| | | · · · · · · · · · · · · · · · · · · · | | | 2e | 257,571 |
| 3 | • | | | | | 378,751,346 |
| 4 | Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | - | 37077317310 |
| | | 4a | . 1 | | | |
| a | | | _ | | | |
| b | , | · | | | 10 | 0. |
| | | | | | 4c | 378,751,346 |
| | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. | ne ro.) | | | 5 | 570,751,540 |
| | | and 4: Dort IV lin | 00 11 | and the Dort V. line | 4. Dor | t V line Q. Dort VI |
| | ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide | | | | 4, Par | t A, IIIIe Z, Part AI, |
| IIIIes | 20 and 4b, and Part All, lines 20 and 4b. Also complete this part to provid | de arry additional | IIIIO | mation. | | |
| | | | | | | |
| DΔI | RT X, LINE 2: | | | | | |
| IAI | AI A, DINE Z. | | | | | |
| GOO | DD360 HAS EVALUATED ITS INCOME TAX PO | CTTTONG | F∩I | D THE VENDS | ΕN | מאַתו |
| 000 | SDS00 IMD EVALORIED IID INCOME IMA IC | DITIOND | . 0. | K IIII IIIIIO | 111 | עם די |
| DEC | CEMBER 31, 2015 AND 2014, AND DETERMI | икр тнат | T | т нас мо ма | ጥፎዌ | ΣΤ Δ Τ. |
| <u> </u> | CHIDDR 31, 2013 MND 2014, MND DDIDRHI | THE TIME | | I IIID NO III | | TAD |
| TIMO | CERTAIN TAX POSITIONS, AND ACCORDINGL | v GOOD3 | 60 | HAS NOT RE | ്റ | NTZED ANV |
| OIV | CERTAIN TAX TODITIONS, AND ACCORDINGE | 11, GOODS | 00 | IIAD NOI KE | COG | MIZED ANI |
| T. T 2 | ABILITY FOR UNRECOGNIZED INCOME TAX. | | | | | |
| штг | ABILITI FOR UNKECOGNIZED INCOME TAX: | | | | | |
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SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

2015
Open to Public Inspection

Name of the organization

Employer identification number

| GOOD360 | | | | 54-1282 | 516 |
|---------------------------------------------------|-------------------------------------------|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| | rmation on A | ctivities Ou | tside the United States. Comple | | |
| Form 990, Part IV | | | · | | |
| | | | ds to substantiate the amount of its gr | | |
| the grantees' eligibility for | or the grants or a | assistance, and | the selection criteria used to award the | e grants or assistance? 🚨 | X Yes No |
| 2 For grantmakers. Desc | ribe in Part V the | e organization's | procedures for monitoring the use of it | s grants and other assistance of | outside the |
| United States. | | | | | |
| | | | an be duplicated if additional space is | · · · · · · · · · · · · · · · · · · · | |
| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e.g., 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 region | (f) Total expenditures for and investments in region |
| NORTH AMERICA - | | | | | |
| CANADA AND MEXICO, | | | | | |
| BUT NOT THE UNITED | 0 | 0 | GRANTS TO RECIPIENTS | PRODUCT DONATIONS | 150 120 |
| STATES | 0 | 0 | LOCATED IN REGION | PRODUCT DONATIONS | 158,129. |
| EAST ASIA AND THE | 0 | 0 | GRANTS TO RECIPIENTS | DRODUCE DONATIONS | 24.259 |
| PACIFIC | 0 | 0 | LOCATED IN REGION | PRODUCT DONATIONS | 34,368. |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 3 a Sub-total | 0 | 0 | | | 192,497. |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0. |
| c Totals (add lines 3a and 3b) | 0 | 0 | | | 192,497. |

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

Schedule F (Form 990) 2015

Schedule F (Form 990) 2015 GOOD 360 54-1282616 Page 2

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|----------------------------|-----------------------------------------------------|-------------------|--------------------------------|--------------------------|---------------------------------|-----------------------------------------|----------------------------------------------|-------------------------------------------------------------|
| | | NORTH AMERICA - | | | | | | |
| | | CANADA AND | | | | | | |
| | | MEXICO, BUT NOT | TO ASSIST THOSE IN | | | | | |
| | | · · | NEED | 136,880. | | 0. | PRODUCT DONATIONS | FMV |
| | | NORTH AMERICA - | | | | | | |
| | | CANADA AND | | | | | | |
| | | MEXICO, BUT NOT | TO ASSIST THOSE IN | | | | | |
| | | THE UNITED STATES | NEED | 21,249. | | 0. | PRODUCT DONATIONS | FMV |
| | | | | | | | | |
| | | | | | | | | |
| | | EAST ASIA AND THE | TO ASSIST THOSE IN | | | | | |
| | | PACIFIC | NEED | 34,368. | | 0. | PRODUCT DONATIONS | FMV |
| | | | | | | | | |
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| | | <u> </u> | | | <u> </u> | | | |
| | | | recognized as charities by the | | - | | | າ |
| | | | n 501(c)(3) equivalency letter | | | | | 3 |
| 3 Enter total number of | otner organizations | or entities | | | | | | |

| 0 - 111 | | /F | 0001 | 0045 |
|---------|--------------|-------|------|------|
| Schadul | Ι Δ Ε | /Form | uum | ソロコケ |

Schedule F (Form 990) 2015 GOOD 360 54-1282616 Page 3

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 | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|------------|--------------------------|--------------------------|----------------------------------------|-----------------------------------|----------------------------------------|----------------------------------------------------------------|
| | | | | | | | |
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Schedule F (Form 990) 2015 GOOD 360 54-1282616 Page 4

| 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 | X 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; do not 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 | X 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 | X 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; do not file with Form 990)

Schedule F (Form 990) 2015

Yes X No

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.

PART I, LINE 2:

IN AN EFFORT TO PROTECT THE INTEGRITY OF OUR DONATION PROGRAMS FOR OUR DONORS AND NONPROFITS, GOOD360 IS NOW TAKING BOTH REACTIVE AND PROACTIVE MEASURES TO ENSURE THAT MEMBER ORGANIZATIONS WHO ARE REQUESTING PRODUCTS FROM GOOD360 ARE APPROPRIATE, APPROVED EXEMPT ORGANIZATIONS IN GOOD FINANCIAL STANDING AND ARE USING THE PRODUCTS RECEIVED THROUGH GOOD360 IN AN APPROPRIATE MANNER AS OUTLINED IN GOOD360'S SECURITY AND COMPLIANCE AGREEMENT WHICH HAS BEEN SIGNED BY THE ORGANIZATION IN ORDER TO RECEIVE THESE PRODUCTS. IN ADDITION TO INITIAL VETTING, WE HAVE A SECURITY AND COMPLIANCE TEAM THAT TAKES THE FOLLOWING ONGOING MONITORING MEASURES A) ANNUAL REVIEW OF ORGANIZATIONS FINANCIAL AND OTHER RECORDS TO ENSURE ORGANIZATION IS IN GOOD FINANCIAL STANDING AND FOLLOWS ALL APPROPRIATE CHARITABLE FINANCIAL REPORTING STANDARDS B) SIGNED SECURITY AGREEMENTS EACH ORDER AND MEMBERSHIP RENEWAL C) ROUTINE ADDRESS CHECK D) NO SHIPMENTS TO RESIDENTIAL ADDRESSES E) RANDOM DISTRIBUTION LIST REQUESTS MADE TO CHARITIES F) SURVEYS REGARDING USE AND DISTRIBUTION SENT TO MEMBERS G) MONTHLY OR QUARTERLY "REMINDERS" SENT VIA EMAIL TO MEMBERS REGARDING GOOD360'S RESTRICTIONS AND TERMS OF USE - (STORAGE, DISTRIBUTION AND USE) H) REVIEW DELIVERY VENDORS QUARTERLY REPORT ON RESIDENTIAL ADDRESSES I) WEBINARS TO INCLUDE SECURITY AND COMPLIANCE COMPONENTS TO BE REVIEW WITH NEW MEMBERS.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

➤ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

| Name of the organization GOOD 360 | | | | | | | 54-1282616 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Part I General Information on Grants a | nd Assistance | | | | | | |
| Does the organization maintain records to criteria used to award the grants or assist Describe in Part IV the organization's pro | stance? | | | | | | |
| Part II Grants and Other Assistance to | | | | | anization answered " | Yes" on Form 990, Par | t IV, line 21, for any |
| recipient that received more than \$ | \$5,000. Part II car | n be duplicated if addit | tional space is need | led. | | | |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| CIS DEVELOPMENT FOUNDATION 78 MILLTOWN RD. EAST BRUNSWICK, NJ 08817 | 22-3304404 | 501(C)(3) | 68,932,360. | 0. | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| NATIVE AMERICAN HERITAGE ASSOCIATION - 085 QUAAL RD BLACK HAWK, SD 57718 | 46-0414390 | 501(C)(3) | 33,740,140. | 0. | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| CENTER FOR PEOPLE IN NEED 3901 N 27TH ST. LINCOLN, NE 68521 | 06-1669552 | 501(C)(3) | 3,788,241. | 0. | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| AMERICAN FOUNDATION FOR DISABLED CHILDREN, INC 12 WINDING CREEK WAY - ORMOND BEACH, FL 32174 | 13-3636844 | 501(C)(3) | 2,571,558. | 0. | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| SERVE THE PEOPLE INC. 1206 E 17TH ST., STE. 204 SANTA ANA, CA 92701 | 27-0421556 | 501(C)(3) | 1,671,291. | 0. | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| BACK 2 BASIC GLOBAL OUTREACH 730 WEST CHEYENNE AVE., STE. 50 NORTH LAS VEGAS, NV 89030 | 04-3815840 | | 1,532,835. | | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| 2 Enter total number of section 501(c)(3) a | | | | | | | |
| 3 Enter total number of other organization: | | | | | | | Schedule I (Form 990) (2015) |

Schedule I (Form 990) (2015)

GOOD360

Schedule I (Form 990)

Page 1

| Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) | | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------|--------------------------|-----------------------------------------|----------------------------------------------------------------|-------------------------------------------|------------------------------------|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | |
| DUDI TO HODGE | | | | | | | | |
| PUBLIC FORCE 6665 HWY. STE. 42 | | | | | | PRODUCT | | |
| REX, GA 30273 | 65-1180979 | 501(C)(3) | 1,131,271. | 0. | , FMV | DONATIONS | TO ASSIST THOSE IN NEED | |
| | | | | | | | | |
| MACHON CHANA WOMENS INSTITUTE INC. | | | | | | | | |
| 556 CROWN ST., STE. 3B | | | | | | PRODUCT | | |
| BROOKLYN, NY 11213 | 11-3307109 | 501(C)(3) | 1,025,961. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED | |
| | | | | | | | | |
| GAP MINISTRIES | | | | | | | | |
| 2861 N FLOWING WELLS, STE. 161 | | | | _ | | PRODUCT | | |
| TUCSON, AZ 85705 | 86-0999503 | 501(C)(3) | 946,853. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED | |
| CONGREGATION ZEMACH DAVID | | | | | | | | |
| 8 DARBY RD. | | | | | | PRODUCT | | |
| AIRMONT, NY 10952 | 13-2900395 | 501(C)(3) | 902,114. | 0 | FMV | DONATIONS | TO ASSIST THOSE IN NEED | |
| minioni, ni 10302 | 13 2300333 | 501(0)(0) | 302,111. | • | | DOMITTONS | TO MEDIET THOSE IN NEED | |
| THE CENTER FOR AFFORDABLE HOUSING | | | | | | | | |
| CORP 4579 SEVILLE DR | | | | | | PRODUCT | | |
| ENGLEWOOD, OH 45322 | 45-4200716 | 501(C)(3) | 899,950. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED | |
| | | | | | | | | |
| TENNESSEE'S COMMUNITY ASSISTANCE | | | | | | | | |
| CORP P.O. BOX 485 - MORRISTOWN, | | | | | | PRODUCT | | |
| TN 37815 | 62-1796161 | 501(C)(3) | 850,057. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED | |
| | | | | | | | | |
| ONE HOUSE AT A TIME | | | | | | DD O DII GM | | |
| 411 SUSQUEHANNA RD. | 23-3046871 | 501(C)(3) | 830,844. | 0 | , FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED | |
| AMBLER, PA 19002 | 23-3040071 | 001(0)(3) | 030,044. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED | |
| STARDUST NON-PROFIT BUILDING | | | | | | | | |
| SUPPLIES - 1720 W. BROADWAY RD., | | | | | | PRODUCT | | |
| STE. 101 - MESA, AZ 85202 | 86-0868376 | 501(C)(3) | 735,495. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED | |
| · | | | | | | | | |
| UNITED WAY OF THE PLAINS | | | | | | | | |
| 7319 E. 26TH COURT NORTH | | | | | | PRODUCT | | |
| WICHITA, KS 67202 | 48-0547688 | 501(C)(3) | 723,671. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED | |



| Schedule I (Form 990) GOOD 3 6 0 | | | | | | 5 | 54-1282616 Page 1 |
|------------------------------------------------------------------------------------|------------------|-------------------------------|--------------------------|-----------------------------------------|----------------------------------------------------------------|----------------------------------------|---------------------------------------|
| Part II Continuation of Grants and Other | Assistance to Go | overnments and Orga | nizations in the U | nited States (Sch | edule I (Form 990), Pa | ırt II.) | |
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| UNITED WAY OF ESSEX AND WEST HUDSON - 303-309 WASHINGTON ST NEWARK, NJ 07102 | 22-6069078 | 501(C)(3) | 711,381. | 0. | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| MORNINGDAY COMMUNITY SOLUTIONS 49 N FEDERAL HWY., STE. 355 POMPANO BEACH, FL 33062 | 27-3394972 | 501(C)(3) | 608,082. | 0. | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| THE SALVATION ARMY 1500 VALENCIA ST. SAN FRANCISCO, CA 94110 | 94-1156313 | 501(C)(3) | 568,645. | 0. | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| HELP OF SOUTHERN NEVADA 1640 E FLAMINGO RD. LAS VEGAS, NV 89119 | 88-0108496 | 501(C)(3) | 568,248. | 0. | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| OPERATION FOOD SEARCH 6282 OLIVE BLVD. SAINT LOUIS, MO 63130 | 43-1241854 | 501(C)(3) | 541,584. | 0. | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| WORLD HELP 1148 CORPORATE PARK DR. FOREST, VA 24551 | 54-1615454 | 501(C)(3) | 496,748. | 0. | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| GLEANING FOR THE WORLD INC. P.O. BOX 645 CONCORD, VA 24538 | 54-1930105 | 501(C)(3) | 486,318. | 0. | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| WEST GEORGIA COMMUNITY FOOD BANK 8440 COURTHOUSE SQ. DOUGLASVILLE, GA 30134 | 26-4532337 | 501(C)(3) | 485,637. | 0. | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| OUTREACH NATION CORP 9565 BUSINESS CENTER DR. RANCHO CUCAMONGA, CA 91730 | 45-2973881 | 501(C)(3) | 389,464. | 0. | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |





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| Part II Continuation of Grants and Other | Assistance to Go | overnments and Orga | nizations in the U | nited States (Sch | edule I (Form 990), Pa | art II.) | |
|------------------------------------------------------|------------------|-------------------------------|--------------------------|-----------------------------------------|----------------------------------------------------------------|----------------------------------------|-----------------------------------------|
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| HOUSE OF DESTSE SND MODEUTD CHIDAU | | | | | | | |
| HOUSE OF PRAISE AND WORSHIP CHURCH 121 VOLUNTEER DR. | | | | | | PRODUCT | |
| LEXINGTON, TN 38351 | 62-1869024 | 501(C)(3) | 388,174. | 0 | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| BEATROTON, IN 30331 | 02 1003024 | 501(0)(3) | 300,174. | • | 1111 | DOMITTOND | IO NEETET THOSE IN NEED |
| HELP THE CHILDREN | | | | | | | |
| 5600 RICKENBACKER RD., BLDG. 1B | | | | | | PRODUCT | |
| BELL, CA 90201 | 95-4669871 | 501(C)(3) | 373,332. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| · | | | , | | | | |
| ELMER BACK GIFTING CENTER | | | | | | | |
| 95 TYLER AVE. | | | | | | PRODUCT | |
| NEWPORT NEWS, VA 23601 | 46-3378356 | 501(C)(3) | 355,428. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | | | | | |
| GOODNESS OUTREACH DEPOT | | | | | | | |
| 102 BAYNE RD. | | | | | | PRODUCT | |
| HASLET, TX 76052 | 68-0512138 | 501(C)(3) | 324,212. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | | | | | |
| NORTHERN SANTA BARBARA COUNTY | | | | | | | |
| UNITED WAY - 1660 S BROADWAY, STE. | 05 6006513 | E01/G)/2) | 000 100 | | | PRODUCT | |
| 201 - SANTA MARIA, CA 93454 | 95-6006513 | 501(C)(3) | 299,127. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| BELIEVE IN WEST VIRGINIA INC. | | | | | | | |
| P.O. BOX 8622 | | | | | | PRODUCT | |
| S CHARLESTON, WV 25303 | 03-0515259 | 501(C)(3) | 299,110. | 0 | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| 2 0111111111111111111111111111111111111 | 00 002020 | | 255,226. | | | | 111111111111111111111111111111111111111 |
| THE AFRICAN AMERICAN ASSOCIATION | | | | | | | |
| OF GEORGIA - 4360 COMMERCE CIR., | | | | | | PRODUCT | |
| STE. B - ATLANTA, GA 30339 | 37-1426340 | 501(C)(3) | 281,288. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | | | | | |
| AGAPE DISTRIBUTION | | | | | | | |
| 205 S. BROOKLYN AVE. | | | | | | PRODUCT | |
| SIDNEY, OH 45365 | 30-0224502 | 501(C)(3) | 281,138. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| LITTLE KANAWHA RESOURCE | | | | | | | |
| CONSERVATION AND DEVELOPMENT - | | | | | | | |
| 1014 VOLCANO RD WAVERLY, WV | | | | | | PRODUCT | |
| 26184 | 51-0172533 | 501(C)(3) | 276,948. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |



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| Schedule I (| (Form 990) | |
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| Part II Continuation of Grants and Other | Assistance to G | overnments and Orga | nizations in the II | nited States (Sch | edule I (Form 990) Da | | 4 1202010 Page |
|------------------------------------------------------------------------------------------------------------|-----------------|-------------------------------|--------------------------|-----------------------------------|----------------------------------------------------------------|----------------------------------------|---------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| ENVIRONMENTAL ALTERNATIVES FOSTER FAMILY AGENCY - 455 WEST MAIN ST QUINCY, CA 95971 | 94-2751173 | 501(C)(3) | 276,948. | 0. | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| CIRCLE SIX RANCH BAPTIST CAMP INC P.O. BOX 976 STANTON, TX 79782 | 75-0904041 | 501(C)(3) | 276,948. | 0. | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| POSITIVE AMERICAN YOUTH 780 VETERANS MEMORIAL HWY., STE. 12 MABLETON, GA 30126 | 2 26-2689562 | 501(C)(3) | 275,977. | 0. | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| SUPPORT THE TROOPS 29807 SR 54 WESLEY CHAPEL, FL 33543 | 27-0295757 | 501(C)(3) | 253,875. | 0. | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| THE SALVATION ARMY - NATIONAL CAPITAL AREA COMMAND" - 2626 PENNSYLVANIA AVE., NW - WASHINGTON, DC 20037 | 13-2923701 | 501(C)(3) | 215,288. | 0. | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| YOU ARE NOT ALONE VETERANS FOUNDATION - 224 ANN DR MIDDLETOWN, DE 19709 | 27-1537878 | 501(C)(3) | 175,525. | 0. | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| STITCHES FROM THE HEART SEAMS INC. 10719 DEEPBROOK DR. RIVERVIEW, FL 33569 | 47-4204971 | 501(C)(3) | 170,818. | 0. | ₽MV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| TEAM AMVETS CALIF. CHARITIES, INC. 12345 EUCLID ST. ANAHEIM, CA 92804 | 45-3591166 | 501(C)(3) | 161,289. | 0. | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| EXCEL EXTENDED CARE ORGANIZATION 2187 N DECATUR BLVD., STE. 120 LAS VEGAS, NV 89108 | 27-2369943 | 501(C)(3) | 160,000. | 0. | ₽MV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |





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| organization or government if applicable cash grant non-cash valuation non-cash assistance | (h) Purpose of grant |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| assistance (book, FMV, appraisal, other) | or assistance |
| JAMES MCFARLIN COMMUNITY | |
| DEVELOPMENT INC 12120 FISHER PRODUCT | |
| | SSIST THOSE IN NEED |
| DDEAM DIG ING | |
| DREAM BIG INC. 281 NEEDHAM ST. STE. 202 PRODUCT | |
| | SSIST THOSE IN NEED |
| NEWTON, MR 02464 27-2204254 DOI(C)(3) 151,755. 0.FMV DONATIONS 10 AS | 22121 IUOSE IN NEED |
| HELP SOCIAL SERVICE CORPORATION | |
| 1455 N. MAIN ST. PRODUCT | |
| | SSIST THOSE IN NEED |
| | |
| GIVING CHILDREN HOPE | |
| 8332 COMMONWEALTH AVE. | |
| BUENA PARK, CA 90621 95-3464287 501(C)(3) 148,325. 0.FMV DONATIONS TO AS | SSIST THOSE IN NEED |
| | |
| PROVIDERS RESOURCE CLEARINGHOUSE | |
| 14500 E 33RD PL. PRODUCT | |
| AURORA, CO 80011 84-1214286 501(C)(3) 144,854. 0.FMV DONATIONS TO AS | SSIST THOSE IN NEED |
| | |
| SENIORS COUNCIL | |
| 234 SANTA CRUZ AVE. | |
| | SSIST THOSE IN NEED |
| CHILD WELFARE LEAGUE OF AMERICA : | |
| THE FLORENCE CRITTENTON AGENCY - | |
| 1531 DICK LONAS RD KNOXVILLE, PRODUCT TN 37909 62-6044288 501(C)(3) 141,027, 0.FMV DONATIONS TO AS: | CCICM MUCCE IN NEED |
| TN 37909 62-6044288 501(C)(3) 141,027. 0.FMV DONATIONS TO ASSECTION OF THE PROPERTY OF THE PRO | SSIST THOSE IN NEED |
| CAMP AND CONFERENCE CENTERS - 29 | |
| SENTINEL LODGE RD CENTER PRODUCT | |
| | SSIST THOSE IN NEED |
| , | |
| AGEPE LOVE FROM ABOVE TO OUR | |
| COMMUNITY - 19 E 7TH ST | |
| BLOOMSBURG, PA 17815 61-1591692 501(C)(3) 138,474. 0.FMV DONATIONS TO AS | SSIST THOSE IN NEED |

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| Part II Continuation of Grants and Other | Assistance to Go | overnments and Orga | nizations in the U | nited States (Sch | edule I (Form 990), Pa | art II.) | T |
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| WESTCARE GULFCOAST-FLORIDA INC | | | | | | | |
| PO. BOX 94738 | | | | | | PRODUCT | |
| LAS VEGAS, NV 89193 | 59-3714627 | 501(C)(3) | 138,474. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | , , | - | | | |
| TEEN CHALLENGE NEW ENGLAND | | | | | | | |
| 1315 MAIN ST. | | | | | | PRODUCT | |
| BROCKTON, MA 02301 | 04-2401399 | 501(C)(3) | 138,474. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| ADLINGTON DARRIGE GOLLEGE | | | | | | | |
| ARLINGTON BAPTIST COLLEGE | | | | | | DD ODIIGE | |
| 3001 W DIVISION ST. | 75 0002021 | E01/G)/2) | 120 474 | 0 | D) (7 | PRODUCT | TO AGGICE THOSE IN NEED |
| ARLINGTON, TX 76012 | 75-0983821 | 501(C)(3) | 138,474. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| CENTRAL UNITED METHODIST CHURCH OF | | | | | | | |
| FLORENCE, SC - 265 W CHEVES ST | | | | | | PRODUCT | |
| FLORENCE, SC 29501 | 57-0349213 | 501(C)(3) | 138,474. | 0 | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | 0, 0015110 | | 100,171 | <u> </u> | | | |
| CRI-HELP INC. | | | | | | | |
| 11027 BURBANK BLVD. | | | | | | PRODUCT | |
| NORTH HOLLYWOOD, CA 91601 | 95-2758951 | 501(C)(3) | 138,474. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | , | | | | |
| THE UNITED METHODIST CHURCH OF THE | | | | | | | |
| RESURRECTION - 13720 ROE AVE | | | | | | PRODUCT | |
| OVERLAND PARK, KS 66224 | 48-1107898 | 501(C)(3) | 138,474. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | | | | | |
| DELAWARE CENTER FOR HOMELESS | | | | | | DD O DYYGE | |
| VETERANS - 1405 VEALE RD | 05 0460110 | E01/G)/2) | 125 055 | 2 | | PRODUCT | |
| WILMINGTON, DE 19810 | 27-2468110 | 501(C)(3) | 137,855. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| YWCA - HELENA | | | | | | | |
| 501 N PARK AVE. | | | | | | PRODUCT | |
| HELENA, MT 59624-0518 | 81-0235416 | 501(C)(3) | 137,110. | 0 | , FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | 01-0233410 | 501(0/(3/ | 137,110. | 0. | T II V | DOMATIONS | TO YOUTH I HORE IN MEED |
| AFFORDABLE HOUSING INITIATIVES | | | | | | | |
| INC 20091 MOUNT ISRAEL PL | | | | | | PRODUCT | |
| ESCONDIDO, CA 92029 | 91-1794223 | 501(C)(3) | 137,001. | 0 . | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | | <u> </u> | 1 | | Schedule I (Form 90 |





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| Part II Continuation of Grants and Other | Assistance to Go | overnments and Orga | nizations in the U | nited States (Sch | edule I (Form 990), Pa | art II.) | raye |
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| OPERATION HOMEFRONT MID-ATLANTIC | | | | | | | |
| 45975 NOKES BLVD., STE. 140 | | | | | | PRODUCT | |
| STERLING, VA 20165 | 32-0033325 | 501(C)(3) | 136,880. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| UNITED BREAST CANCER FOUNDATION - | | | | | | | |
| MD - 1332 CAPE ST. CLAIRE RD., | | | | | | PRODUCT | |
| STE. 632 - ANNAPOLIS, MD 21409 | 11-3571208 | 501(C)(3) | 136,880. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| RUTH MEIRS HOSPITALITY HOUSE INC | | | | | | | |
| 1100 E BLVD. AVE. | | | | | | PRODUCT | |
| BISMARCK, ND 58501 | 36-3531940 | 501(C)(3) | 136,880. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| COLORADO COALITION FOR THE | | | | | | | |
| HOMELESS - 2111 CHAMPA ST | | | | | | PRODUCT | |
| DENVER, CO 80205 | 84-0951575 | 501(C)(3) | 136,880. | 0 | , FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| <u> </u> | 01 0331373 | 501(0)(3) | 130,000. | • | | DOMITTOND | TO HERE'S INGEL IN NEED |
| BRIAN BALL MINISTRIES | | | | | | | |
| 20007 STATE HWY., STE. 9 | | | | | | PRODUCT | |
| ANADARKO, OK 73005 | 54-1615428 | 501(C)(3) | 136,880. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| CEDAR LAKE CONFERENCE ASSOCIATION. | | | | | | | |
| INC P.O. BOX 665 - CEDAR LAKE, | | | | | | PRODUCT | |
| IN 46303 | 35-1111488 | 501(C)(3) | 136,880. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| WIGHT DOWNDARTON | | | | | | | |
| KUSHI FOUNDATION | | | | | | PRODUCT | |
| 198 LELAND RD. BECKET, MA 01223 | 04-2723603 | 501(C)(3) | 136,880. | 0 | , FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| BECKET, MA 01223 | 04 2723003 | 501(0)(3) | 130,000. | | PHV | DONATIONS | TO ADDIDIT THOSE IN NEED |
| MIDWEST FOSTER CARE AND ADOPTION | | | | | | | |
| ASSOCIATION - 18600 E 37TH TERRACE | | | | | | PRODUCT | |
| - INDEPENDENCE, MO 64057 | 43-1895965 | 501(C)(3) | 136,880. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| CHILDREN'S WISH FOUNDATION | | | | | | | |
| INTERNATIONAL - 8615 ROSWELL RD | | | | | | PRODUCT | |
| ATLANTA, GA 30350 | 58-1642982 | 501(C)(3) | 130,460. | 0 | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | 1 - 3 - 1 - 1 - 1 - 1 | (0/(0/ | 200,100. | <u> </u> | 'L == : | F | Schedule I (Form 99 |





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| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-----------------------------------------------------|----------------|-------------------------------|--------------------------|-----------------------------------------|----------------------------------------------------------------|----------------------------------------|------------------------------------|
| TAMPA CROSSROADS | | | | | | | |
| 5109 N. NEBRASKA AVE. | | | | | | PRODUCT | |
| TAMPA, FL 33603 | 59-1743719 | 501(C)(3) | 122,495. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| GIVING INTERIORS | | | | | | | |
| 802 ANARBOR POST | | | | | | PRODUCT | |
| SAN ANTONIO, TX 78245 | 45-3280528 | 501(C)(3) | 119,920. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| THE BREAST CANCER SOCIETY, INC. | | | | | | | |
| 6859 E. REMBRANDT AVE., STE. 128 | | | | | | PRODUCT | |
| MESA, AZ 85212 | 26-0237089 | 501(C)(3) | 119,612. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| NW FLA COMPREHENSIVE SERVICES FOR | | | | | | | |
| CHILDREN - 115 GREGORY SQ | | | | | | PRODUCT | |
| PENSACOLA, FL 32502 | 59-2299573 | 501(C)(3) | 118,712. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| , | | | , , | | | | |
| THE UCLA FOUNDATION | | | | | | | |
| 10920 WILSHIRE BLVD., STE. 900 | | | | | | PRODUCT | |
| LOS ANGELES, CA 90024 | 95-2250801 | 501(C)(3) | 118,712. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| COMPASSION COALITION, INC. | | | | | | | |
| 509 LA FAYETTE ST. | | | | | | PRODUCT | |
| UTICA, NY 13502 | 16-1579336 | 501(C)(3) | 109,900. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | | | | | |
| CRISIS MINISTRIES (ONE80 PLACE) | | | | | | | |
| P.O. BOX 20038 | | | | | L | PRODUCT | |
| CHARLESTON, SC 29413 | 57-0789483 | 501(C)(3) | 109,900. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| TRUSTEES OF THE MASONIC HALL AND | | | | | | | |
| ASYLUM FUND - 71 W 23RD ST NEW | | | | | | PRODUCT | |
| YORK, NY 10010 | 13-5563012 | 501(C)(3) | 109,900. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| MARITONAL COUNCIL OF TENTON | | | | | | | |
| NATIONAL COUNCIL OF JEWISH CHARITIES - 1260 48TH ST | | | | | | PRODUCT | |
| CHRITIED IZOU TOIN DI. | 61-1666525 | 501(C)(3) | 109,473. | | FMV | DONATIONS | TO ASSIST THOSE IN NEED |





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|--------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------------|--------------------------|-----------------------------------------|----------------------------------------------------------------|----------------------------------------|---------------------------------------|
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| REACHING THE WORLD COMMUNITY DEVELOPMENT - 4848 STAMP RD TEMPLE HILLS, MD 20748 | 26-1640947 | 501(C)(3) | 106,134. | 0, | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| STUDENTS AGAINST DRUGS AND ALCOHOL 2600 RAMSGATE WAY FORT SMITH, AR 72908 | 73-1323613 | 501(C)(3) | 103,259. | 0. | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| RUTH NAOMI'S INITIATIVE INC. (BREAD OF LIFE OUTREACH MINISTRY) - 1205 WESTRIDGE PKWY., STE. 503 - MCDONOUGH, GA 30253 | 20-4105579 | 501(C)(3) | 100,865. | 0. | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| AHIARA DEVELOPMENT UNION USA 9888 BISSONNET, STE. 600 HOUSTON, TX 77036 | 76-0633134 | 501(C)(3) | 90,083. | 0. | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| FIRST HAND FOUNDATION 2800 ROCKCREEK PKWY. KANSAS CITY, MO 64117 | 43-1725294 | 501(C)(3) | 86,686. | 0. | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| ACADIANA CARES P.O. BOX 3865 LAFAYETTE, LA 70502 | 58-1717018 | 501(C)(3) | 84,501. | 0. | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| HABITAT FOR HUMANITY OF SAN JOAQUIN COUNTY, INC 4933 WEST LN STOCKTON, CA 95210 | 68-0293903 | 501(C)(3) | 82,104. | 0, | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| GEORGIA FOOD BANK, INC. 828 N HOUSTON RD. WARNER ROBINS, GA 31093 | 58-2350341 | 501(C)(3) | 81,413. | 0. | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| UNITED WAY OF BREVARD COUNTY 937 DIXON BLVD. COCOA, FL 32922 | 59-0836384 | 501(C)(3) | 76,059. | 0. | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |





GOOD360

Schedule I (Form 990)

| Part II Continuation of Grants and Other | Assistance to Go | overnments and Orga | nizations in the U | nited States (Sch | edule I (Form 990), Pa | ırt II.) | |
|-----------------------------------------------------------------|------------------|-------------------------------|--------------------------|-----------------------------------------|----------------------------------------------------------------|----------------------------------------|-------------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| FOSTER CARE TO SUCCESS | | | | | | | |
| 21351 GENTRY DR., STE. 130 | | | | | | PRODUCT | |
| STERLING, VA 20166 | 52-1238437 | 501(C)(3) | 71,311. | 0. | , FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | | | | | |
| THA INC. | | | | | | | |
| 2010 SE CALIFORNIA AVE. | | | | | | PRODUCT | |
| TOPEKA, KS 66607 | 20-0414076 | 501(C)(3) | 71,171. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| ADODUTTE AND ECCHED BANTITES OF | | | | | | | |
| ADOPTIVE AND FOSTER FAMILIES OF MAINE - 34 MAIN ST ORONO, ME | | | | | | PRODUCT | |
| 04473 | 01-0515363 | 501(C)(3) | 68,665. | 0 | , FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| ASSOCIATION OF GOSPEL RESCUE | 01 0313303 | 501(0)(3) | 00,003. | ٠. | , r m v | DONATIONS | TO ASSIST THOSE IN NEED |
| MISSIONS : MIAMI RESCUE MISSION, | | | | | | | |
| INC 14161 RICHWOOD PL DAVIE, | | | | | | PRODUCT | |
| FL 33325 | 59-1743865 | 501(C)(3) | 65,542. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | , - | | | | |
| GOSPEL OF GRACE | | | | | | | |
| 1001-09 SOUTH 2ND ST. | | | | | | PRODUCT | |
| PLAINFIELD, NJ 07060 | 22-3812612 | 501(C)(3) | 62,711. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | | | | | |
| EMMANUEL APOSTOLIC CHURCH | | | | | | | |
| 6114 SW 35TH CT. | | | | | | PRODUCT | L |
| MIRAMAR, FL 33023 | 65-0389835 | 501(C)(3) | 57,870. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| EL RENO BLESSING BASKETS INC | | | | | | | |
| 10004 RENO W | | | | | | PRODUCT | |
| EL RENO, OK 73036 | 01-0748848 | 501(C)(3) | 57,507. | 0 | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | , | - | | | |
| REBUILDING TOGETHER SAN DIEGO | | | | | | | |
| 2013 FRANKLIN AVE. | | | | | | PRODUCT | |
| SAN DIEGO, CA 92113 | 33-0676518 | 501(C)(3) | 57,436. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | | | | | |
| ALOHA RESCUE | | | | | | | |
| 327 N SCHMIDT RD. | | | | | | PRODUCT | |
| BOLINGBROOK, IL 60490 | 27-0584453 | 501(C)(3) | 57,255. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |





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| Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------|--------------------------|-----------------------------------|----------------------------------------------------------------|----------------------------------------|-------------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| MIRACLES OUTREACH COMMUNITY DEVELOPMENT - P.O. BOX 310603 - TAMPA, FL 33680 | 27-0003754 | 501(C)(3) | 56,525. | 0. | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| UNITED WAY DALLAS 1800 N. LAMAR DALLAS, TX 75202 | 75-6005352 | 501(C)(3) | 55,368. | 0. | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| WHOLE MAN MINISTRIES P.O. BOX 21173 WINSTON-SALEM, NC 27120 | 26-0136378 | 501(C)(3) | 54,939. | 0. | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| POTTER'S ASSOCIATION FOR YOUTH AND ADULTS - 711 DOGWOOD AVE WEST HEMPSTEAD, NY 11552 | 56-2312574 | 501(C)(3) | 54,741. | 0. | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| FURNISHING HOPE INC 3857 BIRCH, ST. 503 NEWPORT BEACH, CA 92660 | 20-0049351 | 501(C)(3) | 53,964. | 0. | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| HOPE HELPING OTHERS PROGRESS THROUGH EDUCATION - 904 FINLEY RD ROCK HILL, SC 29730 | 46-3398264 | 501(C)(3) | 53,437. | 0. | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| HEART OF FLORIDA UNITED WAY 1940 TRAYLOR BLVD. ORLANDO, FL 32804 | 59-0808854 | 501(C)(3) | 52,728. | 0. | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| BIG SANDY RANCHERIA P.O. BOX 337 AUBERRY, CA 93602 | 77-0109394 | 501(C)(3) | 52,728. | 0. | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| AHAVAS OLAM WEINGARDEN TORAH CENTER - 24510 HARDING ST OAK PARK, MI 48237 | 20-3302399 | 501(C)(3) | 51,069. | 0. | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |





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| Part II Continuation of Grants and Other | Assistance to Go | overnments and Orga | nizations in the U | nited States (Sch | edule I (Form 990), P | art II.) | 1 |
|----------------------------------------------------|------------------|-------------------------------|--------------------------|-----------------------------------------|----------------------------------------------------------------|----------------------------------------|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| PASSAGE OF YOUTH FAMILY CENTER | | | | | | | |
| 1623 RIVERWAY DR. | | | | | | PRODUCT | |
| DALLAS, TX 75217 | 30-0520383 | 501(C)(3) | 49,532. | 0. | ,FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | | | | | |
| WOMEN ARE DREAMERS TOO | | | | | | | |
| 217 ROSWELL ST. | | | | | | PRODUCT | |
| ALPHARETTA, GA 30009 | 52-2288027 | 501(C)(3) | 48,216. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| GOLDEN CARE PLUS | | | | | | | |
| 1225 MCBRIDE AVE., STE. 208 | | | | | | PRODUCT | |
| WOODLAND PARK, NJ 07424 | 20-2040399 | 501(C)(3) | 48,176. | 0 | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | 10,170. | | | | 10 1100101 111001 111 11111 |
| PROV 31 MINISTRIES | | | | | | | |
| 1450 WEST 23RD ST., STE. 207 | | | | | | PRODUCT | |
| SAN BERNARDINO, CA 92411 | 56-2557780 | 501(C)(3) | 48,152. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| • | | | , | | | | |
| LIONSGATE ACADEMY | | | | | | | |
| 5945 11TH AVE. S | | | | | | PRODUCT | |
| MINNEAPOLIS, MN 55417 | 20-8933066 | 501(C)(3) | 47,775. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| · | | | , | | | | |
| MULTICULTURAL CHILD AND FAMILY | | | | | | | |
| HOPE CENTER - 2021 S 19TH ST | | | | | | PRODUCT | |
| TACOMA, WA 98405 | 35-2266626 | 501(C)(3) | 46,489. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | | | | | |
| CHICKASHA PUBLIC SCHOOL FOUNDATION | | | | | | | |
| P.O. BOX 2443 | | | | | | PRODUCT | |
| CHICKASHA, OK 73023 | 73-1288810 | 501(C)(3) | 45,500. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| GUANGING FACING TWO | | | | | | | |
| CHANGING FACES, INC. | | | | | | L | |
| 4124 ODIE LN. | | | | | | PRODUCT | |
| SANTA MARIA, CA 93455 | 31-1601637 | 501(C)(3) | 43,753. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| THE CHRISTIAN WORSHIP CENTER | | | | | | | |
| 1425 N 18TH ST. | | | | | | PRODUCT | |
| OMAHA, NE 68102 | 42-1407712 | 501(C)(3) | 43,727. | _ | ,FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| OTHERS, NE OUTOZ | 44 140//17 | Por(C)(3) | 45,727. | 0. | , <u>r v</u> | POMULTOMO | Schedule I (Form 99 |





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| Part II Continuation of Grants and Other | Assistance to Go | overnments and Orga | nizations in the U | nited States (Sch | edule I (Form 990), P | art II.) | T |
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| SIERRA LEONE CHILDRENS FUND | | | | | | | |
| P.O. BOX 574 | | | | | | PRODUCT | |
| PRIMOS SECANE, PA 19018 | 46-4932845 | 501(C)(3) | 42,504. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| NORRIS SQUARE CIVIC ASSOCIATION | | | | | | | |
| 174 DIAMOND ST. | | | | | | PRODUCT | |
| PHILADELPHIA, PA 19122 | 23-9233412 | 501(C)(3) | 42,000. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| FREE 2 TEACH FOUNDATION | | | | | | | |
| P.O. BOX 1405 | | | | | | PRODUCT | |
| HUNTSVILLE, AL 35807 | 45-6634323 | 501(C)(3) | 41,899. | 0, | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| ALMOST HEAVEN HABITAT FOR HUMANITY | | | | | | | |
| P.O. BOX 913 | | | | | | PRODUCT | |
| FRANKLIN, WV 26807 | 55-0685778 | 501(C)(3) | 41,835. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| GIVING IN KINDNESS IN ARKANSAS | | | | | | | |
| 5816 GEYER SPRINGS CUT OFF | | | | | | PRODUCT | |
| LITTLE ROCK, AR 72206 | 26-3739038 | 501(C)(3) | 41,285. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| ASIAN AMERICAN DRUG ABUSE PROGRAM | | | | | | | |
| 520 NORTH LA BREA AVE. | | | | | | PRODUCT | |
| INGLEWOOD, CA 90302 | 95-2848695 | 501(C)(3) | 40,922. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| ELIOT COMMUNITY HUMAN SERVICES | | | | | | | |
| 39 LEONARD RD. | | | | | | PRODUCT | |
| BOXBORO, MA 01719 | 04-2316924 | 501(C)(3) | 40,859. | 0. | , FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| GREEN EXTREME HOMES COMMUNITY | | | | | | | |
| DEVELOPMENT CORP - 2320 KING | | | | | | | |
| ARTHUR BLVD LEWISVILLE, TX | | | | | | PRODUCT | |
| 75056 | 45-3642906 | 501(C)(3) | 40,706. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| NORTH POINT CHURCH | | | | | | | |
| 4501 MERLE DR. | | | | | | PRODUCT | |
| AUSTIN, TX 78745 | 33-0838700 | 501(C)(3) | 40,100. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |





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| Part II Continuation of Grants and Other | Assistance to Go | overnments and Orga | nizations in the U | nited States (Sch | edule I (Form 990), P | art II.) | |
|----------------------------------------------------|------------------|-------------------------------|--------------------------|-----------------------------------------|----------------------------------------------------------------|----------------------------------------|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| CARITAS COMMUNITIES INC. | | | | | | | |
| 25 BRAINTREE HILL OFFICE PARK | | | | | | PRODUCT | |
| BRAINTREE, MA 02184 | 04-2875899 | 501(C)(3) | 39,564. | 0. | ,FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | | | | | |
| VETERANS PLACE OF WASHINGTON | | | | | | | |
| BOULEVARD - 945 WASHINGTON BLVD | | | | | | PRODUCT | |
| PITTSBURGH, PA 15206 | 25-1787030 | 501(C)(3) | 39,564. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| LUTHERAN SOCIAL SERVICES OF SOUTH | | | | | | | |
| DAKOTA INC - 705 EAST 41ST ST | | | | | | PRODUCT | |
| SIOUX FALLS, SD 57105 | 46-0224731 | 501(C)(3) | 39,438. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| · | | | , | | | | |
| OUR SUPPORT FOR CHILDREN IN NEED | | | | | | | |
| 229 SE 2ND AVE., STE. 8 | | | | | | PRODUCT | |
| DELRAY BEACH, FL 33483 | 75-3238083 | 501(C)(3) | 38,798. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | | | | | |
| ROCK VALLEY CORRECTIONAL PROGRAMS, | | | | | | DD 0 DV 0 W | |
| INC 203 W. SUNNY LN. RD | 20 1420042 | E01/G)/3) | 20 700 | 0 | D107 | PRODUCT | TO AGGICE THOSE IN NEED |
| JANESVILLE, WI 53546 | 39-1438843 | 501(C)(3) | 38,789. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| INTERNATIONAL WOMENS DEMOCRACY | | | | | | | |
| CENTER - 1726 M ST., NW - | | | | | | PRODUCT | |
| WASHINGTON, DC 20036 | 52-1867900 | 501(C)(3) | 38,600. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | | | | | |
| LIVING WORD CHURCH | | | | | | DD 0 DV 0 T | |
| 5900 FOREST BLVD. | 44 050555 | E01/G)/2) | 25.056 | 0 | | PRODUCT | |
| EAST SAINT LOUIS, IL 62204 | 44-0597787 | 501(C)(3) | 37,856. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| AMAZING INSTITUTIONAL CHURCH OF | | | | | | | |
| GOD IN CHRIST - 2603 WEST CAPITAL | | | | | | PRODUCT | |
| ST JACKSON, MS 39209 | 64-0850672 | 501(C)(3) | 37,524. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| , | | <u> </u> | , , , | | | 1 | |
| THE VOLUNTEER WAY | | | | | | | |
| P.O. BOX 1666 | | | | | | PRODUCT | |
| NEW PORT RICHEY, FL 34656 | 59-3555687 | 501(C)(3) | 37,423. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |





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| Part II Continuation of Grants and Other | Assistance to Go | overnments and Orga | nizations in the U | nited States (Sch | nedule I (Form 990), Pa | art II.) | - rage |
|----------------------------------------------------|------------------|-------------------------------|--------------------------|-----------------------------------------|----------------------------------------------------------------|----------------------------------------|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| CATHOLIC CHARITIES INDIANAPOLIS | | | | | | | |
| 1400 N MERIDIAN ST. | | | | | | PRODUCT | |
| INDIANAPOLIS, IN 46202 | 35-0867980 | 501(C)(3) | 37,254. | 0. | .FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | | | | | |
| SOUTH SAN ANTONIO BAPTIST CHURCH | | | | | | DD ODWARD | |
| 2483 W SOUTHCROSS BLVD. | 74 1070201 | E01/G)/3) | 26 220 | 0 | E167 | PRODUCT | TO AGREE THOSE IN MEET |
| SAN ANTONIO, TX 78211 | 74-1272391 | 501(C)(3) | 36,330. | 0. | ,FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| SANTA CLAUS INCORPORATED OF | | | | | | | |
| GREATER SAN BERNARDINO - 824 E 6TH | | | | | | PRODUCT | |
| ST SAN BERNARDINO, CA 92410 | 95-6101275 | 501(C)(3) | 36,247. | 0. | , FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | | | | | |
| HEBRON INTERFAITH HUMAN SERVICES | | | | | | | |
| 20 PENDLETON DR. | | 504 (5) (2) | 25 250 | • | L | PRODUCT | L |
| HEBRON, CT 06248 | 22-3004882 | 501(C)(3) | 35,372. | 0. | , FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| NORAS WOMEN OF PURPOSE | | | | | | | |
| 7389 PLAIN VIEW DR. | | | | | | PRODUCT | |
| KEMP, TX 75143 | 45-3619858 | 501(C)(3) | 35,069. | 0. | , FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| an ampanya na agana awanay | | | | | | | |
| ST ANDREWS EPISCOPAL CHURCH | | | | | | DD O DII GIII | |
| 244 MAIN ST. | 11-1646315 | 501(C)(3) | 25 017 | 0 | FMV | PRODUCT DONATIONS | TO AGGIGE THE NEED |
| YAPHANK, NY 11980 | 11-1040313 | 501(C)(3) | 35,017. | 0. | ,FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| COMMUNITY RENEWAL INC/HOPE NETWORK | | | | | | | |
| 1822 S RESEARCH LOOP | | | | | | PRODUCT | |
| TUCSON, AZ 85710 | 01-0872301 | 501(C)(3) | 34,231. | 0. | .FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| KADESH MINISTRY (SAN DIEGO NEW | | | | | | | |
| LIFE BAPTIST CHURCH) - 39415 | | | | | | | |
| ARDENWOOD WAY - LAKE ELSINORE, CA | | | | | | PRODUCT | |
| 92583 | 33-0766262 | 501(C)(3) | 32,461. | 0. | ,FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | | | | | |
| VETERANS OF FOREIGN WARS - | | | | | | DD O DUIGE | |
| OKLAHOMA - 900726 S. 3420 RD | 73 6104435 | E01/G)/3\ | 24 050 | • | EM2 | PRODUCT | DO AGGIGE BUOGE IN NEED |
| CHANDLER, OK 74834 | 73-6104437 | 501(C)(3) | 31,970. | 0. | , FMV | DONATIONS | TO ASSIST THOSE IN NEED |





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|----------------------------------------------------|-----------------|-------------------------------|--------------------------|-----------------------------------------|----------------------------------------------------------------|----------------------------------------|---------------------------------------|
| Part II Continuation of Grants and Other | Assistance to G | overnments and Orga | nizations in the U | nited States (Sch | edule I (Form 990), Pa | art II.) | |
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| TRINITY TEMPLE C.O.G.I.C. | | | | | | | |
| 1028 O ST. | | | | | | PRODUCT | |
| BAKERSFIELD, CA 93304 | 23-7002419 | 501(C)(3) | 31,356. | 0 | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | 20 /002125 | | 52,555. | | | | 10 1102121 111022 111 11122 |
| CHAPEL OF IMPROVEMENT FELLOWSHIP | | | | | | | |
| P.O. BOX 621637 | | | | | | PRODUCT | |
| LAS VEGAS, NV 89162 | 35-2293145 | 501(C)(3) | 31,262. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | | | | | |
| AT&T VETERANS | | | | | | | |
| 725 WEST PEACHTREE ST. | | | | | | PRODUCT | |
| ATLANTA, GA 30308 | 03-0599304 | 501(C)(3) | 31,250. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | | | | | |
| COMMUNITY LIFE LINE | | | | | | | |
| 1919 STATE ST. | | | | | | PRODUCT | |
| E SAINT LOUIS, IL 62205 | 36-4552773 | 501(C)(3) | 29,943. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | | | | | |
| NEW JOY DIVINE M B CHURCH | | | | | | DD ODIIGE | |
| 7625 S HALSTED ST. | 36-3896804 | 501(C)(3) | 29,838. | | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| CHICAGO, IL 60620 | 30-3090004 | 501(C)(3) | 29,030. | ٠. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| THE BREAST CANCER SOCIETY | | | | | | | |
| 6859 E. REMBRANDT AVE., STE. 128 | | | | | | PRODUCT | |
| MESA, AZ 85212 | 26-0237089 | 501(C)(3) | 29,467. | 0. | FMV | | TO ASSIST THOSE IN NEED |
| · · · · · · · · · · · · · · · · · · · | | | , - | | | | |
| HOLY REDEEMER CHURCH OF GOD IN | | | | | | | |
| CHRIST - 3500 W M DANIELS WAY - | | | | | | PRODUCT | |
| MILWAUKEE, WI 53209 | 39-1562581 | 501(C)(3) | 28,911. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | | | | | |
| FORT SCHUYLER PRESBYTERIAN CHURCH | | | | | | | |
| 2950 DEWEY AVE. | | | | | | PRODUCT | |
| BRONX, NY 10465 | 13-5562323 | 501(C)(3) | 28,826. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | | | | | |
| RONALD MCDONALD HOUSE OF NEW YORK | | | | | | | |
| 405 E 73RD ST. | 12 003355 | 501/9)/03 | 00.75 | _ | | PRODUCT | |
| NEW YORK, NY 10021 | 13-2933654 | pu1(C)(3) | 28,792. | <u> </u> | FMV | DONATIONS | TO ASSIST THOSE IN NEED |





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| Part II Continuation of Grants and Other | Assistance to Go | overnments and Orga | nizations in the U | nited States (Sch | nedule I (Form 990), P | art II.) | |
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| H E D O E C CADE INC | | | | | | | |
| H.E.R.O.E.S. CARE, INC. 1306R W LARK IND DR. | | | | | | PRODUCT | |
| FENTON, MO 63026 | 01-0777850 | 501(C)(3) | 28,371. | 0 | .FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| HEART OF FLORIDA UNITED WAY : | 01 0777030 | 301(0)(0) | 20,371. | | | 50111110115 | I I I I I I I I I I I I I I I I I I I |
| AUTISM SOCIETY OF GREATER ORLANDO, | | | | | | | |
| INC 1650 SAND LAKE RD., STE. | | | | | | PRODUCT | |
| 235 - ORLANDO, FL 32809 | 59-3407128 | 501(C)(3) | 27,524. | 0. | .FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| , | | | , | | | | |
| INTEGRITY HOUSE INC. | | | | | | | |
| 1326 WHITE ST. | | | | | | PRODUCT | |
| ATLANTA, GA 30310 | 11-3644837 | 501(C)(3) | 27,477. | 0. | .FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | | | | | |
| COMMUNITY DEVELOPMENT INSTITUTE | | | | | | | |
| 7836 S UNION | | | | | | PRODUCT | |
| CHICAGO, IL 60620 | 36-4060341 | 501(C)(3) | 27,237. | 0. | .FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | | | | | |
| SOCIETY FOR THE PRESERVATION OF | | | | | | | |
| HUMAN DIGNITY - 37 N PLUM GROVE | | | | _ | | PRODUCT | |
| RD PALATINE, IL 60067 | 23-7208626 | 501(C)(3) | 27,000. | 0, | .FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| KIDS KLUB CHILDREN'S CHARITIES | | | | | | | |
| 380 S. RAYMOND AVE. | | | | | | PRODUCT | |
| PASADENA, CA 91105 | 95-4716812 | 501(C)(3) | 26,923. | 0 | .FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| INDIDDINI, CH 31103 | 33 4710012 | 501(0)(3) | 20,323. | | | DOMITTOND | IO NESTET THOSE IN NEED |
| MY BROTHERS KEEPER INC. | | | | | | | |
| P.O. BOX 338 | | | | | | PRODUCT | |
| EASTON, MA 02356 | 04-3088412 | 501(C)(3) | 26,177. | 0. | .FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | | | | | |
| WESTCARE CALIFORNIA INC. | | | | | | | |
| 1505 N CHESTNUT AVE. | | | | | | PRODUCT | |
| FRESNO, CA 93703 | 23-7368450 | 501(C)(3) | 26,028. | 0. | .FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | | | | | |
| I58 NETWORK | | | | | | | |
| 8270 W 80TH AVE., STE. 2 | | | | | | PRODUCT | |
| ARVADA, CO 80005 | 20-8248709 | 501(C)(3) | 25,987. | 0. | .FMV | DONATIONS | TO ASSIST THOSE IN NEED |





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| Part II Continuation of Grants and Other | Assistance to Go | overnments and Orga | nizations in the U | nited States (Sch | edule I (Form 990), Pa | | - rage |
|-------------------------------------------------------|------------------|-------------------------------|--------------------------|-----------------------------------------|----------------------------------------------------------------|-------------------------------------------|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| UNITED WAY OF WESTCHESTER & PUTNAM | | | | | | | |
| 336 CENTRAL PARK AVE. | | | | | | PRODUCT | |
| WHITE PLAINS, NY 10606 | 13-1997636 | 501(C)(3) | 25,425. | 0. | FMV | | TO ASSIST THOSE IN NEED |
| MOBILE MEDICAL DISASTER RELIEF DBA | | | | | | | |
| LIVEBEYOND - 1508 DELMAR AVE | | | | | | PRODUCT | |
| NASHVILLE, TN 37212 | 30-0345964 | 501(C)(3) | 25,362. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| SHADOW PROJECT | | | | | | | |
| P.O. BOX 3107 | | | | | | PRODUCT | |
| PORTLAND, OR 97208 | 65-1166066 | 501(C)(3) | 25,024. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | | | | | |
| MEXICAN AMERICAN OPPORTUNITY | | | | | | DD O DII GIII | |
| FOUNDATION - 401 N. GARFIELD AVE MONTEBELLO, CA 90640 | 95-2594166 | 501(C)(3) | 25,010. | 0 | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| - MONTEBELLIO, CA 90040 | 93-2394100 | 501(0/(3/ | 25,010. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| XS TENNIS AND EDUCATION FOUNDATION | | | | | | | |
| 7211 S PAXTON AVE. | | | | | | PRODUCT | |
| CHICAGO, IL 60649 | 26-1734791 | 501(C)(3) | 25,000. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| COMMUNITY EDUCATION FOUNDATION | | | | | | | |
| 300 W BROADWAY, STE. 212 | | | | | | PRODUCT | |
| COUNCIL BLUFFS, IA 51503 | 42-1374146 | 501(C)(3) | 24,769. | 0. | FMV | | TO ASSIST THOSE IN NEED |
| JUST A CHANCE | | | | | | | |
| 1608 GAZEBO LN. | | | | | | PRODUCT | |
| HEMET, CA 92545 | 71-1000108 | 501(C)(3) | 24,552. | 0. | FMV | | TO ASSIST THOSE IN NEED |
| | | | · | | | | |
| MISSIONS IN THE AMAZON | | | | | | | |
| P.O. BOX 4583 | | | | | | PRODUCT | |
| OLATHE, KS 66063 | 27-0965809 | 501(C)(3) | 24,032. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| UNITED WAY OF THE MID-WILLAMETTE | | | | | | | |
| VALLEY - 455 BLILER AVE., NE - | | | | | | PRODUCT | |
| SALEM, OR 97301 | 93-0395586 | 501(C)(3) | 23,928. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |





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| Part II Continuation of Grants and Other | Assistance to Go | overnments and Orga | nizations in the U | nited States (Sch | edule I (Form 990), Pa | | - rage |
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| FAITH IN ACTION MINISTRIES | | | | | | | |
| OUTREACH - 125 VAN VORIS ST | | | | | | PRODUCT | |
| BATESVILLE, MS 38606 | 33-1125309 | 501(C)(3) | 23,761. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| • | | | , | | | | |
| JEWISH LEARNING CENTER-OHR | | | | | | | |
| MENACHEM MENDEL - 411 W 41ST ST | | | | | | PRODUCT | |
| MIAMI, FL 33140 | 65-0808208 | 501(C)(3) | 23,656. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | | | | | |
| PRETTY SINGLE MOTHERS | | | | | | | |
| 2820 POTOMAC AVE. | 27 0724451 | E01/G)/2) | 22 402 | 0 | DV67 | PRODUCT | TO AGREE THOSE IN MERE |
| LOS ANGELES, CA 90016 UNITED WAY OF ESSEX AND WEST | 27-0734451 | 501(C)(3) | 23,402. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| HUDSON : COMMUNITY PSYCHIATRIC | | | | | | | |
| INSTITUTE - 67 SANFORD ST EAST | | | | | | PRODUCT | |
| ORANGE, NJ 07018 | 23-7184194 | 501(C)(3) | 23,116. | 0 | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| olamez, ne overe | 23 7101131 | 501(0)(0) | 23,110. | • | | | TO MEDIET THOSE IN NEED |
| MARSH CREEK ELEMENTARY SCHOOL | | | | | | | |
| PARENT CLUB - 2008 HEDGE AVE | | | | | | PRODUCT | |
| BRENTWOOD, CA 94513 | 56-2520424 | 501(C)(3) | 22,500. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | | | | | |
| PARADISE CHRISTIAN SCHOOL & | | | | | | | |
| DEVELOPMENT CENTER - 6184 W 21ST | | | | | | PRODUCT | |
| CT HIALEAH, FL 33016 | 65-0320987 | 501(C)(3) | 22,316. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| II C VENC IONG DEAGU | | | | | | | |
| U.S. VETS - LONG BEACH 2001 RIVER AVE. | | | | | | PRODUCT | |
| LONG BEACH, CA 90810 | 95-4382752 | 501(C)(3) | 22,164. | 0 | FMV | | TO ASSIST THOSE IN NEED |
| BONG BENCH, CH 30010 | 33 4302732 | 501(0)(3) | 22,104. | | 117 | DOMITTONS | TO MEDIET THOSE IN NEED |
| UNITED WAY OF TRI-COUNTY | | | | | | | |
| 46 PARK ST. | | | | | | PRODUCT | |
| FRAMINGHAM, MA 01702 | 04-2104231 | 501(C)(3) | 21,767. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| <u> </u> | | | | | | | |
| JRS NORTH STAR INC. | | | | | | | |
| 1619 BURBECK AVE. | | | | | | PRODUCT | |
| RICHMOND, CA 94801 | 68-0260908 | 501(C)(3) | 21,353. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |

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| Part II Continuation of Grants and Other | Assistance to Go | overnments and Orga | nizations in the U | nited States (Sch | edule I (Form 990), Pa | rt II.) | - 1202010 Tage |
|----------------------------------------------------|------------------|-------------------------------|--------------------------|-----------------------------------------|----------------------------------------------------------------|-------------------------------------------|---------------------------------------|
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| SUMMIT FAMILY CENTER INC. | | | | | | | |
| 4319 COVINGTON HWY., STE. 305 | | | | | | PRODUCT | |
| DECATUR, GA 30035 | 68-0527049 | 501(C)(3) | 21,122. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | | | | | |
| HARVEST TABERNACLE INTERNATIONAL | | | | | | | |
| MINISTRIES - 3467 HUNTERS HILL DR. | 50 000000 | 504 (5) (2) | | • | L | PRODUCT | L |
| - LITHONIA, GA 30038 | 58-2626838 | 501(C)(3) | 20,892. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| GRACE VENTURES | | | | | | | |
| 10033 DUBARRY ST. | | | | | | PRODUCT | |
| GLEN DALE, MD 20769 | 46-0879663 | 501(C)(3) | 20,472. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | | | | | |
| ESSENCE OF HOPE INC. | | | | | | | |
| 1320 WHITE ST., SW | | | | | | PRODUCT | |
| ATLANTA, GA 30310 | 14-1989286 | 501(C)(3) | 20,382. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| HAWKWING INC. | | | | | | | |
| 306 CAVAN LN. | | | | | | PRODUCT | |
| GLASTONBURY, CT 06033 | 06-1600366 | 501(C)(3) | 20,346. | 0 | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| embrenberr, er etter | 00 1000000 | 501(0)(0) | 20,310. | | | | TO HOUSE IN NULL |
| YMCA OF THE EAST BAY | | | | | | | |
| 2330 BROADWAY | | | | | | PRODUCT | |
| OAKLAND, CA 94612 | 94-1156317 | 501(C)(3) | 20,273. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | | | | | |
| PRISON TO PEACE OUTREACH, INC. | | | | | | | |
| 1254 S. WATERMAN AVE., STE. 39 | 05 4501366 | E01/G)/2) | 10.044 | • | | PRODUCT | |
| SAN BERNARDINO, CA 92408 | 95-4521366 | 501(C)(3) | 19,944. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| HILLSBOROUGH COUNTY FOSTER PARENT | | | | | | | |
| ASSOCIATION - 9391 N. FLORIDA AVE. | | | | | | PRODUCT | |
| - TAMPA, FL 33612 | 59-1721045 | 501(C)(3) | 19,658. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| · | | | , | | | | |
| CEDAR CREST BIBLE FELLOWSHIP | | | | | | | |
| CHURCH - 1151 S CEDAR CREST BLVD. | | | | | | PRODUCT | |
| - ALLENTOWN, PA 18103 | 23-2123359 | 501(C)(3) | 19,459. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |





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| Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) | | | | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------------|----------------------------------------------------------------|----------------------------------------|------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| UNITED WAY OF PIERCE COUNTY : BARE | | | | | | | | | | |
| NECESSITIES NON-FOOD DONATIONS - | | | | | | PRODUCT | | | | |
| P.O. BOX 5421 - SPANAWAY, WA 98387 | 91-2065257 | 501(C)(3) | 19,181. | 0 | , FMV | DONATIONS | TO ASSIST THOSE IN NEED | | | |
| 2.0. 2011 0122 2212111112, 112 20007 | 71 2000207 | | 15,101. | • | | | 1 11001 111001 111 11111 | | | |
| NEW YORK WOMEN OF DESTINY, INC. | | | | | | | | | | |
| 210-34 GRAND CENTRAL PKWY. | | | | | | PRODUCT | | | | |
| QUEENS VILLAGE, NY 11427 | 04-3601520 | 501(C)(3) | 18,961. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED | | | |
| | | | | | | | | | | |
| CHILDREN'S CANCER RECOVERY | | | | | | | | | | |
| FOUNDATION - 6380 FLANK DR., STE. | | | | | | PRODUCT | | | | |
| 400 - HARRISBURG, PA 17112 | 33-0418563 | 501(C)(3) | 18,716. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED | | | |
| | | | | | | | | | | |
| CIRCLE OF LIGHT ASSOCIATES | | | | | | | | | | |
| 8759 ANNETTA AVE. | 42 450000 | 504 (5) (2) | 40.500 | | | PRODUCT | L | | | |
| SAINT LOUIS, MO 63147 | 43-1589828 | 501(C)(3) | 18,589. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED | | | |
| SENIOR DWELLING SUPPORTIVE | | | | | | | | | | |
| SERVICES - 223 56TH PL., NE - | | | | | | PRODUCT | | | | |
| WASHINGTON, DC 20019 | 80-0662653 | 501(C)(3) | 18,436. | 0 | FMV | DONATIONS | TO ASSIST THOSE IN NEED | | | |
| MIDHINGTON, DC 20013 | 00 0002033 | 501(0)(3) | 10,430. | · · · | , 117 | DOMITTONS | TO MEDIET THOSE IN NEED | | | |
| REACHING OUR COMMUNITIES & KIDS | | | | | | | | | | |
| 460 BOOTH POND RD. | | | | | | PRODUCT | | | | |
| RAEFORD, NC 28376 | 45-2645988 | 501(C)(3) | 18,144. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED | | | |
| | | | | | | | | | | |
| GOOD NEWS MINISTRIES | | | | | | | | | | |
| 2716 E. WASHINGTON ST. | | | | | | PRODUCT | | | | |
| INDIANAPOLIS, IN 46201 | 35-0999233 | 501(C)(3) | 18,045. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED | | | |
| | | | | | | | | | | |
| 2ND CHANCE FOR RECOVERY | | | | | | | | | | |
| 22218 CORALBELL LN. | | | | _ | | PRODUCT | | | | |
| WOODLAND HILLS, CA 91367 | 26-2855599 | 501(C)(3) | 18,000. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED | | | |
| VENC INC | | | | | | | | | | |
| VETS INC. | | | | | | PRODUCT | | | | |
| 731 HAMMONDVILLE RD., 102B POMPANO BEACH, FL 33060 | 47-4498990 | 501(C)(3) | 17,966. | | FMV | DONATIONS | TO ASSIST THOSE IN NEED | | | |
| TORIANO BEACH, FE 33000 | ±1-4430330 | Pot (C)(3) | 17,300. | <u> </u> | , II TT V | PONALIONS | Cohodula I (Farma 200) | | | |





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| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|----------------------------------------------------|----------------|-------------------------------|--------------------------|-----------------------------------------|----------------------------------------------------------------|----------------------------------------|---------------------------------------|
| ONE HEART FOR WOMEN AND CHILDREN | | | | | | | |
| 2040 NORTH RIO GRAND AVE. | | | | | | PRODUCT | |
| ORLANDO, FL 32804 | 30-0584360 | 501(C)(3) | 17,952. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| RIVER OAK CENTER FOR CHILDREN | | | | | | | |
| 5445 LAUREL HILLS DR. | | | | | | PRODUCT | |
| SACRAMENTO, CA 95841 | 94-2519001 | 501(C)(3) | 17,314. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| NATIONAL COALITION FOR HOMELESS | | | | | | | |
| VETERANS : ALBANY HOUSING | | | | | | | |
| COALITION - 278 CLINTON AVE | | | | | | PRODUCT | |
| ALBANY, NY 12210 | 14-1633606 | 501(C)(3) | 16,802. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | | | | | |
| PRICELESS PARROT PRESERVE INC | | | | | | DD O DYYGE | |
| 3 DEER LEAP RD. | 11 2624120 | E01/G)/2) | 16 560 | 0 | EN47 | PRODUCT | TO AGGEGT THE NEED |
| RIDGE, NY 11961 | 11-3624130 | 501(C)(3) | 16,560. | ٠. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| SILENCE ALOUD INC. | | | | | | | |
| 22430 NARANJA ST. | | | | | | PRODUCT | |
| MORENO VALLEY, CA 92557 | 65-1291336 | 501(C)(3) | 16,516. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| , | | | | | | | |
| ARMED FORCES VETERANS | | | | | | | |
| 12802 GALDI LN. | | | | | | PRODUCT | |
| PHILADELPHIA, PA 19154 | 47-1351374 | 501(C)(3) | 16,485. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | | | | | |
| COMMUNITY CONNECTIONS OF | | | | | | | |
| JACKSONVILLE, INC 327 E DUVAL | | | | | | PRODUCT | |
| ST JACKSONVILLE, FL 32202 | 59-0624472 | 501(C)(3) | 16,377. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| GONGTI TO A DOGMOI TOO TYMERYN MITCH | | | | | | | |
| CONCILIO APOSTOLICO INTERNATIONAL | | | | | | DD O DUIGE | |
| INC 8023 FM 1735 - PITTSBURG, | 20 2172510 | E01/G)/2) | 16 262 | 0 | EN47 | PRODUCT | TO AGGEGT THE NEED |
| TX 75686 | 20-3173510 | 501(C)(3) | 16,362. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| ZION KEEPERS, INC. | | | | | | | |
| 5428 FIELD GREEN DR. | | | | | | PRODUCT | |
| STONE MOUNTAIN, GA 30088 | 58-2600360 | Laccon | 16,032. | | FMV | DONATIONS | TO ASSIST THOSE IN NEED |



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|------------------------------------------------------------|-----------------|-------------------------------|--------------------------|-----------------------------------------|----------------------------------------------------------------|----------------------------------------|---------------------------------------|
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| TEAM WALLACE | | | | | | | |
| P.O. BOX 412 | | | | | | PRODUCT | |
| SILVERTON, ID 83867 | 27-1378043 | 501(C)(3) | 15,841. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| HAPPYS INTERNATIONAL TABLE INC. | | | | | | | |
| 3413 CHERRY HILL CT. | | | | | | PRODUCT | |
| BELTSVILLE, MD 20705 | 80-0889189 | 501(C)(3) | 15,693. | 0. | , FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | | | | | |
| CARPENTER'S SHOP CENTER | | | | | | DDODUCE | |
| 1601 UNIVERSITY BLVD., N JACKSONVILLE, FL 32211 | 20-2828807 | 501(C)(3) | 15,664. | 0 | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| ORCKBONVIBBE, TE 322II | 20 2020007 | 501(0)(3) | 13,004. | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | DOMITTOND | TO MODIST THOSE IN NEED |
| ORANGE COUNTY FOUNDATION FOR | | | | | | | |
| ONCOLOGY C&F - 20452 JAMES BAY | | | | | | PRODUCT | |
| CIR LAKE FOREST, CA 92630 | 95-3786863 | 501(C)(3) | 15,517. | 0. | , FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | | | | | |
| VINEYARD CHRISTIAN FELLOWSHIP | | | | | | DD ODIIGE | |
| 1928 E 300TH ST. WICKLIFFE, OH 44092 | 34-1422707 | 501(C)(3) | 15,404. | 0 | , FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| WICKEIFFE, On 44052 | 34 1422707 | 501(0/(3/ | 15,404. | | , r m v | DONATIONS | TO ADDIDIT THOOL IN NEED |
| ELEVATE MINISTRIES | | | | | | | |
| 8902 OXYDOL ST. | | | | | | PRODUCT | |
| SAN ANTONIO, TX 78211 | 74-2631781 | 501(C)(3) | 15,403. | 0. | , FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | | | | | |
| WILL COUNTY CENTER FOR COMMUNITY | | | | | | DD O DIVIGIT | |
| CONCERNS - 2455 GLENWOOD AVE., FL. 1 - JOLIET, IL 60435 | 36-3473739 | 501(C)(3) | 15,317. | 0 | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| 1 - UOLIEI, IL 00435 | 30-34/3/39 | 501(C)(3) | 15,317. | 0. | , FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| TRIPLE THREAT MENTORING NFP | | | | | | | |
| 100 S RIVER ST., STE.100 | | | | | | PRODUCT | |
| AURORA, IL 60506 | 26-2002128 | 501(C)(3) | 15,000. | 0. | , FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | | | | | |
| DUTCHER DREAM FOUNDATION | | | | | | | |
| 1605 TIMBER CREEK LN. | 47-4779080 | 501(C)(3) | 14 600 | ^ | ,FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| LAYTON, UT 84041 | 41-4113000 | hor(c)(3) | 14,608. | U. | , F 17 V | PONALTONS | Cohodula I/Form 2001 |





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| Part II Continuation of Grants and Other | Assistance to Go | overnments and Orga | nizations in the U | nited States (Sch | edule I (Form 990), Pa | art II.) | |
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| PETALUMA ECUMENICAL PROPERTIES | | | | | | | |
| 951 PETALUMA BLVD., SOUTH | | | | | | PRODUCT | |
| PETALUMA, CA 94952 | 94-2565270 | 501(C)(3) | 14,584. | 0. | , FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | | - | | | |
| WORLDWIDE FAMILY CENTER INC | | | | | | | |
| ORGANIZATION - 4945 W DIVISION 2ND | | | | | | PRODUCT | |
| FL CHICAGO, IL 60651 | 36-4203167 | 501(C)(3) | 14,583. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | | | | | |
| SOWING SEEDS FOR LIFE | | | | | | | |
| 1350 ARROW HWY. | | | | _ | | PRODUCT | |
| LAVERNE, CA 91750 | 20-3162713 | 501(C)(3) | 14,564. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| HELP THE POOR INTERNATIONAL | | | | | | | |
| 5836 BURGUNDY ROSE DR. | | | | | | PRODUCT | |
| FORT WORTH, TX 76123 | 46-3829327 | 501(C)(3) | 14,509. | 0 | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| Toki wokin, in 70125 | 10 3023327 | 501(0)(0) | 11,303. | | | | TO INDIEST THOSE IN NEED |
| TOY BOX CONNECTION NFP | | | | | | | |
| 15756 LA GRANGE RD., STE. B | | | | | | PRODUCT | |
| ORLAND PARK, IL 60462 | 26-1404511 | 501(C)(3) | 14,365. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | | | | | |
| HEROES CAMP | | | | | | | |
| 4130 HICKORY RD. | | | | | | PRODUCT | |
| MISHAWAKA, IN 46545 | 20-4334613 | 501(C)(3) | 14,337. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| NEW GENERALITONS | | | | | | | |
| NEW GENERATIONS P.O. BOX 16206 | | | | | | PRODUCT | |
| LONG BEACH, CA 90806 | 90-0448800 | 501(C)(3) | 14,311. | 0 | , FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| HONG BEACH, CA 90000 | 30-0440000 | 501(0/(3/ | 14,311. | 0. | FMV | DONALIONS | TO ASSIST THOSE IN NEED |
| TEENS DO CARE, INC. | | | | | | | |
| 107 ODELL RD. | | | | | | PRODUCT | |
| SPRING LAKE, NC 28390 | 20-5078635 | 501(C)(3) | 14,290. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | , | | | | |
| HELPING HANDS OUTREACH MINISTRIES | | | | | | | |
| 1589 RICHMOND RD. | | | | | | PRODUCT | |
| IRVINE, KY 40336 | 46-1296475 | 501(C)(3) | 14,194. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |





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| (a) Name and address of | (b) EIN | (c) IRC section | (d) Amount of | (e) Amount of | (f) Method of | (g) Description of | (h) Purpose of grant |
|-----------------------------------------------------|------------|-----------------|---------------|------------------------|-----------------------------------------------|---------------------|-------------------------|
| organization or government | (b) EIN | if applicable | cash grant | non-cash assistance | valuation (book, FMV, appraisal, other) | non-cash assistance | or assistance |
| SHARING & CARING | | | | | | | |
| 203 S PAULEY ST. | | | | | | PRODUCT | |
| TEHACHAPI, CA 93561 | 77-0470149 | 501(C)(3) | 14,094. | 0. | FMV | 1 | TO ASSIST THOSE IN NEED |
| GONAVE VISION GROUP INC. | | | | | | | |
| 209 KINGFISH WAY | | | | | | PRODUCT | |
| KISSIMMEE, FL 34759 | 27-0676115 | 501(C)(3) | 14,073. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| AID FOR KIDS | | | | | | | |
| 18 MARKET SQ. | | | | | | PRODUCT | |
| HOULTON, ME 04730 | 20-3918985 | 501(C)(3) | 13,796. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| WIDOWS TAD MINISTRUCE INC | | | | | | | |
| WIDOWS JAR MINISTRIES, INC. 9250 CORPORATION DR. | | | | | | PRODUCT | |
| INDIANAPOLIS, IN 46256 | 75-3205190 | 501(C)(3) | 13,454. | 0 | FMV | | TO ASSIST THOSE IN NEEL |
| INDIAMA CELE, IN 40250 | 73 3203130 | 501(0)(3) | 15,151. | ٠. | 111 | DOMITTONS | TO MODIET THOSE IN NEEL |
| MID AMERICA TEEN CHALLENGE | | | | | | | |
| TRAINING CENTER - 303 MATC LN | | | | | | PRODUCT | |
| CAPE GIRARDEAU, MO 63701 | 43-0914542 | 501(C)(3) | 13,283. | 0. | FMV | | TO ASSIST THOSE IN NEEL |
| · | | | | | | | |
| ROYAL FAMILY KIDS CAMP 165 INC. | | | | | | | |
| 290 MARION BLVD. | | | | | | PRODUCT | |
| FAYETTEVILLE, GA 30215 | 46-4902711 | 501(C)(3) | 13,193. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| IGLESIA WESLEYAN CRISTO TE AMA | | | | | | | |
| 125 W. WILSON ST. | | | | | | PRODUCT | |
| MOUNT AIRY, NC 27030 | 32-0097118 | 501(C)(3) | 13,091. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| WILL WILL WUGADE | | | | | | | |
| KEIA HEALTHCARE | | | | | | DD O DUIGH | |
| 7609 BRITISH GARDENS LN. | 20 4072725 | E01/G)/3) | 12 010 | _ | | PRODUCT | TO AGGEGT THE STREET |
| CHARLOTTE, NC 28215 | 20-4972705 | 501(C)(3) | 13,010. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| RESURRECTION LIFE CHURCH ROCKFORD | | | | | | | |
| 3233 TEN MILE RD. | | | | | | PRODUCT | |
| ROCKFORD, MI 49341 | 01-0579071 | 501(C)(3) | 12,958. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |





| Part II Continuation of Grants and Other | Assistance to G | overnments and Orga | nizations in the U | nited States (Sch | edule I (Form 990), Pa | art II.) | |
|----------------------------------------------------|-----------------|-------------------------------|--------------------------|-----------------------------------------|----------------------------------------------------------------|----------------------------------------|---------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| SAFE PLACE TRANSITION CENTER | | | | | | | |
| 27870 EVERGREEN RD. | | | | | | PRODUCT | |
| LATHRUP VLG, MI 48076 | 46-3520053 | 501(C)(3) | 12,891. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| • | | | , | | | | |
| CHOICES ADOLESCENT TREATMENT | | | | | | | |
| CENTER, INC 4521 KARNACK HWY | | | | | | PRODUCT | |
| MARSHALL, TX 75672 | 75-2569957 | 501(C)(3) | 12,870. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| auti pravi a vovamorni voi triv | | | | | | | |
| CHILDREN'S HOMETOWN HOLIDAY | | | | | | DD ODIIOM | |
| 1100 W AUGLAIZE ST. | 56-2512415 | 501(C)(3) | 12,815. | , | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| WAPAKONETA, OH 45895 | 30-2312413 | 501(0/(3/ | 12,015. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| COMMUNITY HOMEOWNERSHIP CENTER | | | | | | | |
| INC 1284 W 20TH ST | | | | | | PRODUCT | |
| JACKSONVILLE, FL 32209 | 36-4646012 | 501(C)(3) | 12,692. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| · | | | · | | | | |
| HARMONY COMMUNITY DEVELOPMENT | | | | | | | |
| CORPORATION - P.O. BOX 764469 - | | | | | | PRODUCT | |
| DALLAS, TX 75376 | 26-1245799 | 501(C)(3) | 12,687. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | | | | | |
| THE HELP GROUP CHILD & FAMILY | | | | | | | |
| CENTER - 13130 BURBANK BLVD | 05 2226700 | E01/G)/3) | 10 500 | | DV67 | PRODUCT | TO AGREE THE NUMBER |
| SHERMAN OAKS, CA 91401 | 95-2226790 | 501(C)(3) | 12,500. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| FREEDOM RANCH INC. | | | | | | | |
| P.O. BOX 690657 | | | | | | PRODUCT | |
| TULSA, OK 74169 | 73-1305160 | 501(C)(3) | 12,363. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | 1 | | | | |
| GREENACRE HOMES INC. | | | | | | | |
| 438 EDDIE LN. | | | | | | PRODUCT | |
| SEBASTOPOL, CA 95472 | 94-2559262 | 501(C)(3) | 12,291. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | | | | | |
| AFRICAN CULTURAL ALLIANCE OF NORTH | | | | | | | |
| AMERICA - 5530 CHESTER AVE | 02 205225 | E01/G)/3 | 10.05 | | | PRODUCT | |
| PHILADELPHIA, PA 19143 | 23-3062024 | POI(C)(3) | 12,222. | <u></u> 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |





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| Part II Continuation of Grants and Othe | r Assistance to Go | overnments and Orga | nizations in the U | nited States (Sch | nedule I (Form 990), P | art II.) | <u> </u> |
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| CDEAMINE ALMEDNAMINES | | | | | | | |
| CREATIVE ALTERNATIVES 2855 GEER RD. | | | | | | PRODUCT | |
| | 94-2378380 | 501(C)(3) | 12 140 | 0 | .FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| TURLOCK, CA 95382 | 94-2376360 | 501(C)(3) | 12,148. | 0, | · F M V | DONATIONS | TO ASSIST THOSE IN NEED |
| BLUE SKIES FOR CHILDREN | | | | | | | |
| 2505 CEDARWOOD AVE., STE. 5 | | | | | | PRODUCT | |
| BELLINGHAM, WA 98225 | 91-2061794 | 501(C)(3) | 11,879. | 0 | .FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| BEEDINGIANI, WII 30223 | 31 2001/31 | 501(0)(0) | 11,075. | | | 50111110115 | TO MEDIET THESE IN MEDI |
| ASPIRA INC OF PENNSYLVANIA | | | | | | | |
| 4322 N 5TH ST. | | | | | | PRODUCT | |
| PHILADELPHIA, PA 19140 | 23-1712664 | 501(C)(3) | 11,809. | 0. | .FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| • | | | , | | | | |
| BRADLEY FOUNDATION | | | | | | | |
| 4534 MCKINLEY ST. | | | | | | PRODUCT | |
| PHILADELPHIA, PA 19135 | 20-1316672 | 501(C)(3) | 11,712. | 0. | .FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | | | | | |
| CENTER FOR CREATIVE ARTS, INC. | | | | | | | |
| 2727 SECOND AVE., STE. 131 | | | | | | PRODUCT | |
| DETROIT, MI 48201 | 58-2598993 | 501(C)(3) | 11,654. | 0. | .FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | | | | | |
| HELPING PEOPLE HELP THEMSELVES | | | | | | | |
| 6 DEER HILL RD. | | | | | | PRODUCT | |
| ALPINE, NJ 07620 | 22-3840551 | 501(C)(3) | 11,650. | 0. | . FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | | | | | |
| GRACE MEDICAL CLINIC INC. | | | | | | | |
| 211 S 8TH ST. | | | | | | PRODUCT | |
| MAYFIELD, KY 42066 | 61-1351519 | 501(C)(3) | 11,646. | 0. | .FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | | | | | |
| CENTER FOR HOLISTIC DEVELOPMENT | | | | | | | |
| INC 165 BURKE ST., STE. 109 - | | | | | | PRODUCT | |
| STOCKBRIDGE, GA 30281 | 47-4515264 | 501(C)(3) | 11,559. | 0. | .FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| TALLWIA ADVEDD OF LVDDIAL | | | | | | | |
| ISLAMIC CENTER OF AMERICA INC. | | | | | | DD ODIIGE | |
| 3 ASHBY LN. | 20 (005222 | E01/G)/3) | 11 546 | _ | ENG! | PRODUCT | TO AGREE THOSE IN THE |
| DEARBORN, AL 48120 | 38-6095289 | 501(C)(3) | 11,546. | U . | , FMV | DONATIONS | TO ASSIST THOSE IN NEED |





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| Part II Continuation of Grants and Other | Assistance to Go | vernments and Orga | nizations in the U | nited States (Sch | edule I (Form 990), Pa | art II.) | |
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| ENGEDITONAL GADE FOR GUILDREN | | | | | | | |
| EXCEPTIONAL CARE FOR CHILDREN 11 INDEPENDENCE WAY | | | | | | PRODUCT | |
| NEWARK, DE 19713 | 23-2966490 | 501(C)(3) | 11,524. | 0 | , FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | , | - | | | |
| NEW MILLENNIUM BIBLE FELLOWSHIP | | | | | | | |
| 9026 ELAM RD. | | | | | | PRODUCT | |
| DALLAS, TX 75217 | 04-3588795 | 501(C)(3) | 11,520. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | | | | | |
| UWM PANTHER ATHLETICS | | | | | | DD o DVIGT | |
| 3409 NORTH DOWNER AVE., STE. 140A | 47 0022200 | E01/G)/3) | 11 400 | 0 | EW37 | PRODUCT | TO AGGIGT THINGE IN NEED |
| MILWAUKEE, WI 53211 | 47-0923289 | 501(C)(3) | 11,499. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| HOPE VILLAGE (FORMERLY SWC OF | | | | | | | |
| HIGHLAND PARK) - 16455 WOODWARD | | | | | | PRODUCT | |
| AVE HIGHLAND PARK, MI 48203 | 20-5832644 | 501(C)(3) | 11,341. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | | | | | |
| CONCERNS OF POLICE SURVIVORS | | | | | | | |
| 72 FARRWOOD AVE., APT. 3 | | | | | | PRODUCT | |
| NORTH ANDOVER, MA 01845 | 04-3277632 | 501(C)(3) | 11,324. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| MEL ECOMPTONIEED C | | | | | | | |
| TELECOMPIONEERS 202 SHALLOWAY DR. | | | | | | PRODUCT | |
| KENNESAW, GA 30144 | 16-1634095 | 501(C)(3) | 11,283. | 0 | , FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | 10 1001000 | | 11,200. | - | | | |
| WISDOM OF THE ELDERS INCORPORATED | | | | | | | |
| 3203 SE 109TH AVE. | | | | | | PRODUCT | |
| PORTLAND, OR 97266 | 93-1164114 | 501(C)(3) | 11,281. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | | | | | |
| 101 ENTERPRISE FOUNDATION | | | | | | | |
| 2208 S. VICTORIA AVE. | | | | | | PRODUCT | |
| LOS ANGELES, CA 90016 | 02-0713867 | 501(C)(3) | 11,267. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| H O P E COMMUNITY TEMPLE | | | | | | | |
| 1920 W CHESTNUT AVE. | | | | | | PRODUCT | |
| SANTA ANA, CA 92703 | 95-4732028 | 501(C)(3) | 11,267. | 0. | , FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | 1 | 1 | , . | | <u> </u> | 1 | Cala dula I (Farra 000) |





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| Part II Continuation of Grants and Other | Assistance to Go | overnments and Orga | nizations in the U | nited States (Sch | edule I (Form 990), Pa | | - rage |
|---------------------------------------------------------|------------------|-------------------------------|--------------------------|-----------------------------------------|----------------------------------------------------------------|-------------------------------------------|---------------------------------------|
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| HEPHZIBAH CHILDRENS HOME | | | | | | | |
| 6601 ZEBULON RD. | | | | | | PRODUCT | |
| MACON, GA 31220 | 90-0807384 | 501(C)(3) | 11,245. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| READING RECREATION COMMISSION | | | | | | | |
| 320 S 3RD ST. | | | | | | PRODUCT | |
| READING, PA 19602 | 38-3860043 | 501(C)(3) | 11,155. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| MAIN ATTRACTIONS DANCE BOOSTERS | | | | | | | |
| 36493 CRIMSON LN. | | | | | | PRODUCT | |
| NEW BALTIMORE, MI 48047 | 27-3785262 | 501(C)(3) | 11,141. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| DAVEDONE VOUCE CANTILL GEDATER | | | | | | | |
| BAYFRONT YOUTH & FAMILY SERVICES 324 E BIXBY RD. | | | | | | PRODUCT | |
| LONG BEACH, CA 90807 | 33-0891900 | 501(C)(3) | 11,080. | 0 | , FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| BONG BEACH, CA 70007 | 33 0031300 | 501(0)(3) | 11,000. | | , r m v | DONALIONS | TO ADDIDIT THOSE IN NEED |
| THE JOHN J DRISCOLL UNITED LABOR | | | | | | | |
| AGENCY - 56 TOWN LINE RD ROCKY | | | | | | PRODUCT | |
| HILL, CT 06067 | 06-0987695 | 501(C)(3) | 11,055. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| FOCUS NORTH AMERICA - WESTMINSTER | | | | | | | |
| 600 N BELL AVE., BLDG. 1, STE. 115 | | | | | | PRODUCT | |
| CARNEGIE, PA 15106 | 26-4427803 | 501(C)(3) | 11,003. | 0. | , FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| · | | | · | | | | |
| LIVSEY SCHOOL PTO | | | | | | | |
| 4137 LIVSEY RD. | | | | | | PRODUCT | |
| TUCKER, GA 30084 | 45-5150119 | 501(C)(3) | 10,991. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| ST BARBARA GREEK ORTHODOX CHURCH | | | | | | | |
| 1675 COPPERFIELD LN. | | | | | | PRODUCT | |
| TOMS RIVER, NJ 08755 | 22-2028122 | 501(C)(3) | 10,968. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | | | | | |
| AMANDA RILEY FOUNDATION | | | | | | PRODUCT | |
| 1305 LAKES PARKWAY, STE. 104 LAWRENCEVILLE, GA 30043 | 27-3494872 | 501(C)(3) | 10,934. | n | , FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| EMINERAL FIELD GR 30043 | 2/ 3434072 | Po=(C/(3/ | 10,934. | 0. | , 1114 | DOIMIT TOMB | IO ASSISI INOSE IN NEED |





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| TOTOD OUTDEACH THE | | | | | | | |
| JCTOD OUTREACH INC. | | | | | | PRODUCT | |
| 26 JOHNSON PARK UTICA, NY 13501 | 16-1498400 | 501(C)(3) | 10,823. | 0 | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| OTICA, NI 13301 | 10-1490400 | 501(0)(3) | 10,823. | 0. | r m v | DONATIONS | TO ASSIST THOSE IN NEED |
| BACK TO LIFE INC. | | | | | | | |
| 5915 W ROANOKE AVE. | | | | | | PRODUCT | |
| PHOENIX, AZ 85035 | 20-3534482 | 501(C)(3) | 10,746. | 0 | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | 20 0001102 | | 20,720. | | | | 1 11001 111001 111 11111 |
| GREATER COOPER MEMORIAL CHURCH OF | | | | | | | |
| GOD IN CHRIST - 4119 JOHN DALY ST. | | | | | | PRODUCT | |
| - INKSTER, MI 48141 | 23-7002419 | 501(C)(3) | 10,733. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | , - | | | | |
| KINGDOM BUILDING OUTREACH MINISTRY | | | | | | | |
| 1621 N HEALD ST. | | | | | | PRODUCT | |
| WILMINGTON, DE 19802 | 37-1653275 | 501(C)(3) | 10,660. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| · | | | , | | | | |
| FORSYTH BETTER HOMETOWN INC. | | | | | | | |
| 68 N LEE ST. | | | | | | PRODUCT | |
| FORSYTH, GA 31029 | 20-3443859 | 501(C)(3) | 10,630. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | | | | | |
| RANCHO VERDE HIGH SCHOOL | | | | | | | |
| 17750 LASSSELLE ST. | | | | | | PRODUCT | |
| MORENO VALLEY, CA 92551 | | N/A | 10,539. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | | | | | |
| BASHA HIGH SCHOOL | | | | | | | |
| 5990 S. VALVISTA DR. | | | | | | PRODUCT | |
| CHANDLER, AZ 85249 | | N/A | 10,539. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | | | | | |
| LAKES REGION SANTA FUND | | | | | | | |
| 62 PLEASANT ST. | | | | | | PRODUCT | |
| LACONIA, NH 03246 | 02-6033605 | 501(C)(3) | 10,469. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | | | | | |
| FIRST STEPS PARENTING ADVOCACY | | | | | | | |
| CENTER - 195 E TALLMADGE AVE | | | | | | PRODUCT | |
| AKRON, OH 44310 | 23-7176524 | 501(C)(3) | 10,465. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |



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| VITAL EDUCATION, INC. | | | | | | | |
| 1503 S. US HWY., STE. 301 | | | | | | PRODUCT | |
| TAMPA, FL 33619 | 65-0519652 | 501(C)(3) | 10,410. | 0 | , FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | 03 0313032 | 501(0)(3) | 10,410. | ٠. | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | DOMITTONS | TO NEGLET THOSE IN NEED |
| APPALACHIAN MINISTRIES OF THE | | | | | | | |
| CAROLINAS - 209 PINEVIEW DR | | | | | | PRODUCT | |
| PELZER, SC 29669 | 45-5639223 | 501(C)(3) | 10,403. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| , | | | | | | | |
| LIFELINE OUTREACH | | | | | | | |
| 1285 BARING BLVD., STE. 206 | | | | | | PRODUCT | |
| SPARKS, NV 89434 | 92-0177009 | 501(C)(3) | 10,382. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| - | | | | | | | |
| CJR MEMORIAL FOUNDATION | | | | | | | |
| 1114 DEWBERRY DR. | | | | | | PRODUCT | |
| HAWLEY, PA 18428 | 80-0545692 | 501(C)(3) | 10,262. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | | | | | |
| HARLANDALE HIGH SCHOOL | | | | | | | |
| 114 E. GERALD AVE. | | | | | | PRODUCT | |
| SAN ANTONIO, TX 78214 | | N/A | 10,200. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | | | | | |
| BLUE VALLEY WEST HIGH SCHOOL | | | | | | | |
| 16200 ANTIOCH RD. | | | | | | PRODUCT | |
| OVERLAND PARK, KS 66085 | | N/A | 10,200. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | | | | | |
| GREENON HIGH SCHOOL | | | | | | | |
| 3950 S. TECUMSEH RD. | | | | | | PRODUCT | |
| SPRINGFIELD, OH 45502 | | N/A | 10,200. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | | | | | |
| BETHEL WORSHIP CENTER | | | | | | | |
| P.O. BOX 480615 | | 504 (5) (2) | 10.455 | _ | L | PRODUCT | L |
| CHARLOTTE, NC 28269 | 03-0505638 | 501(C)(3) | 10,186. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| KENTUCKY NONPROFIT NETWORK : | | | | | | | |
| JARRETTS JOY CART INC 57 | | | | | | | |
| CANDLEWOOD DR NICHOLASVILLE, KY | | | | | | PRODUCT | L |
| 40356 | 26-0323017 | 501(C)(3) | 10,085. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |





Schedule I (Form 990) GOOD 3 6 0

| Part II Continuation of Grants and Other | Assistance to G | overnments and Orga | nizations in the U | nited States (Sch | edule I (Form 990), Pa | art II.) | - Tage |
|----------------------------------------------------|-----------------|-------------------------------|--------------------------|-----------------------------------------|----------------------------------------------------------------|----------------------------------------|---------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| THE VILLA CENTER INC. | | | | | | | |
| 910 N. FRENCH ST. | | | | | | PRODUCT | |
| SANTA ANA, CA 92701 | 95-2312323 | 501(C)(3) | 10,016. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| GENERAL COUNCIL OF THE ASSEMBLIES | | | | | | | |
| OF GOD - 1280 WEBSTER ST SAN | | | | | | PRODUCT | |
| FRANCISCO, CA 94115 | 94-1201201 | 501(C)(3) | 10,000. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | | | | | |
| SAN FRANCISCO CITY IMPACT | | | | | | DD O DYYGE | |
| P.O. BOX 16217 | 00 0220050 | E01/G)/2) | 10.000 | | | PRODUCT | |
| SAN FRANCISCO, CA 94116 | 90-0332259 | 501(C)(3) | 10,000. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| TAMPA BAY COMMUNITY AND FAMILY | | | | | | | |
| DEVELOPMENT CORPORATION DBA KINGS | | | | | | | |
| KIDS ACAD - 3000 N. 34TH ST | | | | _ | | PRODUCT | |
| TAMPA, FL 33605 | 31-1777684 | 501(C)(3) | 9,981. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | | | | | |
| MESA UNITED WAY | | | | | | | |
| 137 E UNIVERSITY DR. | | | | _ | | PRODUCT | |
| MESA, AZ 85201 | 86-0198599 | 501(C)(3) | 9,932. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| DECIMALD EDWARD HOLLOWAY MOVEMETE | | | | | | | |
| REGINALD EDWARD HOLLOWAY MCKENZIE | | | | | | DD ODIIGE | |
| FOUNDATION - 1876 SMITHFIELD AVE. | 70 1600057 | E01/G)/2) | 0.063 | 0 | T11677 | PRODUCT | TO AGREE THOSE IN NEED |
| - ELLENWOOD, GA 30294 | 72-1600057 | 501(C)(3) | 9,863. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| CS ACADEMY | | | | | | | |
| 1443 W 63RD ST. | | | | | | PRODUCT | |
| | 27-2411662 | E01/G)/2) | 0 016 | 0 | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| CHICAGO, IL 60636 | 27-2411002 | 501(C)(3) | 9,816. | · · | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| UNBRIDLED CHANGE | | | | | | | |
| | | | | | | PRODUCT | |
| 5614 HOLLINS RD. | 26-3398687 | 501(C)(3) | 0 645 | 0 | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| ROANOKE, VA 24019 BOYS & GIRLS CLUBS OF AMERICA: | 20-3330007 | D01(C)(3) | 9,645. | <u> </u> | L LI A | DONALIONS | TO WEED IN NEED |
| | | | | | | | |
| BOYS & GIRLS CLUB OF NORTH COUNTY | | | | | | DD ODLIGH | |
| - 445 EASY IVY ST FALLBROOK, CA 92028 | 05 2241614 | E01/G)/3) | 0 F77 | _ | EW7 | PRODUCT DONATIONS | TO ACCION MUCCE IN MEED |
| J2U2U | 95-2241614 | Por(c)(3) | 9,577. | υ. | FMV | PONALTONS | TO ASSIST THOSE IN NEED |





| Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) | | | | | | | |
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| AMERICAN HUMAN RIGHTS COUNCIL INC. 13530 MICHIGAN AVE., STE. 332 | | | | | | PRODUCT | |
| DEARBORN, MI 48126 | 46-4398596 | 501(C)(3) | 9,572. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| PHOENIX HOUSE FOUNDATION | | | | | | | |
| 164 W 74TH ST. | | | | | | PRODUCT | |
| NEW YORK, NY 10023 | 23-7013149 | 501(C)(3) | 9,568. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| ST. LUKE CHURCH OF THE LIVING WORD | | | | | | | |
| 801 ROOSEVELT ST. | | | | | | PRODUCT | |
| BADIN, NC 28009 | 56-1493582 | 501(C)(3) | 9,458. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | | | | | |
| LIVING WATER 4 ROATAN | | | | | | | |
| 1125 12TH ST., NW, APT. 85 | 20 4201515 | E01/G)/2) | 0 200 | 0 | EW7 | PRODUCT | TO AGGICE MUOGE IN NEED |
| WASHINGTON, DC 20005 | 20-4201515 | 501(C)(3) | 9,200. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| ONEPOWERFULMOVEMENT COMMUNITY | | | | | | | |
| DEVELOPMENT CENTER - 4711 KILKENNY | | | | | | PRODUCT | |
| DR HOUSTON, TX 77048 | 20-2797782 | 501(C)(3) | 9,175. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| NODBURTED DESIRED COMMINITED | | | | | | | |
| NORTHFIELD HEALTHY COMMUNITY INITIATIVE - 2014 LINCOLN ST., S. | | | | | | PRODUCT | |
| - NORTHFIELD, MN 55057 | 26-2852506 | 501(C)(3) | 9,089. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| , | | | ,,,,,,,, | | | | |
| CRISIS INTERVENTION SERVICES | | | | | | | |
| 500 HIGH AVE., W | | | | | | PRODUCT | |
| OSKALOOSA, IA 52577 | 39-1879622 | 501(C)(3) | 9,088. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| MENDOCINO COAST CHILDRENS FUND | | | | | | | |
| 44771 CRESTWOOD DR. | | | | | | PRODUCT | |
| MENDOCINO, CA 95460 | 68-0367383 | 501(C)(3) | 8,995. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| JUNIOR LEAGUE OF ELIZABETH | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | |
| PLAINFIELD, NJ, INC 543 | | | | | | | |
| HILLCREST AVE WESTFIELD, NJ | | | | | | PRODUCT | |
| 07090 | 22-2157198 | 501(C)(3) | 8,951. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |





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| Part II Continuation of Grants and Other | Assistance to G | overnments and Orga | nizations in the U | nited States (Sch | edule I (Form 990), Pa | art II.) | |
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| YWCA OF ROCHESTER & MONROE COUNTY 175 N. CLINTON AVE. ROCHESTER, NY 14604 | 16-0743248 | 501(C)(3) | 8,938. | 0. | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| UNITED CANCER SUPPORT FOUNDATION 6700 BAUM DR., STE. 8 KNOXVILLE, TN 37919 | 27-5005215 | 501(C)(3) | 8,920. | 0. | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| IMAGE FOR SUCCESS 1557 FOURTH ST. SAN RAFAEL, CA 94901 | 94-3331026 | 501(C)(3) | 8,909. | 0. | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| EAST COUNT ECONOMIC EMPOWERMENT GROUP - 1231 WEAVER ST SAN DIEGO, CA 92114 | 33-0846492 | 501(C)(3) | 8,878. | 0. | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| INTERNATIONAL FOUNDATION FOR WORLD FREEDOM - 9025 WILSHIRE BLVD., PENTHOUSE - BEVERLY HILLS, CA 90211 | 87-0720574 | 501(C)(3) | 8,830. | 0. | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| GIVING A HAND 789 PASTEL DR., SW MARIETTA, GA 30008 | 37-1651254 | 501(C)(3) | 8,826. | 0. | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| SAINT SETONS ORPHANED ANIMALS 1 SUMMEY ST. FREDERICKSBURG, VA 22406 | 20-8419405 | 501(C)(3) | 8,672. | 0. | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| SE CALIFORNIA CONFERENCE OF SEVENTH DAY ADVENTIST - 344 E. 5TH ST PERRIS, CA 92570 | 95-1816050 | 501(C)(3) | 8,587. | 0. | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| ST. JAMES CARING CENTER 113 WEST ELDON ST. SAINT JAMES, MO 65559 | 43-1843295 | 501(C)(3) | 8,571. | 0. | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |





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| Part II Continuation of Grants and Other | Assistance to Go | overnments and Orga | nizations in the U | nited States (Sch | edule I (Form 990), Pa | art II.) | 1 |
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| POOR & NEEDY INC. 5212 TROTTERS GLEN DR., STE. 102 UPPER MARLBORO, MD 20772 | 36-4659896 | 501(C)(3) | 8,557. | 0. | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| HAPPY HEARTS CENTRE FOR HUMANITY 186 ANN ST. VALLEY STREAM, NY 11580 | 47-3661639 | 501(C)(3) | 8,448. | 0. | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| LITERACY NASSAU 187 SMITH ST. FREEPORT, NY 11520 | 23-7409756 | 501(C)(3) | 8,393. | 0. | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| EMERGENCY INFANT SERVICES 222 S HOUSTON AVE. TULSA, OK 74127 | 73-1039524 | 501(C)(3) | 8,329. | 0. | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| ALIVE MIKE INC. 1527 N ASTOR ST. MILWAUKEE, WI 53202 | 38-3917398 | 501(C)(3) | 8,308. | 0. | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| OPERATION FOOD SEARCH : CLIFTON HEIGHTS SENIOR CENTER - 6827 S BROADWAY - SAINT LOUIS, MO 63111 | 84-1628468 | 501(C)(3) | 8,263. | 0. | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| FIELDS COMPREHENSIVE 8780 19TH ST., STE. 196 RANCHO CUCAMONGA, CA 91701 | 33-0692859 | 501(C)(3) | 8,261. | 0. | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| LUKE VINCENT POWERS FOUNDATION 5 CAPES TRAIL WEST BARNSTABLE, MA 02668 | 30-0407641 | 501(C)(3) | 8,253. | 0. | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| THE SALT AND LIGHT COMPANY 1841 BURLINGTON-MT. HOLLY RD. WESTAMPTON, NJ 08060 | 22-2709739 | 501(C)(3) | 8,234. | 0. | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |





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| Part II Continuation of Grants and Other | Assistance to G | overnments and Orga | anizations in the U | nited States (Sch | nedule I (Form 990), Pa | art II.) | 1 |
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| OVER GUALT GENER | | | | | | | |
| ONE SMALL STEP 1100 N. ALMA SCHOOL RD., STE. 9 | | | | | | PRODUCT | |
| CHANDLER, AZ 85224 | 26-2024218 | 501(C)(3) | 8,182. | 0. | .FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| · | | | , | | | | |
| AIDS TASK FORCE OF LAPORTE & | | | | | | | |
| PORTER COUNTIES - 5490 BROADWAY, | | | | _ | | PRODUCT | |
| STE. L-3 - MERRILLVILLE, IN 46410 | 35-1785024 | 501(C)(3) | 8,167. | 0 . | .FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| CHILDREN AND THE COUNTRY LIFE | | | | | | | |
| (CCL) - 2579 BRIDLE PATH DR | | | | | | PRODUCT | |
| GILROY, CA 95020 | 37-1605224 | 501(C)(3) | 8,166. | 0. | .FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | 0. 2000222 | | 5,255. | | | | |
| SOUTH SIDE COMMUNITY COALITION | | | | | | | |
| 2101 WEST HOLMES RD. | | | | | | PRODUCT | |
| LANSING, MI 48910 | 52-2377012 | 501(C)(3) | 8,069. | 0 . | .FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | | | | | |
| PARENTS BY CHOICE INC. | | | | | | | |
| 2423 W MARCH LN., STE. 200 | | | | | | PRODUCT | L |
| STOCKTON, CA 92507 | 35-2274016 | 501(C)(3) | 8,057. | 0. | .FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| CHILDRENS HOME SOCIETY OF FLORIDA | | | | | | | |
| BUCKNER DIVISION - P.O. BOX 5616 - | | | | | | PRODUCT | |
| JACKSONVILLE, FL 32247 | 59-0192430 | 501(C)(3) | 8,037. | 0. | .FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | ,,,,,,, | | | | |
| THE DOOR - A CENTER OF | | | | | | | |
| ALTERNATIVES, INC 121 AVE. OF | | | | | | PRODUCT | |
| THE AMERICAS - NEW YORK, NY 10013 | 13-6127348 | 501(C)(3) | 8,019. | 0 | .FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | | | | | |
| INTERNATIONAL ASSOCIATION OF | | | | | | | |
| ACADEMICS - 6103 BEECHMONT BLVD | | | | | | PRODUCT | |
| ORLANDO, FL 32808 | 27-2009085 | 501(C)(3) | 7,999. | 0 . | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| EVANGEL TOAL EDGE GIVINGU | | | | | | | |
| EVANGELICAL FREE CHURCH 1710 N. 15TH ST. | | | | | | PRODUCT | |
| SHEBOYGAN, WI 53081 | 39-1423642 | 501 (C) (3) | 7,936. | 0 | .FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| PHEDOLOGIA, MI 22001 | 33-1423042 | ho1(c)(3) | 1,330. | | · L 111 | PONYLIONS | TO WOSTST THOSE IN MEED |





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| Part II Continuation of Grants and Other | Assistance to Go | overnments and Orga | nizations in the U | nited States (Sch | edule I (Form 990), Pa | art II.) | |
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| UNYEWAY 2330 MAIN ST., STE. E | 33-0001690 | E01/G\/2\ | 7 022 | 0 | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| RAMONA, CA 92065 | 33-0001690 | 501(C)(3) | 7,932. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| KIDS AND CARS 333 MONTGOMERY AVE. BALA CYNWYD, PA 19004 | 20-0024715 | 501(C)(3) | 7,883. | 0. | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| | | | | | | | |
| WALTER HOVING HOME, INC. P.O. BOX 194 GARRISON, NY 10524 | 13-2753267 | 501(C)(3) | 7,860. | 0. | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| APPALACHIAN OUTREACH-CARSON NEWMAN COLLEGE - 190 W OLD ANDREW JOHNSON HWY JEFFERSON CTY, TN 37760 | 62-0479189 | 501(C)(3) | 7,720. | 0. | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| HOMES FOR CHILDREN CORPORATION 7921 MEADOW VIEW TRAIL FORT WORTH, TX 76120 | 20-4417114 | 501(C)(3) | 7,674. | 0. | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| LOVETT ELEMENTARY SCHOOL 6333 W. BLOOMINGDALE AVE. CHICAGO, IL 60639 | | N/A | 7,573. | 0. | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| THE FAULK FOUNDATION 6135 NORTHDALE ST. HOUSTON, TX 77087 | 26-1627245 | 501(C)(3) | 7,562. | 0. | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| MCNAIR ACADEMIC HIGH SCHOOL 123 COLES ST. JERSEY CITY, NJ 07302 | | N/A | 7,486. | 0. | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| BUNKERS IN BAGHDAD 4 KEPH DR. AMHERST, NY 14228 | 26-2583317 | 501(C)(3) | 7,473. | 0. | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |





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|----------------------------------------------------|----------------|-------------------------------|--------------------------|-----------------------------------|----------------------------------------------------------------|----------------------------------------|------------------------------------|
| YOUTH FAIR CHANCE, INC. | | | | | | | |
| 701 N HOLT RD., STE. 1 | | | | | | PRODUCT | |
| INDIANAPOLIS, IN 46222 | 31-0969668 | 501(C)(3) | 7,413. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| BUTTERFLIES AND WILDFLOWERS | | | | | | | |
| 1007 KAYCEE DR. | | | | | | PRODUCT | |
| RAYMORE, MO 64083 | 27-1779140 | 501(C)(3) | 7,402. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| CALVARY COMMUNITY CHURCH-A CALVARY | | | | | | | |
| CHAPEL - 12612 N BLACK CANYON HWY. | | | | | | PRODUCT | |
| - PHOENIX, AZ 85029 | 86-0455903 | 501(C)(3) | 7,363. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| KELSO FOURSQUARE CHURCH (LOVE | | | | | | | |
| OVERWHELMING) - 121 OLIVE ST | | | | | | PRODUCT | |
| KELSO, WA 98626 | 26-0095960 | 501(C)(3) | 7,349. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| HOPE HOUSE OF ITASCA COUNTY INC. | | | | | | | |
| 2002 CROMWELL DR. | | | | | | PRODUCT | |
| GRAND RAPIDS, MN 55744 | 36-3415460 | 501(C)(3) | 7,325. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| ANNABELLAS FOUNDATION | | | | | | | |
| 10594 ASPENWOOD CT. | | | | | | PRODUCT | |
| JONESBORO, GA 30238 | 47-4042373 | 501(C)(3) | 7,322. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| THE ARC-WISCONSIN DISABILITY | | | | | | | |
| ASSOCIATION - 2602 HILS CT | | | | | | PRODUCT | |
| MENOMONIE, WI 54751 | 39-1540586 | 501(C)(3) | 7,288. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| ELITE LADIES OF EXPRESSION INC. | | | | | | | |
| 1999 TELLEPSEN ST,. STE. 1999 | | | | | | PRODUCT | |
| HOUSTON, TX 77023 | 65-1293475 | 501(C)(3) | 7,250. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| GOTTA HAVE SOLE FOUNDATION | | | | | | | |
| 39 EAST BEL AIR RD. | | | | | | PRODUCT | |
| CRANSTON, RI 02920 | 27-1992301 | 501(C)(3) | 7,250. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |





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| Part II Continuation of Grants and Other | Assistance to Go | vernments and Orga | nizations in the U | nited States (Sch | edule I (Form 990), Pa | art II.) | T |
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| ALEXIS MIRANDA FOUNDATION INC. P.O. BOX 265 | | | | | | PRODUCT | |
| ALBION, RI 02802 | 46-3606311 | 501(C)(3) | 7,225. | 0 . | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| SPA SWAG FOR WARRIORS 2106 N SCOTT ST., APT. 40 ARLINGTON, VA 22209 | 47-3087759 | 501(C)(3) | 7,218. | 0. | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| KERN BRIDGES YOUTH HOMES 1321 STINE RD. BAKERSFIELD, CA 93309 | 77-0168444 | 501(C)(3) | 7,178. | 0. | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| PENTECOSTAL GOSPEL TEMPLE MINISTRIES - 900 S STATE RD. STE. 7 - MARGATE, FL 33068 | | 501(C)(3) | 7,151. | | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| KIWANIS FOUNDATION OF WORCESTER, INC P.O. BOX 20275 - WORCESTER, MA 01602 | 04-6051006 | 501(C)(3) | 7,105. | 0. | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| SERVANTS HOUSE MINISTRY 601 COTTON GROVE RD. LEXINGTON, NC 27292 | 83-0355660 | 501(C)(3) | 7,075. | 0, | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| HEALING ARTS INSTITUTE INC. 95 W STAFFORD RD. STAFFORD SPGS, CT 06076 | 04-3165795 | 501(C)(3) | 7,049. | 0 , | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| THE RESOURCE CENTER FOR COMMUNITY ACTION - 3940 HWY 20, SE - CONYERS, GA 30013 | 65-1283239 | 501(C)(3) | 7,036. | 0 , | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| ADONAI 8038 ROSEBUD ST. RANCHO CUCAMONGA, CA 91701 | 56-2611932 | 501(C)(3) | 6,888. | 0. | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |





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| Part II Continuation of Grants and Other | Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) | | | | | | | | | | |
|---------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------|-----------------------------------------|----------------------------------------------------------------|----------------------------------------|------------------------------------|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | | |
| GOOD NEWS STAD MINISTERS | | | | | | | | | | | |
| GOOD NEWS CLUB MINISTRIES INTERNATIONAL - 249 NE 166 ST | | | | | | PRODUCT | | | | | |
| NORTH MIAMI BEACH, FL 33162 | 20-1683803 | 501(C)(3) | 6,837. | 0 | .FMV | DONATIONS | TO ASSIST THOSE IN NEED | | | | |
| NORTH MIAMI BEACH, FE 33102 | 20-1003003 | 501(0)(3) | 0,837. | 0, | FHV | DONATIONS | TO ASSIST THOSE IN NEED | | | | |
| NEW BETHEL SOUNDS OF PRAISE | | | | | | | | | | | |
| 501 GREYBACK RD. | | | | | | PRODUCT | | | | | |
| SUMMERVILLE, SC 29483 | 57-1080203 | 501(C)(3) | 6,833. | 0. | , FMV | | TO ASSIST THOSE IN NEED | | | | |
| , | | | , , , , , | | | | | | | | |
| KIDS CAN COMMUNITY CENTER | | | | | | | | | | | |
| 4860 Q ST. | | | | | | PRODUCT | | | | | |
| OMAHA, NE 68117 | 47-0376597 | 501(C)(3) | 6,825. | 0. | .FMV | DONATIONS | TO ASSIST THOSE IN NEED | | | | |
| BLEEDING DISORDERS ALLIANCE | | | , | | | | | | | | |
| ILLINOIS (HEMOPHELIA FOUNDATION OF | | | | | | | | | | | |
| ILLINOIS) - 210 S. DESPLAINES - | | | | | | PRODUCT | | | | | |
| CHICAGO, IL 60661-5500 | 36-2390156 | 501(C)(3) | 6,822. | 0. | , FMV | DONATIONS | TO ASSIST THOSE IN NEED | | | | |
| | | | | | | | | | | | |
| A NEW BEGINNING FFA | | | | | | | | | | | |
| 16377 MAIN ST., STE. A | | | | | | PRODUCT | | | | | |
| HESPERIA, CA 92345 | 56-2476368 | 501(C)(3) | 6,780. | 0. | , FMV | DONATIONS | TO ASSIST THOSE IN NEED | | | | |
| | | | | | | | | | | | |
| HOUSTON FOOD BANK | | | | | | | | | | | |
| 535 PORTWALL ST. | | | | | | PRODUCT | | | | | |
| HOUSTON, TX 77029 | 74-2181456 | 501(C)(3) | 6,769. | 0, | FMV | DONATIONS | TO ASSIST THOSE IN NEED | | | | |
| | | | | | | | | | | | |
| FRESH START HELP CENTER | | | | | | DDODIIGE | | | | | |
| 222 2ND ST., E | 00 050005 | E01/G)/2) | 6 545 | 2 | E167 | PRODUCT | | | | | |
| TIFTON, GA 31793 | 90-0592895 | 501(C)(3) | 6,747. | 0. | , FMV | DONATIONS | TO ASSIST THOSE IN NEED | | | | |
| TASTE OF HEAVEN MINISTRY | | | | | | | | | | | |
| 119 WENDELL ST. | | | | | | PRODUCT | | | | | |
| WINCHESTER, MA 01890 | 27-4442816 | 501(C)(3) | 6,663. | 0 | , FMV | DONATIONS | TO ASSIST THOSE IN NEED | | | | |
| THOMBSER, PA 01050 | 27 4442010 | 501(0/(3/ | 0,003. | 0. | , r 11 v | DOMATIONS | TO MEED IN NEED | | | | |
| UNION GENERAL HOSPITAL | | | | | | | | | | | |
| 901 JAMES AVE. | | | | | | PRODUCT | | | | | |
| FARMERVILLE, LA 71241 | 72-0995809 | 501(C)(3) | 6,648. | 0 . | , FMV | DONATIONS | TO ASSIST THOSE IN NEED | | | | |
| | 1 | 1 - 1 - 1 - 1 | -,720, | Ţ. | | | Cohodula I (Form 000) | | | | |



Schedule I (Form 990) GOOD 360

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| (a) Name and address of | (b) EIN | (c) IRC section | (d) Amount of | (e) Amount of | (f) Method of | (g) Description of | (h) Purpose of grant |
|------------------------------------|----------------|-----------------|---------------|------------------------|-----------------------------------------------|---------------------|-------------------------|
| organization or government | | if applicable | cash grant | non-cash assistance | valuation (book, FMV, appraisal, other) | non-cash assistance | or assistance |
| KINGDOM CELEBRATION CENTER | | | | | | | |
| 1350 BLAIR DR., STE. H | | | | | | PRODUCT | |
| ODENTON, MD 21113 | 45-2528977 | 501(C)(3) | 6,627. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| DIOS INTERNATIONAL MISSIONARY | | | | | | | |
| CHURCH - 4335 W. ADAMS BLVD LOS | | | | | | PRODUCT | |
| ANGELES, CA 90018 | 95-4706764 | 501(C)(3) | 6,615. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| UNITED WAY OF GREATER KANSAS CITY | | | | | | | |
| : HAPPYBOTTOMS - 14820 W 107TH ST. | | | | | | PRODUCT | |
| - LENEXA, KS 66215 | 27-2423540 | 501(C)(3) | 6,603. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| , | | | , - | | | | |
| NEW BEGINNINGS MINISTRY INC. | | | | | | | |
| 2403 LAKESHORE DR. | | | | | | PRODUCT | |
| PORT ARTHUR, TX 77640 | 80-0168547 | 501(C)(3) | 6,598. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| PROVIDE HOPE | | | | | | | |
| 16891 146TH ST., SE | | | | | | PRODUCT | |
| MONROE, WA 98272 | 20-8462171 | 501(C)(3) | 6,576. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| NORTH HILLS AFFORDABLE HOUSING | | | | | | | |
| (HEARTH) - 3724 MOUNT ROYAL BLVD. | | | | | | PRODUCT | |
| - PITTSBURGH, PA 15116 | 25-1605139 | 501(C)(3) | 6,562. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| DELLUTRI'S CHRISTMAS FOUNDATION | | | | | | | |
| 5075 SW 73 AVE. | | | | | | PRODUCT | |
| DAVIE, FL 33314 | 65-0453261 | 501(C)(3) | 6,555. | 0 | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| BINTE, 11 33314 | 03 0433201 | 501(0)(3) | 0,333. | | 1111 | DOMITIONS | TO MODIET THOOL IN NELL |
| BAY AREA ADOPTION SERVICES (BAAS) | | | | | | | |
| 465 FAIRCHILD DR., STE. 215 | | | | | | PRODUCT | |
| MOUNTAIN VIEW, CA 94043 | 77-0021929 | 501(C)(3) | 6,479. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| HELPING HANDS | | | | | | | |
| 6512 TEXAS 78 | | | | | | PRODUCT | |
| SACHSE, TX 75048 | 30-0208098 | 501(C)(3) | 6,469. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEE |





Schedule I (Form 990) GOOD 360

| Part II Continuation of Grants and Other | Assistance to Go | overnments and Orga | nizations in the U | nited States (Sch | edule I (Form 990), Pa | | - rage |
|----------------------------------------------------|------------------|-------------------------------|--------------------------|-----------------------------------------|----------------------------------------------------------------|-------------------------------------------|---------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| EL CENTRO REGIONAL MEDICAL CENTER | | | | | | | |
| FOUNDATION - 1415 ROSS AVE EL | | | | | | PRODUCT | |
| CENTRO, CA 92243 | 20-3003912 | 501(C)(3) | 6,455. | 0. | FMV | | TO ASSIST THOSE IN NEED |
| IGLESIA INTERNACIONAL DE LAS VEGAS | | | | | | | |
| 4104 FREEL PEAK CT. | | | | | | PRODUCT | |
| LAS VEGAS, NV 89129 | 20-0692977 | 501(C)(3) | 6,454. | 0. | FMV | | TO ASSIST THOSE IN NEED |
| CHATHAM TRADES, INC. | | | | | | | |
| 909 ALSTON BRIDGE RD. | | | | | | PRODUCT | |
| SILER CITY, NC 27344 | 56-1272201 | 501(C)(3) | 6,381. | 0. | FMV | | TO ASSIST THOSE IN NEED |
| | | | | | | | |
| RUJOHN FOUNDATION | | | | | | | |
| 10235 W SAMPLE RD., STE. 205 | | | | _ | | PRODUCT | |
| CORAL SPRINGS, FL 33065 | 42-1630608 | 501(C)(3) | 6,354. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| TWIN PIKE FAMILY YMCA | | | | | | | |
| 614 KELLY LN. | | | | | | PRODUCT | |
| LOUISIANA, MO 63353 | 43-1675923 | 501(C)(3) | 6,313. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| EASTER SEALS WEST GEORGIA | | | | | | | |
| 2515 DOUBLE CHURCHES RD. | | | | | | PRODUCT | |
| COLUMBUS, GA 31909 | 58-1919206 | 501(C)(3) | 6,266. | 0. | FMV | | TO ASSIST THOSE IN NEED |
| | | | | | | | |
| BASIC LIFE SUPPORT INC. | | | | | | | |
| 2521 NE 11TH PL. | 20 0250110 | 501/61/21 | 6 050 | 0 | | PRODUCT | |
| GAINESVILLE, FL 32641 | 32-0370112 | 501(C)(3) | 6,250. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| CHILDREN & CHARITY INTERNATIONAL | | | | | | | |
| 1614 17TH ST., NW, APT. 306 | | | | | | PRODUCT | |
| WASHINGTON, DC 20009 | 75-3121647 | 501(C)(3) | 6,233. | 0. | FMV | | TO ASSIST THOSE IN NEED |
| ADOGRALIG MANGE OF PERMIT | | | | | | | |
| APOSTOLIC HOUSE OF PRAYER 3111 SURREY LN. | | | | | | PRODUCT | |
| HAZEL CREST, IL 60429 | 36-3795735 | 501(C)(3) | 6,221. | n | FMV | | TO ASSIST THOSE IN NEED |
| | 1 30 3733733 | P = 1 (C / (S / | 0,221. | 0. | <u> </u> | DO14111 1 014D | IO ASSISI INOSE IN NEED |





Schedule I (Form 990) GOOD 3 6 0

| Part II Continuation of Grants and Other | Assistance to G | overnments and Orga | nizations in the U | nited States (Sch | nedule I (Form 990), Pa | art II.) | |
|----------------------------------------------------|-----------------|-------------------------------|--------------------------|-----------------------------------------|----------------------------------------------------------------|----------------------------------------|---------------------------------------|
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| HOLINECS MODERTD SEMMED | | | | | | | |
| HOLINESS WORSHIP CENTER | | | | | | PRODUCT | |
| 1480 N. TUCKAHOE RD. | 22-3757998 | 501(C)(3) | 6 147 | | .FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| WILLIAMSTOWN, NJ 08094 | 22-3737990 | 501(C)(3) | 6,147. | , | • F H V | DONATIONS | TO ASSIST THOSE IN NEED |
| WESTERN KANSAS CHILD ADVOCATY | | | | | | | |
| CENTER - 103 E 9TH ST SCOTT | | | | | | PRODUCT | |
| | 20-1055623 | 501(C)(3) | 6 142 | | .FMV | | TO ACCION MUCCE IN NEED |
| CITY, KS 67871 | 20-1055625 | 501(C)(3) | 6,142. | 0. | .FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| GIRAFFE LAUGH | | | | | | | |
| 1191 W GRAND AVE. | | | | | | PRODUCT | |
| | 82-0481812 | E01/G)/2) | 6,138. | | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| BOISE, ID 83702 | 82-0481812 | 501(C)(3) | 0,130. | 0. | · FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| SPIRIT OF SHARING | | | | | | | |
| | | | | | | DD ODIIOM | |
| 1361 ROCKY POINT DR. | 20 1021001 | E01/G)/2) | 6 000 | | E1477 | PRODUCT | TO AGGEGE THE NEED |
| OCEANSIDE, CA 92056 | 20-1931001 | 501(C)(3) | 6,098. | υ. | , FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| EDUCATIVE COMMUNICATION FOR | | | | | | | |
| EDUCATING COMMUNITIES FOR | | | | | | DD O DILIGH | |
| PARENTING - 919 WALNUT ST., FL. 10 | | 504 (5) (2) | 6 000 | | | PRODUCT | L |
| - PHILADELPHIA, PA 19107 | 23-2344278 | 501(C)(3) | 6,093. | 0. | , FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | | | | | |
| THE SPANISH SPEAKING ELDERLY | | | | | | DD O DILIGH | |
| COUNCIL OF BROOKLYN - 460 ATLANTIC | | | | | | PRODUCT | L |
| AVE BROOKLYN, NY 11217 | 11-2730462 | 501(C)(3) | 6,054. | 0. | , FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | | | | | |
| ONEIDA CRISIS CENTER | | | | | | | |
| 1260 SOUTH 2100 WEST | | | | | | PRODUCT | |
| MALAD, ID 83252 | 20-3758880 | 501(C)(3) | 6,054. | 0. | .FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | | | | | |
| CHURCH PARISH NURSE MINISTRIES | | | | | | | |
| 699 WEST ST. | | | | | | PRODUCT | |
| NEW SMYRNA, FL 32168 | 20-2887120 | 501(C)(3) | 6,051. | 0. | .FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | | | | | |
| U.S.VETS - LAS VEGAS | | | | | | | |
| 525 E BONANZA RD. | | | | | | PRODUCT | |
| LAS VEGAS, NV 89101 | 95-4382752 | 501(C)(3) | 6,040. | 0. | .FMV | DONATIONS | TO ASSIST THOSE IN NEED |





Schedule I (Form 990) GOOD 360

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| Part II Continuation of Grants and Other | · Assistance to Go | overnments and Orga | inizations in the U | nited States (Sch | iedule I (Form 990), Pa T | art II.) T | 1 |
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| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| MY JOYFUL HEART | | | | | | | |
| 8605 SPRING LAKE DR. | | | | | | PRODUCT | |
| MOKENA, IL 60448 | 32-0118912 | 501(C)(3) | 5,997. | 0. | ,FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| ANDERSON SCHOOL | | | | | | | |
| 10040 COTTONWOOD RD. | | | | | | PRODUCT | |
| BOZEMAN, MT 59718 | 26-4300557 | 501(C)(3) | 5,988. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| MAD DADS | | | | | | | |
| 7709 DREW AVE. N | | | | | | PRODUCT | |
| BROOKLYN PARK, MN 55443 | 01-0774996 | 501(C)(3) | 5,982. | 0. | , FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| THE YORK STREET PROJECT BDA | | | | | | | |
| KENMARE HIGH SCHOOL - 89 YORK ST. | | | | | | PRODUCT | |
| - JERSEY CITY, NJ 07302 | 22-3117171 | 501(C)(3) | 5,980. | 0. | ,FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| THE SALVATION ARMY | | | | | | | |
| 14 W 39 ST. | | | | | | PRODUCT | |
| HOLLAND, MI 49423 | 38-1359297 | 501(C)(3) | 5,972. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| FLATBUSH DEVELOPMENT CORPORATION | | | | | | | |
| 1616 NEWKIRK AVE. | | | | | | PRODUCT | |
| BROOKLYN, NY 11226 | 51-0188251 | 501(C)(3) | 5,930. | 0. | , FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| CHILDREN'S COUNCIL OF SAN | | | | | | | |
| FRANCISCO - 3101 21ST ST., STE. | | | | | | PRODUCT | |
| 205 - SAN FRANCISCO, CA 94110 | 94-2221305 | 501(C)(3) | 5,893. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| GRANT TOWNSHIP FOOD CUPBOARD | | | | | | | |
| 525 S MARKET ST. | | | | | | PRODUCT | |
| HOOPESTON, IL 60942 | 37-1162097 | 501(C)(3) | 5,882. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| PALMDALE COMMUNITY FOUNDATION | | | | | | | |
| 38300 SIERRA HWY. | | | | | | PRODUCT | |
| PALMDALE, CA 93550 | 95-4669404 | 501(C)(3) | 5,854. | 0. | , FMV | DONATIONS | TO ASSIST THOSE IN NEED |





| Part II Continuation of Grants and Other | Assistance to Go | overnments and Orga | nizations in the U | nited States (Sch | edule I (Form 990), Pa | | Tage 1 |
|----------------------------------------------------|------------------|-------------------------------|--------------------------|-----------------------------------------|----------------------------------------------------------------|----------------------------------------|---------------------------------------|
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| DOWNTOWN OUTREACH MINISTRIES | | | | | | | |
| 414 W COURT ST. | | | | | | PRODUCT | |
| FLINT, MI 48503 | 38-2971961 | 501(C)(3) | 5,849. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| SMALL TREASURES DAYCARE AND | | | | | | | |
| LEARNING CENTER - 502 WEST SOLOMON | | | | | | PRODUCT | |
| - GRIFFIN, GA 30223 | 36-4540637 | 501(C)(3) | 5,839. | 0. | FMV | | TO ASSIST THOSE IN NEED |
| MUE CAMEDOGM TWO | | | | | | | |
| THE GATEPOST INC. | | | | | | PRODUCT | |
| 3929 4TH ST., SE, STE. 1 WASHINGTON, DC 20032 | 20-0804980 | 501(C)(3) | 5,801. | 0 | , FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| WASHINGTON, DC 20032 | 20 0004900 | 501(0)(3) | 3,001. | 0. | , r r v | DONATIONS | TO ADDIDIT THOSE IN NEED |
| ANGELS ARMS | | | | | | | |
| 12128A TESSON FERRY RD. | | | | | | PRODUCT | |
| ST. LOUIS, MO 63128 | 43-1894074 | 501(C)(3) | 5,797. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| LAPORTE COUNTY CHILD ABUSE | | | , - | | | | |
| PREVENTION COUNCIL - 7451 W | | | | | | | |
| JOHNSON RD MICHIGAN CITY, IN | | | | | | PRODUCT | |
| 46360 | 35-1781854 | 501(C)(3) | 5,768. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| CONNECTFAMILIAS | | | | | | | |
| 1111 SW 8 ST. STE. 207 | | | | | | PRODUCT | |
| MIAMI, FL 33130 | 37-1646586 | 501(C)(3) | 5,709. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| GAG HOUNDAMION | | | | | | | |
| SAC FOUNDATION 5736 N. TRYON ST. | | | | | | PRODUCT | |
| CHARLOTTE, NC 28213 | 27-1508612 | 501(C)(3) | 5,657. | 0 | , FMV | | TO ASSIST THOSE IN NEED |
| CHARDOTTE, NC 20213 | 27-1300012 | 501(0/(3/ | 3,037. | 0. | FHV | DONATIONS | 10 ASSISI INOSE IN NEED |
| CY-FAIR HELPING HANDS | | | | | | | |
| 7710 CHERRY PARK DR. | | | | | | PRODUCT | |
| HOUSTON, TX 77095 | 45-2820606 | 501(C)(3) | 5,653. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| VOLUNTEERS OF AMERICA, INC. : | | | 2,233. | | | | |
| VOLUNTEERS OF AMERICA INC - 3704 | | | | | | | |
| COLISEUM BLVD ALEXANDRIA, LA | | | | | | PRODUCT | |
| 71303 | 72-0506820 | 501(C)(3) | 5,646. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |

| Schedule I (Form 990) GOOD 360 | | | | | | | 4-1282616 Pag |
|--------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------------|----------------------------------------------------------------|----------------------------------------|------------------------------------|
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| THE FOUNTAIN OF LIFE GRACE SPRINGS 15853 COMMERCE CT. UPPER MARLBORO, MD 20774 | 52-2255819 | 501(C)(3) | 5,641. | 0. | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEEL |
| CRANIO CARE BEARS 151 NICKERSON ST. SEATTLE, WA 98109 | 45-1741139 | 501(C)(3) | 5,624. | 0. | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEEL |
| JOHNSON COUNTY CHRISTMAS BUREAU ASSOCIATION - 9503 JOHNSON DR MERRIAM, KS 66203 | 48-0884400 | 501(C)(3) | 5,590. | 0. | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| FOR LOVE OF CHILDREN 405 W. FIRST ST. DAYTON, OH 45402 | 31-1239327 | 501(C)(3) | 5,583. | 0. | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| KID ALERT 13739 VENTURA BLVD. SHERMAN OAKS, CA 91423 | 91-2167869 | 501(C)(3) | 5,530. | 0. | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| CRANIO CARE BEARS 16181 GINGER AVE. MEAD, CO 80542 | 45-1741139 | 501(C)(3) | 5,525. | 0. | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| P.S. 7 M. SAMUEL STERN SCHOOL 160 E. 120TH ST. NEW YORK, NY 10035 | | N/A | 5,497. | 0. | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| P.S. 811X 1434 LONGFELLOW AVE. BRONX, NY 10459 | | N/A | 5,497. | 0. | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| ST. JEAN BAPTISTE HIGH SCHOOL 173 E. 75TH ST. NEW YORK, NY 10021 | 13-2693089 | 501(C)(3) | 5,497. | 0. | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |





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| Part II Continuation of Grants and Other | Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) | | | | | | | | |
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| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| ISLAMIC SOCIETY OF GREATER LANSING | | | | | | | | | |
| 920 S HARRISON | | | | | | PRODUCT | | | |
| EAST LANSING, MI 48823 | 38-2373418 | 501(C)(3) | 5,464. | 0. | , FMV | DONATIONS | TO ASSIST THOSE IN NEED | | |
| , | | | , | | | | | | |
| ARMED SERVICES YMCA FT BRAGG | | | | | | | | | |
| 439 WESTWOOD SHOPPING CENTER, FB 43 | • | | | | | PRODUCT | | | |
| FAYETTEVILLE, NC 28314 | 56-2159770 | 501(C)(3) | 5,415. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED | | |
| | | | | | | | | | |
| CENTERS FOR THE DEVELOPMENTALLY | | | | | | | | | |
| DISABLED - 1602 CHURCH ST., SE - | | | | | | PRODUCT | L | | |
| DECATUR, AL 35601 | 63-1079786 | 501(C)(3) | 5,401. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED | | |
| BETTER ONE BETTER TWO RELATIONSHIP | | | | | | | | | |
| ACADEMY & EMPOWERMENT CENTER - 101 | | | | | | DD ODIIGE | | | |
| BECKETT LN., STE. 104 - | 45 4510154 | F01 (G) (2) | F 400 | 0 | | PRODUCT | La rata muca in vien | | |
| FAYETTEVILLE, GA 30214 | 47-4719154 | 501(C)(3) | 5,400. | 0, | FMV | DONATIONS | TO ASSIST THOSE IN NEED | | |
| SEEDS OF FAITH INC. | | | | | | | | | |
| 2 DEER RIDGE LN. | | | | | | PRODUCT | | | |
| KITTERY, ME 03904 | 26-1306172 | 501(C)(3) | 5,399. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED | | |
| | | | | | | | | | |
| SPECTRUM MINISTRY | | | | | | | | | |
| 600 OAK DR. | | | | | | PRODUCT | | | |
| GREENWOOD, IN 46142 | 35-1780166 | 501(C)(3) | 5,397. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED | | |
| HOPEWELL INN | | | | | | | | | |
| P.O. BOX 193 | | | | | | PRODUCT | | | |
| | 34-1739967 | 501(C)(3) | 5,380. | 0 | , FMV | DONATIONS | TO ASSIST THOSE IN NEED | | |
| MESOPOTAMIA, OH 44439 | 34-1/39907 | 501(0)(3) | 5,380. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED | | |
| UNITED WAY OF GREATER KANSAS CITY | | | | | | | | | |
| : SETON CENTER, INC - 2816 E. 23RD | | | | | | PRODUCT | | | |
| ST KANSAS CITY, MO 64127 | 43-0926003 | 501(C)(3) | 5,379. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED | | |
| | | | | | | | | | |
| VETERANS EMPLOYMENT BASE CAMP & | | | | | | | | | |
| ORGANIC GARDEN - 419 CONNER GRANT | | | | | | PRODUCT | | | |
| RD NEW BERN, NC 28562 | 45-4580035 | 501(C)(3) | 5,364. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED | | |





| Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) | | | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------------|----------------------------------------------------------------|----------------------------------------|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| GERRIALIA AGGEMENT V. OR. GOD | | | | | | | | | |
| STEELVILLE ASSEMBLY OF GOD | | | | | | DDODIIGE | | | |
| 29 CHURCH ST. | 42 1270206 | E01/G1/31 | F 241 | 0 | E167 | PRODUCT | TO AGREE THOSE IN NEED | | |
| STEELVILLE, MO 65565 | 43-1270306 | 501(C)(3) | 5,341. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED | | |
| 49113 THE NATIONAL RESOURCE | | | | | | | | | |
| SOCIETY FOR WOMEN VETERANS - 6710 | | | | | | DD ODIIGE | | | |
| LAUREL BOWIE RD., STE. 497 - | 05 2010204 | F01/G1/31 | F 000 | 0 | | PRODUCT | La lagram myogn tv venn | | |
| BOWIE, MD 20715 | 27-3918324 | 501(C)(3) | 5,292. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED | | |
| UPLAND HIGH SCHOOL | | | | | | | | | |
| 565 WEST 11TH ST. | | | | | | PRODUCT | | | |
| UPLAND, CA 91786 | | N/A | 5,270. | 0 | FMV | DONATIONS | TO ASSIST THOSE IN NEED | | |
| | | 1,11 | ,270. | | | | 10 1122221 111022 111 11222 | | |
| OTAY RANCH HIGH SCHOOL | | | | | | | | | |
| 1250 OLYMPIC PKWY | | | | | | PRODUCT | | | |
| CHULA VISTA, CA 91913 | | N/A | 5,270. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED | | |
| | | ., | , | | | | | | |
| PALISADES CHARTER HIGH SCHOOL | | | | | | | | | |
| 15777 BOWDOIN ST. | | | | | | PRODUCT | | | |
| PACIFIC PALISADES, CA 90272 | | N/A | 5,270. | 0 | FMV | DONATIONS | TO ASSIST THOSE IN NEED | | |
| merrie marshale, en yerr | | 11,72 | 3,270. | | | 50111110115 | TO MEDIET THOSE IN NEED | | |
| CENTURY HIGH SCHOOL | | | | | | | | | |
| 1000 E. CENTURY AVE. | | | | | | PRODUCT | | | |
| BISMARCK, ND 58503 | | N/A | 5,270. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED | | |
| - | | | , - | | | | | | |
| OWASSO HIGH SCHOOL | | | | | | | | | |
| 12901 EAST 86TH ST., NORTH | | | | | | PRODUCT | | | |
| OWASSO, OK 74055 | | N/A | 5,270. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED | | |
| · | | | , | | | | | | |
| DESERT HIGH SCHOOL | | | | | | | | | |
| 1575 PAYNE AVE. | | | | | | PRODUCT | | | |
| EDWARDS, CA 93536 | | N/A | 5,270. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED | | |
| - | | | | | | | | | |
| VALENCIA HIGH SCHOOL | | | | | | | | | |
| 27801 N. DICKASON DR. | | | | | | PRODUCT | | | |
| VALENCIA, CA 91355 | | N/A | 5,270. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED | | |
| · | • | | | | - | 1 | Cabadula I (Farma 000) | | |

| Part II Continuation of Grants and Other | Assistance to Go | vernments and Orga | nizations in the U | nited States (Sch | edule I (Form 990), Pa | rt II.) | |
|----------------------------------------------------|------------------|-------------------------------|--------------------------|-----------------------------------|----------------------------------------------------------------|----------------------------------------|---------------------------------------|
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| TRACY HIGH SCHOOL | | | | | | | |
| 315 EAST 11TH ST. | | | | | | PRODUCT | |
| TRACY, CA 95376 | | N/A | 5,270. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| BONNEVILLE HIGH SCHOOL | | | | | | | |
| 3165 E. IONA RD. | | | | | | PRODUCT | |
| IDAHO FALLS, ID 83401 | | N/A | 5,270. | 0. | FMV | | TO ASSIST THOSE IN NEED |
| MINISTERDING HIGH GGHOOF | | | | | | | |
| THUNDERBIRD HIGH SCHOOL 1750 W. THUNDERBIRD RD. | | | | | | PRODUCT | |
| PHOENIX, AZ 85032 | | N/A | 5,270. | 0 | FMV | | TO ASSIST THOSE IN NEED |
| | | | 0,270. | | | | 1 110111 111011 111 11111 |
| THE HARKER SCHOOL | | | | | | | |
| 500 SARATOGA AVE. | | | | | | PRODUCT | |
| SAN JOSE, CA 95129 | | N/A | 5,270. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | | | | | |
| DAMIEN HIGH SCHOOL | | | | | | | |
| 14874 FILLY LN. | | | | _ | | PRODUCT | |
| FONTANA, CA 92336 | | N/A | 5,270. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| TERRA LINDA HIGH SCHOOL | | | | | | | |
| 320 NOVA ALBION LN. | | | | | | PRODUCT | |
| SAN RAFAEL, CA 94903 | | N/A | 5,270. | 0. | FMV | | TO ASSIST THOSE IN NEED |
| · | | | | | | | |
| BASIS ORO VALLEY | | | | | | | |
| 11155 NORTH ORACLE RD. | | | | | | PRODUCT | |
| ORO VALLEY, AZ 85704 | | N/A | 5,270. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| LAMMINOOD HIGH GONOOL | | | | | | | |
| LYNNWOOD HIGH SCHOOL 18218 NORTH RD. | | | | | | PRODUCT | |
| BOTHELL, WA 98012 | | N/A | 5,270. | 0 | FMV | | TO ASSIST THOSE IN NEED |
| | | | 3,2,0. | | | 7 | TO THOUSE IN MEDID |
| FRANKLIN TOWNE CHARTER HIGH SCHOOL | | | | | | | |
| 5301 TACONY ST. | | | | | | PRODUCT | |
| PHILADELPHIA, PA 19137 | | N/A | 5,270. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |



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|--------------------------------------------------------------------------------------|-----------------|-------------------------------|--------------------------|-----------------------------------|----------------------------------------------------------------|----------------------------------------|------------------------------------|
| COEUR D'ALENE HIGH SCHOOL 5530 N 4TH ST. | | | | | | PRODUCT | |
| COEUR D'ALENE, ID 83815 | | N/A | 5,270. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| FATHERS HEART AND HANDS 7274 EAST HWY., STE. 200 REMER, MN 56672 | 20-0599764 | 501(C)(3) | 5,267. | 0. | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| AUGUSTA HOUSING AUTHORITY 620 OSAGE ST. AUGUSTA, KS 67010 | 48-0760333 | 501(C)(3) | 5,230. | 0. | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| ALL GODS LITTLE CHILDREN 5833 OAKLEAF WAY STONE MOUNTIAN, GA 30087 | 04-3613843 | 501(C)(3) | 5,216. | 0. | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| KES DAY, INC. 6615 TRIBBLE ST. LITHONIA, GA 30058 | 58-2554091 | 501(C)(3) | 5,182. | 0. | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| PATHWAYS TO PROSPERITY INC. 900 N SEACREST BLVD. BOYNTON BEACH, FL 33435 | 27-3550271 | 501(C)(3) | 5,168. | 0. | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| NEW AVENUES TO INDEPENDENCE 17608 EUCLID AVE. CLEVELAND, OH 44112 | 34-0871661 | 501(C)(3) | 5,160. | 0. | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| OPEN ARMS CHILDCARE MINISTRIES 642 PALOMAR ST., STE. 288 CHULA VISTA, CA 91909 | 56-2519436 | 501(C)(3) | 5,127. | 0. | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| CHARLOTTE CATHOLIC HIGH SCHOOL 7702 PINEVILLE-MATTHEWS RD. CHARLOTTE, NC 28226 | | N/A | 5,100. | 0. | FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |





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|----------------------------------------------------|----------------|-------------------------------|--------------------------|-----------------------------------|----------------------------------------------------------------|----------------------------------------|------------------------------------|
| FIRST FLIGHT HIGH | | | | | | | |
| 100 VETERANS DR. | | | | | | PRODUCT | |
| KILL DEVIL HILLS, NC 27948 | | N/A | 5,100. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| SANDALWOOD HIGH SCHOOL | | | | | | | |
| 2750 JOHN PROM BLVD. | | | | | | PRODUCT | |
| JACKSONVILLE, FL 32246 | | N/A | 5,100. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| THE WOODLANDS COLLEGE PARK HIGH | | | | | | | |
| SCHOOL - 3701 COLLEGE PARK DR | | | | | | PRODUCT | |
| THE WOODLANDS, TX 77384 | | N/A | 5,100. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| MINERAL WELLS HIGH SCHOOL | | | | | | | |
| 3801 RAM BLVD. | | | | | | PRODUCT | |
| MINERAL WELLS, TX 76067 | | N/A | 5,100. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| EA LANEY HIGH SCHOOL | | | | | | | |
| 2700 N. COLLEGE RD. | | | | | | PRODUCT | |
| WILMINGTON, NC 28405 | | N/A | 5,100. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| WHEELING PARK HIGH SCHOOL | | | | | | | |
| 1976 PARK VIEW RD. | | | | | | PRODUCT | |
| WHEELING, WV 26003 | | N/A | 5,100. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| WESLACO EAST HIGH SCHOOL | | | | | | | |
| 810 S PLEASANTVIEW DR. | | | | | | PRODUCT | |
| WESLACO, TX 78596 | | N/A | 5,100. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| WARREN EASTON | | | | | | | |
| 3019 CANAL ST. | | | | | | PRODUCT | |
| NEW ORLEANS, LA 70119 | | N/A | 5,100. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| KERR HIGH SCHOOL | | | | | | | |
| 8150 HOWELL SUGARLAND RD. | | | | | | PRODUCT | |
| HOUSTON, TX 77083 | | N/A | 5,100. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |





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| Part II Continuation of Grants and Other A | Assistance to Go | overnments and Orga | nizations in the U | nited States (Sch | edule I (Form 990), Pa | art II.) | |
|----------------------------------------------------|------------------|-------------------------------|--------------------------|-----------------------------------------|----------------------------------------------------------------|----------------------------------------|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| YOUNG WOMEN'S COLLEGE PREP | | | | | | | |
| ACADEMEY DBA YWCPA - 1906 CLEBURNE | | | | | | PRODUCT | |
| ST HOUSTON, TX 77004 | | N/A | 5,100. | 0. | ,FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | | | | | |
| ATASCOCITA HIGH SCHOOL | | | | | | | |
| 13300 WILL CLAYTON PKWY | | | | | | PRODUCT | |
| HUMBLE, TX 77346 | | N/A | 5,100. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| GREENE COUNTY TECH HIGH SCHOOL | | | | | | | |
| 4601 LINWOOD DR. | | | | | | PRODUCT | |
| PARAGOULD, AR 72450 | | N/A | 5,100. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | | | | | |
| HIGH SCHOOL FOR ENTERPRISE | | | | | | | |
| BUSINESS AND TECHNOLOGY - 850 | | | | | | PRODUCT | |
| GRAND ST BROOKLYN, NY 11211 | | N/A | 5,100. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| WARD MELVILLE HIGH SCHOOL | | | | | | | |
| 380 OLD TOWN RD. | | | | | | PRODUCT | |
| EAST SETAUKET, NY 11733 | | N/A | 5,100. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | | | | | |
| ROBERT SERVICE HIGH SCHOOL | | | | | | | |
| 5577 ABBOTT RD. | | | | _ | | PRODUCT | |
| ANCHORAGE, AK 99507 | | N/A | 5,100. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| MARANATHA CHRISTIAN SCHOOLS | | | | | | | |
| 9050 MARANATHA DR. | | | | | | PRODUCT | |
| SAN DIEGO, CA 92127 | | N/A | 5,100. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | | | | | |
| PITTSFORD MENDON HIGH SCHOOL | | | | | | | |
| 472 MENDON RD. | | | | _ | | PRODUCT | |
| PITTSFORD, NY 14534 | | N/A | 5,100. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| EAGLE HIGH SCHOOL | | | | | | | |
| 574 N PARK LN. | | | | | | PRODUCT | |
| EAGLE, ID 83616 | | N/A | 5,100. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |





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Schedule I (Form 990) GOOD 360

Deat III Continuation of Create and Other Assistance to Covernments and Organizations in the United States (Schedule I (Form 900) Part III.)

| Part II Continuation of Grants and Other | er Assistance to Go | overnments and Orga | nizations in the U | nited States (Sch | nedule I (Form 990), Pa | art II.) | 1 |
|----------------------------------------------------|---------------------|-------------------------------|-----------------------------|-----------------------------------------|----------------------------------------------------------------|----------------------------------------|---------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| CHINO HIGH SCHOOL | | | | | | | |
| 5472 PARK PL. | | | | | | PRODUCT | |
| CHINO, CA 91710 | | N/A | 5,100. | 0. | .FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| HORIZON CHRISTIAN HIGH SCHOOL | | | | | | | |
| 23370 SW BOONES FERRY RD. | | | | | | PRODUCT | |
| TUALATIN, OR 97062 | | N/A | 5,100. | 0 | .FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| TOADATIN, OR 97002 | <u> </u> | N/A | 3,100. | | , FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| SITKA HIGH SCHOOL | | | | | | | |
| 1000 LAKE ST. | | | | | | PRODUCT | |
| SITKA, AK 99835 | | N/A | 5,100. | 0. | .FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| DADY WIGH GOVERN | | | | | | | |
| PARK HIGH SCHOOL | | | | | | DD ODWG# | |
| 102 VIEW VISTA DR. | | | F 100 | | | PRODUCT | |
| LIVINGSTON, MT 59047 | | N/A | 5,100. | 0. | .FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| LAKEVIEW HIGH SCHOOL | | | | | | | |
| ARBOR ST. | | | | | | PRODUCT | |
| BATTLE CREEK, MI 49015 | | N/A | 5,100. | 0 | .FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | 1, | , | - | | | |
| ROOSEVELT HIGH SCHOOL | | | | | | | |
| 4250 EAST TULARE AVE. | | | | | | PRODUCT | |
| FRESNO, CA 93727 | | N/A | 5,100. | 0 . | .FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| MARTICON HIGH CONOCL | | | | | | | |
| MADISON HIGH SCHOOL 2735 NE 82ND AVE. | | | | | | PRODUCT | |
| | | N/A | 5,100. | 0 | .FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| PORTLAND, OR 97220 | | N/A | 3,100. | 0, | , FHV | DONATIONS | TO ASSIST THOSE IN NEED |
| CANUTILLO HIGH SCHOOL | | | | | | | |
| 7965 ARTCRAFT | | | | | | PRODUCT | |
| EL PASO, TX 79932 | | N/A | 5,100. | 0. | .FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | | | | | |
| GRANBURY HIGH SCHOL | | | | | | | |
| 2000 W. PEARL ST. | | | | | | PRODUCT | |
| GRANBURY, TX 76048 | | N/A | 5,100. | 0. | .FMV | DONATIONS | TO ASSIST THOSE IN NEED |



| Part II Continuation of Grants and Other | . 7.5010141100 10 0 | | | | 1000),11 | , | |
|----------------------------------------------------|---------------------|-------------------------------|--------------------------|-----------------------------------------|----------------------------------------------------------------|----------------------------------------|------------------------------------|
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| CITRUS HILL HIGH SCHOOL | | | | | | | |
| 18150 WOOD RD. | | | | | | PRODUCT | |
| PERRIS, CA 92570 | | N/A | 5,100. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| POLSON HIGH SCHOOL | | | | | | | |
| P.O. BOX 1338 | | | | | | PRODUCT | |
| POLSON, MT 59860 | | N/A | 5,100. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| ENTERPRISE HIGH SCHOOL | | | | | | | |
| 3411 CHURN CREEK RD. | | | | | | PRODUCT | |
| REDDING, CA 96022 | | N/A | 5,100. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| I NEDVITE HIGH GOVERN | | | | | | | |
| LAKEVIEW HIGH SCHOOL | | | | | | DD ODLIGE | |
| 15060 HELMER RD. | | N/A | 5,100. | 0 | , FMV | PRODUCT DONATIONS | TO ASSIST THOSE IN NEED |
| BATTLE CREEK, MI 49015 | | N/A | 3,100. | <u> </u> | FIV | DONATIONS | TO ASSIST THOSE IN NEEL |
| DEERFIELD-WINDSOR SCHOOL | | | | | | | |
| 2500 NOTTINGHAM WAY | | | | | | PRODUCT | |
| ALBANY, GA 31707 | | N/A | 5,100. | 0, | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| ATHENS HIGH SCHOOL | | | | | | | |
| 100 HWY., 31 NORTH | | | | | | PRODUCT | |
| ATHENS, AL 35611 | | N/A | 5,100. | 0. | ,FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | | | | | |
| HOPKINTON HIGH SCHOOL | | | | | | DD ODWAR | |
| 204 MAPLE ST. | | NT / 3 | F 100 | 0 | E167 | PRODUCT | TO AGGICE THOSE IN NEED |
| CONTOOCOOK, NH 03229 | | N/A | 5,100. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| MILILANI HIGH SCHOOL | | | | | | | |
| 95-1200 MEHEULA PKWY. | | | | | | PRODUCT | |
| MILILANI, HI 96789 | | N/A | 5,100. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| HARLANDALE HIGH SCHOOL | | | | | | | |
| 114 E. GERALD | | | | | | PRODUCT | |
| SAN ANTONIO, TX 78214 | | N/A | 5,100. | | , FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| 70214 | | Γ''** | 5,100. | | · [' | F | Schedule I (Form 9 |





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Schedule I (Form 990)

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| Part II Continuation of Grants and Other | r Assistance to Go | vernments and Orga | nizations in the U | nited States (Sch | edule I (Form 990), Pa | art II.) | |
|----------------------------------------------------|--------------------|-------------------------------|--------------------------|-----------------------------------------|----------------------------------------------------------------|----------------------------------------|---------------------------------------|
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| INTURDATES STATE AGENCY | | | | | | | |
| UNIVERSITY HIGH SCHOOL | | | | | | PRODUCT | |
| 421 N ARCADIA AVE. | | NT / 7 | E 100 | 0 | .FMV | DONATIONS | TO AGGICE THE NEED |
| TUCSON, AZ 85712 | | N/A | 5,100. | 0, | , FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| THE MIDLAND ACADEMY | | | | | | | |
| 4653 BAILEY BRIDGE RD. | | | | | | PRODUCT | |
| MIDLAND, MI 48640 | | N/A | 5,100. | 0 | , FMV | | TO ASSIST THOSE IN NEED |
| | | | 5,200. | | , | | 1 1102121 111022 111 11222 |
| CHIPPEWA VALLEY HIGH SCHOOL | | | | | | | |
| 18300, 19 MILE RD. | | | | | | PRODUCT | |
| CLINTON TWP., MI 48038 | | N/A | 5,100. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| • | | | , | | | | |
| DREHER HIGH SCHOOL | | | | | | | |
| 3319 MILLWOOD AVE. | | | | | | PRODUCT | |
| COLUMBIA, SC 29205 | | N/A | 5,100. | 0. | .FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | | | | | |
| GAINESVILLE HIGH SCHOOL | | | | | | | |
| 2201 S I-35 | | | | | | PRODUCT | |
| GAINESVILLE, TX 76240 | | N/A | 5,100. | 0. | . FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | | | | | |
| CONNELLSVILLE AREA SENIOR HIGH | | | | | | | |
| SCHOOL - 201 FALCON DR | | | | | | PRODUCT | |
| CONNELLSVILLE, PA 15425 | | N/A | 5,100. | 0. | , FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | | | | | |
| PLANO EAST SENIOR HIGH SCHOOL | | | | | | | |
| 3000 LOS RIOS BLVD. | | | | | | PRODUCT | |
| PLANO, TX 75074 | | N/A | 5,100. | 0. | , FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | | | | | |
| FRANKFORT HIGH SCHOOL | | | | | | | |
| 328 SHELBY ST. | | | | | | PRODUCT | |
| FRANKFOT, KY 40601 | | N/A | 5,100. | 0. | , FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | | | | | |
| LOY NORRIX HIGH SCHOOL | | | | | | | |
| 606 E. KILGORE RD. | | | | | | PRODUCT | |
| KALAMAZOO, MI 49001 | | N/A | 5,100. | 0. | , FMV | DONATIONS | TO ASSIST THOSE IN NEED |



| Schedule I (Form 990) GOOD 3 6 0 | | | | | | | 4-1282616 Page |
|----------------------------------------------------|------------------|-------------------------------|--------------------------|-----------------------------------------|----------------------------------------------------------------|----------------------------------------|---------------------------------------|
| Part II Continuation of Grants and Other | Assistance to Go | overnments and Orga | nizations in the U | nited States (Sch | nedule I (Form 990), Pa I | art II.) T | T |
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| MARSHALL COUNTY HIGH SCHOOL | | | | | | | |
| 416 HIGH SCHOOL RD. | | | | | | PRODUCT | |
| BENTON, KY 42025 | | N/A | 5,100. | 0 | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| BENION, RI 42023 | | N/A | 3,100. | 0. | ,FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| NORTH WEST HIGH SCHOOL | | | | | | | |
| 800 LAFAYETTE RD. | | | | | | PRODUCT | |
| CLARKSVILLE, TN 37042 | | N/A | 5,100. | 0. | , FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | | | | | |
| COVENANT ACADEMY | | | | | | | |
| 11711 TELGE RD. | | | | | | PRODUCT | |
| CYPRESS, TX 77429 | | N/A | 5,100. | 0. | , FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | | | | | |
| WILLIAM HENRY HARRISON HIGH SCHOOL | | | | | | | |
| 9860 WEST RD. | | 7.73 | F 100 | 0 | E167 | PRODUCT | |
| HARRISON, OH 45030 | | N/A | 5,100. | 0. | , FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| ELSIK HIGH SCHOOL | | | | | | | |
| 12601 HIGH STAR | | | | | | PRODUCT | |
| HOUSTON, TX 77072 | | N/A | 5,100. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | -,=::: | | , | | |
| HUMBLE HIGH SCHOOL | | | | | | | |
| 1700 WILSON RD. | | | | | | PRODUCT | |
| HUMBLE, TX 77338 | | N/A | 5,100. | 0. | , FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | | | | | |
| WHEATLEY HIGH SCHOOL | | | | | | | |
| 4801 PROVIDENCE ST. | | | | | | PRODUCT | |
| HOUSTON, TX 77020 | | N/A | 5,100. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| PERPETUAL PRAISE TABERNACLE OF | | | | | | | |
| | | | | | | PRODUCT | |
| FAITH - 12 SAVANNAH ST NEWNAN, | 27-4092013 | 501/01/21 | 5 076 | _ | EM7 | DONATIONS | TO ACCION MUCCE IN NEED |
| GA 30263 | 27-4092013 | 501(C)(3) | 5,076. | 0. | ,FMV | DOMATIONS | TO ASSIST THOSE IN NEED |
| DELAWARE COUNTY PREGNANCY CENTER | | | | | | | |
| 2508 EDGMONT AVE. | | | | | | PRODUCT | |
| CHESTER, PA 19013 | 23-2393454 | 501(C)(3) | 5,069. | 0. | , FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | 1 | . , , , , , , , | | 1 | 1 | Sahadula I /Farm 00/ |





Schedule I (Form 990) GOOD 360

Page 1

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|----------------------------------------------------|-----------------|-------------------------------|-----------------------------------------|-----------------------------------------|----------------------------------------------------------------|----------------------------------------|---------------------------------------|
| HRISTIAN FAITH CENTER OF | | | | | | | |
| REEDMOOR - P.O. BOX 100 - | | | | | | PRODUCT | |
| REEDMOOR, NC 27522 | 56-1526296 | 501(C)(3) | 5,062. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| RA - YOUTH SERVICES | | | | | | | |
| 8 SCARLETT DR. | | | | | | PRODUCT | |
| EW BRITAIN, CT 06053 | 06-0954802 | 501(C)(3) | 5,060. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| O INTERNATIONAL INC. | | | | | | | |
| 03 WILDER REYNOLDS RD. | | | | | | PRODUCT | |
| ILMORE, KY 40390 | 61-6058541 | 501(C)(3) | 5,052. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| , | | | , | | | | |
| RUSH CREEK FAMILY SERVICES INC. | | | | | | | |
| 657 BADGER RD. | | | | | | PRODUCT | |
| ANTA ROSA, CA 95409 | 94-2297008 | 501(C)(3) | 5,048. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| OMPUTER CORPS | | | | | | | |
| 50 MALLORY WAY, STE. 175 | | | | | | PRODUCT | |
| PARSON CITY, NV 89701 | 36-4480172 | 501(C)(3) | 5,046. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| | | | 1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | |
| HELTER AGENCIES FOR FAMILIES IN | | | | | | | |
| AST TEXAS - P.O. BOX 2337 - MOUNT | | | | | | PRODUCT | |
| LEASANT, TX 75456-2337 | 75-2631330 | 501(C)(3) | 5,032. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
| ISH I MAY | | | | | | | |
| 032 S. REVERE AVE. | | | | | | PRODUCT | |
| PRINGFIELD, MO 65804 | 45-3278449 | 501(C)(3) | 5,006. | 0. | FMV | DONATIONS | TO ASSIST THOSE IN NEED |
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| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|-------------------------------------------------------------|---------------------------------|--------------------------|---------------------------------------|-------------------------------------------------------|----------------------------------------|
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| | | | | | |
| Part IV Supplemental Information. Provide the information | n required in Part I, lin | e 2, Part III, colum | n (b), and any other a | dditional information. | |
| PART I, LINE 2: | | | | | |
| IN AN EFFORT TO PROTECT THE INT | EGRITY OF O | UR DONATIO | ON PROGRAMS | FOR OUR | |
| DONORS AND NONPROFITS, GOOD360 | IS NOW TAKI | NG BOTH RI | EACTIVE AND | PROACTIVE | |
| MEASURES TO ENSURE THAT MEMBER (| ORGANIZATIO | NS WHO ARI | E REQUESTIN | G PRODUCTS | |
| FROM GOOD360 ARE APPROPRIATE, A | PPROVED 501 | (C)(3) OR | GANIZATIONS | IN GOOD | |
| FINANCIAL STANDING AND ARE USING | G THE PRODU | CTS RECEIV | VED THROUGH | GOOD360 IN | |
| AN APPROPRIATE MANNER AS OUTLIN | ED IN GOOD3 | 60'S SECUI | RITY AD COM | PLIANCE | |
| AGREEMENT WHICH HAS BEEN SIGNED | BY THE ORG | ANIZATION | IN ORDER T | O RECEIVE | |
| THESE PRODUCTS IN ADDITION TO I | NITIAL VETT | ING. WE HA | AVE A SECUR | TTY AND | |

GOOD360

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

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

► Attach to Form 990.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number GOOD360 54-1282616 Part I Questions Regarding Compensation

| | · | | Yes | No |
|----|---------------------------------------------------------------------------------------------------------------------------|----|-----|----|
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, | | | |
| | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| | First-class or charter travel Housing allowance or residence for personal use | | | |
| | Travel for companions Payments for business use of personal residence | | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | |
| | Discretionary spending account Personal services (e.g., maid, chauffeur, chef) | | | |
| | | | | |
| b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or | | | |
| | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | | |
| | trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? | 2 | | |
| | | | | |
| 3 | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's | | | |
| | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to | | | |
| | establish compensation of the CEO/Executive Director, but explain in Part III. | | | |
| | Compensation committee Written employment contract | | | |
| | Independent compensation consultant X Compensation survey or study | | | |
| | X Approval by the board or compensation committee | | | |
| | | | | |
| 4 | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | |
| | organization or a related organization: | | | |
| а | Receive a severance payment or change-of-control payment? | 4a | | Х |
| | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | | X |
| | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | | Х |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| | | | | |
| | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the revenues of: | | | |
| а | The organization? | 5a | | Х |
| | Any related organization? | 5b | | X |
| | If "Yes" to line 5a or 5b, describe in Part III. | | | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the net earnings of: | | | |
| а | The organization? | 6a | | Х |
| | Any related organization? | 6b | | X |
| | If "Yes" on line 6a or 6b, describe in Part III. | | | |
| 7 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments | | | |
| | not described on lines 5 and 6? If "Yes," describe in Part III | 7 | | Х |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | | | |
| | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | | Х |
| 9 | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in | | | |
| | Regulations section 53.4958-6(c)? | 9 | | |

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

Schedule J (Form 990) 2015 GOOD 3 6 0 54 – 128 2 6 1 6 Page 2

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

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

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

| | | (B) Breakdown of | W-2 and/or 1099-MI | SC compensation | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) |
|-----------------------------|------|--------------------------|-------------------------------------------|-------------------------------------------|-----------------------------------|-------------------------|------------------------------------|-------------------------------------------|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | berients | (B)(I)-(U) | reported as deferred on prior Form 990 |
| (1) CINDY HALLBERLIN | (i) | 252,292. | 0. | 3,335. | 0. | 16,139. | 271,766. | 0. |
| CEO - UNTIL 07/2015 | (ii) | 0. | 0. | 0. | 0. | 0. | | 0. |
| (2) SHABAB GRUBERG | (i) | 166,162. | 13,750. | 0. | 0. | 14,471. | | 0. |
| CIO (INTERIM PRESIDENT/CEO) | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) MICHAEL AVIS | (i) | 131,912. | 0. | 0. | 0. | 20,665. | | |
| CFO (INTERIM CAO) | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) RICHARD BARNEY | (i) | 144,912. | 11,788. | 0. | 0. | 18,984. | | 0. |
| EVP, BUSINESS DEVELOPMENT | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
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| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

| Schedule J (Form 990) 2015 | GOOD360 | 54-1282616 | Page 3 |
|--------------------------------------|----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|--------|
| Part III Supplemental Information | | | |
| Provide the information, explanation | n, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and | for Part II. Also complete this part for any additional information. | |
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

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.

GOOD360

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number 54-1282616

| Par | rt Types of Property | | | | | | | |
|-----|---------------------------------------------------------------------------------------------------------------|----------------|----------------------------|---------------------------------------------|----------------------------------|------------|--------|-----|
| | | (a) | (b) | (c) | (d) | | | |
| | | Check if | Number of contributions or | Noncash contribution amounts reported on | Method of de noncash contribu | | | |
| | | applicable | | Form 990, Part VIII, line 1g | noncash contribu | ition amoi | unis | |
| 1 | Art - Works of art | | | , | | | | |
| 2 | Art - Historical treasures | | | | | | | |
| 3 | Art - Fractional interests | | | | | | | |
| 4 | Books and publications | X | | 263,900. | | | | |
| 5 | Clothing and household goods | X | | 354,565,424. | | | | |
| 6 | Cars and other vehicles | X | 2 | 1,189,567. | FMV | | | |
| 7 | Boats and planes | | | | | | | |
| 8 | Intellectual property | | | | | | | |
| 9 | Securities - Publicly traded | | | | | | | |
| 10 | Securities - Closely held stock | | | | | | | |
| | Securities - Partnership, LLC, or | | | | | | | |
| | trust interests | | | | | | | |
| | 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 | | | | | | | |
| | Collectibles | | | | | | | |
| | 19 Food inventory | | | | | | | |
| | Drugs and medical supplies | | | | | | | |
| | Taxidermy | | | | | | | |
| | Historical artifacts | | | | | | | |
| | Scientific specimens | | | | | | | |
| | Archeological artifacts | 77 | 20 | 12 560 272 | T-1347.7 | | | |
| | Other (TOYS) | X | 29 90 | 13,569,373. 5,451,924. | | | | |
| | Other (OFFICE SUPPL.) | Λ | 90 | 5,451,924. | L M A | | | |
| 27 | Other () | | | | | | | |
| 28 | Other () | | | | | | | |
| 29 | Number of Forms 8283 received by the organization completed Form 828 | ` | , | | | | | |
| | for which the organization completed Form 828 | oo, Fait IV, I | Jonee Acknowled(| gement 29 | | Ye | | No |
| 202 | During the year, did the organization receive by | contributio | n any proporty ror | ported in Part L lines 1 throu | ah 28 that it | 16 | 55 | INO |
| Sua | must hold for at least three years from the date | | | | | | | |
| | · | | • | • | | 30a | | Х |
| h | exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II. | | | | | | | |
| 31 | | | | | | | 2 | |
| | Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash | | | | | 31 2 | \top | |
| | contributions? | | • | | | 32a | | Х |
| b | If "Yes," describe in Part II. | | | | | | | |
| | If the organization did not report an amount in o | column (c) f | or a type of prope | ty for which column (a) is ch | necked, | | | |
| | describe in Part II. | | | - () | · | | | |

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

Schedule M (Form 990) (2015)

| Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| SCHEDULE M, PART I, COLUMN (B): | | | | |
| THE TOTAL REPRESENTED IN COLUMN B REPRESENTS THE NUMBER OF | | | | |
| CONTRIBUTIONS THAT WERE GRANTED AS OF DECEMBER 31, 2015. | | | | |
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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 990-EZ.

OMB No. 1545-0047 **Open to Public**

Internal Revenue Service Name of the organization ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

GOOD360

Employer identification number 54-1282616

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

THE FEDERAL FORM 990 IS PRESENTED TO THE BOARD OF DIRECTORS BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE.

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

QUESTIONNAIRE OF RELATED PARTY TRANSACTIONS AND CONFLICTS OF INTEREST IS DISTRIBUTED TO ALL BOARD OF DIRECTORS, OFFICERS AND EMPLOYEES WITH A RESPONSE REQUESTED PRIOR TO FILING OF THE FEDERAL FORM 990 RETURN.

IF A BOARD MEMBER OR A KEY STAFF OF GOOD360 HAS DECLARED OR HAS BEEN FOUND TO HAVE A CONFLICT-OF-INTEREST IN ANY PROPOSED TRANSACTION OR OTHER MATTER, HE OR SHE SHALL REFRAIN FROM PARTICIPATING IN CONSIDERATION OF THE PROPOSED TRANSACTION OR OTHER MATTER, UNLESS FOR SPECIAL REASONS THE BOARD OF DIRECTORS REQUESTS INFORMATION OR INTERPRETATION FROM THE PERSON OR PERSONS INVOLVED. IN THE CASE OF A DIRECTOR, HE OR SHE SHALL NOT VOTE ON THE MATTER IN QUESTION AND SHALL NOT BE PRESENT AT THE TIME OF THE VOTE. A CONFLICT OF INTEREST WOULD RESULT IN REMOVAL FROM DECISION MAKING.

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

THE BOARD USES COMPARABILITY DATA FOR CEO COMPARING THE INFORMATION AGAINST SIMILAR ORGANIZATIONS. BOARD MINUTES ARE TAKEN OF DELIBERATIONS AND DECISIONS. THE LAST DISCUSSION REGARDING COMPENSATION REVIEW FOR THE CEO WAS HELD AT THE END OF 2014.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL,AK,AZ,AR,CA,CO,CT,FL,GA,HI,ID,IL,IN,IA,KS,KY,LA,ME,MD,MA,MI,MN,MS,MO,MT LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2015)

| Name of the organization GOOD 3 6 0 | Employer identification number 54-1282616 |
|---------------------------------------------------------------------------|-------------------------------------------|
| NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, V | T, VA, WA, WV, WI, WY |
| FORM 990, PART VI, SECTION C, LINE 19: | |
| GOOD360 MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF I | NTEREST POLICY |
| AVAILABLE UPON REQUEST. THE FINANCIAL STATEMENTS ARE MA | DE AVAILABLE THROUGH |
| GUIDESTAR AND THE ORGANIZATION'S WEBSITE. | |
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