

Form **8879-TE****IRS E-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2024, or fiscal year beginning _____, 2024, and ending _____, 20

2024Department of the Treasury
Internal Revenue Service**Do not send to the IRS. Keep for your records.****Go to www.irs.gov/Form8879TE for the latest information.**

Name of filer

EIN or SSN

JOURNEY FOR GOOD FOUNDATION, INC**47-4494775**Name and title of officer or person subject to tax **PAUL MAMALIAN
PRESIDENT****Part I Type of Return and Return Information**

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

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>2,268,075.</u>
2a Form 990-EZ check here	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

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

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or _____ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the

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

PIN: check one box only

☒ I authorize **RUBINO AND COMPANY, CHARTERED**
ERO firm name

to enter my PIN

47449Enter five numbers, but
do not enter all zeros

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

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

Signature of officer or person subject to tax

DocuSigned by:

Date

May 9, 2025 | 2:11 PM

Part III Certification and Authentication

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

52117399999

Do not enter all zeros

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

ERO's signature

Date

5/9/2025

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


For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2024)

Form 990 <small>Department of the Treasury Internal Revenue Service</small>	Return of Organization Exempt From Income Tax	<small>OMB No. 1545-0047</small> 2024 Open to Public Inspection
	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)	
	Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.	

A For the 2024 calendar year, or tax year beginning		and ending	
B Check if applicable: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization JOURNEY FOR GOOD FOUNDATION, INC		D Employer identification number 47-4494775
	Doing business as		
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 6905 ROCKLEDGE DRIVE		E Telephone number (240) 694-4100
	City or town, state or province, country, and ZIP or foreign postal code BETHESDA, MD 20817		
	F Name and address of principal officer: PAUL MAMALIAN SAME AS C ABOVE		G Gross receipts \$ 2,722,805.
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
J Website: JOURNEYFORGOOD.ORG		H(b) Are all subordinates included? Yes No If "No," attach a list. See instructions	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 2015 M State of legal domicile: MD	

Part I Summary			
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO FIGHT POVERTY WITH FOOD, SHELTER, EDUCATION, AND WORKFORCE DEVELOPMENT OPPORTUNITIES.	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	3 12
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 12
	5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5 0
	6	Total number of volunteers (estimate if necessary)	6 40
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 721,824. Current Year 2,197,211.
	9	Program service revenue (Part VIII, line 2g)	0. 0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0. 0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,638. 70,864.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	733,462. 2,268,075.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14		Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	165,121. 152,766.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
b		Total fundraising expenses (Part IX, column (D), line 25) 42,629.	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	77,478. 100,263.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	777,739. 1,801,626.
19		Revenue less expenses. Subtract line 18 from line 12	-44,277. 466,449.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 635,669. End of Year 1,091,162.
	21	Total liabilities (Part X, line 26)	54,172. 43,216.
	22	Net assets or fund balances. Subtract line 21 from line 20	581,497. 1,047,946.

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.					
Sign Here	Signature of officer		Date		
	PAUL MAMALIAN, PRESIDENT Type or print name and title				
Paid Preparer Use Only	Preparer's name	Preparer's signature 	Date	Check if self-employed <input type="checkbox"/>	PTIN
	KAY VOLLANS, CPA		5/12/2025		P01404047
Preparer Use Only	Firm's name RUBINO AND COMPANY, CHARTERED			Firm's EIN 52-1186096	
	Firm's address 6903 ROCKLEDGE DRIVE, SUITE 300 BETHESDA, MD 20817-1818			Phone no. 301-564-3636	

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

FOUNDED IN 2015 AND HEADQUARTERED IN BETHESDA, MARYLAND, JOURNEY FOR GOOD FOUNDATION IS A 501(C)(3) CHARITABLE ORAGNIZATION INTENTLY FOCUSED ON FIGHTING POVERTY IN THE LOCAL COMMUNITY WITH FOOD, SHELTER, EDUCATION, AND WORKFORCE DEVELOPMENT OPPORTUNITIES. WE FUND THE WORK

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,608,361. including grants of \$ 1,481,826.) (Revenue \$)
FUND LOCAL CHARITIES THAT FIGHT POVERTY THROUGH GRANTS.

4b (Code:) (Expenses \$ 66,771. including grants of \$ 66,771.) (Revenue \$)

JOURNEY FOR GOOD FOUNDATION, INC. (THE "FOUNDATION") ESTABLISHED THE AVOLTA CARES FUND (THE "FUND") IN 2017 TO HELP EMPLOYEES OF HMSHOST CORPORATION, INC. (THE "CORPORATION") AND ITS AFFILIATES AND THE FAMILIES OF SUCH EMPLOYEES. AVOLTA CARES WAS ORIGINALLY NAMED HMSHOST CARES AND CHANGED ITS NAME TO AVOLTA CARES AT THE TIME OF THE FOUNDATION'S NAME CHANGE. AVOLTA CARES IS AN EMPLOYEE ASSISTANCE FUND DESIGNED TO PROVIDE FINANCIAL RELIEF FOR QUALIFIED INCIDENTS. AVOLTA CARES RECEIVES CONTRIBUTIONS AND IS PRIMARILY FUNDED BY HMSHOST, HUDSON, AND DUFREY ASSOCIATES IN ORDER TO HELP FELLOW ASSOCIATES IN CRISIS. THE COMPANY CREATED THE PROGRAM AND CONTRIBUTED INITIAL FUNDING. PAYMENTS TO EMPLOYEES ARE NOT TAXABLE TO THE EMPLOYEE; HOWEVER, EMPLOYEE CONTRIBUTIONS TO THE FUND ARE ELIGIBLE FOR A

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 1,675,132.

Form 990 (2024)

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26 X	
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38 X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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 4	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country <u>CANADA</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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

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

☒**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 12 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b Enter the number of voting members included on line 1a, above, who are independent 1b 12		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	X
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	X
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:		
a The governing body?	8a X	
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	X

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

	Yes	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 on Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c X	
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar 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	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed AL, CA, FL, GA, HI, IL, KS, KY, MA, MD, MI, MN

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records
JORDAN SILVERMAN - (240) 694-4100
6905 ROCKLEDGE DRIVE, BETHESDA, MD 20817

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JORDAN SILVERMAN DIRECTOR	40.00			X				136,067.	0.	11,651.
(2) PAUL MAMALIAN PRESIDENT	2.00	X		X				0.	0.	0.
(3) JASON CRANDLEMIRE SECRETARY & TREASURER	2.00	X		X				0.	0.	0.
(4) STEVE JOHNSON CHAIRMAN	2.00	X		X				0.	0.	0.
(5) DERRYL BENTON DIRECTOR	2.00	X						0.	0.	0.
(6) VICKY D'ANGELO DIRECTOR	2.00	X						0.	0.	0.
(7) KRISTIN FRANZESE DIRECTOR	2.00	X						0.	0.	0.
(8) STEPHANIE HAVARD DIRECTOR (END 5/2024)	2.00	X						0.	0.	0.
(9) JORDI MARTIN-CONSUEGRA DIRECTOR	2.00	X						0.	0.	0.
(10) HOPE REMOUNDOS DIRECTOR	2.00	X						0.	0.	0.
(11) SUSAN SEUBERT DIRECTOR	2.00	X						0.	0.	0.
(12) DAVE STUBBS DIRECTOR	2.00	X						0.	0.	0.
(13) TODD TAGNESI DIRECTOR	2.00	X						0.	0.	0.
(14) TRACY WONG DIRECTOR	2.00	X						0.	0.	0.

Part VII	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>
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[illegible]

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

1

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
PROFESSIONAL GOLF EVENTS, 1007 ROYAL TROON COURT, TARPON SPRINGS, FL 34688	FUNDRAISING EVENT SERVICES	203,591.
REUNION RESORT AND GOLF CLUB 7593 GATHERING DRIVE, KISSIMMEE, FL 34747	FUNDRAISING EVENT SERVICES	194,325.
HMSHOST CORPORATION 6905 ROCKLEDGE DRIVE, BETHESDA, MD 20817	MANAGEMENT SERVICES	152,766.

2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	3
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3

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	412,625.				
	d Related organizations	1d	39,780.				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	1,744,806.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f						
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)						
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			3,586.			3,586.
		(i) Real	(ii) Personal				
	6 a Gross rents	6a					
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ 412,625. of contributions reported on line 1c). See Part IV, line 18	8a	522,008.				
	b Less: direct expenses	8b	454,730.				
	c Net income or (loss) from fundraising events			67,278.			67,278.
	9 a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
	11 a						
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions				2,268,075.	0.	0.	70,864.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,428,240.	1,428,240.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	66,771.	66,771.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	53,586.	53,586.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	143,382.	107,537.	7,169.	28,676.
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				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	9,384.	7,038.	469.	1,877.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	53,326.		53,326.	
d Lobbying				
e 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 O.)				
12 Advertising and promotion				
13 Office expenses	46,937.	11,960.	22,901.	12,076.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a				
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,801,626.	1,675,132.	83,865.	42,629.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	509,568.	1	730,333.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	122,126.	3	7,907.
	4 Accounts receivable, net		4	351,514.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	3,975.	5	1,408.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	635,669.	16	1,091,162.	
Liabilities	17 Accounts payable and accrued expenses	49,172.	17	43,216.
	18 Grants payable		18	
	19 Deferred revenue	5,000.	19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	54,172.	26	43,216.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	368,343.	27	875,980.
	28 Net assets with donor restrictions	213,154.	28	171,966.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	581,497.	32	1,047,946.
	33 Total liabilities and net assets/fund balances	635,669.	33	1,091,162.

Form 990 (2024)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,268,075.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,801,626.
3	Revenue less expenses. Subtract line 2 from line 1	3	466,449.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	581,497.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,047,946.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

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

Form 990 (2024)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization

JOURNEY FOR GOOD FOUNDATION, INC

Employer identification number

47-4494775

Part I	Reason for Public Charity Status. (All organizations must complete this part.) See instructions.
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The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- ☐ 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- ☐ 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- ☐ 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- ☐ 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- ☐ 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- ☐ 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- ☒ 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- ☐ 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- ☐ 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- ☐ 10 An organization that normally receives (1) more than 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.)
- ☐ 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- ☐ 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - ☐ a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - ☐ b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - ☐ c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - ☐ d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - ☐ e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

g Provide the following information about the supported organization(s).						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	493,154.	593,582.	629,586.	721,824.	2197211.	4635357.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	493,154.	593,582.	629,586.	721,824.	2197211.	4635357.
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)						369,986.
6 Public support. Subtract line 5 from line 4.						4265371.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	493,154.	593,582.	629,586.	721,824.	2197211.	4635357.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					3,586.	3,586.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			224.	11,368.		11,592.
11 Total support. Add lines 7 through 10						4650535.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	91.72	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	84.80	%
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

Schedule A (Form 990) 2024

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2024

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

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5	
6 Other distributions (describe in Part VI). See instructions.	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8	
9 Distributable amount for 2024 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Schedule A (Form 990) 2024

Part VI

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

SCHEDULE D
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

JOURNEY FOR GOOD FOUNDATION, INC

Employer identification number

47-4494775

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II

Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 \$

(ii) Assets included in Form 990, Part X \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$

b Assets included in Form 990, Part X \$

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

Schedule D (Form 990) (Rev. 12-2024)

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

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

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

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

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

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

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

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

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

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

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

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

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

a Board designated or quasi-endowment _____ %

b Permanent endowment _____ %

c Term endowment _____ %

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

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

(i) Unrelated organizations? ☐ Yes ☐ No

(ii) Related organizations? ☐ Yes ☐ No

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

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) 0.

Schedule D (Form 990) (Rev. 12-2024)

Part VII Investments - Other Securities

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	

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

Schedule D (Form 990) (Rev. 12-2024)

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	2,709,853.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	454,730.
e	Add lines 2a through 2d	2e	454,730.
3	Subtract line 2e from line 1	3	2,255,123.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	12,952.
c	Add lines 4a and 4b	4c	12,952.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,268,075.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	2,243,404.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	454,730.
e	Add lines 2a through 2d	2e	454,730.
3	Subtract line 2e from line 1	3	1,788,674.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	12,952.
c	Add lines 4a and 4b	4c	12,952.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,801,626.

Part XIII Supplemental Information

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

PART X, LINE 2:

JOURNEY FOR GOOD FOUNDATION, INC. QUALIFIES AS TAX-EXEMPT UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS CLASSIFIED AS A NON-PROFIT CORPORATION FOR INTERNAL REVENUE SERVICE PURPOSES. SUCH ORGANIZATIONS ARE TAXED ONLY ON UNRELATED BUSINESS INCOME. THE FOUNDATION HAS NO UNRELATED BUSINESS INCOME AND THEREFORE, NO TAX PROVISION HAS BEEN ESTABLISHED.

FOR FINANCIAL REPORTING PURPOSES, THE FOUNDATION RECOGNIZES TAX POSITIONS CLAIMED OR EXPECTED TO BE CLAIMED BASED UPON WHETHER IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED UPON EXAMINATION. INTEREST, IF ANY, RELATED TO INCOME TAX LIABILITIES IS INCLUDED IN INTEREST EXPENSE. PENALTIES, IF ANY, RELATED TO INCOME TAX LIABILITIES ARE INCLUDED IN OPERATING EXPENSE. AS OF DECEMBER 31, 2024, THE FOUNDATION HAD NO UNCERTAIN TAX POSITIONS THAT QUALIFIED FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. INCOME TAX RETURNS FOR THE YEARS ENDED DECEMBER 31, 2023, 2022 AND 2021, REMAIN OPEN TO EXAMINATION BY THE TAXING JURISDICTIONS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSES 454,730.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

GRANT OFFSET FROM CONTRIBUTIONS 12,952.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Part XIII	Supplemental Information <i>(continued)</i>
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GRANT OFFSET FROM CONTRIBUTIONS	12,952.
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SCHEDULE F
(Form 990)

(Rev. December 2024)
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.

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization: JOURNEY FOR GOOD FOUNDATION, INC
Employer identification number: 47-4494775

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

Table with 6 columns: (a) Region, (b) Number of offices in the region, (c) Number of employees, agents, and independent contractors in the region, (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region), (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region, (f) Total expenditures for and investments in the region. Includes rows for NORTH AMERICA and a Subtotal row.

Part II **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)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	TO PROVIDE SHELTER AND WRAPAROUND SUPPORTIVE SERVICES TO YOUTH WHO ARE AT	25,000.	CHECK	0.		
		NORTH AMERICA	TO COMBAT HUNGER AND PROMOTE NUTRITIONAL WELLNESS IN THE MISSISSAUGA REGION	25,000.	CHECK	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 2

3 Enter total number of other organizations or entities 0

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Schedule F (Form 990) (Rev. 12-2024)

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 noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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

Schedule F (Form 990) (Rev. 12-2024)

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

(D) PURPOSE OF GRANT: TO PROVIDE SHELTER AND WRAPAROUND SUPPORTIVE SERVICES TO YOUTH WHO ARE AT RISK OF OR ARE EXPERIENCING HOMELESSNESS

SCHEDULE G
(Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the
organization entered more than \$15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
Open to Public
Inspection

Name of the organization: JOURNEY FOR GOOD FOUNDATION, INC
Employer identification number: 47-4494775

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not
required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
a Mail solicitations
b Internet and email solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of nongovernment grants
f Solicitation of government grants
g Special fundraising events
2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or
key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be
compensated at least \$5,000 by the organization.

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration
or licensing.

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

		(a) Event #1 GOLF TOURNAMENT	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	934,633.			934,633.
	2 Less: Contributions	412,625.			412,625.
	3 Gross income (line 1 minus line 2)	522,008.			522,008.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	180,497.			180,497.
	6 Rent/facility costs	83,864.			83,864.
	7 Food and beverages	151,589.			151,589.
	8 Entertainment				
	9 Other direct expenses	38,780.			38,780.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				454,730.
	11 Net income summary. Subtract line 10 from line 3, column (d)				67,278.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____

c If "Yes," enter the name and address of the third party:

Name _____

Address _____

- 16** Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17** Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV	Supplemental Information <i>(continued)</i>
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[illegible]

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

JOURNEY FOR GOOD FOUNDATION, INC

Employer identification number
47-4494775

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
412 FOOD RESCUE 6140 STATION STREET PITTSBURGH, PA 15206	47-3476140	501(C)(3)	20,000.	0.			TO SUPPORT THE GROWTH AND EXPANSION OF FOOD RECOVERY AND REDISTRIBUTION EFFORTS IN
A WIDER CIRCLE, INC. 10325 KENSINGTON PARKWAY, #70 KENSINGTON, MD 20895	52-2345144	501(C)(3)	20,000.	0.			TO PROVIDE HOLISTIC, INDIVIDUALIZED SUPPORT TO ADULTS LOOKING TO RE-ENTER THE WORKFORCE
ATLANTA MISSION 2353 BOLTON RD. NW ATLANTA, GA 30318	58-0572430	501(C)(3)	30,000.	0.			TO PROVIDE WORKFORCE DEVELOPMENT PROGRAMMING FOR ADULTS IN ATLANTA, GA
BACK 2 SCHOOL AMERICA 1946 W IRVING PARK RD CHICAGO, IL 60613	27-2492956	501(C)(3)	20,000.	0.			TO PROVIDE SCHOOL SUPPLIES TO LOW-INCOME STUDENTS IN CHICAGO, ILLINOIS
BE A LEADER FOUNDATION 1717 W. NORTHERN AVE., SUITE 116 PHOENIX, AZ 85021	55-0850279	501(C)(3)	30,000.	0.			TO EMPOWER STUDENTS WITH THE TOOLS, LEADERSHIP SKILLS AND SUPPORT NEEDED TO SUCCEED IN HIGHER
BEAN'S CAFE, INC. 1020 E. 4TH AVE. ANCHORAGE, AK 99501	92-0072522	501(C)(3)	20,000.	0.			TO FIGHT HUNGER FOR ALL AGES, ONE MEAL AT A TIME WHILE PROVIDING A PATHWAY TO SELF-SUFFICIENCY WITH

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **64.**
- 3** Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (Rev. 12-2024)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLACK GIRLS COOK 2516 OAKLEY AVENUE BALTIMORE, MD 21215	81-3960180	501(C)(3)	50,000.	0.			EMPOWER AND INSPIRE INNER-CITY ADOLESCENT GIRLS OF COLOR THROUGH CULINARY ARTS AND URBAN
CLIMBHI 175 NAWILIWILI STREET HONOLULU, HI 96825	27-1865289	501(C)(3)	25,000.	0.			TO ENHANCE EDUCATION AND WORKFORCE DEVELOPMENT OPPORTUNITIES FOR STUDENTS IN HAWAII
CODE PLATOON 1 SOUTH DEARBORN ST. 20TH FL. CHICAGO, IL 60603	47-2499578	501(C)(3)	20,000.	0.			TO TRANSFORM THE LIVES OF VETERANS, ACTIVE-DUTY SERVICE MEMBERS, AND MILITARY SPOUSES THROUGH
COMMUNITY CULINARY SCHOOL OF CHARLOTTE - 700 N. TRYON ST. - CHARLOTTE, NC 28204	56-2051086	501(C)(3)	25,000.	0.			TO PROVIDE TRAINING AND JOB PLACEMENT ASSISTANCE IN THE CULINARY INDUSTRY FOR ADULTS WITH BARRIERS
DOG TAG INC. 3206 GRACE ST. NW WASHINGTON, DC 20007	45-2130904	501(C)(3)	20,000.	0.			TO EMPOWER VETERANS WITH SERVICE-CONNECTED DISABILITIES TO FIND RENEWED PURPOSE AND
EAT WELL EXCHANGE 20535 NW 2ND AVE UNIT 203 MIAMI, FL 33169	82-1443393	501(C)(3)	25,000.	0.			TO ADDRESS FOOD INSECURITY AND IMPROVE NUTRITIONAL EDUCATION IN UNDERSERVED COMMUNITIES
EDWINS LEADERSHIP & RESTAURANT INSTITUTE - 13101 SHAKER SQUARE - CLEVELAND, OH 44120	26-0656263	501(C)(3)	20,000.	0.			TO PROVIDE TRAINING AND JOB OPPORTUNITIES FOR FOLKS IN THE CULINARY INDUSTRY
EMMA'S TORCH LTD 2212 RHODE ISLAND AVE NE WASHINGTON, DC 20018	81-3651292	501(C)(3)	50,000.	0.			TO EMPOWER REFUGEES, ASYLEES, AND SURVIVORS OF HUMAN TRAFFICKING THROUGH CULINARY EDUCATION
FAITH-HOPE-LOVE CHARITY, INC. 3175 S. CONGRESS AVENUE, SUITE 310 PALM SPRINGS, FL 33461	65-0464807	501(C)(3)	10,000.	0.			TO HELP REINTEGRATE DISPLACED AND AT-RISK VETERANS AND THEIR FAMILIES BACK INTO THE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FEEDING SOUTH FLORIDA 2501 SW 32 TERRACE PEMBROKE PARK, FL 33023	59-2097520	501(C)(3)	25,000.	0.			TO SUPPORT SCHOOLS IN THE FORT LAUDERDALE REGION WITH FREE FOOD AND NUTRITION EDUCATION TO
FEEDING TAMPA BAY, INC. 4702 TRANSPORT DRIVE, BUILDING 6 TAMPA, FL 33605	59-2116576	501(C)(3)	20,000.	0.			TO SUPPORT HEALTHY FOOD DISTRIBUTION TO LOW-INCOME HOUSEHOLDS VIA THE COMMUNITY MARKET
FRIENDS OF THE LIBRARY OF HAWAII 501 SUMNER STREET, UNIT 614 HONOLULU, HI 96817	99-6003670	501(C)(3)	15,000.	0.			TO SUPPORT THE LET'S READ TOGETHER SUMMER READING PROGRAM FOR CHILDREN AND FAMILIES EXPERIENCING
GOTHAM FOOD PANTRY PO BOX 287115, 1617 3RD AVE NEW YORK, NY 10128	85-3425480	501(C)(3)	20,000.	0.			TO SUPPORT THE EXPANSION OF FOOD RESCUE AND REDISTRIBUTION EFFORTS IN NEW YORK CITY LOW-INCOME
GRACE KLEIN COMMUNITY, INC. 1678 MONTGOMERY HIGHWAY #104 BIRMINGHAM, AL 35216	80-0569639	501(C)(3)	10,000.	0.			TO PROVIDE CHARITABLE AND EDUCATIONAL SERVICES TO THE POOR AND DISTRESSED IN BIRMINGHAM, ALABAMA
GRACE-MAR SERVICES, INC. 615 E 6TH STREET SUITE 116 CHARLOTTE, NC 28202	80-0235887	501(C)(3)	50,000.	0.			TO PROVIDE SOCIAL CAPITAL AND JOB TRAINING TO LOW-INCOME INDIVIDUALS AND FAMILIES IN THE
GREATER BIRMINGHAM MINISTRIES 2304 12TH AVENUE NORTH BIRMINGHAM, AL 35234	63-0577439	501(C)(3)	10,000.	0.			TO PROVIDE FOOD, CLOTHING AND ASSISTANCE WITH UTILITIES TO INDIVIDUALS AND FAMILIES IN NEED
HEALTHY NEW ALBANY - FOOD PANTRY 150 W. MAIN STREET, SUITE B NEW ALBANY, OH 43054	20-3840246	501(C)(3)	15,000.	0.			PROVIDES CLIENTS WITH FOOD AND PERSONAL CARE ITEMS DURING OPEN SHOPPING
HIGHLINE SCHOOLS FOUNDATION 15675 AMBAUM BLVD SW BURIEN, WA 98166	91-2020506	501(C)(3)	25,000.	0.			TO ADDRESS THE IMPACT OF POVERTY IN THE LOCAL COMMUNITY THROUGH SUPPORTING STUDENTS,

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HIT THE BOOKS 340 ST. NICHOLAS AVENUE NEW YORK, NY 10027	84-2795993	501(C)(3)	20,000.	0.			TO SUPPORT OUT-OF-SCHOOL TIME PROGRAMS FOR LOW-INCOME HARLEM YOUTH WITH ACADEMIC AND
HOMELESS COALITION OF PALM BEACH COUNTY - 345 SOUTH CONGRESS AVENUE - DELRAY BEACH, FL 33445	65-0125852	501(C)(3)	10,000.	0.			TO HELP HOMELESS INDIVIDUALS AND FAMILIES GET OFF THE STREETS AND INTO STABLE, AFFORDABLE
HOODIES 4 HEALING, INC. 18039 FM 529 ROAD, SUITE D CYPRESS, TX 77433	84-2572090	501(C)(3)	25,000.	0.			TO SERVE HOT MEALS AND PROVIDE OTHER ESSENTIAL SUPPLIES FOR INDIVIDUALS AND FAMILIES EXPERIENCING
HOPE AND A HOME 1236 COLUMBIA RD., NW, LOWER LEVEL WASHINGTON, DC 20009	20-2869184	501(C)(3)	10,000.	0.			TO EMPOWER LOW-INCOME FAMILIES TO CREATE STABLE HOMES OF THEIR OWN AND MAKE LASTING CHANGES IN
HORIZONS GREATER WASHINGTON 3000 CATHEDRAL AVE. NW WASHINGTON, DC 20008	27-1476998	501(C)(3)	25,000.	0.			PROVIDE FREE ACADEMIC AND ENRICHMENT PROGRAMS TO PUBLIC AND CHARTER SCHOOL STUDENTS
ILLINOIS RESTAURANT ASSOCIATION EDUCATIONAL FOUNDATION - 33 W. MONROE ST., SUITE 250 - CHICAGO, IL 60603	36-3271510	501(C)(3)	15,000.	0.			TO SUPPORT THE GROWTH OF STUDENTS IN THE SOUTHSIDE AND CHICAGOLAND AREAS THROUGH HOSPITALITY
KID NET FOUNDATION DBA JONATHAN'S PLACE - 6065 DUCK CREEK DR. - GARLAND, TX 75043	75-2389331	501(C)(3)	25,000.	0.			TO PROVIDE A SAFE PLACE, LOVING HOMES, AND PROMISING FUTURES FOR ABUSED AND NEGLECTED
KIDS PACK INC. 3725 FRONTAGE ROAD NORTH, SUITE 1 LAKELAND, FL 33810	80-0830473	501(C)(3)	15,000.	0.			TO FEED STUDENTS WHO ARE HOMELESS AND/OR FOOD INSECURE BY PREPARING AND DELIVERING WEEKEND MEAL
KLINE VETERANS FUND 7881 W. CHARLESTON BLVD. SUITE 165 LAS VEGAS, NV 89117	45-2285031	501(C)(3)	15,000.	0.			TO ASSIST VETERANS IN CRISIS IN SOUTHERN NEVADA DUE TO FINANCIAL HARDSHIP

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOAVES AND FISHES TOO 721 KASOTA AVENUE SE MINNEAPOLIS, MN 55414	41-1421522	501(C)(3)	15,000.	0.			TO PROVIDE HEALTHY MEALS TO MINNESOTANS IN AREAS WHERE THE NEED IS GREATEST
MOVE FOR HUNGER 7 THIRD AVE NEPTUNE, NJ 07753	26-4826262	501(C)(3)	25,000.	0.			TO CREATE SUSTAINABLE WAYS TO REDUCE FOOD WASTE AND FIGHT HUNGER USING THE RELOCATION INDUSTRY
NATIONAL RESTAURANT ASSOCIATION EDUCATIONAL FOUNDATION - 2055 L STREET NW, SUITE 701 - WASHINGTON, DC 20036	36-6103388	501(C)(3)	50,000.	0.			TO PROVIDE JOB READINESS TRAINING, SUPPORTIVE SERVICES, INDUSTRY CREDENTIALS, AND
NEW ENGLAND CULINARY ARTS TRAINING 23 BRADSTON STREET BOSTON, MA 02118	27-2441203	501(C)(3)	15,000.	0.			TO EMPOWER ADULTS FACING BARRIERS TO EMPLOYMENT THROUGH TRAINING IN CULINARY SKILLS AND
NEW ORLEANS WOMEN & CHILDREN'S SHELTER - 2625 IBERVILLE STREET - NEW ORLEANS, LA 70119	26-0859964	501(C)(3)	20,000.	0.			TO ENABLE WOMEN AND THEIR CHILDREN TO TRANSITION FROM A LIFE OF HOMELESSNESS AND POVERTY
OAK CITY CARES, INC. 1430 S WILMINGTON ST RALEIGH, NC 27603	83-0826329	501(C)(3)	20,000.	0.			TO FIGHT AND PREVENT HOMELESSNESS BY CONNECTING THOSE AT RISK TO COORDINATED SERVICES
ORLANDO UNION RESCUE MISSION, INC. 1521 W. WASHINGTON ST ORLANDO, FL 32805	59-1035082	501(C)(3)	20,000.	0.			TO HELP PURCHASE NEW COMPUTERS FOR UNDERSERVED STUDENTS IN THE ORLANDO AREA THAT ARE BEHIND ON
OUR HOUSE INC. 302 E. ROOSEVELT RD LITTLE ROCK, AR 72206	71-0653846	501(C)(3)	10,000.	0.			TO EMPOWER HOMELESS AND AT-RISK FAMILIES TO ACHIEVE STABILITY AND WELL-BEING
PEACE4KIDS 1339 E 120TH ST COMPTON, CA 90059	33-0920234	501(C)(3)	20,000.	0.			TO SUPPORT PROGRAMS FOR YOUTH IMPACTED BY FOSTER CARE THAT ADDRESS HEALTH AND NUTRITION EDUCATION,

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RAGS OF HONOR 1 7764 NORTH SHERIDAN RD CHICAGO, IL 60626	46-4924505	501(C)(3)	20,000.	0.			TO PROVIDE ASSISTANCE TO HOMELESS AND UNEPMLOYED VETERANS AND REFUGEES
SD GUNNER FUND 24 CHENEY COURT RICHMOND HILL, GA 31324	47-1346302	501(C)(3)	25,000.	0.			TO PROVIDE FULLY TRAINED SERVICE DOGS AT NO COST TO VETERANS IN NEED
SECOND HARVEST FOOD BANK OF CENTRAL FLORIDA, INC. - 411 MERCY DR - ORLANDO, FL 32805	59-2142315	501(C)(3)	30,000.	0.			TO SUPPORT THE CULINARY TRAINING WORKFORCE DEVELOPMENT PROGRAM WHICH PROVIDES CULINARY
SECOND HELPINGS ATLANTA 970 JEFFERSON ST NW, SUITE 5 ATLANTA, GA 30318	45-3631347	501(C)(3)	20,000.	0.			TO HELP REDUCE FOOD WASTE AND HUNGER IN METRO ATLANTA
SHOES THAT FIT 1420 NORTH CLAREMONT BLVD, SUITE 20 CLAREMONT, CA 91711	95-4425565	501(C)(3)	45,000.	0.			TO TACKLE ONE OF THE MOST VISIBLE SIGNS OF POVERTY BY GIVING CHILDREN IN NEED NEW ATHLETIC SHOES
SISTERS OF WATTS 36635 LITTLE SYCAMORE ST. PALMDALE, CA 93552	81-0987519	501(C)(3)	25,000.	0.			TO HELP ADDRESS THE PRESSING NEEDS OF LOW-INCOME FAMILIES AND INDIVIDUALS IN THE WATTS
SKILLS FOR CHICAGOLAND'S FUTURE 191 N WACKER DRIVE, SUITE 1150 CHICAGO, IL 60606	45-1287418	501(C)(3)	20,000.	0.			TO HELP INCREASE THE ECONOMIC MOBILITY OF THE UNDER AND UNEMPLOYED BY CONNECTING THEM TO
SO ALL MAY EAT INC. 2023 E COLFAX AVE DENVER, CO 80206	20-4765519	501(C)(3)	20,000.	0.			TO FIGHT FOOD INSECURITY AND CREATE COMMUNITY THROUGH HEALTHY FOOD ACCESS
SPRINGS RESCUE MISSION 5 W. LAS VEGAS ST COLORADO SPRINGS, CO 80903	84-1340824	501(C)(3)	25,000.	0.			TO SUPPORT VOCATIONAL TRAINING FOR ADULTS EXPERIENCING HOMELESSNESS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STEP UP WOMENS NETWORK 510 S. HEWITT ST., SUITE 111 LOS ANGELES, CA 90013	95-4701468	501(C)(3)	25,000.	0.			TO SUPPORT ON CAMPUS HIGH SCHOOL MENTORSHIP PROGRAMMING FOR A COHORT OF STUDENTS IN THE
THE HOPE PROGRAM 1 SMITH STREET, 4TH FLOOR BROOKLYN, NY 11201	13-3268539	501(C)(3)	30,000.	0.			TO EMPOWER NEW YORKERS TO BUILD SUSTAINABLE FUTURES THROUGH COMPREHENSIVE JOB TRAINING, ADVANCEMENT AND
THE LAMB CENTER 3160 CAMPBELL DR FAIRFAX, VA 22031	41-2222581	501(C)(3)	25,000.	0.			ASSIST THE HOMELESS IN THE COMMUNITY BY PROVIDING MEALS, SHELTER AND JOB TRAINING
HEAVEN SOUTH, INC. DBA THE STORE 2009 12TH AVE S. NASHVILLE, TN 37204	81-4247568	501(C)(3)	20,000.	0.			TO HELP ALLEVIATE FOOD INSECURITY FOR FOLKS AFFECTED BY POVERTY IN NASHVILLE, TN
TOGETHER WE BAKE 212 S WASHINGTON ST ALEXANDRIA, VA 22314	47-2543526	501(C)(3)	25,000.	0.			TO PROVIDE ASSISTANCE TO THE COMMUNITY HELPING THEM DEVELOPING A NEW SKILL
UNITED STATES VETERANS INITIATIVE (U.S. VETS HOUSTON) - 18818 TOMBALL PARKWAY - HOUSTON, TX 77070	95-4382752	501(C)(3)	20,000.	0.			TO PROVIDE VETERANS WITH JOB TRAINING, WORKSHOPS, AND PLACEMENT ASSISTANCE
UNITED WAY OF MIDDLE TENNESSEE DBA HANDS ON NASHVILLE - 2525 PERIMETER PLACE DRIVE, SUITE 121 - NASHVILLE, TN 37214	62-0533104	501(C)(3)	15,000.	0.			INSPIRING VOLUNTEERS TO MAKE A DIFFERENCE BY HELPING OUR NEIGHBORS EXPERIENCING FOOD OR
UNITED WAY OF SOUTHERN NEVADA 5830 W FLAMINGO ROAD LAS VEGAS, NV 89103	88-0071328	501(C)(3)	20,000.	0.			TO PROVIDE CAPACITY BUILDING SUPPORT, TECHNICAL ASSISTANCE, AND OPERATIONAL SUPPORT TO
UPLIFT NORTHWEST 2515 WESTERN AVENUE SEATTLE, WA 98121	91-0607513	501(C)(3)	20,000.	0.			TO PROVIDE JOBS AND JOB-READINESS SERVICES TO INDIVIDUALS EXPERIENCING POVERTY AND HOMELESSNESS

Schedule I (Form 990)

(a) Name and address of organization or government

(b) EIN

(c) IRC section
if applicable

(d) Amount of cash grant

(e) Amount of noncash assistance

(f) Method of valuation (book, FMV, appraisal, other)

(g) Description of non-cash assistance	(h) Amount of non-cash assistance

(h) Purpose of grant or assistance

USA CARES, INC.
11760 COMMONWEALTH DR
LOUISVILLE, KY 40299

05-0588761

501(C)(3)

20,000.

0.

YOUR HARVEST HOUSE
349 NW RENFRO
BURLESON, TX 76028

75-1985674

501(C)(3)

15.000.

0.

YOUTH GUIDANCE
1 N. LASALLE STREET, SUITE 900
CHICAGO, IL 60602

36-2167032

501(C)(3)

30.000.

0.

TO HELP PROVIDE VETERANS,
SERVICE MEMBERS, AND
THEIR FAMILIES WITH
FINANCIAL ASSISTANCE AND

TO PROVIDE FUNDING FOR A
WALK-IN REFRIGERATOR,
INCREASING THE EFFICIENCY
AND EFFECTIVENESS OF THE

TO PROVIDE STUDENTS IN CHICAGO'S RIVERSIDE COMMUNITY WITH ACCESS TO CULINARY LESSONS AND

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CASH DONATIONS	172	66,771.	0.		

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

THE DIRECTOR CONDUCTS RESEARCH TO DETERMINE THAT THE MISSION OF THE DONEE IS IN LINE WITH THE MISSION OF THE FOUNDATION. THE BOARD VOTES ON THE APPROVAL OF EACH GRANT PRIOR TO ISSUANCE.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: 412 FOOD RESCUE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE GROWTH AND EXPANSION OF FOOD RECOVERY AND REDISTRIBUTION EFFORTS IN WESTERN, PA

NAME OF ORGANIZATION OR GOVERNMENT: BE A LEADER FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO EMPOWER STUDENTS WITH THE TOOLS, LEADERSHIP SKILLS AND SUPPORT NEEDED TO SUCCEED IN HIGHER EDUCATION

NAME OF ORGANIZATION OR GOVERNMENT: BEAN'S CAFE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FIGHT HUNGER FOR ALL AGES, ONE MEAL AT A TIME WHILE PROVIDING A PATHWAY TO SELF-SUFFICIENCY WITH DIGNITY AND RESPECT

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: BLACK GIRLS COOK

(H) PURPOSE OF GRANT OR ASSISTANCE: EMPOWER AND INSPIRE INNER-CITY
ADOLESCENT GIRLS OF COLOR THROUGH CULINARY ARTS AND URBAN FARMING

NAME OF ORGANIZATION OR GOVERNMENT: CODE PLATOON 1

(H) PURPOSE OF GRANT OR ASSISTANCE: TO TRANSFORM THE LIVES OF VETERANS,
ACTIVE-DUTY SERVICE MEMBERS, AND MILITARY SPOUSES THROUGH HANDS-ON
EDUCATIONAL TRAINING IN SOFTWARE DEVELOPMENT

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY CULINARY SCHOOL OF CHARLOTTE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE TRAINING AND JOB
PLACEMENT ASSISTANCE IN THE CULINARY INDUSTRY FOR ADULTS WITH BARRIERS TO
LONG-TERM SUCESSFUL EMPLOYMENT

NAME OF ORGANIZATION OR GOVERNMENT: DOG TAG INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO EMPOWER VETERANS WITH
SERVICE-CONNECTED DISABILITIES TO FIND RENEWED PURPOSE AND COMMUNITY

NAME OF ORGANIZATION OR GOVERNMENT: EAT WELL EXCHANGE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ADDRESS FOOD INSECURITY AND
IMPROVE NUTRITIONAL EDUCATION IN UNDERSERVED COMMUNITIES IN MIAMI, FL

NAME OF ORGANIZATION OR GOVERNMENT: FAITH-HOPE-LOVE CHARITY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP REINTEGRATE DISPLACED AND
AT-RISK VETERANS AND THEIR FAMILIES BACK INTO THE COMMUNITY TO SUSTAIN
INDEPENDENT LIVING

NAME OF ORGANIZATION OR GOVERNMENT: FEEDING SOUTH FLORIDA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT SCHOOLS IN THE FORT
LAUDERDALE REGION WITH FREE FOOD AND NUTRITION EDUCATION TO STUDENTS AND
THEIR FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT: FEEDING TAMPA BAY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT HEALTHY FOOD DISTRIBUTION
TO LOW-INCOME HOUSEHOLDS VIA THE COMMUNITY MARKET PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: FRIENDS OF THE LIBRARY OF HAWAII

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE LET'S READ TOGETHER
SUMMER READING PROGRAM FOR CHILDREN AND FAMILIES EXPERIENCING POVERTY
THROUGHOUT HAWAII

NAME OF ORGANIZATION OR GOVERNMENT: GOTHAM FOOD PANTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE EXPANSION OF FOOD
RESCUE AND REDISTRIBUTION EFFORTS IN NEW YORK CITY LOW-INCOME HOUSING
COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: GRACE-MAR SERVICES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SOCIAL CAPITAL AND JOB
TRAINING TO LOW-INCOME INDIVIDUALS AND FAMILIES IN THE CHARLOTTE, NC
REGION

NAME OF ORGANIZATION OR GOVERNMENT: HIGHLINE SCHOOLS FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ADDRESS THE IMPACT OF POVERTY IN
THE LOCAL COMMUNITY THROUGH SUPPORTING STUDENTS, FAMILIES AND EDUCATORS

Part IV Supplemental Information**IN THE PUBLIC SCHOOL SYSTEM**

NAME OF ORGANIZATION OR GOVERNMENT: HIT THE BOOKS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT OUT-OF-SCHOOL TIME PROGRAMS FOR LOW-INCOME HARLEM YOUTH WITH ACADEMIC AND SPORTS-BASED DEVELOPMENT PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT:

HOMELESS COALITION OF PALM BEACH COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP HOMELESS INDIVIDUALS AND FAMILIES GET OFF THE STREETS AND INTO STABLE, AFFORDABLE HOUSING

NAME OF ORGANIZATION OR GOVERNMENT: HOODIES 4 HEALING, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SERVE HOT MEALS AND PROVIDE OTHER ESSENTIAL SUPPLIES FOR INDIVIDUALS AND FAMILIES EXPERIENCING HOMELESSNESS

NAME OF ORGANIZATION OR GOVERNMENT: HOPE AND A HOME

(H) PURPOSE OF GRANT OR ASSISTANCE: TO EMPOWER LOW-INCOME FAMILIES TO CREATE STABLE HOMES OF THEIR OWN AND MAKE LASTING CHANGES IN THEIR LIVES

NAME OF ORGANIZATION OR GOVERNMENT:

ILLINOIS RESTAURANT ASSOCIATION EDUCATIONAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE GROWTH OF STUDENTS IN THE SOUTHSIDE AND CHICAGOLAND AREAS THROUGH HOSPITALITY INDUSTRY TRAINING AND WORKFORCE DEVELOPMENT

NAME OF ORGANIZATION OR GOVERNMENT:

KID NET FOUNDATION DBA JONATHAN'S PLACE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE A SAFE PLACE, LOVING HOMES, AND PROMISING FUTURES FOR ABUSED AND NEGLECTED CHILDREN, TEENS, AND YOUNG ADULTS

NAME OF ORGANIZATION OR GOVERNMENT: KIDS PACK INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FEED STUDENTS WHO ARE HOMELESS AND/OR FOOD INSECURE BY PREPARING AND DELIVERING WEEKEND MEAL PACKS

NAME OF ORGANIZATION OR GOVERNMENT:

NATIONAL RESTAURANT ASSOCIATION EDUCATIONAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE JOB READINESS TRAINING, SUPPORTIVE SERVICES, INDUSTRY CREDENTIALS, AND EMPLOYMENT OPPORTUNITIES TO FOLKS WITH ACUTE BARRIERS TO OPPORTUNITY

NAME OF ORGANIZATION OR GOVERNMENT: NEW ENGLAND CULINARY ARTS TRAINING

(H) PURPOSE OF GRANT OR ASSISTANCE: TO EMPOWER ADULTS FACING BARRIERS TO EMPLOYMENT THROUGH TRAINING IN CULINARY SKILLS AND CAREER-READINESS

NAME OF ORGANIZATION OR GOVERNMENT:

NEW ORLEANS WOMEN & CHILDREN'S SHELTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ENABLE WOMEN AND THEIR CHILDREN TO TRANSITION FROM A LIFE OF HOMELESSNESS AND POVERTY TO ONE OF STABILITY AND SELF-SUFFICIENCY

NAME OF ORGANIZATION OR GOVERNMENT: OAK CITY CARES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FIGHT AND PREVENT HOMELESSNESS BY CONNECTING THOSE AT RISK TO COORDINATED SERVICES THAT CREATE A PATH TO STABLE HOUSING AND RENEWED HOPE

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: ORLANDO UNION RESCUE MISSION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP PURCHASE NEW COMPUTERS FOR UNDERSERVED STUDENTS IN THE ORLANDO AREA THAT ARE BEHIND ON GRADES

NAME OF ORGANIZATION OR GOVERNMENT: PEACE4KIDS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT PROGRAMS FOR YOUTH IMPACTED BY FOSTER CARE THAT ADDRESS HEALTH AND NUTRITION EDUCATION, FOOD INSECURITY, AND JOB DEVELOPMENT

NAME OF ORGANIZATION OR GOVERNMENT:

SECOND HARVEST FOOD BANK OF CENTRAL FLORIDA, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE CULINARY TRAINING WORKFORCE DEVELOPMENT PROGRAM WHICH PROVIDES CULINARY TRAINING AND JOB PLACEMENT OPPORTUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: SHOES THAT FIT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO TACKLE ONE OF THE MOST VISIBLE SIGNS OF POVERTY BY GIVING CHILDREN IN NEED NEW ATHLETIC SHOES TO ATTEND SCHOOL WITH DIGNITY AND JOY

NAME OF ORGANIZATION OR GOVERNMENT: SISTERS OF WATTS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP ADDRESS THE PRESSING NEEDS OF LOW-INCOME FAMILIES AND INDIVIDUALS IN THE WATTS COMMUNITY

NAME OF ORGANIZATION OR GOVERNMENT: SKILLS FOR CHICAGOLAND'S FUTURE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP INCREASE THE ECONOMIC MOBILITY OF THE UNDER AND UNEMPLOYED BY CONNECTING THEM TO QUALITY JOBS

NAME OF ORGANIZATION OR GOVERNMENT: STEP UP WOMENS NETWORK

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT ON CAMPUS HIGH SCHOOL MENTORSHIP PROGRAMMING FOR A COHORT OF STUDENTS IN THE DALLAS, TX AREA

NAME OF ORGANIZATION OR GOVERNMENT: THE HOPE PROGRAM

(H) PURPOSE OF GRANT OR ASSISTANCE: TO EMPOWER NEW YORKERS TO BUILD SUSTAINABLE FUTURES THROUGH COMPREHENSIVE JOB TRAINING, ADVANCEMENT AND LIFELONG CAREER SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT:

UNITED WAY OF MIDDLE TENNESSEE DBA HANDS ON NASHVILLE

(H) PURPOSE OF GRANT OR ASSISTANCE: INSPIRING VOLUNTEERS TO MAKE A DIFFERENCE BY HELPING OUR NEIGHBORS EXPERIENCING FOOD OR HOUSING INSECURITY

NAME OF ORGANIZATION OR GOVERNMENT: UNITED WAY OF SOUTHERN NEVADA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE CAPACITY BUILDING SUPPORT, TECHNICAL ASSISTANCE, AND OPERATIONAL SUPPORT TO GRASSROOTS NONPROFITS IN SOUTHERN NEVADA WORKING TO FIGHT POVERTY

NAME OF ORGANIZATION OR GOVERNMENT: UPLIFT NORTHWEST

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE JOBS AND JOB-READINESS SERVICES TO INDIVIDUALS EXPERIENCING POVERTY AND HOMELESSNESS IN THE SEATTLE, WA REGION

NAME OF ORGANIZATION OR GOVERNMENT: USA CARES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP PROVIDE VETERANS, SERVICE

Part IV Supplemental Information

MEMBERS, AND THEIR FAMILIES WITH FINANCIAL ASSISTANCE AND POST SERVICE
SKILLS TRAINING

NAME OF ORGANIZATION OR GOVERNMENT: YOUR HARVEST HOUSE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FUNDING FOR A WALK-IN
REFRIGERATOR, INCREASING THE EFFICIENCY AND EFFECTIVENESS OF THE FOOD
PANTRY

NAME OF ORGANIZATION OR GOVERNMENT: YOUTH GUIDANCE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE STUDENTS IN CHICAGOS
RIVERSIDE COMMUNITY WITH ACCESS TO CULINARY LESSONS AND TECHNIQUES

SCHEDULE L

(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

JOURNEY FOR GOOD FOUNDATION, INC

Employer identification number

47-4494775

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) LAURA SILDON	FORMER E	SHORT TE		X	35,000.	1,408.		X	X		X	
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						\$ 1,408.						

Part III Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) (Rev. 12-2024)

SEE PART V FOR CONTINUATIONS

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

JOURNEY FOR GOOD FOUNDATION, INC

Employer identification number

47-4494775

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

OF NONPROFITS BASED ON THESE FIVE CORE PILLARS OF GIVING:

(1) RELIEVING HUNGER AND PROMOTING NUTRITIONAL WELLNESS THROUGH FOOD
RELATED INITIATIVES.

(2) COMBATTING HOMELESSNESS THROUGH ACCESS TO SAFE HOUSING,
FURNISHINGS, CLOTHING, AND STABLE EMPLOYMENT.

(3) ENCOURAGING THE NEXT GENERATION THROUGH ACCESS TO EDUCATION AND
TRAINING.

(4) PROVIDING OPPORTUNITY FOR FINANCIAL STABILITY THROUGH HOSPITALITY
INDUSTRY TRAINING AND PLACEMENT.

(5) HONORING AMERICA'S MILITARY VETERANS AND THEIR FAMILIES BY
SUPPORTING PROGRAMS THAT MEET THEIR NEEDS FOR FOOD, SHELTER, MEDICAL
CARE, AND JOB TRAINING AND PLACEMENT.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

CHARITABLE DEDUCTION. THE FOUNDATION REQUIRES THAT EACH EMPLOYEE
APPLYING FOR ASSISTANCE FROM THE FUND DEMONSTRATE AN IMMEDIATE NEED
BEFORE A GRANT IS MADE TO SUCH EMPLOYEE. THUS, EMPLOYEES MUST PROVIDE A
PERSONAL FINANCIAL STATEMENT DETAILING THE MONTHLY FINANCES OF THE
EMPLOYEE AND HIS/HER FAMILY. IN ADDITION, THE EMPLOYEE MUST DESCRIBE
THE INCIDENT AND HOW IT IS CAUSING FINANCIAL HARDSHIP FOR THE EMPLOYEE
AND HIS/HER FAMILY AND ATTACH APPROPRIATE DOCUMENTATION TO SHOW PROOF
OF THE FINANCIAL HARDSHIP. IF THE EMPLOYEE REQUESTS THAT THE FOUNDATION
PAY BILLS ON BEHALF OF THE EMPLOYEE, THE FOUNDATION REQUIRES A COPY OF
THE BILL. APPLICATIONS FOR ASSISTANCE FROM THE FUND ARE REVIEWED BY AN
INDEPENDENT SELECTION COMMITTEE WHICH CONSISTS OF EMPLOYEES OF THE
CORPORATION, A MAJORITY OF WHICH ARE NOT IN A POSITION TO EXERCISE
SUBSTANTIAL INFLUENCE OVER THE CORPORATION'S AFFAIRS. CURRENTLY,
ELIGIBLE PARTICIPANTS INCLUDE ANY EMPLOYEE OF HMSHOST, HUDSON, DUFY
AND ITS AFFILIATES WHO HAS INCURRED AN ELIGIBLE FINANCIAL HARDSHIP AND
WHO IS ACTIVELY WORKING OR ON AN APPROVED LEAVE OF ABSENCE OF NO MORE
THAN ONE YEAR. APPLICATIONS TO THE FUND ARE TREATED IN A CONFIDENTIAL
MANNER. GRANTS FROM THE FUND ARE MADE ON AN OBJECTIVE,
NONDISCRIMINATORY BASIS AND AS SUCH NO EMPLOYEE IS ENTITLED TO RECEIVE
ASSISTANCE FROM THE FUND BY REASON OF THE EMPLOYEE'S LENGTH OR TYPE OF
SERVICE WITH THE CORPORATION, OR THE EMPLOYEE'S HISTORY OF
CONTRIBUTIONS TO THE FUND. 172 EMPLOYEES WERE ASSISTED IN 2024 THROUGH
THIS PROGRAM.

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

JOURNEY FOR GOOD FOUNDATION DOES NOT HAVE ANY BOARD COMMITTEES WITH
AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

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

THE FOUNDATION PROVIDED A COMPLETE COPY OF THE FORM 990 TO ALL MEMBERS OF
THE GOVERNING BODY BEFORE FILING THE 990 WITH THE IRS.

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

YEARLY DISCLOSURE STATEMENTS PROVIDED AT THE FIRST BOARD MEETING OF THE
CALENDAR YEAR AND E-MAILED TO THOSE THAT DID NOT ATTEND. ALL FORMS FOR THE
CURRENT YEAR WERE SIGNED AND RECEIVED.

Name of the organization

JOURNEY FOR GOOD FOUNDATION, INC

Employer identification number

47-4494775

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

AL,CA,FL,GA,HI,IL,KS,KY,MA,MD,MI,MN,ND,NH,NJ,NM,NY,OR,PA,RI,SC,TN,UT,VA,WV
WI

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

JOURNEY FOR GOOD FOUNDATION, INC. WILL PROVIDE DOCUMENTS FOR PUBLIC
INSPECTION UPON REQUEST. FINANCIAL STATEMENTS AND FORM 990 WILL ALSO BE
MADE AVAILABLE ON THE FOUNDATION'S WEBSITE.

FORM 990, PART XII, LINE 2C:

THE BOARD OF DIRECTORS ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE
AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT
ACCOUNTANT.

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

JOURNEY FOR GOOD FOUNDATION, INC

Employer identification number
47-4494775

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) (Rev. 1-2025)

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
HMSHOST CORPORATION - 52-1938672									
6905 ROCKLEDGE DRIVE									
BETHESDA, MD 20817	RETAIL FOOD SERVICES	MD		C CORP	0.	0.	.00%		X

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]