

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2020
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 2020 calendar year, or tax year beginning 07/01/20, and ending 06/30/21

| | | |
|--|---|---|
| B Check if applicable: <input type="checkbox"/> Address change <input 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 <p style="text-align: center;">GoodCoin Foundation</p> Doing business as DailyKarma Foundation Number and street (or P.O. box if mail is not delivered to street address) P.O. Box 476 Room/suite City or town, state or province, country, and ZIP or foreign postal code <p style="text-align: center;">Charleston SC 29402</p> | D Employer identification number <p style="text-align: center;">47-5570019</p> E Telephone number <p style="text-align: center;">843-609-8595</p> G Gross receipts\$ 18,599,513 |
| F Name and address of principal officer: <p style="text-align: center;">George Stevens P.O. Box 476 Charleston SC 29402</p> | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | H(c) Group exemption number u |
| J Website: u www.goodcoinfoundation.org | | L Year of formation: 2015 M State of legal domicile: DE |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other u | | |

Part I Summary

| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: <p style="text-align: center;">To assist and financially support charitable organizations that seek to engage the next generation of philanthropists through the use of social media and other emerging communication tools.</p> | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|--|---------------------------|--------------|---|-----------|------------|---|---------|---------|--|-----------|-----------|--|-------|---|--|-----------|------------|---|-----------|-----------|--|---------|-----------|
| | 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 5 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 5 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) | 5 0 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 6 Total number of volunteers (estimate if necessary) | 6 20 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a 0 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 7b Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b 0 | | | | | | | | | | | | | | | | | | | | | | | | |
| Revenue | | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">6,335,916</td> <td style="text-align: right;">10,660,357</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">330,254</td> <td style="text-align: right;">460,065</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">68,382</td> <td style="text-align: right;">30,515</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;"></td> <td style="text-align: right;">0</td> </tr> <tr> <td>12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">6,734,552</td> <td style="text-align: right;">11,150,937</td> </tr> </tbody> </table> | | Prior Year | Current Year | 8 Contributions and grants (Part VIII, line 1h) | 6,335,916 | 10,660,357 | 9 Program service revenue (Part VIII, line 2g) | 330,254 | 460,065 | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 68,382 | 30,515 | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 0 | 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 6,734,552 | 11,150,937 | | | | | | |
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| Expenses | | <table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td>13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)</td> <td style="text-align: right;">5,364,541</td> <td style="text-align: right;">8,590,565</td> </tr> <tr> <td>14 Benefits paid to or for members (Part IX, column (A), line 4)</td> <td style="text-align: right;"></td> <td style="text-align: right;">0</td> </tr> <tr> <td>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</td> <td style="text-align: right;">90,000</td> <td style="text-align: right;">40,000</td> </tr> <tr> <td>16a Professional fundraising fees (Part IX, column (A), line 11e)</td> <td style="text-align: right;"></td> <td style="text-align: right;">0</td> </tr> <tr> <td>b Total fundraising expenses (Part IX, column (D), line 25) u</td> <td style="text-align: right;">2,551</td> <td style="text-align: right;"></td> </tr> <tr> <td>17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)</td> <td style="text-align: right;">320,728</td> <td style="text-align: right;">429,533</td> </tr> <tr> <td>18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)</td> <td style="text-align: right;">5,775,269</td> <td style="text-align: right;">9,060,098</td> </tr> <tr> <td>19 Revenue less expenses. Subtract line 18 from line 12</td> <td style="text-align: right;">959,283</td> <td style="text-align: right;">2,090,839</td> </tr> </tbody> </table> | 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 5,364,541 | 8,590,565 | 14 Benefits paid to or for members (Part IX, column (A), line 4) | | 0 | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 90,000 | 40,000 | 16a Professional fundraising fees (Part IX, column (A), line 11e) | | 0 | b Total fundraising expenses (Part IX, column (D), line 25) u | 2,551 | | 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 320,728 | 429,533 | 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 5,775,269 | 9,060,098 | 19 Revenue less expenses. Subtract line 18 from line 12 | 959,283 | 2,090,839 |
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| Net Assets or Fund Balances | | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Beginning of Current Year</th> <th style="text-align: center;">End of Year</th> </tr> </thead> <tbody> <tr> <td>20 Total assets (Part X, line 16)</td> <td style="text-align: right;">2,837,820</td> <td style="text-align: right;">4,974,412</td> </tr> <tr> <td>21 Total liabilities (Part X, line 26)</td> <td style="text-align: right;">75,208</td> <td style="text-align: right;">15,536</td> </tr> <tr> <td>22 Net assets or fund balances. Subtract line 21 from line 20</td> <td style="text-align: right;">2,762,612</td> <td style="text-align: right;">4,958,876</td> </tr> </tbody> </table> | | Beginning of Current Year | End of Year | 20 Total assets (Part X, line 16) | 2,837,820 | 4,974,412 | 21 Total liabilities (Part X, line 26) | 75,208 | 15,536 | 22 Net assets or fund balances. Subtract line 21 from line 20 | 2,762,612 | 4,958,876 | | | | | | | | | | | | |
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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: <u>George Stevens</u> Date: <u>11/11/2021</u> Signature of preparer: <u>George Stevens</u> Title: <u>President/CEO</u> Type or print name and title |
| Paid Preparer Use Only | Print/Type preparer's name: <u>Erik M. Glaser, CPA</u> Preparer's signature: <u>Erik M. Glaser</u> Date: <u>11/11/2021</u> Check <input type="checkbox"/> if self-employed PTIN: <u>P00724565</u> Firm's name: <u>Glaser and Company, LLC</u> Firm's EIN: <u>20-5788602</u> Firm's address: <u>1859 Summerville Ave Ste 800 Charleston, SC 29405</u> Phone no.: <u>843-849-0179</u> |

May the IRS discuss this return with the preparer shown above? See instructions Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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



1 Briefly describe the organization's mission:

See Schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

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 \$ **1,131,277** including grants of \$ **1,131,277**) (Revenue \$)

The GoodCoin Foundation provided curation, communication, and payment processing services for DailyKarma, an internet-based service that provides charitable giving options to customers of e-commerce sites through Shopify and other providers. This service has allowed hundreds of charities to become better known and to provide funds for social betterment and global improvement across a wide spectrum of issue areas.

4b (Code:) (Expenses \$ **7,098,805** including grants of \$ **7,098,805**) (Revenue \$)

The GoodCoin Foundation provided curation, communication, payment processing, and networking advice to Target corporation and potential grantees as part of Target's nationwide giving platform Target Circle. This platform allows guests at Target stores to direct Target's corporate giving to charities that matter to them. More than 100 million charity selections by Target guests have been made as part of this program. The GoodCoin Foundation connected small, locally important charities to a major source of funding for their operations. In addition, the program generated goodwill among employees as they participated in guiding guests to address important needs in their community.

4c (Code:) (Expenses \$ **146,006** including grants of \$ **146,006**) (Revenue \$)

The GoodCoin Foundation enables bankcard holders to convert loyalty points or payments from their accounts into charitable gifts to causes of the banking customer's choice. This program creates a sense of larger purpose for the bank employees and for bank customers while strengthening communities through support of the nonprofit sector. An added benefit is that the grants made to local small charities through this program would not have reached these recipients without this program. This is new money for the nonprofit sector.

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

(Expenses \$ **576,739** including grants of \$ **214,477**) (Revenue \$ **460,065**)

4e Total program service expenses **u 8,952,827**

Part IV Checklist of Required Schedules

| | | Yes | No |
|-----|---|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | | 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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | X | |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | | 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? If "Yes," complete Schedule D, Part IV | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V | | 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? If "Yes," complete Schedule D, Part VI | | 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? If "Yes," complete Schedule D, Part VII | | 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? If "Yes," complete Schedule D, Part VIII | | 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? If "Yes," complete Schedule D, Part IX | | X |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | X | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | X | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 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> | | 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> | | 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> | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| 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? | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 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> | | 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> | | 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> | | 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> | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): | | |
| 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> | | X |
| b | A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| c | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | | 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> | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | 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> | | 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> | | 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> | | X |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | 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> | | |
| 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> | | 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> | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. | X | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

| | | Yes | No |
|----|--|-----|----|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | |

| | |
|----|---|
| 1a | 4 |
| 1b | 0 |

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? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 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 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 | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | |
| 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 | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| 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 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 |

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 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. | | |
| 1b | Enter the number of voting members included on line 1a, above, who are independent | | |
| 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? | | <input checked="" type="checkbox"/> |
| 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? | | <input checked="" type="checkbox"/> |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | <input checked="" type="checkbox"/> |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | <input checked="" type="checkbox"/> |
| 6 | Did the organization have members or stockholders? | | <input checked="" type="checkbox"/> |
| 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? | | <input checked="" type="checkbox"/> |
| 7b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | <input checked="" type="checkbox"/> |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| 8a | The governing body? | <input checked="" type="checkbox"/> | |
| 8b | Each committee with authority to act on behalf of the governing body? | <input checked="" type="checkbox"/> | |
| 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 | | <input checked="" type="checkbox"/> |

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? | | <input checked="" type="checkbox"/> |
| 10b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | <input checked="" type="checkbox"/> | |
| 11b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | <input checked="" type="checkbox"/> | |
| 12b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | <input checked="" type="checkbox"/> | |
| 12c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | <input checked="" type="checkbox"/> | |
| 13 | Did the organization have a written whistleblower policy? | <input checked="" type="checkbox"/> | |
| 14 | Did the organization have a written document retention and destruction policy? | <input checked="" type="checkbox"/> | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| 15a | The organization's CEO, Executive Director, or top management official | <input checked="" type="checkbox"/> | |
| 15b | Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | <input checked="" type="checkbox"/> | |
| 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? | | <input checked="" type="checkbox"/> |
| 16b | 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? | | |

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **u AK, AL, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY**
- 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 **u**

George Stevens
Charleston

P.O. Box 476

SC 29402

843-609-8595

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See 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 per week (list any hours for related organizations below dotted 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) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (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) Jeni Rone Becker Treasurer | 0.50 0.00 | X | | X | | | | 0 | 0 | 0 |
| (2) Aref Altawam Secretary | 0.50 0.00 | X | | X | | | | 0 | 0 | 0 |
| (3) Robin Cabral Director | 0.50 0.00 | X | | | | | | 0 | 0 | 0 |
| (4) Leo V. Williams Director | 0.50 0.00 | X | | | | | | 0 | 0 | 0 |
| (5) Martina Buchal Director | 0.50 0.00 | X | | | | | | 0 | 0 | 0 |
| (6) George Stevens President/CEO | 50.00 0.00 | X | | X | | | | 40,000 | 0 | 0 |
| (7) | | | | | | | | | | |
| (8) | | | | | | | | | | |
| (9) | | | | | | | | | | |
| (10) | | | | | | | | | | |
| (11) | | | | | | | | | | |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

| (A) Name and title | (B) Average hours per week per week (list any hours for related organizations below dotted 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) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (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 | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| 1b Subtotal | | | | | | | 40,000 | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | 40,000 | | | |

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 **u 0**

| | 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 |
|--------------------------------------|------------------------------------|---------------------|
| in/PACT, Inc. Charleston SC 29403 | 796 Meeting St. Technology Serv | 218,794 |
| | | |
| | | |
| | | |
| | | |

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 **u 1**

Part VIII Statement of Revenue

Check 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 | 1a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 10,660,357 | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | \$ | | | | |
| | h Total. Add lines 1a-1f | u | 10,660,357 | | | | |
| | Program Service Revenue | 2a Donor Services | Business Code | 561000 | 460,065 | 460,065 | |
| b | | | | | | | |
| c | | | | | | | |
| d | | | | | | | |
| e | | | | | | | |
| f All other program service revenue | | | | | | | |
| g Total. Add lines 2a-2f | | u | 460,065 | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | u | 4,091 | | | 4,091 | |
| | 4 Income from investment of tax-exempt bond proceeds | u | | | | | |
| | 5 Royalties | u | | | | | |
| | 6a Gross rents | 6a | (i) Real | | | | |
| | | | (ii) Personal | | | | |
| | | | | | | | |
| | b Less: rental expenses | 6b | | | | | |
| | c Rental inc. or (loss) | 6c | | | | | |
| | d Net rental income or (loss) | u | | | | | |
| | 7a Gross amount from sales of assets other than inventory | 7a | (i) Securities | 7,475,000 | | | |
| | | | (ii) Other | | | | |
| | | | | | | | |
| | | | | | | | |
| | b Less: cost or other basis and sales exps. | 7b | 7,448,576 | | | | |
| c Gain or (loss) | 7c | 26,424 | | | | | |
| d Net gain or (loss) | u | 26,424 | | | 26,424 | | |
| 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 | 8a | | | | | | |
| b Less: direct expenses | 8b | | | | | | |
| c Net income or (loss) from fundraising events | u | | | | | | |
| 9a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | | |
| b Less: direct expenses | 9b | | | | | | |
| c Net income or (loss) from gaming activities | u | | | | | | |
| 10a 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 | u | | | | | | |
| Miscellaneous Revenue | 11a | Business Code | | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d All other revenue | | | | | | |
| | e Total. Add lines 11a-11d | u | | | | | |
| 12 Total revenue. See instructions | u | 11,150,937 | 460,065 | 0 | 30,515 | | |

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 | 8,549,542 | 8,549,542 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 41,023 | 41,023 | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 40,000 | 30,000 | 8,800 | 1,200 |
| 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 | | | | |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 44,655 | | 44,655 | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 1,479 | | 1,479 | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | 92,446 | 92,446 | | |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 13,508 | 10,131 | 2,026 | 1,351 |
| 14 Information technology | 218,794 | 218,794 | | |
| 15 Royalties | | | | |
| 16 Occupancy | | | | |
| 17 Travel | 1,858 | 1,858 | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | 20,781 | 9,033 | 11,748 | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | | | | |
| 23 Insurance | 597 | | 597 | |
| 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 Miscellaneous | 35,415 | | 35,415 | |
| b | | | | |
| c | | | | |
| d | | | | |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 9,060,098 | 8,952,827 | 104,720 | 2,551 |
| 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 checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

Check 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 | 5,246 | 1 | 205,517 |
| | 2 | Savings and temporary cash investments | | 2 | |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | 8,067 | 4 | 79,719 |
| | 5 | Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 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 | | 10c | |
| | | 10b | | | |
| | 11 | Investments—publicly traded securities | 2,824,507 | 11 | 4,689,176 |
| | 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) | 2,837,820 | 16 | 4,974,412 | |
| Liabilities | 17 | Accounts payable and accrued expenses | 46,465 | 17 | 15,536 |
| | 18 | Grants payable | 28,743 | 18 | |
| | 19 | Deferred revenue | | 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 | 75,208 | 26 | 15,536 |
| 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 | 2,762,612 | 27 | 4,958,876 |
| | 28 | Net assets with donor restrictions | | 28 | |
| | 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 | 2,762,612 | 32 | 4,958,876 |
| 33 | Total liabilities and net assets/fund balances | 2,837,820 | 33 | 4,974,412 | |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|--|-----------|-------------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 11,150,937 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 9,060,098 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 2,090,839 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 2,762,612 |
| 5 | Net unrealized gains (losses) on investments | 5 | 105,425 |
| 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 | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 4,958,876 |

Part XII Financial Statements and Reporting

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

| | Yes | No |
|---|----------|----------|
| 1 Accounting method used to prepare the Form 990: <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 in 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 | | X |
| b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | X | |
| 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. | X | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | X |
| 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 | | |

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

u Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

GoodCoin Foundation

Employer identification number

47-5570019

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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 or 990-EZ).)
- 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 in 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).

| (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 | | |
| (A) | | | | | | |
| (B) | | | | | | |
| (C) | | | | | | |
| (D) | | | | | | |
| (E) | | | | | | |
| 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

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

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

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Row 14: Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) 14 %
Row 15: Public support percentage from 2019 Schedule A, Part II, line 14 15 %

16a 33 1/3% support test—2020. 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
b 33 1/3% support test—2019. 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
17a 10%-facts-and-circumstances test—2020. 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
b 10%-facts-and-circumstances test—2019. 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
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

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) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|----------|-----------|----------|-----------|------------|------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 105,289 | 2,746,592 | 795,868 | 6,335,916 | 10,660,357 | 20,644,022 |
| 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 | 5,000 | 89,658 | 53,718 | 330,254 | 460,065 | 938,695 |
| 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 | 110,289 | 2,836,250 | 849,586 | 6,666,170 | 11,120,422 | 21,582,717 |
| 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 | | 45,360 | 18,662 | 146,274 | 57,753 | 268,049 |
| c Add lines 7a and 7b | | 45,360 | 18,662 | 146,274 | 57,753 | 268,049 |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | 21,314,668 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|--|----------|-----------|----------|-----------|------------|------------|
| 9 Amounts from line 6 | 110,289 | 2,836,250 | 849,586 | 6,666,170 | 11,120,422 | 21,582,717 |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | 7,741 | 31,739 | 68,382 | 4,091 | 111,953 |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | 7,741 | 31,739 | 68,382 | 4,091 | 111,953 |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | 110,289 | 2,843,991 | 881,325 | 6,734,552 | 11,124,513 | 21,694,670 |

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 2020 (line 8, column (f), divided by line 13, column (f)) | 15 | 98.25 % |
| 16 Public support percentage from 2019 Schedule A, Part III, line 15 | 16 | 96.96 % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|-----|
| 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) | 17 | 1 % |
| 18 Investment income percentage from 2019 Schedule A, Part III, line 17 | 18 | 1 % |

19a 33 1/3% support tests—2020. 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—2019. 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 in line 12 on 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 12a or 12b in Part I, answer (b) and (c) 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 or 990-EZ).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</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 in 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 in 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 in lines 11b and 11c below, the governing body of a supported organization? | | |
| 11a | | |
| b A family member of a person described in line 11a above? | | |
| 11b | | |
| c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i> | | |
| 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? <i>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.</i> | | |
| 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? <i>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.</i> | | |
| 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)? <i>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).</i> | | |
| 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 2 | | |
| 3 By reason of the relationship described in 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |
| 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? <i>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.</i> | Yes | No |
| 2a | | |
| b Did the activities described in 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? <i>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.</i> | | |
| 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? <i>If "Yes" or "No," provide details in Part VI.</i> | | |
| 3a | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |
| 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 (<i>explain in detail in Part VI</i>): | | |
| 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). | | |

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 | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) | |
| 6 Other distributions (describe in Part VI). See instructions. | |
| 7 Total annual distributions. Add lines 1 through 6. | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | |
| 9 Distributable amount for 2020 from Section C, line 6 | |
| 10 Line 8 amount divided by line 9 amount | |

| Section E – Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2020 | (iii) Distributable Amount for 2020 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2020 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2020 | | | |
| a From 2015 | | | |
| b From 2016 | | | |
| c From 2017 | | | |
| d From 2018 | | | |
| e From 2019 | | | |
| f Total of lines 3a through 3e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2020 distributable amount | | | |
| i Carryover from 2015 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2020 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2020 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. | | | |
| 6 Remaining underdistributions for 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | | |
| 7 Excess distributions carryover to 2021. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2016 | | | |
| b Excess from 2017 | | | |
| c Excess from 2018 | | | |
| d Excess from 2019 | | | |
| e Excess from 2020 | | | |

Schedule B
(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors****u Attach to Form 990, Form 990-EZ, or Form 990-PF.**
u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

GoodCoin Foundation

Employer identification number

47-5570019

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

 501(c)(**3**) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

Special Rules

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

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

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

GoodCoin Foundation

Employer identification number

47-5570019**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|---|----------------------------|---|
| 1 | City Bin Company Oranmore Business Park Oranmore | \$ 8,983 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | dailyKARMA 227 Broadway No. 302 Santa Monica CA 90401 | \$ 1,156,388 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | Target Enterprise, Inc. 1000 Nicollet Mall Minneapolis MN 55403 | \$ 8,194,214 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | FIS Global 601 Riverside Avenue Jacksonville FL 32204 | \$ 95,149 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | Hinda Incentives 2440 W 34th St Chicago IL 60608 | \$ 153,345 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | Uribe-Lomnicky 3350 Knollbrook Avenue SW Corvallis OR 97333 | \$ 40,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization

GoodCoin Foundation

Employer identification number

47-5570019**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|---|----------------------------|---|
| 7 | Avec Les Filles 8225 Rue Mayrand Montreal H4P 2C7 | \$ 6,570 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | GIVZ 300 E 93rd Street New York NY 10128-6101 | \$ 40,313 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 9 | Raven Trust 5 Saint Michaels Alley Charleston SC 29401 | \$ 30,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 10 | Social Good Fund, Inc. 501 N Orlando Avenue, Suite 212 #307 Winter Park FL 32789 | \$ 5,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 11 | Supara Co., Ltd 363 Rama IV Rd Bangkok 10330 | \$ 115,204 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 12 | Walgreens Company 200 Wilmot Rd. Deerfield IL 60015 | \$ 800,850 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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. u Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

GoodCoin Foundation

Employer identification number

47-5570019

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values for contributions, grants, and end of year, and two yes/no questions regarding donor advised funds and grant purposes.

Part II Conservation Easements.

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

Table with 2 columns: Question, Held at the End of the Tax Year. Rows include purpose(s) of conservation easements, total number and acreage of easements, number of easements on historic structures, and monitoring requirements.

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.

Table with 2 columns: Question, Amount. Rows include reporting requirements for art and historical treasures and the revenue and assets included for these items.

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
b Scholarly research
c Preservation for future generations
d Loan or exchange program
e Other
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?

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?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

Part V Endowment Funds.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 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 u %
b Permanent endowment u %
c Term endowment u %

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
(ii) Related organizations

Table with 2 columns: Yes, No. Rows: 3a(i) Unrelated organizations, 3a(ii) Related organizations, 3b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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.

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 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, column (B), line 10c.)

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. (Column (b) must equal Form 990, Part X, col. (B) line 12.) | u | |

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. (Column (b) must equal Form 990, Part X, col. (B) line 13.) | u | |

Part IX Other Assets.

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

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

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, col. (B) line 25.) | u |

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

Part XIII Supplemental Information *(continued)*

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2020

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

u Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

GoodCoin Foundation

Employer identification number

47-5570019

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.)

| (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 |
|---|-------------------------------------|--|--|--|--|
| Australia | | | Program Services | Grantmaking | 7,864 |
| (1) | | | | | |
| Canada | | | Program Services | Grantmaking | 19,192 |
| (2) | | | | | |
| England | | | Program Services | Grantmaking | 13,957 |
| (3) | | | | | |
| France | | | Program Services | Grantmaking | 10 |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |
| (11) | | | | | |
| (12) | | | | | |
| (13) | | | | | |
| (14) | | | | | |
| (15) | | | | | |
| (16) | | | | | |
| (17) | | | | | |
| 3a Subtotal | | | | | 41,023 |
| b Total from continuation sheets to Part I | | | | | |
| c Totals (add lines 3a and 3b) | | | | | 41,023 |

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

Schedule F (Form 990) 2020

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) |
|------|--------------------------|--|------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| (6) | | | | | | | | | |
| (7) | | | | | | | | | |
| (8) | | | | | | | | | |
| (9) | | | | | | | | | |
| (10) | | | | | | | | | |
| (11) | | | | | | | | | |
| (12) | | | | | | | | | |
| (13) | | | | | | | | | |
| (14) | | | | | | | | | |
| (15) | | | | | | | | | |
| (16) | | | | | | | | | |

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 **u** _____

3 Enter total number of other organizations or entities **u** _____

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) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |
| (13) | | | | | | | |
| (14) | | | | | | | |
| (15) | | | | | | | |
| (16) | | | | | | | |
| (17) | | | | | | | |
| (18) | | | | | | | |

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

All grants made by The GoodCoin Foundation are unrestricted. We monitor the social media, website, and local news media for information on the activities of the foreign charities to determine if there is any change in mission.

Part I, Line 3 - Activities per Region

| Region | Expenditures | Investments |
|-----------|--------------|-------------|
| Australia | \$ 7,864 | \$ 0 |
| Canada | \$ 19,192 | \$ 0 |
| England | \$ 13,957 | \$ 0 |
| France | \$ 10 | \$ 0 |

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

GoodCoin Foundation

Employer identification number

47-5570019

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 non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|-----|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | Akron-Canton Regional Foodbank 350 Opportunity Parkway Akron OH 44307 | 34-1369388 | 501C3 | 9,289 | | | | General Support |
| (2) | Alabama Childhood Food 205 Old Home Place Alpine AL 35014 | 45-4817150 | 501C3 | 8,337 | | | | General Support |
| (3) | Alameda County Community Food PO Box 2599 Oakland CA 94614 | 94-2960297 | 501C3 | 9,621 | | | | General Support |
| (4) | Albuquerque Meals on Wheels PO Box 92614 Albuquerque NM 87199 | 85-0307043 | 501C3 | 5,573 | | | | General Support |
| (5) | All About Animals Rescue 23451 Pinewood Street Warren MI 48091 | 20-3006686 | 501C3 | 5,134 | | | | General Support |
| (6) | All Faiths Food Bank 8171 Blaikie Court Sarasota FL 34240 | 65-0115814 | 501C3 | 5,363 | | | | General Support |
| (7) | Alzheimer's Association 4600 Cox Road, Suite 130 Glen Allen VA 23060 | 13-3039601 | 501C3 | 70,574 | | | | General Support |
| (8) | American Civil Liberties Union 125 Broad Street 18th Floor New York NY 10004 | 13-6213516 | 501c3 | 15,967 | | | | General Support |
| (9) | American National Red Cross P.O. Box 37839 Boone IA 50037 | 53-0196605 | 501c3 | 130,902 | | | | General Support |

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

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2020

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Department of the Treasury
Internal Revenue Service

u Attach to Form 990.

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

Name of the organization

GoodCoin Foundation

Employer identification number

47-5570019

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 non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|-----|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | American Nursing Foundation, Inc. 8515 Georgia Avenue, Suite 400 Silver Springs MD 20910 | 13-1893924 | 501C3 | 9,000 | | | | General Support |
| (2) | Angles Among Us Pet Rescue PO Box 821 Alpharetta GA 30009 | 27-1228232 | 501C3 | 6,781 | | | | General Support |
| (3) | Animal Defense League of Texas 11300 Nacogdoches Road San Antonio TX 78217 | 74-6002033 | 501C3 | 16,541 | | | | General Support |
| (4) | Arizona Animal Welfare League, Inc 25 N 40th Street Phoenix AZ 85034 | 23-7149453 | 501C3 | 6,135 | | | | General Support |
| (5) | Arizona Humane Society 1521 W Dobbins Street Phoenix AZ 85041 | 86-0135567 | 501c3 | 7,990 | | | | General Support |
| (6) | Asian Americans Advancing Justice 1620 L Street NW, Suite 1050 Washington DC 20036 | 13-3619000 | 501C3 | 11,058 | | | | General Support |
| (7) | Atlanta Community Food Bank 3400 North Sesert Drive Atlanta GA 30344 | 58-1376648 | 501C3 | 12,158 | | | | General Support |
| (8) | Austin Pets Alive 1156 W Cesar Chavez Street Austin TX 78703 | 74-2893360 | 501C3 | 7,777 | | | | General Support |
| (9) | Baby2Baby 5830 W Jefferson Blvd Los Angeles CA 90016 | 46-4503539 | 501C3 | 7,779 | | | | Genera Support |

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

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
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OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

GoodCoin Foundation

Employer identification number
47-5570019

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 non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|-----|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | Backpacks of Love, Inc. 3035 Lower Hill Road Powhatan VA 23139 | 27-4449054 | 501C3 | 5,694 | | | | General Support |
| (2) | Backersfield Society for the Preven 3000 Gibson Street Backersfield CA 93308 | 95-2141790 | 501C3 | 5,519 | | | | General Support |
| (3) | Baltimore Animal Rescue and Care 2490 Giles Road Baltimore MD 21230 | 86-1130456 | 501C3 | 6,227 | | | | General Support |
| (4) | Battered Women's Shelter 974 E Market Street Akron OH 44305 | 34-1249342 | 501C3 | 7,292 | | | | General Support |
| (5) | Belle Isle Conservancy 300 River Place Drive, Suite 2800 Detoit MI 48207 | 23-7348118 | 501C3 | 5,233 | | | | General Support |
| (6) | Berkshire Humane Society Inc. 214 Barker Road Pittsfield MA 01201 | 04-3148018 | 501C3 | 5,514 | | | | General Support |
| (7) | Big Brothers Big Sisters of the Gre 2550 University Avenue West Saint Paul MN 55114 | 32-0017737 | 501C3 | 9,173 | | | | General Support |
| (8) | Big Brothers Big Sisters of South PO Box 2534 Bloomington IN 47404 | 35-1330448 | 501c3 | 6,140 | | | | General Support |
| (9) | Blessings in a Backpack Inc. PO Box 950291 Louisville KY 40295 | 26-1964620 | 501C3 | 8,146 | | | | General Support |

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

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
u Attach to Form 990.
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OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

GoodCoin Foundation

Employer identification number
47-5570019

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.

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|-----|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | Bue Ridge Area Food Bank, Inc. PO Box 937 Verona VA 24482 | 52-1202644 | 501C3 | 9,007 | | | | General Support |
| (2) | Breast Cancer Research Foundation 28 West 44th Street, Suite 609 New York NY 10036 | 13-3727250 | 501C3 | 26,918 | | | | General Support |
| (3) | Buddy's Second Chance Rescue 156 Willow Breeze Road Buffalo NY 14223 | 47-1771294 | 501C3 | 5,855 | | | | General Support |
| (4) | Butte Humane Society 2580 Fair Street Chico CA 95928 | 94-1580621 | 501C3 | 5,953 | | | | General Support |
| (5) | California Farmland Trust 9245 Laguna Springs Drive Elk Grove CA 95758 | 77-0566494 | 501C3 | 6,274 | | | | General Support |
| (6) | California Fire Foundation 1780 Creekside Oaks Drive Sacramento CA 95833 | 68-0118991 | 501C3 | 5,297 | | | | General Support |
| (7) | Catholic Charities of New Hampshire 700 East Industrial Park Drive Manchester NH 03109 | 02-0222163 | 501C3 | 15,493 | | | | General Support |
| (8) | CDC Foundation 600 Peachtree Street NE Suite 1000 Atlanta GA 30308 | 58-2106707 | 501C3 | 22,104 | | | | General Support |
| (9) | Center for Disaster Philanthropy One Thomas Circle NW Suite 700 Washington DC 20005 | 45-5257937 | 501C3 | 149,402 | | | | General Support |

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

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
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OMB No. 1545-0047

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|-----|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | Center Pennsylvania Food Bank 3908 Corey Road Harrisburg PA 17109 | 23-2202250 | 501C3 | 12,427 | | | | General Support |
| (2) | Central Texas Food Bank 6500 Metropolis Drive Austin TX 78744 | 74-2217350 | 501C3 | 17,277 | | | | Genera Support |
| (3) | Centre County Paws, Inc. 1401 Trout Road State College PA 16801 | 25-1389364 | 501C3 | 5,901 | | | | General Support |
| (4) | Child & Family Resources, Inc. 2800 E Broadway Blvd Tucson AZ 85716 | 86-0251984 | 501C3 | 8,829 | | | | General Support |
| (5) | Child Abuse Network 2829 S Sheridan Road Tulsa OK 74129 | 73-1325326 | 501C3 | 8,465 | | | | General Support |
| (6) | Child Advocates, Inc. 3701 Kirby Drive, Suite 400 Houston TX 77098 | 76-0111345 | 501C3 | 11,079 | | | | General Support |
| (7) | Childrens Hospital Foundation 234 East Grey Street, Suite 450 Louisville KY 40202 | 61-6027530 | 501C3 | 6,478 | | | | General Support |
| (8) | Chinese for Affirmative Action 17 Walter U Lum Place San Francisco CA 94108 | 94-2161304 | 501C3 | 5,188 | | | | General Support |
| (9) | City Harvest, Inc. 6 East 32nd Street New York NY 10016 | 13-3170676 | 501C3 | 29,271 | | | | General Support |

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

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

Schedule I (Form 990) (2020)

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(Form 990)**

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| (1) | City of Elderly Love PO Box 359 Skippack PA 19474 | 46-4923885 | 501C3 | 6,187 | | | | General Support |
| (2) | College Possible 755 Prior Avenue N St. Paul MN 55104 | 41-1968798 | 501C3 | 5,384 | | | | General Support |
| (3) | Community Food Bank, Inc. 3003 S. Country Club Rd. Tucson AZ 85713 | 51-0192519 | 501C3 | 11,125 | | | | General Support |
| (4) | Community Food Bank of Eastern 1304 North Kenosha Avenue Tulsa OK 74106 | 73-1184980 | 501C3 | 6,995 | | | | General Support |
| (5) | Community Food Bank of New Jersey, 31 Evans Terminal Hillside NJ 07205 | 22-2423882 | 501C3 | 15,539 | | | | General Support |
| (6) | Connecticut Food Bank 2 Research Parkway Wallingford CT 06492 | 06-1063025 | 501C3 | 9,661 | | | | General Support |
| (7) | Connecting Kids to Meals, Inc. PO Box 9363 Toledo OH 43697 | 34-1969461 | 501C3 | 9,540 | | | | General Support |
| (8) | Cowlitz County CASA 1024 Broadway Street Longview WA 98632 | 91-1644688 | 501C3 | 5,722 | | | | General Support |
| (9) | Cradles to Crayons 281 Newtonville Avenue Newtonville MA 02460 | 04-3584367 | 501C3 | 14,364 | | | | General Support |

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| (1) | Direct Relief 6100 Wallace Becknell Road Santa Barbara CA 93117 | 95-1831116 | 501C3 | 111,319 | | | | General Support |
| (2) | DonorsChoose Org 134 W 37 Street New York NY 10018 | 13-4129457 | 501C3 | 35,753 | | | | General Support |
| (3) | Dylans Candy Bar Inc. 315 E 62nd Street New York NY 10065 | 47-3200711 | 501C3 | 10,878 | | | | General Support |
| (4) | East Bay SPCA 8323 Baldwin Street Oakland CA 94621-1925 | 94-1322202 | 501C3 | 10,220 | | | | General Support |
| (5) | East Oakland Youth Development 8200 International Boulevard Oakland CA 94621 | 23-7334590 | 501C3 | 7,105 | | | | General Support |
| (6) | Emergency Food Network 3318 92nd Street S Lakewood WA 98499 | 94-3131776 | 501C3 | 7,747 | | | | General Support |
| (7) | Equal Justice Initiative 122 Commerce Street Montgomery AL 36104 | 63-1135091 | 501C3 | 9,265 | | | | General Support |
| (8) | Erie County SPCA 300 Harlem Road West Seneca NY 14224 | 16-0425315 | 501C3 | 5,083 | | | | General Support |
| (9) | Family Promise of Jacksonville Inc PO Box 40363 Jacksonville FL 32203 | 59-3685470 | 501C3 | 5,108 | | | | General Support |

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| (1) | Feed More 1415 Rhoadmiller Street Richmond VA 23220 | 54-1150923 | 501C3 | 9,404 | | | | General Support |
| (2) | Feeding America 35 East Wacker Driver, Suite 2000 Chicago IL 60601 | 36-3673599 | 501c3 | 37,228 | | | | General Support |
| (3) | Feeding America Eastern Wisconsin, 2911 W Evergreen Drive Appleton WI 54913 | 39-1384593 | 501C3 | 7,574 | | | | General Support |
| (4) | Feeding America West Michigan 864 West River Center Comstock Park MI 49321 | 38-2439659 | 501C3 | 8,104 | | | | General Support |
| (5) | Feeding Northeast Florida 1116 Edgewood Avenue North Units Jacksonville FL 32254 | 46-5014769 | 501C3 | 12,288 | | | | General Support |
| (6) | Feeding San Diego 9455 Waples Street San Diego CA 92121 | 26-0457477 | 501C3 | 11,761 | | | | General Support |
| (7) | Feeding South Dakota 1111 N Creek Rapid City ND 57703 | 36-3293534 | 501C3 | 7,417 | | | | General Support |
| (8) | Feeding Tampa Bay 4702 Transport Drive Building 6 Tampa Bay FL 33605 | 59-2116576 | 501C3 | 6,943 | | | | General Support |
| (9) | Five Acres Animal Shelter 1099 Pralle Lane St. Charles MO 63303 | 01-0756138 | 501C3 | 6,314 | | | | General Support |

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| (1) | Florida Wildlife Federation PO Box 6870 Tallahassee FL 32314 | 59-1398265 | 501C3 | 9,347 | | | | General Support |
| (2) | Florida Wildflower Federation Inc. 225 S Swoope Avenue, Suite 110 Maitland FL 32751 | 59-3700304 | 501C3 | 5,237 | | | | General Support |
| (3) | Food & Friends, Inc. 219 Riggs Road NE Washington DC 20011 | 52-1648941 | 501C3 | 6,051 | | | | General Support |
| (4) | Food Bank Association of New York S 33 Elk Street, Suite 203 Albany NY 12207 | 20-2555423 | 501C3 | 14,561 | | | | General Support |
| (5) | Food Bank Contra Costa and Solano 4010 Nelson Avenue Concord CA 94520 | 94-2418054 | 501C3 | 11,824 | | | | General Support |
| (6) | Food Bank for the Heartland 10525 J Street Omaha NE 68127 | 47-0637701 | 501C3 | 8,609 | | | | General Support |
| (7) | Food Bank of Iowa PO Box 1517 Des Moines IA 50305 | 42-1177880 | 501C3 | 8,664 | | | | General Support |
| (8) | Food Bank of North Alabama PO Box 18607 Huntsville AL 35804 | 63-0884372 | 501C3 | 7,618 | | | | General Support |
| (9) | Food Bank of Northern Nevada 550 Italy Drive Sparks NV 89437 | 94-2924979 | 501C3 | 6,063 | | | | General Support |

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| (1) | Food Bank of Southeastern Virginia 800 Tidewater Drive Norfolk VA 23504 | 52-1219783 | 501C3 | 8,345 | | | | General Support |
| (2) | Food Bank of the Rockies 10700 E 45th Avenue Denver CO 80239 | 84-0772672 | 501C3 | 14,513 | | | | General Support |
| (3) | Food, Inc. 4010 E Amendola Dr. Fresno CA 93725 | 77-0320851 | 501C3 | 10,706 | | | | General Support |
| (4) | Foodbank Inc. 56 Armor Place Dayton OH 45417 | 86-1082880 | 501C3 | 6,637 | | | | General Support |
| (5) | Food Lifeline 815 South 96th Street Seattle WA 98005 | 91-1090450 | 501C3 | 9,029 | | | | General Support |
| (6) | Forest Park Forever, Inc. 5595 Grand Drive in Forest Park Saint Louis MO 63112 | 43-1427062 | 501C3 | 5,192 | | | | General Support |
| (7) | Forgotten Harvest Inc. 21800 Greenfield Oak Park MI 48237 | 38-2926476 | 501C3 | 9,640 | | | | General Support |
| (8) | Fredericksburg Regional Foodbank PO Box 1006 Fredericksburg VA 22402 | 54-1255013 | 501C3 | 5,001 | | | | General Support |
| (9) | Fresno Child Abuse Prevention Council 4946 E Yale Avenue, Suite 102 Fresno CA 93727 | 94-2788744 | 501C3 | 5,491 | | | | General Support |

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| (1) | Friends of Animals of Metro Detroit 2661 Greenfield Road Dearborn MI 48120 | 38-3171570 | 501C3 | 7,624 | | | | General Support |
| (2) | Friends of Boston Homeless Inc. 12 Wise Street Boston MA 02130 | 22-2866770 | 501C3 | 6,271 | | | | General Support |
| (3) | Friends of Georgia State Parks & Hi 799 West Avenue, Suite 104 Cartersville GA 30120 | 58-2046056 | 501C3 | 5,977 | | | | General Support |
| (4) | Friends of Strays, Inc. 2911 47th Avenue N St. Petersburg FL 33714 | 59-2156540 | 501C3 | 5,575 | | | | General Support |
| (5) | Friends of Mississippi River 101 East 5th St., Suite 2000 Saint Paul MN 55101 | 41-1763226 | 501C3 | 6,843 | | | | General Support |
| (6) | Friends of Wildlife Prairie Park 3826 N Taylor Road Hanna City IL 61536 | 20-8064678 | 501C3 | 6,574 | | | | General Support |
| (7) | Galveston County Food Bank 624 4th Avenue N Texas City TX 77590 | 20-0408375 | 501C3 | 6,658 | | | | General Support |
| (8) | Girls Incorporated 120 Wall Street, 18th Floor New York NY 10005 | 13-1915124 | 501C3 | 13,742 | | | | General Support |
| (9) | Gleaners Community Food Bank, Inc. 2131 Beaufait Detroit MI 48207 | 38-2156255 | 501C3 | 5,327 | | | | General Support |

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| (1) | Golden State Humane Society 11901 Gilbert Street Garden Grove CA 92841 | 23-7297778 | 501C3 | 14,976 | | | | General Support |
| (2) | Greater Chicago Food Depository 4100 W Ann Lurie Place Chicago IL 60632 | 36-2971864 | 501C3 | 12,606 | | | | General Support |
| (3) | Greater Lansing Food Bank PO Box 16224 Lansing MI 48901 | 38-2424756 | 501C3 | 7,068 | | | | General Support |
| (4) | Greater Pittsburg Community Food Bank 1 N Linden Street S Duquesne PA 15110 | 25-1420599 | 501C3 | 9,320 | | | | General Support |
| (5) | Habitat for Humanity - St. Louis 3830 South Grand Blvd. Saint Louis MO 63118 | 58-1735543 | 501C3 | 9,057 | | | | General Support |
| (6) | Halfway Home Rescue Inc. 15 Clark Road Woodbridge CT 06525 | 20-1912291 | 501C3 | 5,667 | | | | General Support |
| (7) | Hamilton County Society for the Prevention of Cruelty to Animals 11900 Conrey Road Cincinnati OH 45249 | 31-0543284 | 501C3 | 5,999 | | | | General Support |
| (8) | Happy Wheels, Inc. 133 Dupre Mill Court Lexington SC 29072 | 45-3147494 | 501C3 | 6,548 | | | | General Support |
| (9) | Harvest Hope Food Bank PO Box 451 Columbia SC 29202 | 57-0725560 | 501C3 | 7,890 | | | | General Support |

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| (1) | Harvesters - The Community Food Net 3801 Topping Avenue Kansas City MO 64129 | 43-1208665 | 501C3 | 18,139 | | | | General Support |
| (2) | Healing Tree Economic Development, PO Box 5628 Bridgeport CT 06610 | 06-1477660 | 501C3 | 5,065 | | | | General Support |
| (3) | Heart of America Foundation 655 15th Street NW, Suite 800 Washington SC 20005 | 52-2034127 | 501C3 | 182,739 | | | | General Support |
| (4) | Helping Hands for Single Moms 360 E Coronado Road, Suite 150 Phoenix AZ 85004 | 68-0489835 | 501C3 | 6,214 | | | | General Support |
| (5) | Helping Paws of Minnesota, Inc. PO Box 634 Hopkins MN 55343 | 41-1628876 | 501C3 | 7,421 | | | | General Support |
| (6) | High Desert Homeless Services, Inc. 14049 Amargosa Road Victoriaville CA 92392 | 33-0459227 | 501C3 | 5,363 | | | | General Support |
| (7) | Home for Good Dog Rescue, Inc. 465 Springfield Ave Berkeley Heights NJ 07922 | 27-3373388 | 501C3 | 5,875 | | | | General Support |
| (8) | Home 4 Youth 2191 Northdale Blvd NW Coon Springs MN 55433 | 46-1626500 | 501C3 | 5,398 | | | | General Support |
| (9) | Houston Food Bank 535 Portwall Street Houston TX 77029 | 74-2181456 | 501c3 | 8,789 | | | | General Support |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

GoodCoin Foundation

Employer identification number
47-5570019

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- 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.

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|-----|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | Humane Society of Charlotte Inc. 2700 Toomey Avenue Charlotte NC 28203 | 58-1342479 | 501C3 | 9,017 | | | | General Support |
| (2) | Humane Society of Greater Kansas 5445 Parallel Parkway Kansas City KS 66104 | 48-0581965 | 501C3 | 5,571 | | | | General Support |
| (3) | Humane Society of Manatee County, I 2515 14th Street West Bradenton FL 34205 | 59-1819652 | 501C3 | 5,041 | | | | General Support |
| (4) | Humane Society of Rochester and Mon 99 Victor Road Fairport NY 14450 | 16-0743047 | 501C3 | 5,930 | | | | General Support |
| (5) | Humane Society of Southern Arizona 635 W Roger Road Tucson AZ 85705 | 86-0112798 | 501C3 | 6,371 | | | | General Support |
| (6) | Humane Society of Nature Coast Inc. PO Box 10328 Brooksville FL 34603 | 59-1094757 | 501C3 | 6,635 | | | | General Support |
| (7) | Humane Society of the North Bay 1121 Sonoma Blvd, Suite 201 Denver CO 80222 | 94-3041601 | 501C3 | 5,190 | | | | General Support |
| (8) | Hunger Free Colorado 1355 S Colorado Blvd, Suite 201 Denver CO 80222 | 68-0551464 | 501C3 | 9,158 | | | | General Support |
| (9) | Idaho Foodbank Warehouse 3630 E Commercial Court Meridian ID 83642 | 82-0425400 | 501C3 | 5,943 | | | | General Support |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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| (1) | Indian River Lakes Conservancy PO Box 27 Redwood NY 13679 | 16-1555636 | 501C3 | 5,190 | | | | General Support |
| (2) | Indiana Center for Prevention of Yo 4607 E 106th Street Carmel IN 46033 | 35-2072683 | 501C3 | 7,914 | | | | General Support |
| (3) | Innocence Project, Inc. 40 Worth Street, Suite 701 New York NY 10013 | 32-0077563 | 501C3 | 10,691 | | | | General Support |
| (4) | Inter-Faith Food Shuttle 1001 Blair Drive, Suite 120 Raleigh NC 27603 | 56-1753180 | 501C3 | 8,022 | | | | General Support |
| (5) | John Ball Zoo 1300 W Fulton Street Grand Rapids MI 49504 | 38-6076879 | 501C3 | 5,873 | | | | General Support |
| (6) | Junior Achievement of Arizona, Inc. 636 W Southern Avenue Tempe AZ 85282 | 86-0184349 | 501C3 | 7,826 | | | | General Support |
| (7) | K9's 4 Cops 3515 B Longmire Drive, Suite 342 College Station TX 77845 | 27-3659405 | 501C3 | 7,241 | | | | General Support |
| (8) | Kalamazoo County Humane Society 3661 Easy Street Kalamazoo MI 49001 | 38-1474932 | 501C3 | 5,130 | | | | General Support |
| (9) | Kansas Food Bank 1919 E Douglas Wichita KS 67211 | 48-0959213 | 501C3 | 5,952 | | | | General Support |

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| (1) | Kids In Distress Inc. 819 NE 26th Street Wilton Manors FL 33305 | 59-1927289 | 501C3 | 12,819 | | | | General Support |
| (2) | Kids Meals Inc. 330 Garden Oaks Blvd Houston TX 77018 | 76-0330447 | 501C3 | 6,569 | | | | General Support |
| (3) | Kiss the Ground 2658 Griffith Park Blvd. Los Angeles CA 90051-6681 | 46-4507696 | 501c3 | 6,450 | | | | General Support |
| (4) | Kitchens for Good 404 Euclid Avenue San Diego CA 92114 | 46-3278605 | 501C3 | 5,264 | | | | General Support |
| (5) | Krewe of Red Beans 818 Gallier Street New Orleans LA 70117 | 82-0667168 | 501C3 | 7,628 | | | | General Support |
| (6) | Lets Work for Good Inc 5 Theodore Drive East Brunswick NJ 08816 | 47-3892053 | 501C3 | 20,916 | | | | General Support |
| (7) | Lil Bubs Big Fund 1021 S Walnut Street Bloomington IN 47401 | 84-4229672 | 501C3 | 17,065 | | | | General Support |
| (8) | Los Angeles Regional Foodbank 1734 E 41st Street Los Angeles CA 90058 | 95-3135649 | 501C3 | 26,778 | | | | General Support |
| (9) | Make A Wish Foundation of America 1702 East Highland Avenue Phoenix AZ 85016 | 86-0481941 | 501C3 | 14,053 | | | | General Support |

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| (1) | Make A Wish Foundation of Alabama, 400 Vestavia Parkway, Suite 402 Birmingham AL 35216 | 63-0943675 | 501C3 | 6,516 | | | | General Support |
| (2) | Make A Wish Foundation of Missouri 13523 Barrett Parkway Ballwin MO 63021 | 43-1550697 | 501C3 | 9,679 | | | | General Support |
| (3) | Make A Wish Foundation Greater Los W Olympic Blvd Los Angeles CA 90064 | 95-4107024 | 501C3 | 9,269 | | | | General Support |
| (4) | Marine Mammal Care Center Los 3601 So Gaffey Street San Pedro CA 90731 | 47-5249182 | 501C3 | 5,844 | | | | General Support |
| (5) | Maryland Food Bank, Inc. 2200 Halethorpe Farms Road Baltimore MD 21227 | 52-1135690 | 501C3 | 15,088 | | | | General Support |
| (6) | Massachusetts Audubon Society, Inc. 208 South Great Road Lincoln MA 01773 | 04-2104702 | 501C3 | 7,054 | | | | General Support |
| (7) | Meals on Wheels America 1550 Crystal Drive, Suite 1004 Arlington VA 22202 | 23-7447812 | 501C3 | 6,214 | | | | General Support |
| (8) | Meals on Wheels for Fort Collins Co 1217 E Elizabeth St. #11 Fort Collins CO 80524 | 23-7116630 | 501C3 | 7,331 | | | | General Support |
| (9) | Meals on Wheels of Northwest Indian 8446 Virginia Street Merrillville IN 46410 | 31-1168281 | 501C3 | 5,101 | | | | General Support |

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| (1) | Meals on Wheels of Sheboygan County 1004 South Taylor Drive Sheboygan WI 53081 | 39-1238290 | 501C3 | 5,165 | | | | General Support |
| (2) | Meals on Wheels of Staten Island 304 Port Richmond Avenue Staten Island NY 10302 | 13-2894978 | 501C3 | 5,066 | | | | General Support |
| (3) | Meals on Wheels of Wake County, Inc 1001 Blair Drive, Suite 100 Raleigh NC 27603 | 56-1061085 | 501C3 | 7,596 | | | | General Support |
| (4) | Meals on Wheels of West Los Angeles PO Box 241576 Los Angeles CA 90024 | 95-4847907 | 501C3 | 9,799 | | | | General Support |
| (5) | Meals on Wheels of San Antonio 4306 NW Loop 410 San Antonio TX 78229 | 74-1948646 | 501C3 | 6,790 | | | | General Support |
| (6) | Meals on Wheels, Etc., Inc. 2801 S Financial Court Sanford FL 32773 | 59-2977907 | 501C3 | 6,256 | | | | General Support |
| (7) | Methodist Medical Center Foundation 120 NE Glen Oak Avenue Peoria IL 61603 | 51-0186460 | 501C3 | 6,778 | | | | General Support |
| (8) | Mid-Ohio Foodbank 3960 Brookham Drive Grove City OH 43123 | 31-0865343 | 501C3 | 9,683 | | | | General Support |
| (9) | Mid-South Food Bank 239 S Dudley Street Memphis TN 38104 | 62-1340755 | 501C3 | 5,030 | | | | General Support |

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| (1) | NAACP Legal Defense and Educational Fund 40 Rector Street, Fifth Floor New York NY 10006 | 13-1655255 | 501C3 | 25,194 | | | | General Support |
| (2) | NAMI California 1851 Heritage Lane, Suite 150 Sacramento CA 95815 | 94-2676057 | 501C3 | 9,881 | | | | General Support |
| (3) | Nashville Humane Society 213 Oceola Avenue Nashville TN 37209 | 62-0672999 | 501C3 | 6,889 | | | | General Support |
| (4) | National Association For the Advancement of Colored People 4805 Mount Hope Drive Baltimore MD 21215 | 13-1084135 | 501C3 | 41,312 | | | | General Support |
| (5) | National Urban League 120 Wall Street, 8th Floor New York NY 10005 | 13-1840489 | 501C3 | 99,210 | | | | General Support |
| (6) | National Wildlife Federation 11100 Wildlife Center Drive Reston VA 20190 | 53-0204616 | 501C3 | 70,696 | | | | General Support |
| (7) | Nature Conservancy 4245 North Fairfax Drive, Suite 100 Arlington VA 22203 | 53-0242652 | 501C3 | 48,832 | | | | General Support |
| (8) | NatureServe 2550 S Cark Street, Suite 930 Arlington VA 22202 | 52-1884438 | 501C3 | 10,032 | | | | General Support |
| (9) | Neenah Animal Shelter 951 County Road G Neenah WI 54956 | 39-1030012 | 501C3 | 5,431 | | | | General Support |

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| (1) | North Country Food Bank 1011 11th Avenue NE East Grand Forks MN 56721 | 41-1459758 | 501C3 | 6,383 | | | | General Support |
| (2) | North Texas Food Bank 3677 Mapleshade Lane Plano TX 75075 | 75-1785357 | 501C3 | 14,274 | | | | General Support |
| (3) | Northern Illinois Food Bank 273 Dearborn Court Geneva IL 60134 | 36-3203648 | 501C3 | 9,596 | | | | General Support |
| (4) | Northland Animal Welfare Society, 6972 N Broadway Gladstone MO 64118 | 20-8152508 | 501C3 | 5,648 | | | | General Support |
| (5) | Oceana, Inc. 1025 Connecticut Avenue NW Washington DC 20036 | 51-0401308 | 501C3 | 26,793 | | | | General Support |
| (6) | Ohio Wildlife Center 6131 Cook Road Powell OH 43065 | 31-1182372 | 501C3 | 5,337 | | | | General Support |
| (7) | One Step Closer Animal Rescue Inc PO Box 248 Sparta NJ 07871 | 27-2492239 | 501C3 | 6,246 | | | | General Support |
| (8) | Open Table, Inc. PO Box 42 Concord MA 01742 | 04-3048933 | 501C3 | 7,106 | | | | General Support |
| (9) | Operation Kindness of Garland 2301 Easrhart Drive Carrollton TX 75006 | 75-1553350 | 501C3 | 6,128 | | | | General Support |

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| (1) | Orange County SPCA PO Box 6507 Huntington Beach CA 92615 | 33-0257357 | 501C3 | 5,107 | | | | General Support |
| (2) | Oregon Food Bank, Inc. 7900 NE 33rd Drive Portland OR 97211 | 93-0785786 | 501C3 | 9,976 | | | | General Support |
| (3) | Orphans of the Storm PO Box 31 Deerfield IL 60015 | 36-6002114 | 501C3 | 6,053 | | | | General Support |
| (4) | ParentChild+ Inc. 163b Mineola Blvd Mineola NY 11501 | 11-2495601 | 501C3 | 14,958 | | | | General Support |
| (5) | Partner For Pets Humane Society PO Box 445 Troy IL 62294 | 36-4521704 | 501C3 | 6,900 | | | | General Support |
| (6) | Path Forward 511 Avenue of the Americas, #4175 New York NY 10011 | 81-1438676 | 501C3 | 5,384 | | | | General Support |
| (7) | Paws Chicago 1997 N Clybourn Avenue Chicago IL 60614 | 36-4219778 | 501C3 | 7,729 | | | | General Support |
| (8) | PawsCo PO Box 6261 Denver CO 80206 | 20-0955547 | 501C3 | 5,950 | | | | General Support |
| (9) | Pediatric Therapy Network 1815 W 213th Street Torrance CA 90501 | 33-0706273 | 501C3 | 9,716 | | | | General Support |

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| (1) | Peninsula Humane Society & SPCA 1450 Rollins Road Burlingame CA 94010 | 94-1243665 | 501C3 | 5,095 | | | | General Support |
| (2) | Petfix Northeast Ohio Inc. 885 East 222nd St. Euclid OH 44123 | 20-2205609 | 501C3 | 5,791 | | | | General Support |
| (3) | Philabundance 3616 S Galoway Street Philadelphia PA 19148 | 23-2290505 | 501C3 | 11,380 | | | | General Support |
| (4) | Philadelphia Animal Welfare Society 100 N 2nd Street Philadelphia PA 19106 | 26-3862631 | 501C3 | 6,118 | | | | General Support |
| (5) | Planned Parenthood Federation of PO Box 97166 Washington DC 20077 | 13-1644147 | 501C3 | 9,589 | | | | General Support |
| (6) | Potawatomi Zoological Society Inc 500 S Greenlawn Avenue South Bend IN 46615 | 35-1183974 | 501C3 | 8,748 | | | | General Support |
| (7) | Prevent Child Abuse Iowa 501 SW 7th Street, Suite G Des Moines IA 50309 | 42-1117292 | 501C3 | 7,569 | | | | General Support |
| (8) | Priceless Puppy Rescue Corp 2587 C Chino Hills Parkway Chino Hills CA 91709 | 26-1167234 | 501C3 | 5,616 | | | | General Support |
| (9) | Reach out and Read, Inc. 89 South Street Boston MA 02111 | 04-3481253 | 501C3 | 29,701 | | | | General Support |

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|-----|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | Regional Food Bank of NE NY Inc 195 Hudson Street Cornwall-on-Hudson NY 12520 | 22-2470885 | 501C3 | 7,839 | | | | General Support |
| (2) | Regional Food Bank of Oklahoma 3355 South Purdue Oklahoma City OK 73179 | 42-1589809 | 501C3 | 5,376 | | | | General Support |
| (3) | Restaurant Workers Community 575 Grand Street Apartment E1507 New York NY 10002 | 82-2737963 | 501C3 | 44,095 | | | | General Support |
| (4) | River Bend Food Reservoir 4040 Kimmel Drive Davenport IA 52802 | 36-3147342 | 501C3 | 6,440 | | | | General Support |
| (5) | Riverside Meals on Wheels, Inc. 4845 Brockton Avenue Riverside CA 92506 | 23-7262925 | 501C3 | 11,475 | | | | General Support |
| (6) | Roanoke Valley SPCA 1340 Baldwin Avenue NE Roanoke VA 24012 | 54-0679796 | 501C3 | 5,474 | | | | General Support |
| (7) | Ronald McDonald House Charities of 3883 Monroe Street Toledo OH 43606 | 34-1349742 | 501C3 | 6,043 | | | | General Support |
| (8) | Sav-A-Life 1506A Leighton Avenue Anniston AL 36207 | 63-0963150 | 501C3 | 15,025 | | | | General Support |
| (9) | Safe Animal Shelter of Orange Park 2913 County Road 220 Middleburg FL 32068 | 59-3054559 | 501C3 | 5,985 | | | | General Support |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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(Form 990)**

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OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

GoodCoin Foundation

Employer identification number
47-5570019

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| (1) | Safe Haven Shelter for Battered Women PO Box 3558 Duluth MN 55803 | 41-1317462 | 501C3 | 5,291 | | | | General Support |
| (2) | San Antonio Food Bank 5200 Enrique M Barrera Parkway San Antonio TX 78227 | 74-2122979 | 501C3 | 5,555 | | | | General Support |
| (3) | San Antonio Humane Society 4804 Fredericksburg Rd San Antonio TX 78229 | 74-6024105 | 501C3 | 6,522 | | | | General Support |
| (4) | SAVE - a Friend to Homeless Animals 1010 Co Rd 601 Skillman NJ 08558 | 22-6082741 | 501C3 | 5,244 | | | | General Support |
| (5) | Second Chance Animal Services PO Box 136 East Brookfield MA 01515 | 04-3490671 | 501C3 | 5,713 | | | | General Support |
| (6) | Second Chance Rescue Inc. PO Box 570701 Whitestone NY 11357 | 26-4835303 | 501C3 | 7,932 | | | | General Support |
| (7) | Second Harvest Community Foodbank 915 Douglas Street St. Joseph MO 64505 | 43-1268319 | 501C3 | 6,743 | | | | General Support |
| (8) | Second Harvest Food Bank of Central 411 Mercy Drive Orlando FL 32805 | 59-2142315 | 501C3 | 7,534 | | | | General Support |
| (9) | Second Harvest Food Bank of 136 Harvest Lane Maryville TN 37801 | 58-1450139 | 501C3 | 10,637 | | | | General Support |

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| (1) | Second Harvest Food Bank of LeHigh 6969 Silver Crest Road Nazareth PA 18064 | 23-1669589 | 501C3 | 8,040 | | | | General Support |
| (2) | Second Harvest Food Bank of Metrolia 500 Spratt Street, Suite B Charlotte NC 28206 | 56-1352593 | 501C3 | 8,883 | | | | General Support |
| (3) | Second Harvest Food Bank of Middle 331 Great Circle Road Nashville TN 37228 | 62-1049447 | 501C3 | 10,171 | | | | General Support |
| (4) | Second Harvest Food Bank of 5510 Baumhart Rd. Lorain OH 44053 | 34-1446685 | 501C3 | 7,793 | | | | General Support |
| (5) | Second Harvest Food Bank of 8014 Marine Way Irvine CA 92618 | 32-0362611 | 501C3 | 13,416 | | | | General Support |
| (6) | Second Harvest Food Bank of San 1220 Vanderbilt Circle Manteca CA 95337 | 68-0376587 | 501C3 | 5,055 | | | | General Support |
| (7) | Second Harvest Food Bank of Santa C 750 Curtner Avenue San Jose CA 95125 | 94-2614101 | 501C3 | 8,169 | | | | General Support |
| (8) | Second Harvest Heartland 1140 Gervais Avenue Saint Paul MN 55109 | 23-7417654 | 501C3 | 10,278 | | | | General Support |
| (9) | Sequoia Parks Conservancy 47050 Generals Highway #10 Three Rivers CA 93271 | 94-1379633 | 501C3 | 5,913 | | | | General Support |

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| (1) | Share Our Stregnth 1030 15th Street NW Washington DC 20005 | 52-1367538 | 501C3 | 36,163 | | | | General Support |
| (2) | Smithsonian Institution 1000 Jefferson Drive SW Washington DC 20560 | 53-0206027 | 501C3 | 403,248 | | | | General Support |
| (3) | Society for the Prevention of Cruel 305 Airport Road Greenville SC 29607 | 57-6000563 | 501C3 | 5,327 | | | | General Support |
| (4) | South Padre Island Birding & Nature 6801 Padre Blvd. South Padre Island TX 78597 | 20-3288155 | 501C3 | 5,842 | | | | General Support |
| (5) | South Suburban Humane Society 1103 West End Avenue Chicago Hts IL 60433 | 23-7165004 | 501C3 | 7,160 | | | | General Support |
| (6) | South Texas Food Bank 1907 Freight Street Laredo TX 78041 | 74-2574983 | 501C3 | 5,770 | | | | General Support |
| (7) | Los Angeles SPCA 5026 W Jefferson Blvd Los Angeles CA 90016 | 95-1738153 | 501C3 | 9,521 | | | | General Support |
| (8) | Special Olympics Illinois 605 East Willow Street Normal IL 61761 | 36-2922811 | 501C3 | 9,644 | | | | General Support |
| (9) | Special Olympics Missouri 305 Special Olympics Drive Jefferson City MO 65101 | 23-7328374 | 501C3 | 12,609 | | | | General Support |

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| (1) | St. Jude Childrens Research Hospital 501 St. June Place Memphis TN 38105 | 62-0646012 | 501C3 | 13,797 | | | | General Support |
| (2) | St. Louis Area Food Bank, Inc. 70 Corporate Woods Drive Bridgeton MO 63044 | 43-1253102 | 501C3 | 6,426 | | | | General Support |
| (3) | STEP - Student Expedition Program, 6336 N Oracle Road, #326-326 Tucson AZ 85704 | 22-3879050 | 501C3 | 5,375 | | | | General Support |
| (4) | Still Kickin 79 13th Avenue NE, Suite 210 Minneapolis MN 55413 | 47-5246375 | 501C3 | 6,763 | | | | General Support |
| (5) | Stray Cat Alliance PO Box 661277 Los Angeles CA 90066 | 95-4787231 | 501C3 | 5,010 | | | | General Support |
| (6) | Tampa Bay Watch Inc 3000 Pinella Bayway S Tierra Verde FL 33715 | 59-3191962 | 501C3 | 5,543 | | | | General Support |
| (7) | Team Rubicon 6171 W. Century Blvd. Suite 310 Los Angeles CA 90045 | 27-1720480 | 501c3 | 40,246 | | | | General Support |
| (8) | Texas Land Conservancy PO Box 162481 Austin TX 78716 | 75-1825883 | 501C3 | 8,427 | | | | General Support |
| (9) | Texas Coalition for Animal Protection PO Box 77016 Forth Worth TX 76177 | 75-2915935 | 501C3 | 5,057 | | | | General Support |

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| (1) | The Childrens Haven Inc. 1083 Marietta Highway Canton GA 30114 | 58-2563473 | 501C3 | 6,516 | | | | General Support |
| (2) | The Greater Boston Food Bank Inc. 70 South Bay Avenue Boston MA 02118 | 04-2717782 | 501C3 | 11,662 | | | | General Purpose |
| (3) | Texas Agricultural Land Trust PO Box 6152 Sam Antonio TX 78209 | 26-0161807 | 501C3 | 8,552 | | | | General Support |
| (4) | The Arizona Pet Project 3905 N 7th Avenue, #7611 Phoenix AZ 85013 | 86-1008549 | 501C3 | 6,512 | | | | General Support |
| (5) | The Campaign Against Hunger 2010 Fulton Street Brooklyn NY 11233 | 20-0964854 | 501C3 | 6,614 | | | | General Support |
| (6) | The Food Bank of Western Massachuse PO Box 160 Hatfield MA 01038 | 04-2751023 | 501C3 | 7,809 | | | | General Support |
| (7) | The Food Depot 1222 A Siler Road Sante Fe NM 87507 | 85-0416803 | 501C3 | 8,022 | | | | General Support |
| (8) | The Illinois Center for Autism 548 S Ruby Lane Fairview Heights IL 62208 | 37-1023452 | 501C3 | 8,462 | | | | General Support |
| (9) | The Leukemia & Lymphoma Society PO Box 22324 New York NY 10087 | 13-5644916 | 501C3 | 7,109 | | | | General Support |

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| (1) | The Maritime Aquarium at Norwalk Inc 10 North Water Street South Norwalk CT 06854 | 06-1062912 | 501C3 | 5,249 | | | | General Support |
| (2) | The Maryland Book Bank Inc, 1794 Union Avenue Baltimore MD 21211 | 46-2714742 | 501C3 | 5,970 | | | | General Support |
| (3) | The Sheridan Story 2723 Patton Road Roseville MN 55113 | 80-0919680 | 501C3 | 6,888 | | | | General Support |
| (4) | Thousand Currents 1330 Broadway Street, Suite 301 Oakland CA 94612 | 77-0071852 | 501C3 | 12,768 | | | | General Support |
| (5) | Thurgood Marshall College Fund, Inc 901 F Street NW Suite 700 Washington DC 20004 | 41-1750692 | 501C3 | 270,691 | | | | General Support |
| (6) | Tides Center PO Box 29907 San Francisco CA 94129 | 94-3213100 | 501C3 | 8,129 | | | | General Support |
| (7) | Together Helping Others Inc. 800 3rd Avenue, Suite 2800 New York NY 10022 | 83-0663474 | 501C3 | 5,230 | | | | General Support |
| (8) | Toledo Northwestern Ohio Food Bank 24 East Woodruff Avenue Toledo OH 43604 | 34-1441016 | 501C3 | 10,305 | | | | General Support |
| (9) | Toys for Tots Foundation 18251 Quantico Gateway Drive Triangle VA 22172 | 20-3021444 | 501C3 | 333,722 | | | | General Support |

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| (1) | Treasure Coast Food Bank, Inc. 401 Angle Road Fort Pierce FL 34947 | 65-0123281 | 501C3 | 9,283 | | | | General Support |
| (2) | Trevor Project, Inc. 2829 Townsgate Road, Suite 215 Westlake Village CA 91361 | 94-4681287 | 501C3 | 22,991 | | | | General Support |
| (3) | Tucson Childrens Museum 200 S Sixth Avenue Tucson AZ 85701 | 86-0676237 | 501C3 | 5,729 | | | | General Support |
| (4) | Tri County Animal Rescue 21287 Boca Rio Road Boca Raton FL 33433 | 65-0719233 | 501C3 | 5,113 | | | | General Support |
| (5) | Twin Cities Pet Rescue PO Box 28245 St Paul MN 55128 | 27-0162063 | 501C3 | 7,112 | | | | General Support |
| (6) | Utah Food Bank 3150 South 900 West Salt Lake City UT 84119 | 87-0212453 | 501C3 | 15,503 | | | | General Support |
| (7) | Union Station Homeless 825 E Orange Grove Blvd Pasadena CA 91104 | 95-3958741 | 501C3 | 6,798 | | | | General Support |
| (8) | United Nations Foundation, Inc. 1750 Pennsylvania Avenue NW Washington DC 20006 | 58-2368165 | 501C3 | 266,986 | | | | General Support |
| (9) | United Way Worldwide 701 N Fairfax Street Alexandria VA 22314 | 13-1635294 | 501C3 | 19,183 | | | | General Support |

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| (1) | University District Food Bank 5017 Roosevelt Way NE Seattle WA 98105 | 91-1224834 | 501C3 | 6,429 | | | | General Support |
| (2) | Valley Animal Haven & Adoption Cent 990 E D Street Lemoore CA 93245 | 46-5080982 | 501C3 | 5,311 | | | | General Support |
| (3) | Virginia Peninsula Foodbank 2401 Aluminum Avenue Hampton VA 23661 | 54-1422298 | 501C3 | 5,399 | | | | General Support |
| (4) | Visiting Nurse Service of New York 107 East 70th Street, 5th Floor New York NY 10012 | 13-1624211 | 501C3 | 12,587 | | | | General Support |
| (5) | West Chester Food Cupboard 431 S Bolmar Street West Chester PA 19382 | 46-1420690 | 501C3 | 6,251 | | | | General Support |
| (6) | West Texas Food Bank PO Box 4242 Odessa TX 79760 | 75-2057692 | 501C3 | 7,828 | | | | General Support |
| (7) | Wisconsin Humane Society 4500 W Wisconsin Avenue Milwaukee WI 53208 | 39-0810533 | 501C3 | 9,338 | | | | General Support |
| (8) | Womenspace Inc 1530 Brunswick Avenue Lawrenceville NJ 08648 | 22-2172522 | 501C3 | 5,171 | | | | General Support |
| (9) | Worcester County Food Bank Inc 474 Boston Turnpike Shewsbury MA 01545 | 04-3071457 | 501C3 | 6,762 | | | | General Support |

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|-----|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | World Central Kitchen, Inc. 1342 Florida Avenue NW Washington DC 20009 | 27-3521132 | 501C3 | 38,347 | | | | General Support |
| (2) | Young At Heart Pet Rescue, Inc. 4301 South IL Route 47 Woodstock IL 60098 | 20-2476194 | 501C3 | 5,141 | | | | General Support |
| (3) | Yuma Community Food Bank 2404 E 24th Street Yuma AZ 85365 | 86-0457836 | 501C3 | 9,491 | | | | General Support |
| (4) | | | | | | | | |
| (5) | | | | | | | | |
| (6) | | | | | | | | |
| (7) | | | | | | | | |
| (8) | | | | | | | | |
| (9) | | | | | | | | |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

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| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| 1 | | | | | |
| 2 | | | | | |
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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 - Procedures for Monitoring the Use of Grant Funds

All grants made by The GoodCoin Foundation are unrestricted and intended for general operating support or wherever is the greatest need. The 990's of the grantees are regularly reviewed and social media postings are monitored for changes in the mission of the organization.

SCHEDULE O
(Form 990 or 990-EZ)

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.

u Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

GoodCoin Foundation

Employer identification number

47-5570019

Form 990 - Organization's Mission

The GoodCoin Foundation's mission is to assist and financially support charitable organizations that seek to engage the next generation of philanthropists through the use of social media and other emerging communication tools.

Form 990, Part III, Line 4d - All Other Accomplishments

The GoodCoin Foundation provided coaching, brand positioning, technical advice, and a new source of funding to small charities associated with the corporate giving programs of several brand-name, Fortune 500 companies and financial services companies (the latter ranging from local banks to large bankcard processing systems). These funding opportunities benefit small nonprofits by giving them exposure and visible connection to well-respected businesses. These connections would not have been made for these small community-based charitable organizations without The GoodCoin Foundation.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

Reviewing the 990 Form is a separate agenda item of the Annual Meeting of the Board and is reviewed line by line.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Potential conflicts of interest are reviewed at each meeting of the Board.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

The GoodCoin Foundation board conducts a salary comparison survey across

Name of the organization

Employer identification number

GoodCoin Foundation

47-5570019

similarly-sized organizations to set the upper and lower limits on the compensation of the CEO. Those values were used to set the management fee for the consultant serving as the CEO.

Form 990, Part VI, Line 15b - Compensation Process for Officers

There are no paid officers or key employees.

Form 990, Part VI, Line 17 - Other States Where Copy of Return is Filed

Louisiana, Massachusetts, Maine, Maryland, Michigan, Minnesota, Mississippi, New Hampshire, New Jersey, New Mexico, Nevada, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Utah, Virginia, Washington, West Virginia, Wisconsin

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

The documents are available upon request.

| | | |
|--|-----------------------------------|------------------------|
| Form 990 | Two Year Comparison Report | 2019 & 2020 |
| For calendar year 2020, or tax year beginning 07/01/20 , ending 06/30/21 | | |

Name

Taxpayer Identification Number

GoodCoin Foundation**47-5570019**

| | | 2019 | 2020 | Differences | |
|--------------------------|--|-----------|------------------|-------------------|------------------|
| Revenue | 1. Contributions, gifts, grants | 6,300,501 | 10,660,357 | 4,359,856 | |
| | 2. Membership dues and assessments | | | | |
| | 3. Government contributions and grants | 35,415 | | -35,415 | |
| | 4. Program service revenue | 330,254 | 460,065 | 129,811 | |
| | 5. Investment income | 68,382 | 4,091 | -64,291 | |
| | 6. Proceeds from tax exempt bonds | | | | |
| | 7. Net gain or (loss) from sale of assets other than inventory | | 26,424 | 26,424 | |
| | 8. Net income or (loss) from fundraising events | | | | |
| | 9. Net income or (loss) from gaming | | | | |
| | 10. Net gain or (loss) on sales of inventory | | | | |
| | 11. Other revenue | | | | |
| | 12. Total revenue. Add lines 1 through 11 | | 6,734,552 | 11,150,937 | 4,416,385 |
| Expenses | 13. Grants and similar amounts paid | 5,364,541 | 8,590,565 | 3,226,024 | |
| | 14. Benefits paid to or for members | | | | |
| | 15. Compensation of officers, directors, trustees, etc. | 90,000 | 40,000 | -50,000 | |
| | 16. Salaries, other compensation, and employee benefits | | | | |
| | 17. Professional fundraising fees | | | | |
| | 18. Other professional fees | 54,633 | 138,580 | 83,947 | |
| | 19. Occupancy, rent, utilities, and maintenance | | | | |
| | 20. Depreciation and Depletion | | | | |
| | 21. Other expenses | 266,095 | 290,953 | 24,858 | |
| | 22. Total expenses. Add lines 13 through 21 | | 5,775,269 | 9,060,098 | 3,284,829 |
| | 23. Excess or (Deficit). Subtract line 22 from line 12 | | 959,283 | 2,090,839 | 1,131,556 |
| Other Information | 24. Total exempt revenue | 6,734,552 | 11,150,937 | 4,416,385 | |
| | 25. Total unrelated revenue | | | | |
| | 26. Total excludable revenue | 398,636 | 490,580 | 91,944 | |
| | 27. Total assets | 2,837,820 | 4,974,412 | 2,136,592 | |
| | 28. Total liabilities | 75,208 | 15,536 | -59,672 | |
| | 29. Retained earnings | 2,762,612 | 4,958,876 | 2,196,264 | |
| | 30. Number of voting members of governing body | 5 | 5 | | |
| | 31. Number of independent voting members of governing body | 5 | 5 | | |
| | 32. Number of employees | 0 | 0 | | |
| | 33. Number of volunteers | 13 | 20 | | |

| | | |
|-----------------|---------------------------|-------------|
| Form 990 | Tax Return History | 2020 |
|-----------------|---------------------------|-------------|

| | |
|------------------------------------|---|
| Name GoodCoin Foundation | Employer Identification Number 47-5570019 |
|------------------------------------|---|

| | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
|---|------|-----------|-----------|-----------|------------|------|
| Contributions, gifts, grants | | 2,746,592 | 795,868 | 6,335,916 | 10,660,357 | |
| Membership dues | | | | | | |
| Program service revenue | | 89,658 | 53,718 | 330,254 | 460,065 | |
| Capital gain or loss | | -3,085 | -74 | | 26,424 | |
| Investment income | | 7,741 | 31,739 | 68,382 | 4,091 | |
| Fundraising revenue (income/loss) | | | | | | |
| Gaming revenue (income/loss) | | | | | | |
| Other revenue | | | | | | |
| Total revenue | | 2,840,906 | 881,251 | 6,734,552 | 11,150,937 | |
| Grants and similar amounts paid | | 556,714 | 1,163,671 | 5,364,541 | 8,590,565 | |
| Benefits paid to or for members | | | | | | |
| Compensation of officers, etc. | | | 50,000 | 90,000 | 40,000 | |
| Other compensation | | | | | | |
| Professional fees | | 125 | 17,400 | 54,633 | 138,580 | |
| Occupancy costs | | | | | | |
| Depreciation and depletion | | | | | | |
| Other expenses | | 77,469 | 83,082 | 266,095 | 290,953 | |
| Total expenses | | 634,308 | 1,314,153 | 5,775,269 | 9,060,098 | |
| Excess or (Deficit) | | 2,206,598 | -432,902 | 959,283 | 2,090,839 | |
| Total exempt revenue | | 2,840,906 | 881,251 | 6,734,552 | 11,150,937 | |
| Total unrelated revenue | | | | | | |
| Total excludable revenue | | 94,314 | 85,383 | 398,636 | 490,580 | |
| Total Assets | | 2,227,012 | 1,824,862 | 2,837,820 | 4,974,412 | |
| Total Liabilities | | | 13,685 | 75,208 | 15,536 | |
| Net Fund Balances | | 2,227,012 | 1,811,177 | 2,762,612 | 4,958,876 | |