# **2018 Exempt Org. Return** prepared for:

My Good Deed 5151 California Avenue, Suite 100 Irvine, CA 92617

QUEEN & COMPANY, ACCOUNTANCY CORP. 16520 BAKE PARKWAY STE 110 IRVINE, CA 92618

#### QUEEN & COMPANY, ACCOUNTANCY CORP. 16520 BAKE PARKWAY STE 110 IRVINE, CA 92618 (949) 266-2955

November 8, 2019

My Good Deed 5151 California Avenue, Suite 100 Irvine, CA 92617

Dear David:

Your 2018 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-EO - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Your 2018 California Exempt Organization Annual Information Return will be electronically filed with the State of California upon receipt of a signed Form 8453-EO. There is a balance due of \$10 payable by November 15, 2019. Mail your California payment voucher, Form 3586, on or before November 15, 2019 to:

FRANCHISE TAX BOARD P.O. BOX 942857 SACRAMENTO, CA 94257-0531

Enclosed is your California Registration/Renewal Fee Report to the Attorney General. The original should be signed at the bottom of page one. There is a fee due of \$150 payable by November 15, 2019. Make the check or money order payable to "Attorney General's Registry of Charitable Trusts" and mail your California report on or before November 15, 2019 to:

REGISTRY OF CHARITABLE TRUSTS P.O. BOX 903447 SACRAMENTO, CA 94203-4470

Please be sure to call us if you have any questions.

Sincerely,

Lawrence W. Queen CPA, MBT

# Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

or calendar year 2018, or fiscal	year beginning	, 2018, and ending

OMB No. 1545-1878

, 20

Department of the Treasury		► Do not send to	•	•		1	<b>20</b> 18
Internal Revenue Service	•	Go to www.irs.gov/F	orm8879EO for t	he latest information.			
Name of exempt organization					Employer i	dentification	number
MY GOOD DEED					45-04	91886	
Name and title of officer							
DAVID PAINE		- I C		ESIDENT			
Part I Type of Ret		•		• •	-1 :f f		16
Check the box for the reticheck the box on line 1a, leave line 1b, 2b, 3b, 4b, the applicable line below.	<b>2a, 3a, 4a,</b> or <b>5a,</b> or <b>5b,</b> whichever is	below, and the amounts applicable, blank (d	nt on that line for lo not enter -0-).	the return being filed	with this form	n was bla	nk, then
1 a Form 990 check her	re <b>▶</b> 💢 <b>b</b> 1	Γotal revenue, if any (	Form 990, Part \	/III, column (A), line 12	2)	1 b	1,313,921.
2 a Form 990-EZ check						2 b	, ,
3a Form 1120-POL che	eck here	<b>b Total tax</b> (Form	n 1120-POL, line	22)		3 b	
4 a Form 990-PF check	here ▶	b Tax based on inve	stment income	Form 990-PF, Part VI,	line 5)	4 b	
5 a Form 8868 check he	ere ▶ D b E	Balance Due (Form 88	68, line 3c)			5 b	
	_						
Part II Declaration	and Signature	Authorization of	Officer				
Under penalties of perjurelectronic return and accord further declare that the intermediate service provide IRS (a) an acknowled refund, and (c) the date of funds withdrawal (direct organization's federal tax contact the U.S. Treasury authorize the financial insummer answer inquiries and rescorganization's electronic	npanying schedules amount in Part I a rider, transmitter, gement of receipt of any refund. If apdebit) entry to the es owed on this refunding in Financial Agent a stitutions involved blye issues related	and statements and to above is the amount sion electronic return or or reason for rejection oplicable, I authorize the financial institution ace turn, and the financia at 1-888-353-4537 no in the processing of the tothe payment. I have	the best of my kr hown on the cop iginator (ERO) to n of the transmis he U.S. Treasury count indicated al institution to de later than 2 busi he electronic pay we selected a pe	nowledge and belief, they of the organization's or send the organization's or send the organization or and its designated Find the tax preparation sebit the entry to this acoust of taxes to receive on all identification numbers of the organization of taxes to receive organization and the organization of taxes to receive organization or the organization or the organization or severe organization org	/ are true, corr electronic ret  i's return to the  r any delay ir  nancial Agent  software for proportions. To rev  payment (set  we confidentia  mber (PIN) a	ect, and c turn. I corne IRS and process to initiato ayment corne toke a partlement) corne	complete. sent to allow my doto receive from ing the return or e an electronic of the yment, I must date. I also ation necessary to
Officer's PIN: check one	-						_
X I authorize QUEEN	I & COMPANY,	ACCOUNTANCY (	CORP.	to enter my PIN	357		as my signature
		ERO firm name			Enter five nun do not enter a		
a state agency(ies) re the return's disclosure	egulating charities e consent screen.	as part of the IRS Fe	d/State program	hin this return that a cop , I also authorize the at	forementione	d ERO to	enter my PIN on
indicated within this r	eturn that a copy	er my PIN as my signat of the return is being urn's disclosure conse	filed with a state	zation's tax year 2018 ele agency(ies) regulating	ectronically file g charities as	ed return. part of th	If I have ne IRS Fed/State
Officer's signature				Date ►			
Part III Certification	and Authenti	cation					
ERO's EFIN/PIN. Enter yo			n				
number (EFIN) followed by						30.	120610265
•	-						not enter all zeros
I certify that the above nu above. I confirm that I am s Authorized IRS <i>e-file</i> Pro	umeric entry is my submitting this retur viders for Busines	PIN, which is my sign on in accordance with the s Returns.	nature on the 20 se requirements of	18 electronically filed ro <b>Pub. 4163,</b> Modernized e	eturn for the e e-File (MeF) In	organizat Iformation	ion indicated for
ERO's signature ► <u>LAWI</u>	RENCE W. QUE	EEN CPA, MBT		Date ►			

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

**BAA** For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2018)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Form **8868** (Rev. 1-2019)

► Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automati	c 6-Month Extension of Time. Only sub	mit origin	al (no copies needed).					
	ions required to file an income tax return other th			os, REMICs, and tru	sts must			
use Form /	004 to request an extension of time to file income	tax returns		fying number, see i	nstructions			
	Name of exempt organization or other filer, see instructions.			Employer identification				
Type or								
print MY GOOD DEED 45-0491886								
File by the Number, street, and room or suite number. If a P.O. box, see instructions.  Social security number of the property								
due date for filing your	5151 CALIFORNIA AVENUE, SUITE							
return. See instructions.	City, town or post office, state, and ZIP code. For a foreign add	ress, see instru	actions.					
instructions.	IRVINE, CA 92617							
Entor the D	eturn Code for the return that this application is fo	or (filo a so	narate application for each return)		0.1			
Linter the K	eturn code for the return that this application is it	or (file a se	parate application for each return,		[01]			
Application		Return	Application		Return			
Is For		Code	Is For		Code			
	Form 990-EZ	01	Form 990-T (corporation)		07			
Form 990-B		02	Form 1041-A		08			
Form 4720 (		03	Form 4720 (other than individual)		09			
Form 990-P		04	Form 5227	10				
	(section 401(a) or 408(a) trust)	05	Form 6069		11			
FOIII 990-1	(trust other than above)	06	Form 8870		12			
Telephor  If the or  If this is check the	As are in the care of ► <u>DAVID PAINE</u> The No. ► <u>(949) 233-0050</u> The ganization does not have an office or place of but of a Group Return, enter the organization's four box ► . If it is for part of the group, the group is for.	digit Group	e United States, check this box	this is for the whol	e group,			
for the	organization named above. The extension is for the calendar year 20 18 or	organization		zation return				
	tax year beginning, 20	, and endir	ng, 20					
	tax year entered in line 1 is for less than 12 month nange in accounting period	ths, check r	eason: Initial return Fir	nal return				
	application is for Forms 990-BL, 990-PF, 990-T, 4 fundable credits. See instructions			3 a \$	0.			
	application is for Forms 990-PF, 990-T, 4720, or syments made. Include any prior year overpayment			3 b \$	0.			
	<b>ce due.</b> Subtract line 3b from line 3a. Include you S (Electronic Federal Tax Payment System). See			3c \$	0.			
Caution: If	you are going to make an electronic funds withdra	awal (direct	debit) with this Form 8868, see Form 84	153-EO and Form 8	879-EO for			

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

### Form **990**

**Return of Organization Exempt From Income Tax** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Α	For the 2	2018 calen	dar year, or tax year begin	ning	, 2018,	and ending	l		,
В	Check if ap	plicable:	С				D	Employer iden	tification number
	Addres	ss change	MY GOOD DEED					45-0491	886
		change	5151 CALIFORNIA	AVENUE SUITE	100			Telephone num	
		-	IRVINE, CA 92617	IVENOE, COILE	100			·	
	Initial		111111111111111111111111111111111111111					949-344	1-8011
	Final ret	turn/terminated							
	Amend	ded return						Gross receipts	=/0=1/0051
	Applic	ation pending	<b>F</b> Name and address of principal	officer: DAVID PAI	NE		<b>I(a)</b> Is this a grou		— — ···· — ····
			SAME AS C ABOVE				H(b) Are all subor If "No," attac	dinates include	ed? Yes No
ī	Tax-exer	npt status:	X 501(c)(3) 501(c) (	) ◀ (insert no.)	4947(a)(1) or	527	ii ivo, attac	ii a iist. (see ii	istructions)
J	Websi		W.911DAY.ORG	, , , , , , , , , , , , , , , , , , , ,	,,,,,		H(c) Group exem	otion number I	•
K		organization:	X Corporation Trust	Association Other ►	1.	ear of formatio	(-)		legal domicile: CA
_		5		Association		ear or iornatio	11. 2002	M State of	legal doffliche. CA
76	ITLI Del	Summar	y bo the ergonization's missi	an ar maat aignifiaant	antivition.				
	I <u>D</u> I	lelly descri	be the organization's missi	on or most significant	activities. SE	<u>E_SCHED</u>	ULE_O		
g									
a				. – – – – – – – –					
er									
Activities & Governance	2 Ch	neck this bo		n discontinued its oper					ssets.
∾ প	3 Nu 4 Nu		oting members of the gover dependent voting members						9
S	<b>5</b> To		of individuals employed in						1
ŧ	6 To		of volunteers (estimate if						0 400
듕	70 TO		ed business revenue from F						8,400
⋖			d business taxable income						713.
	D INC	t uniterated	Dusiness taxable income	ITOTTI FORTI 990-1, IIITE	30				Current Year
	0 00	ممانيلين والسلم	and grants (Dart ) (III line	16)			Prior		
ē			and grants (Part VIII, line	,			<b>.</b>	24,890.	1,313,208.
Revenue			vice revenue (Part VIII, line						504
ě			ncome (Part VIII, column (A						784.
ш			e (Part VIII, column (A), lir					-844.	-71.
			e – add lines 8 through 11					24,046.	1,313,921.
			imilar amounts paid (Part I	• •	•			20 <b>,</b> 576.	
			to or for members (Part I)						
G	<b>15</b> Sa	laries, othe	er compensation, employee	e benefits (Part IX, col	umn (A), lines	5-10)	1.	54,583.	383,653.
Se	<b>16a</b> Pr	ofessional	fundraising fees (Part IX, o	olumn (A), line 11e)					808.
Expenses	<b>h</b> To	tal fundrais	sing expenses (Part IX, col	umn (D). line 25) ►	q	2,108.			
Ä	17 Ot		ses (Part IX, column (A), lir	—			4.	22 025	002.756
		•		•				22,025.	983,756.
		•	es. Add lines 13-17 (must e	•				97,184.	1,368,217.
		evenue less	expenses. Subtract line 1	8 from line 12				26,862.	-54,296.
0 or							Beginning of		End of Year
Net Assets Fund Balanc	<b>20</b> To		(Part X, line 16)					35,009.	376,122.
A B	<b>21</b> To	tal liabilitie	es (Part X, line 26)					11,073.	56,482.
5	<b>22</b> Ne	et assets or	fund balances. Subtract li	ne 21 from line 20			3.	73,936.	319,640.
		Signatur	e Block				•	•	
Und	er penalties	of periury. I de	eclare that I have examined this retu	rn, including accompanying s	chedules and staten	nents, and to th	ne best of my kno	wledge and be	lief, it is true, correct, and
com	plete. Decla	ration of prepa	eclare that I have examined this returner (other than officer) is based on a	all information of which prepa	rer has any knowled	dge.			., , ,
Sig	n	Signatu	re of officer				Date		
He	re re	מאמ	ID PAINE				PRESIDE	ידיא	
			print name and title				LVESIDE	IN T	
_			preparer's name	Preparer's signature		Date	T <sub>a</sub> .	,	PTIN
			•	, ,		Date	Chec	ш	
Pa		LAWRENC	E W. QUEEN CPA, MBT	LAWRENCE W. QUEEN	N CPA, MBT		self-	employed	P00240691
Pr	eparer	Firm's name	QUEEN & COMPANY,	ACCOUNTANCY CORP	·				
Us	e Only	Firm's addre	ess 16520 BAKE PARKV	AY STE 110		<u> </u>	Firm	's EIN ► 20	-1507540
			IRVINE, CA 92618				Phor		9) 266-2955
Ma	v the IRS	discuss th	nis return with the preparer		structions)		1	(515	X Yes No

Part	III	Statement of Program Service				37
1 1	العن مال	check if Schedule O contains a respondance of the organization's mission:	nse or note to any line in this Part III			X
	-	acrientit e o				
ì	<u> </u>	SCHEDULE O				
2	Oid the	e organization undertake any significant pr	ogram services during the year which were not li	sted on the prior		
					es X	No
		s," describe these new services on Schedul		······	-5 A	110
			ke significant changes in how it conducts, ar	ov program services?	es X	No
		s," describe these changes on Schedule O.	ne significant changes in now it conducts, at	iy program services	C3 V	110
		•	accomplishments for each of its three largest	nrogram services as measured	hu avnano	202
	Section	on 501(c)(3) and 501(c)(4) organizations	are required to report the amount of grants	and allocations to others, the total	al expensi	es,
ć	and re	evenue, if any, for each program service	e reported.			
		·				
	(Code	:) (Expenses \$1,15	5,602. including grants of \$	) (Revenue \$	9	<u> </u>
			S TO ENCOURAGE PEOPLE TO HEL			
			ESTABLISHED SEPTEMBER 11 NAT	<u>'IONAL DAY OF SERVICE</u>	AND_	
	REM1	EMBRANCE.				
-						
-						
-						
4 b	(Code	:) (Expenses \$	including grants of \$	) (Revenue \$		)
-						
4 c	(Code	:) (Expenses \$	including grants of \$	) (Revenue \$		)
-						
-						
-						
-						
-						
74	Other	program services (Describe in Schedule	20)			
	Ciriei (Expe			(Revenue \$	)	
		program service expenses	iding grants of \$ )	(1.070Huo Y	,	

## Form 990 (2018) MY GOOD DEED Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued	<u>d)</u>
--	-----------

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23		Х
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
ı	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
(	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
ı	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II.	26	Х	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>	27		Х
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):			
ä	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a	Х	
I	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.	28b		Х
(	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>	33		Х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
I	a If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O.	38	Х	
Pa	TV Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1:	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		163	140
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Х	
ЗАА		_	990 (	(2018)

Form 990 (2018) MY GOOD DEED

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

			Yes	No
2 8	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
	ments, filed for the calendar year ending with or within the year covered by this return 2a 4	0.1	Χ	
-	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Λ	
2 :	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)  a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
	a bit the organization have differenced business gross income of \$1,000 of more during the year.  b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule Q.	3 b		21
	a 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)?			Х
	a If 'Yes,' enter the name of the foreign country: ►	4 a		Λ
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 8	a 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?	6 a		Х
ı	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?.	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
ä	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?	7 a		Х
	<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	, ,		
	Form 8282?	7с		Х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year			3.7
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Λ
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ı	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
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		
	Sponsoring organizations maintaining donor advised funds.			
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b			
	Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders			
	o Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	a 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			
	Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?	13a		
•	Note. See the instructions for additional information the organization must report on Schedule O.	134		
	·			
	be 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			
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	b If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation in Schedule O</i>	14b		<del></del>
	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?	15		Х
	If 'Yes,' see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If 'Yes,' complete Form 4720, Schedule O.	16		Х
	ii res, complete i umi 4/20, scrictulic o.			

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year..... 9 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 in Schedule O. **b** Enter the number of voting members included in 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 2 Χ Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? ..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 a 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?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... Χ 8 a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O..... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... Χ 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 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? Χ a The organization's CEO, Executive Director, or top management official.. SEE . SCHEDULE..Q...... 15a **b** Other officers or key employees of the organization..... 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... Χ 16 a **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?. 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > CA NY 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 X Another's website X Upon request Other (explain in Schedule O) Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records

IRVINE CA 92617

(949)

233-0050

DAVID PAINE 5151 CALIFORNIA AVENUE

### 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.....

X

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

- 1 a 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.

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

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

				(C)	)					
(A) Name and Title	<b>(B)</b> Average hours				on	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from	<b>(F)</b> Estimated amount of other		
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DAVID PAINE	3									
PRESIDENT	0	Χ		Χ				0.	0.	0.
_(2) JAY S. WINUK VICE PRESIDENT	_ <u>1.5</u> _0	Х		Х				0.	0.	0.
(3) CINDY MCGINTY	1									_
DIRECTOR	0	Χ						0.	0.	0.
(4) ALICE HOAGLAND	0.25									
DIRECTOR	0	Χ						0.	0.	0.
(5) KATIE LOOVIS	0.25									
SECRETARY	0	Χ		Χ				0.	0.	0.
(6) JOSEPH SPALLUTO	_ 1									
CHAIRMAN	0	Χ		Χ				0.	0.	0.
(7) GERARD PAPETTI	2									
TREASURER	0	Χ		Χ				0.	0.	0.
(8) JOSEPH GUAY	_ 1									
DIRECTOR	0	Χ						0.	0.	0.
(9) ANNMAURA CONNELLY	0.25							_	_	_
DIRECTOR	0	Χ						0.	0.	0.
(10)										
(11)										
(12)										
(13)										
(14)										

Part VII   Section A. Officers, Directors, I	(B)	ney	EII	1D10		es,	and	a riignest Corr	ipensated Emp	loyees	<b>S</b> (cont	inuea)
	, ,			•	•	than		<b>(D)</b>	<b>(E)</b>		<b>(</b> E\	
<b>(A)</b> Name and title	Average hours per	box	, unle	ess pe	erson	than is both or/trus	h an	<b>(D)</b> Reportable	<b>(E)</b> Reportable	E	<b>(F)</b> stimate	:d
	week (list any	<b>L</b>	1					compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	con	unt of one of the second of th	tion
	hours for	Individual or director	stitut	Officer	ey en	ghesi nploy	Former	(W-2/1099-WIGC)	(W-2/1039-WIGC)	org	ganizati id relate	on
	related organiza - tions	ctor tr	onal	_	Key employee	ee (com	Υ.			org	anizatio	ns
	below dotted	Individual trustee or director	institutional trustee		66	Highest compensated employee						
	line)		66			ated						
(15)												
(16)												
(17)												
		•										
(18)												
(19)												
(20)												
(21)												
(22)												
(23)												
(24)	-											
(25)												
1 b Sub-total							<b>•</b>	0.	0.	Į.		0.
c Total from continuation sheets to Part VII, Se							<b>&gt;</b>	0.	0.			0.
d Total (add lines 1b and 1c)							vod.	0.	0.	oncatio	n	0.
from the organization • 0	eu to those i	isteu	abo	ve) \	WHO	recen	veu	more than \$100,00	o or reportable comp	Jensalio	11	
											Yes	No
3 Did the organization list any former officer, dir	ector, or tru	ıstee,	, key	y en	nplo	yee,	or h	ighest compensa	ted employee			
on line 1a? If 'Yes,' complete Schedule J for s										. 3		X
4 For any individual listed on line 1a, is the sum the organization and related organizations gre such individual	ater than \$1	50,0	00?	If '	Yes,	' com	ıple	te Schedule J for		4		X
5 Did any person listed on line 1a receive or acc for services rendered to the organization? If ')	rue comper	nsatio	n fr	om	anv	unre	late	d organization or	individual	5		X
Section B. Independent Contractors											I	1 21
Complete this table for your five highest comp compensation from the organization. Report comp	ensated ind	epen	dent alen	t coi dar	ntrad vear	ctors endii	tha	t received more the	nan \$100,000 of	r.		
(A) Name and business a			<u> </u>		<i>y</i> ou.	0		(B)		(	C)	
Name and business a	ddress							Description of	of services	Compe	eńsati	on
2 Total number of independent contractors (includin	~	ited to	o the	ose Ī	liste	d abo	ve)	who received more	than			
\$100,000 of compensation from the organizati	on <b>-</b> 0											

Part VIII	Statement of Revenue

	Check if Schedule O contains a response or note to any	line in this Part V	III		
		<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns 1 a   b Membership dues 1 b   c Fundraising events 1 c   d Related organizations 1 d   e Government grants (contributions) 1 e   432,502   f All other contributions, gifts, grants, and similar amounts not included above 1 f   g Noncash contributions included in lines 1a-1f: \$				
S a	h Total. Add lines 1a-1f	1,313,208.			
Program Service Revenue	Business Code  2 a  b  c  d  e  f All other program service revenue				
ď	g Total. Add lines 2a-2f				
	<ul> <li>Investment income (including dividends, interest and other similar amounts)</li></ul>	784.		784.	
	(i) Real (ii) Personal  6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss)				
	7 a Gross amount from sales of assets other than inventory (i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses				
Other Revenue	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c).  See Part IV, line 18				
лег	<b>b</b> Less: direct expenses				
₹	c Net income or (loss) from fundraising events				
	9 a Gross income from gaming activities. See Part IV, line 19				
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances				
	c Net income or (loss) from sales of inventory	-71.		-71.	
	Miscellaneous Revenue Business Code	,			
	11a				
	b				
	d All other revenue				
	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions.	1.313 921	0.	713.	0.

#### 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).

Do	Check if Schedule O contains a re	esponse or note to any  (A)  Total expenses	(B) Program service	(C) Management and	( <b>D)</b> Fundraising
6b,	7b, 8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	189,674.	169,892.	13,001.	6,781.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	177,321.	119,986.	J.,	57,335.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1777521.	115/500.		37,333.
9	Other employee benefits				
10	Payroll taxes	16,658.	11,271.	686.	4,701.
11	Fees for services (non-employees):		·		
a	Management				
ŀ	Legal	30.		30.	
(	Accounting	47,217.		47,217.	
C	Lobbying				
6	Professional fundraising services. See Part IV, line 17	808.			808.
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)	73,548.	73,548.		
12	Advertising and promotion.	61,621.	61,621.		
13	Office expenses	, , ,	, ,		
14	Information technology				
15	Royalties				
16	Occupancy	31,011.		31,011.	
17	Travel	53,919.	34,855.	1,409.	17,655.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	29,609.	28,390.	1,219.	
23	Insurance	17,612.	2,806.	14,086.	720.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
ā	FOOD SUPPLIES FOR 9/11 EVENT	390,000.	390,000.		
	PUBLIC RELATIONS	98,125.	98,125.		
(	DATABASE LICENSE AGREEMENT	40,000.	40,000.		
C	911 DAY OF SERVICE PROGRAMMING	25,000.	25,000.		
•	All other expenses	116,064.	100,108.	11,848.	4,108.
25	<b>Total functional expenses.</b> Add lines 1 through 24e	1,368,217.	1,155,602.	120,507.	92,108.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

### Part X Balance Sheet

Cash - non-interest-bearing.   1   2   Savings and temporary cash investments.   334,042. 2   3   Pledges and grants receivable, net.   1,500. 3   4   Accounts receivable, net.   4   5   Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.   736. 5	(B) End of year 293, 697. 33, 694.
2 Savings and temporary cash investments. 334,042. 2 3 Pledges and grants receivable, net. 1,500. 3 4 Accounts receivable, net. 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete	
3 Pledges and grants receivable, net	
4 Accounts receivable, net	33,694.
5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete	
trustees, key employees, and highest compensated employees. Complete	
730.1 3	
6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6	
7 Notes and loans receivable, net	
9 Prepaid expenses and deferred charges	3,562.
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	
<b>b</b> Less: accumulated depreciation	1,031.
11 Investments – publicly traded securities	
12 Investments – other securities. See Part IV, line 11	
13 Investments – program-related. See Part IV, line 11	
<b>14</b> Intangible assets	38,988.
<b>15</b> Other assets. See Part IV, line 11	5,150.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	376,122.
17 Accounts payable and accrued expenses	46,561.
18 Grants payable         18	
19 Deferred revenue         19	
20 Tax-exempt bond liabilities	
21 Escrow or custodial account liability. Complete Part IV of Schedule D	
21 Escrow or custodial account liability. Complete Part IV of Schedule D	
23 Secured mortgages and notes payable to unrelated third parties	
24 Unsecured notes and loans payable to unrelated third parties	
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 2, 655. 25	9,921.
<b>26 Total liabilities.</b> Add lines 17 through 25	56,482.
Organizations that follow SFAS 117 (ASC 958), check here ► X and complete	,
<b>27</b> Unrestricted net assets	319,640.
28 Temporarily restricted net assets	,
29 Permanently restricted net assets	
lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets.  28 Temporarily restricted net assets.  29 Permanently restricted net assets.  29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶  and complete lines 30 through 34.  30 Capital stock or trust principal, or current funds.  31 Paid-in or capital surplus, or land, building, or equipment fund.  32 Retained earnings, endowment, accumulated income, or other funds.  33 Total net assets or fund balances.  373, 936. 27  28  29  373, 936. 27  28  29  373, 936. 33	
30 Capital stock or trust principal, or current funds	
31 Paid-in or capital surplus, or land, building, or equipment fund	
32 Retained earnings, endowment, accumulated income, or other funds	
<b>33</b> Total net assets or fund balances	319,640.
34 Total liabilities and net assets/fund balances. 385,009. 34	376,122.

<u> Pa</u>	rt 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	1,3	13,9	921.
2	Total expenses (must equal Part IX, column (A), line 25).	2	1,3	68,2	217.
3	Revenue less expenses. Subtract line 2 from line 1	3	_	54,2	296.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3	73,9	936.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O).	9			0.
10					
<b>D</b> -	column (B))	10	3	19,6	<u> 40.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		Χ
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviews separate basis, consolidated basis, or both:  Separate basis  Both consolidated and separate basis	ed on a			
	b Were the organization's financial statements audited by an independent accountant?		. 2b	Χ	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both:	nte			
	X Separate basis Consolidated basis Both consolidated and separate basis				
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
3	a 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?		. 3a		Х
	<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b		
3A/	TEEA0112L 08/03/18		Form	990 (	(2018)

#### **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

		e organization					£mployer ider		n numbe	r
		OD DEED		·			45-0491			
	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 school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)									
3	_	A hospital or a cooperative h								
4	L	A medical research organizar name, city, and state:	tion operated in conju	unction with a hospital	describe	d in <b>sec</b>	tion 170(b)(1)(A)(iii	i <b>)</b> . Ent	er the h	nospital's
5		An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a collemplete Part II.)	ege or university owned	or oper	ated by	a governmental un	it desc	cribed in	n
6		A federal, state, or local gove	ernment or governme	ental unit described in s	ection 1	<b>70(b)(</b> 1)	)(A)(v).			
7	X	An organization that normally r in section 170(b)(1)(A)(vi).	eceives a substantial p Complete Part II.)	part of its support from a	governm	ental un	it or from the genera	l public	c descril	bed
8		A community trust described	in section 170(b)(1)(	A)(vi). (Complete Part	II.)					
9		An agricultural research organia	zation described in sec	ction 170(b)(1)(A)(ix) oper	ated in c	onjunctio	on with a land-grant	college	9	
	<u> </u>	or university or a non-land-gran	nt college of agriculture		r the nan	ne, city,				
10		An organization that normally r from activities related to its e investment income and unrel June 30, 1975. See section 5	exempt functions—sul lated business taxabl	oject to certain exception e income (less section	ons, and	(2) no i	more than 33-1/3%	of its	suppor	t from gross
11		An organization organized ar	nd operated exclusive	ely to test for public safe	ety. See	section	n 509(a)(4).			
12		An organization organized ar or more publicly supported o lines 12a through 12d that de	rganizations describe	ed in <b>section 509(a)(1)</b> d	or <b>sectio</b>	n 509(a	)( <b>2).</b> See <b>section 5</b> (	)9(a)(3	the pur <b>3).</b> Chec	poses of one ck the box in
а		Type I. A supporting organization organization(s) the power to recomplete Part IV, Sections A	on operated, supervise	d. or controlled by its sur	ported c	organizat	ion(s), typically by gi	vina th	ne suppo . <b>You m</b>	orted <b>ust</b>
b		Type II. A supporting organiz management of the supporting must complete Part IV. Secti	organization vested in	controlled in connection the same persons that c	with its ontrol or	support manage	ted organization(s), the supported organ	by ha nization	aving co n(s). <b>Yo</b> o	ontrol or <b>u</b>
С		Type III functionally integrated. organization(s) (see instruction		tion operated in connectio	n with, a	nd function	onally integrated with	, its su	pported	
d		Type III non-functionally integrated. The control of the control o	rated. A supporting org	anization operated in cor	nection	with its s	supported organization	on(s) th	hat is no	ot
e		instructions). <b>You must com</b> Check this box if the organize	plete Part IV, Section ation received a writt	es A and D, and Part V. en determination from	the IRS				•	•
f	Fr	integrated, or Type III non-funter the number of supported of								
		ovide the following information							∟	
	(i) Na	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organization	s the tion listed poverning ment?	(v) Amount of moneta support (see instruction			mount of other (see instructions)
					Yes	No				
(A)										
(,,										
<u>(B)</u>										
(C)	(C)									
(D)										
(E)										
<b>T</b> '										

#### 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							
begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	437,000.	416,081.	658,544.	824,890.	1,313,208.	3,649,723.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	<b>Total.</b> Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	437,000.	416,081.	658,544.	824,890.	1,313,208.	3,649,723.
6	<b>Public support.</b> Subtract line 5 from line 4						3,649,723.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total
7	Amounts from line 4	437,000.	416,081.	658,544.	824,890.	1,313,208.	3,649,723.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						0.
	Total support. Add lines 7 through 10						3,649,723.
12	Gross receipts from related activ	rities, etc. (see ins	tructions)			12	-2,890.
13	<b>First five years.</b> If the Form 990 is organization, check this box and	for the organization stop here	's first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	▶ □
Sec	tion C. Computation of Pul	blic Support P	ercentage				
	Public support percentage for 20						100.00%
	Public support percentage from 2					<u> </u>	100.00%
	<b>33-1/3% support test—2018.</b> If the and <b>stop here.</b> The organization	qualifies as a pub	licly supported or	ganization			► <u>X</u>
b	<b>33-1/3% support test—2017.</b> If the and <b>stop here.</b> The organization	e organization did qualifies as a pul	not check a box plicly supported or	on line 13 or 16a ganization	, and line 15 is 3	3-1/3% or more, o	check this box
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the 'facts	meets the 'facts-a	nd-circumstances	test, check this	box and stop her	re. Explain in Par	t VI how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and Private foundation. If the organiz	meets the 'facts-a d-circumstances' t	nd-circumstances est. The organiza	tion qualifies as	box and <b>stop her</b> a publicly support	re. Explain in Par ed organization.	t VI how the ►
10	i iivate iouiluation. Ii the organi.			o, roa, rob, r/a,	, or 17b, check th	is nov alia see IU:	Sti uCtiOi 15 •

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.)

Sec	tion A. Public Support		picase complete i	<u> </u>				
	dar year (or fiscal year beginning in)	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	(2) 2011	(3) 2010	(4) =	(a) 2317	(6) 2010	(i) Foto:	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.							
3	Gross receipts from activities that are not an unrelated trade or business under section 513.							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
	<b>Total.</b> Add lines 1 through 5 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.							
С	Add lines 7a and 7b							
8	<b>Public support.</b> (Subtract line 7c from line 6.)							
	tion B. Total Support		T 1		T			
	dar year (or fiscal year beginning in)	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	<b>(f)</b> Total	
	Amounts from line 6							
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
_	Add lines 10a and 10b.  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	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)							
14	First five years. If the Form 990 organization, check this box and							
	tion C. Computation of Pul							
	Public support percentage for 20	•			•	<u> </u>	90	
	Public support percentage from 2				<u></u>		90	
Sec	tion D. Computation of Inv							
17		•	• • • • • • • • • • • • • • • • • • • •	-			%	
	Investment income percentage f						%	
19a	<b>33-1/3% support tests—2018.</b> If t is not more than 33-1/3%, check	the organization of this box and <b>sto</b>	did not check the b p here. The organ	oox on line 14, ar ization qualifies	nd line 15 is more as a publicly supp	than 33-1/3%, and orted organization	I line 17 ►	
	is not more than 33-1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization							

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was			
	described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in <b>Part VI</b> when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	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?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in <b>Part VI</b> .	9b		
C	: Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in <b>Part VI</b> .	9с		
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)? If 'Yes,' answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	1 <b>0</b> b		

Pa	rt IV	Supporting Organizations (continued)			
11	∐ac :	the organization accepted a gift or contribution from any of the following persons?		Yes	No
		rson who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
		erning body of a supported organization?	11a		
	<b>b</b> A far	mily member of a person described in (a) above?	11b		
	<b>c</b> A 35	% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Sec	ction	B. Type I Supporting Organizations			
	D: 1 11			Yes	No
1	or ele <b>Part</b> If the direc	he directors, trustees, or membership of one or more supported organizations have the power to regularly appoint ect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in 'VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. e organization had more than one supported organization, describe how the powers to appoint and/or remove ctors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, lied to such powers during the tax year.	1		
2	Did t that	the organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such efit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the porting organization.	2		
Sec	ction	C. Type II Supporting Organizations			
				Yes	No
1	of ea	e a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees each of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the porting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	ction	D. All Type III Supporting Organizations			
				Yes	No
1	orgai year,	the organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	orgai	e any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported inization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	voice all tir	eason of the relationship described in (2), did the organization's supported organizations have a significant e in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played his regard.	3		
Sec	ction	E. Type III Functionally Integrated Supporting Organizations			
1	Chec	ck the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
		The organization satisfied the Activities Test. Complete line 2 below.			
	ᆷ	The organization is the parent of each of its supported organizations. Complete line 3 below.			
	ᆷ	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see in	nstruc	tions).	
	• Ш	g			
2	Activ	vities Test. Answer (a) and (b) below.		Yes	No
i	suppo orga respo	substantially all of the organization's activities during the tax year directly further the exempt purposes of the organization(s) to which the organization was responsive? If 'Yes,' then in <b>Part VI identify those supported anizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was consive to those supported organizations, and how the organization determined that these activities constituted stantially all of its activities.	2a		
	the c	the activities described in (a) constitute activities that, but for the organization's involvement, one or more of organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for organization's position that its supported organization(s) would have engaged in these activities but for the inization's involvement.	2b		
3	Pare	ent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
i	<b>a</b> Did t each	the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI.</i>	3a		
	<b>b</b> Did th supp	he organization exercise a substantial degree of direction over the policies, programs, and activities of each of its ported organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	anizat	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	st on No	ov. 20, 1970 (explain in st complete Sections A	n Part VI). <b>See</b> through E.
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
- 7	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
•	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally int (see instructions).	egrated	Type III supporting or	ganization

Schedule A (Form 990 or 990-EZ) 2018

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)	
Sec	ion D — Distributions	Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	

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)

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

Total annual distributions. Add lines 1 through 6.

Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.

Distributable amount for 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013			
<b>b</b> From 2014			
<b>c</b> From 2015			
<b>d</b> From 2016			
<b>e</b> From 2017			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7:			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:	_		
a Excess from 2014			
<b>b</b> Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			
RAA		Schodulo A (Fo	rm 990 or 990-F7) 2018

BAA

Schedule A (Form 990 or 990-EZ) 2018

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

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

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

2018

Employer identification number

MY GOOD DEED		45-0491886				
Organization type (check one):		·				
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)( 3 ) (ent	er number) organization				
	4947(a)(1) nonexem	npt charitable trust <b>not</b> treated as a private foundation				
	527 political organiz	ation				
Form 990-PF	501(c)(3) exempt pr	ivate foundation				
	4947(a)(1) nonexem	opt charitable trust treated as a private foundation				
	501(c)(3) taxable pr	ivate foundation				
Check if your organization is covered by th	e General Rule or a Special Rule.					
<b>Note:</b> Only a section 501(c)(7), (8), or	(10) organization can check boxe	s for both the General Rule and a Special Rule. See instructions.				
General Rule						
For an organization filing Form 990 property) from any one contributor	), 990-EZ, or 990-PF that received Complete Parts I and II. See ins	<ol> <li>during the year, contributions totaling \$5,000 or more (in money or tructions for determining a contributor's total contributions.</li> </ol>	r			
Special Rules						
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				
purposes, or for the prevention of	cruelty to children or animals. Co	Form 990 or 990-EZ that received from any one contributor, for religious, charitable, scientific, literary, or educational mplete Parts I (entering 'N/A' in column (b) instead of the				
4947(a)(1) nonexempt charitable trust treated as a private foundation  501(c)(3) taxable private foundation  Check if your organization is covered by the <b>General Rule</b> or a <b>Special Rule</b> .  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.						
990-PF), but it <b>must</b> answer 'No' on Pa	art IV, line 2, of its Form 990; or o	check the box on line H of its Form 990-EZ or on its Form 990-PF,				

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

1

Name of organization
MY GOOD DEED
Employer identification number
45-0491886

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

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AMERICAN EXPRESS FOUNDATION		Person X
	3 WORLD FINANCIAL CENTER	\$ <u>100,000.</u>	Payroll Noncash
	NEW YORK, NY 10285-4804		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CORP FOR NATIONAL COMMUNITY SERVICE		Person X Payroll
	1201 NEW YORK AVE., NW	\$432 <u>,</u> 502.	· · · · · · · · · · · · · · · · · · ·
	WASHINGTON, DC 20525		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	HOLLAND & KNIGHT		Person X Payroll
	524 GRAND REGENCY BOULEVARD	\$7 <u>5,000</u> .	Noncash
	BRANDON, FL 33510		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	CITI FOUNDATION		Person X Payroll
	ONE COURT SQUARE 43RD FLOOR	\$120,000.	
	LONG ISLAND CITY, NY 11120		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>5</u>	JPMORGAN CHASE & COMPANY		Person X Payroll
	270 PARK AVENUE - 4TH FLOOR	\$30,000.	Noncash
	NEW YORK, NY 10017		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u>	BANK OF AMERICA		Person X Payroll
	115 W 42ND ST	\$50,000.	Noncash
			(Complete Part II for

2

Name of organization
MY GOOD DEED
Employer identification number
45-0491886

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (d) Type of contribution (a) Number (b) Name, address, and ZIP + 4 (c) Total contributions Person THE SPALLUTO FAMILY CHARITABLE FUND **Payroll** 211 MAIN STREET 30,000. Noncash (Complete Part II for SAN FRANCISCO, CA 9410 noncash contributions.) (b) Name, address, and ZIP + 4 (c) Total contributions (d) Type of contribution (a) Number Person **Payroll** Noncash (Complete Part II for noncash contributions.) (b) Name, address, and ZIP + 4 (a) Number (c) Total (d) Type of contribution contributions Person **Payroll** Noncash (Complete Part II for noncash contributions.) (b) Name, address, and ZIP + 4 (d) Type of contribution (a) Number (c) Total contributions Person **Payroll** Noncash (Complete Part II for noncash contributions.) (d) Type of contribution (c) Total (a) (b) Number Name, address, and ZIP + 4 contributions Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) Number (c) Total (b) (d) Type of contribution Name, address, and ZIP + 4 contributions Person **Payroll** Noncash (Complete Part II for noncash contributions.)

Employer identification number

45-0491886 MY GOOD DEED Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (b)
Description of noncash property given (a) No. from Part I (c) FMV (or estimate) (See instructions.) (d) Date received N/A (a) No. from (c) FMV (or estimate) (See instructions.) (b) (d) Description of noncash property given Date received Part I (a) No. from (b) Description of noncash property given (d) Date received (c) FMV (or estimate) (See instructions.) Part I (a) No. from Part I (b) Description of noncash property given (d) Date received (c) FMV (or estimate) (See instructions.) (a) No. from (d) Date received (b) Description of noncash property given (c) FMV (or estimate) Part I (See instructions.) (b) Description of noncash property given (c) FMV (or estimate) (d) (a) No. Date received from (See instructions.) Part I

Page 4

Name of organization Employer identification number MY GOOD DEED 45-0491886 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)..... Use duplicate copies of Part III if additional space is needed. (b) Purpose of gift (d) Description of how gift is held (c) Use of gift (a) No. from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (d) Description of how gift is held (b) Purpose of gift (a) No. from (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (d) Description of how gift is held (b) Purpose of gift (a) No. from (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (c) Use of gift (b) Purpose of gift (d) Description of how gift is held (a) No. from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection
Employer identification number

	MY GOOD DEED			45-0491886	
Par	t   Organizations Maintaining Dono	r Advised Funds or Othe	r Similar Funds o	r Accounts.	
	Complete if the organization answ	vered 'Yes' on Form 990,	Part IV, line 6.		
		(a) Donor advised fu	nds	(b) Funds and other acco	ounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and dor are the organization's property, subject to the				No
6	Did the organization inform all grantees, donor for charitable purposes and not for the benefit	of the donor or donor advisor,	or for any other purpo	ose conferring	□ No
_	impermissible private benefit?			Yes	No
Par			Deat IV Clare 7		
	Complete if the organization answ				
1	Purpose(s) of conservation easements held by	·	_ '''		
	Preservation of land for public use (e.g., r	ecreation or education)		storically important land are	ea
	Protection of natural habitat	L	Preservation of a ce	ertified historic structure	
2	Preservation of open space		hudian in the form of a	annon ration and an th	
2	Complete lines 2a through 2d if the organization hast day of the tax year.	leid a qualified conservation contr	bution in the form of a	conservation easement on tr	16
				Held at the End of th	e Tax Year
á	a Total number of conservation easements			2 a	
ŀ	Total acreage restricted by conservation easer	ments		2 b	
(	Number of conservation easements on a certif	fied historic structure included in	n (a)	2 c	
	Number of conservation easements included in	n (c) acquired after 7/25/06, and	d not on a historic		
	structure listed in the National Register			2 d	
3	Number of conservation easements modified, trantax year ►	sferred, released, extinguished, o	terminated by the org	anization during the	
4	Number of states where property subject to conse	rvation easement is located <b>&gt;</b>			
5	Does the organization have a written policy re-	garding the periodic monitoring	inspection, handling	of violations,	
•	and enforcement of the conservation easemer			<u> </u>	∐ No
6	Staff and volunteer hours devoted to monitoring, i	nspecting, nandling of violations,	and enforcing conserva	ition easements during the ye	ear
7	Amount of expenses incurred in monitoring, inspe  ▶\$	cting, handling of violations, and	enforcing conservation	easements during the year	
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the req	uirements of section	170(h)(4)(B)(i) <b>Yes</b>	No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote t conservation easements.	conservation easements in its re to the organization's financial st	venue and expense sta atements that describ	tement, and balance sheet, a pes the organization's acco	and unting for
Par	Till Organizations Maintaining Colle Complete if the organization answ	<b>ctions of Art, Historical T</b> wered 'Yes' on Form 990,	reasures, or Otho Part IV, line 8.	er Similar Assets.	
1 a	a If the organization elected, as permitted under art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finan	ld for public exhibition, education	or research in furthera	ratement and balance shee ance of public service, provide	t works of e,
ŀ	If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items:	SFAS 116 (ASC 958), to repor or public exhibition, education, or	t in its revenue stater esearch in furtherance	ment and balance sheet wo of public service, provide the	orks of art, e
	(i) Revenue included on Form 990, Part VIII,	line 1			
	(ii) Assets included in Form 990, Part X			▶\$	
	If the organization received or held works of art, h amounts required to be reported under SFAS	116 (ASC 958) relating to these	items:		
	a Revenue included on Form 990, Part VIII, line				
	Assets included in Form 990, Part X		<u></u>		

Part III   Organizations Maintai	ining Colle	ctions of An	t, Historic	ai ireasures, or	Otner Similar Ass	ets (contini	uea)
3 Using the organization's acquisition items (check all that apply):	, accession, ar	nd other records,	_	· ·	e a significant use of its	collection	
a Public exhibition		d	Loan or e	xchange programs			
<b>b</b> Scholarly research		е	Other				
c Preservation for future gener	ations						
4 Provide a description of the organiz Part XIII.	ation's collecti	ons and explain	how they furt	ther the organization's	exempt purpose in		
5 During the year, did the organiza to be sold to raise funds rather the	nan to be mai	ntained as part	of the organ	nization's collection?		Yes	No
Part IV Escrow and Custodia line 9, or reported an	amount on	Form 990, F	ete if the Part X, line	organization ans e 21.	wered 'Yes' on Fo	rm 990, Pa	rt IV,
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodia	n or other inter	mediary for	contributions or othe	r assets not included	Yes	No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII a	nd complete the	e following t	able:	•		<del></del>
						Amount	
c Beginning balance					1с		
<b>d</b> Additions during the year					1 d		
e Distributions during the year					1 e		
f Ending balance					1f		
2 a Did the organization include an a	mount on For	m 990, Part X,	line 21, for	escrow or custodial a	account liability?	Yes	No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII. (	Check here if th	e explanatio	on has been provided	I on Part XIII		
Part V Endowment Funds. C	omplete if	the organiza	tion answ	ered 'Yes' on For	m 990, Part IV, lir	ne 10.	
	(a) Current		Prior year	(c) Two years back	(d) Three years back	(e) Four yea	rs back
1 a Beginning of year balance							
<b>b</b> Contributions							
c Net investment earnings, gains, and losses							
<b>d</b> Grants or scholarships							
e Other expenditures for facilities and programs							
f Administrative expenses							
<b>g</b> End of year balance							
2 Provide the estimated percentage		-	ance (line 1	g, column (a)) held a	is:		
a Board designated or quasi-endowm		<del></del> %					
<b>b</b> Permanent endowment ▶	<u></u> %						
c Temporarily restricted endowmer	nt ►	%					
The percentages on lines 2a, 2b, ar		•					
<b>3 a</b> Are there endowment funds not in t organization by:		_				Yes	No
(i) unrelated organizations						3a(i)	
(ii) related organizations						3a(ii)	
<b>b</b> If 'Yes' on line 3a(ii), are the rela	-					. 3b	
4 Describe in Part XIII the intended	d uses of the	organization's e	endowment f	unds.			
Part VI Land, Buildings, and I Complete if the organi			on Form 9	90. Part IV. line	11a. See Form 99	0. Part X. I	ine 10.
Description of property		(a) Cost or othe	er basis (	(b) Cost or other basis (other)	(c) Accumulated depreciation	<b>(d)</b> Book v	
<b>1 a</b> Land		(	·	(/)			
<b>b</b> Buildings							
c Leasehold improvements				+			
<b>d</b> Equipment							
<b>e</b> Other				2 072	2 042	1	021
Total. Add lines 1a through 1e. (Colum		ual Form 990	Part X colu	3,973.	2,942.		,031.
BAA	ii (u) iiiust et	juai i Ullii 990, i	i ait A, COIU	יייווו (ט), וווופ וטני.)		ule D (Form 99	, 031.
					Scried	מכ ווווט ון ש טונו	U) 2010

Schedule D (Form 990) 2018

Part VII Investments — Other Securities.		N/A	
Complete if the organization answered			
(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)			
(1) Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) •			
Part VIII Investments — Program Related.		N/A	
Complete if the organization answered	l 'Yes' on Form 990	, Part IV, line 11c. See Form 99	90, Part X, line 13
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) •			
Part IX Other Assets. Complete if the organization answered	N/A I 'Yes' on Form 990	Part IV line 11d See Form 99	0 Part X line 15
	scription	, 1 41(17), 1116 114. 666 1 61111 3	(b) Book value
(1)	•		
(2)			
(3)			
(4)			
(5)			
<u>(6)</u> <u>(7)</u>			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (	B) line 15.)	<b>&gt;</b>	
Part X Other Liabilities.			
Complete if the organization answered 'Yes' on F		e or 11f. See Form 990, Part X, line 25.	
(a) Description of liability	<b>(b)</b> Book value		
(1) Federal income taxes	0.00	1	
(2) CREDIT CARD	9,92	1.	
(3) (4)			
(5)			
(6)		_	
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	. ▶ 9,92	1.	
2. Liability for uncertain tax positions. In Part XIII, provide the text of the fortax positions under FIN 48 (ASC 740). Check here if the text of the footnote		ancial statements that reports the organization's I	iability for uncertain

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	1,368,992.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
<b>b</b> Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2 e	55,000.
3 Subtract line 2e from line 1	3	1,313,992.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
<b>b</b> Other (Describe in Part XIII.) SEE PART XIII 4b -71.		
c Add lines 4a and 4b.	4 c	-71.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,313,921.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retur	n.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	1,423,288.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		, , , , , , , , , , , , , , , , , , , ,
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.) SEE PART XIII 2d 71.		
e Add lines 2a through 2d.	2 e	55,071.
3 Subtract line 2e from line 1	3	1,368,217.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		1/300/217.
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)	1	
c Add lines 4a and 4b	4 c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	1,368,217.
Part XIII Supplemental Information.		
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Par line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	t V,	
line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additio	nal information.
SCHEDULE D, PART XI, LINE 4B		
OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S		
RETAIL SALES REPORTED SEPARATELY ON 990	. \$	-71.
TOTA	ıL <u>\$</u>	-71.
		<u></u>
SCHEDULE D, PART XII, LINE 2D		
OTHER EXPENSES AND LOSSES PER AUDITED F/S		
NET RETAIL SALES INCLUDED IN EXPENSES		71.
TOTA	ь <u>Ş</u>	/1.

BAA Schedule D (Form 990) 2018

#### SCHEDULE L (Form 990 or 990-EZ)

#### **Transactions With Interested Persons**

25h 26 27 28a

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

Name of the organization
MY GOOD DEED

Employer identification number
45-0491886

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and	(c) Description of transaction	(d) Corrected?		
	(a) Name of disqualmed person	organization	on (c) Description of transaction	Yes	No	
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
2 Fr	ater the amount of tay incurred by	the organization managers or disqualified ne	ersons during the year under			

	Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958	<b>►</b> \$	
3	Enter the amount of tax if any on line 2 above reimbursed by the organization	▶ ბ	

#### Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fror	an to or n the zation?	<b>(e)</b> Original principal amount	(f) Balance due	<b>(g)</b> In (	default?	(h) Ap by bo comm	proved ard or hittee?	(i) W agree	ritten ment?
			То	From			Yes	No	Yes	No	Yes	No
(1) DAVID PAINE	OFFICER	PERSONAL U		X	736.			X		X		X
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total												

#### Part III Grants or Assistance Benefiting Interested Persons.

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

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

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

Schedule L (Form 990 or 990-EZ) 2018

#### Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	naring of ization's enues?	
				Yes	No	
(1) WINUK COMMUNICATIONS, INC	SEE PART V BELOW	54,675.	CONTRACTOR		X	
(2) DAVID PAINE	SEE PART V BELOW	119,560.	EMPLOYEE		X	
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						

#### Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

#### **SUPPLEMENTAL INFORMATION**

WINUK COMMUNICATIONS, INC IS OWNED 100% BY JAY S. WINUK, VICE PRESIDENT OF MY GOOD DEED.

DAVID PAINE IS PRESIDENT OF MY GOOD DEED.

COMPENSATION RECEIVED IS FOR APPROVED STAFF SERVICES ONLY. NO COMPENSATION IS RECEIVED FOR BOARD MEMBER DUTIES.

#### SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Attach to Form 990 or 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

MY GOOD DEED

Employer identification number 45-0491886

#### FORM 990, PART I, LINE 1 - ORGANIZATION MISSION OR SIGNIFICANT ACTIVITIES

TO ANNUALLY REKINDLE ON 9/11 THE REMARKABLE SPIRIT OF UNITY AND SERVICE THAT EXISTED IN OUR NATION IN THE DAYS FOLLOWING THE ATTACKS - HONORING IN THIS FITTING WAY THE LIVES OF THE THOUSANDS WHO WERE KILLED AND INJURED ON 9/11, AND TO PAY TRIBUTE TO THE MANY WHO ROSE TO SERVICE IN RESPONSE TO THE 9/11 TRAGEDY INCLUDING THE BRAVE MEN AND WOMEN IN OUR MILITARY.

#### FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

TO ANNUALLY REKINDLE ON 9/11 THE REMARKABLE SPIRIT OF UNITY AND SERVICE THAT EXISTED IN OUR NATION IN THE DAYS FOLLOWING THE ATTACKS - HONORING IN THIS FITTING WAY THE LIVES OF THE THOUSANDS WHO WERE KILLED AND INJURED ON 9/11, AND TO PAY TRIBUTE TO THE MANY WHO ROSE TO SERVICE IN RESPONSE TO THE 9/11 TRAGEDY INCLUDING THE BRAVE MEN AND WOMEN IN OUR MILITARY.

#### FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE RETURN PREPARER SENDS A COPY OF THE 990 TO THE ORGANIZATION FOR REVIEW. THE DIRECTOR OF FINANCE WORKS IN CONJUNCTION WITH THE OUTSIDE ACCOUNTANT AND EXECUTIVE DIRECTOR TO ENSURE ACCURACY.

#### FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE CONFLICT OF INTEREST POLICY IS SIGNED ANNUALLY BY THE MEMBERS OF THE BOARD AND REVIEWED BY THE PRESIDENT OF THE BOARD. IF THERE IS AN APPARENT CONFLICT OF INTEREST, IT IS INVESTIGATED IMMEDIATELY.

IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF COMMITTEES WITH BOARD-DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT.

MY GOOD DEED

Employer identification number

45-0491886

#### FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS (CONTINUED)

IF THE PRESIDENT OF THE BOARD HAS REASONABLE CAUSE TO BELIEVE A MEMBER HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT SHALL INFORM THE MEMBER OF THE BASIS FOR SUCH BELIEF AND AFFORD THE MEMBER AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. IF, AFTER HEARING THE MEMBER'S RESPONSE AND AFTER MAKING FURTHER INVESTIGATION AS WARRANTED BY THE CIRCUMSTANCES, THE PRESIDENT OF THE BOARD DETERMINES THE MEMBER HAS FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, HE SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION.

#### FORM 990. PART VI. LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

EACH YEAR, A COMPENSATION COMMITTEE CONSISTING OF THE CHAIRMAN OF THE BOARD, THE TREASURER, AND ONE NON-COMPENSATED BOARD MEMBER OF MYGOODDEED, SHALL CONVENE TO REVIEW, MODIFY AS NEEDED, AND APPROVE THE COMPENSATION TO BE PAID IN THE NEXT FISCAL YEAR TO ANY BOARD MEMBERS, DIRECTORS, OFFICERS OR KEY EMPLOYEES OF MYGOODDEED. IN REVIEWING COMPENSATION, THIS COMMITTEE SHALL TAKE INTO ACCOUNT COMPETITIVE COMPENSATION FOR SIMILARLY EXPERIENCED EXECUTIVES IN THE NONPROFIT SECTOR, THE IMPORTANCE OF THESE INDIVIDUALS TO THE ORGANIZATION, AND OTHER FACTORS DEEMED SIGNIFICANT BY THE COMMITTEE. THIS REVIEW AND APPROVAL PROCESS SHALL BE COMPLETED BY THIS COMMITTEE PRIOR TO THE END OF EACH FISCAL YEAR, SUCH THAT ITS DECISIONS CAN BE REFLECTED IN THE OVERALL ANNUAL OPERATING BUDGET OF MYGOODDEED FOR THE NEXT FISCAL YEAR. IF FOR ANY REASON THE COMMITTEE DOES NOT COMPLETE ITS REVIEW BY THE START OF THE NEXT FISCAL YEAR, THEN ALL SUCH COMPENSATION SHALL REMAIN UNCHANGED FOR THOSE ALREADY COMPENSATED BOARD MEMBERS, DIRECTORS, OFFICERS OR KEY EMPLOYEES PROVIDING THEY CONTINUE TO BE ACTIVE IN THE ORGANIZATION. HOWEVER, PAYMENT OF COMPENSATION TO THESE INDIVIDUALS MAY NOT BE EXTENDED FOR MORE THAN SIX MONTHS FROM THE START OF THE NEW FISCAL YEAR WITHOUT REVIEW AND APPROVAL BY THIS COMMITTEE, OR IN ITS FAILURE TO ACT, BY THE MAJORITY OF THE BOARD OF DIRECTORS AS A WHOLE.

Name of the organization
MY GOOD DEED

Employer identification number
45-0491886

#### FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE

AVAILABLE TO THE PUBLIC IN THE OFFICE, ON-LINE, WITH GUIDESTAR, SUBMITTED WITH ALL

GRANTS - GOV. AND OTHERWISE, BY REQUEST, ETC.

2018	FEDE	RAL WOR	KSHEETS		PAGE
		MY GOOD DI	EED		45-049188
COMPUTATION OF COS	T OF GOODS SOL	D (FORM 990)			
1. INVENTORY AT STAN 2. PURCHASES	COSTS 1 THROUGH 5) OF YEAR				0. 0. 168. 0.
FORM 990, PART III, LINI PROGRAM SERVICES TO	DTALS				
	PROGF SERVI <u>TOT</u>	CES	1 990	SOURCE	
TOTAL EXPENSES GRANTS REVENUE	1,155	,602. 1,15 0. 97.	O. PART I	X, LINE 25, CO X, LINES 1-3, VIII, LINE 2,	COL. B
FORM 990, PART IX, LIN OTHER FEES FOR SERV	E 11G ICES				
CONTRACT SERVICES	TOTAL <u>3</u>	(A) TOTAL 73,548. 73,548.	73,548.	& GENERAL	
FORM 990, PART IX, LIN	E 24E				
		(A) TOTAL	(B) PROGRAM	(C) MANAGEMENT	(D)
9/11 DAY EDUCATION I BANK CHARGES CHARITABLE CONTRIBUT DESIGN SERVICES DUES & SUBSCRIPTIONS EQUIPMENT RENTAL & N	TION S	10,321. 874. 754. 7,526. 5,140. 24,636.	729. 7,526. 672. 23,736.	& GENERAL 874. 25. 4,468. 900.	FUNDRAISING

104.

46.

10,000.

3,222.

1,768.

46.

10,000.

3,222. 2,616.

2,294. 1,882.

984.

104.

803.

91.

2,294.

1,813.

984.

23.

LICENSE & PERMITS

MONITORING & REPORTING PAYROLL PROCESSING POSTAGE AND SHIPPING

MEALS
MISC PROGRAM IMPLENTATION EXP
MISCELLANEOUS

GRANT WORK

#### MY GOOD DEED

45-0491886

## FORM 990, PART IX, LINE 24E (CONTINUED) OTHER EXPENSES

	(A)	(B) PROGRAM	(C) MANAGEMENT	(D)
_	TOTAL	SERVICES	& GENERAL	FUNDRAISING
PRINTING AND PUBLICATIONS PROPERTY TAX QUICKBOOKS PAYMENT FEES	1,042. 65. 164.	389.	313. 65. 164.	340.
SIGNAGE & BANNERS SUPPLIES TELEPHONE	3,139. 1,603. 1,529.	3,139. 314. 133.	576. 1,161.	713. 235.
VENUE RENTAL FOR 9/11 EVENT WEBSITE MAINTENANCE TOTAL \$	20,000. 8,333. 116,064. \$	20,000. 8,333. 100,108.	\$ 11,848.	\$ 4,108.

12/31/18

### 2018 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 1

**MY GOOD DEED** 

45-0491886

NO	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	<u>LIFE RATE</u>	CURRENT DEPR.
EPR. SC	HEDULE ONLY														
AMORT	IZATION														
4 WE	BSITE	9/30/17		1,255							1,255	105	S/L	3	41
6 WE	BSITE	6/11/18		12,499							12,499		S/L	3	2,43
7 WE	BSITE	7/31/18		7,315							7,315		S/L	3	1,01
8 WE	BSITE DEVELOPMENT	8/31/18	_	4,806							4,806		S/L	3	534
T0	TAL AMORTIZATION			25,875		0	0	C	) (	0 (	25,875	105			4,39
FURNIT	URE AND FIXTURES														
2 BO	TH	4/18/16	_	1,836							1,836	612	S/L	5	36
T0	TAL FURNITURE AND FIXTURE			1,836		0	0	C	) (	0 (	1,836	612			36
MACHII	NERY AND EQUIPMENT														
1 TEL	EVISION FOR TRADE SHOW	6/30/12		516							516	516	S/L	3	
3 LAF	PTOP	9/09/17		1,220							1,220	81	S/L	5	24
5 MA	CBOOK AIR LAPTOP	1/31/18	_	400					- · ·		400		S/L	5	7:
T0 <sup>-</sup>	TAL MACHINERY AND EQUIPME			2,136		0	0	O	) (	0 (	2,136	597			31
T0 <sup>-</sup>	FAL DEPRECIATION		- -	3,972		0	0	0		0 (	3,972	1,209			68-
GRA	AND TOTAL AMORTIZATION			25,875		0	0	C	) (	0 (	) 25,875	105			4,39

2/31/18	2018 F	EDERAL BOO	K DEPRECIA	TION SCHE	DULE			PAGE 2
		N	IY GOOD DEED				4	15-0491886
NO. DESCRIPTION	DATE DATE ACQUIRED SOLD	COST/ BUS. 179 BASIS PCT. BONUS	PRIOR SPECIAL 179/ DEPR. BONUS/ ALLOW. SP. DEPR.	PRIOR SALVAG DEC. BAL /BASIS DEPR. REDUCT	DEPR. BASIS	- '	ODLIFERATE_	CURRENT DEPR.
GRAND TOTAL DEPRECIATION		3,972 0	0 0	0	3,972	1,209		68

#### Voucher at bottom of page.

## DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER.

If the amount of payment is zero, do not mail this voucher.

WHERE TO FILE:

Using black or blue ink, make check or money order payable to the 'Franchise Tax Board.' Write the corporation number, FEIN, CA SOS file number and '2018 FTB 3586' on the check or money order. Detach voucher below. Enclose, but **do not** staple, payment with voucher and mail to:

FRANCHISE TAX BOARD PO BOX 942857 SACRAMENTO CA 94257-0531

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE: Corporations — File and Pay by the 15th day of the 4th month following the close of the taxable year.

S corporations — File and Pay by the 15th day of the 3rd month following the close of the taxable year.

Exempt organizations — File and Pay by the 15th day of the 5th month following the close of the taxable year.

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

**ONLINE SERVICES:** 

Corporations can make payments online using Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to **ftb.ca.gov/pay** for more information.

\_\_\_\_ IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER DETACH HERE DETACH HERE \_\_\_\_ CAUTION: You may be required to pay electronically, see instructions. TAXABLE YEAR CALIFORNIA FORM **Payment Voucher for Corporations and** 2018 **Exempt Organizations e-filed Returns** 3586 (e-file) 2421626 00000000000 MYGO 45-0491886 18 FORM 3 12-31-18 TYB 01-01-18 TYE MY GOOD DEED DAVID PAINE 5151 CALIFORNIA AVENUE SUITE 100 92617 IRVINE CA 949-344-8011

059 6181186 CACA1201L 12/12/18 FTB 3586 2018

AMOUNT OF PAYMENT

10.

CACA1112L 12/13/18

# 2018 California Exempt Organization Annual Information Return

FORM

199

Composition/Programments   Composition number   Composition   Composit	Calendar Ye	ear 2018 or fiscal	year beginning (mm/dd/	yyyy)		, and ending (r	mm/dd/yyyv)			
Size and record course or record.    Size   Course   Cou			,	,,,,,		, : : : : : : : : : : : : : : : : : : :	33337	С	alifornia corporation nu	ımber
Size and record course or record.    Size   Course   Cou	MY GOOT	DEED						9	2421626	
Sitest advances (busine or norm)   Sitest Avenue   State   S			ons.							
Single CALIFORNIA AVENUE, SUITE 100   Single CALIFORNIA AVENUE, SUIT										
TRYTNE   CA   2   2   2   2   2   3   3   2   3   3		•		100				Р	MB no.	
A First Return.		ALIFORNIA A	AVENUE, SUITE	100		Ī	State	7	in code	
A First Return	-								•	
B Amended Riturn.		y name						F	oreign postal code	
B Amended Riturn.										
B Amended Refurm.	A First Retu	ırn		Yes				9		
C IRC Section 4947(x)(Y) trust	<b>B</b> Amended	Return		• Yes	X No		y 1		Voc	X No
Dissolved	C IRC Section	on 4947(a)(1) trust .		Yes	X No	occ manuchons.			• [ ] Tes	21 110
Either date, (mm/dd/yyyy)    E Check accounting method: 1	<b>D</b> Final Info	rmation Return?		_	_				. 🗆	
Enter date: (min/dd/yyyy)	● Di	ssolved	Surrendered (Withdrawn)	Merged/Re	organized			n 23701	g? ● Yes	X No
Let frogratization is a public charry exempt under search (1 and 1 and						nonmember sour	gross receipts from ces	\$	,	
F Federal return field? 1								r		
## Other 990 series    No				. <b>.</b>					- □	
G is this a group filling? See instructions.    Yes   No   No   No   Did the organization file Form 100 or Form 109 to report taxable income?   Yes   No   No   No   No   No   No   No   N			9901 2 ●990-PF	<b>3</b> ●Sch	i H (990)	· '	•			
H is this organization in a group exemption			ruotiono	■ □ Vaa	Y No			•	ш :	X No
addled in a prior year?	G IS UIIS A Q	group ming: See mst	Tuctions	• [ 1es		taxable income? .			• Yes	X No
Did the organization have any changes to its guidelines not reported to the FTB? See instructions.				Yes	X No	O Is the organizatio	n under audit by the IRS or h vear?	as the	IRS Ves	X No
Date filed with IRS										=
Part I Complete Part I unless not required to file this form. See General Information B and C.    Complete Part I unless not receipts from other sources. From Side 2, Part II, line 8.   1   881.	I Did the o	rganization have any	changes to its quidelines						Yes	INO
Receipts and Revenues  Receipts and Revenues  1 Gross sales or receipts from other sources. From Side 2, Part II, line 8.				• Yes	X No	Date filed with ik				
Receipts and Revenues  2 Gross dues and assessments from members and affiliates. 3 Gross contributions, gifts, grants, and similar amounts received. SEE. SCR. B 3 1,313,208.  4 Total gross receipts for filing requirement test. Add line 1 through line 3 This line must be completed. If the result is less than \$50,000, see General Information B 4 1,314,089.  5 Cost of goods sold. 5 Cost or other basis, and sales expenses of assets sold. 6 Total costs. Add line 5 and line 10 Total costs. Add line 5 and line 11 time 7 total costs. Add line 6 Total costs. Add line 9 from line 8 Total costs. Add line 6 Total costs. Add line 9 from line 8 Total costs. Add line 6 Total costs. Add line 9 from line 8 Total costs. Add line 6 Total costs. Add line 9 from line 8 Total costs. Add line 10 Total costs. Add line 12 line 11 in more than line 12 subtract line 11 from line 12 Total costs. Add line 12 line 12 in more than line 12, subtract line 12 from line 11 total line 11 line 11 total line 11 from line 12 Total costs. Add line 12 line 15 and line 16 Total costs. Add line 12 line 15 and line 16 Total costs. Add line 12 line 15 and line 16 Total costs. Add line 12 line 15 and line 16 Total costs. Add line	Part I	Complete Part I	unless not required to	o file this form	. See Ge	neral Information	B and C.			
Receipts and Revenues  2 Gross dues and assessments from members and affiliates. 3 Gross contributions, gifts, grants, and similar amounts received. SEE. SCR. B 3 1,313,208.  4 Total gross receipts for filing requirement test. Add line 1 through line 3 This line must be completed. If the result is less than \$50,000, see General Information B 4 1,314,089.  5 Cost of goods sold. 5 Cost or other basis, and sales expenses of assets sold. 6 Total costs. Add line 5 and line 10 Total costs. Add line 5 and line 11 time 7 total costs. Add line 6 Total costs. Add line 9 from line 8 Total costs. Add line 6 Total costs. Add line 9 from line 8 Total costs. Add line 6 Total costs. Add line 9 from line 8 Total costs. Add line 6 Total costs. Add line 9 from line 8 Total costs. Add line 10 Total costs. Add line 12 line 11 in more than line 12 subtract line 11 from line 12 Total costs. Add line 12 line 12 in more than line 12, subtract line 12 from line 11 total line 11 line 11 total line 11 from line 12 Total costs. Add line 12 line 15 and line 16 Total costs. Add line 12 line 15 and line 16 Total costs. Add line 12 line 15 and line 16 Total costs. Add line 12 line 15 and line 16 Total costs. Add line		1 Gross sale	es or receipts from other	er sources. Fro	m Side 2	2, Part II, line 8		1		881.
Revenues  4 Total gross receipts for filing requirement test. Add line 1 through line 3.  This line must be completed. If the result is less than \$50,000, see General Information B. • 4 1,314,089.  5 Cost of goods sold. • 5 168.  6 Cost or other basis, and sales expenses of assets sold. • 6  7 Total costs. Add line 5 and line 6.  8 Total gross income. Subtract line 7 from line 4. • 8 1,313,921.  Expenses  9 Total expenses and disbursements. From Side 2, Part II, line 18. • 9 1,368,217.  10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8. • 10 -54,296.  11 Total payments. • 11  12 Use tax. See General Information K. • 12  13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11. • 13  14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12. • 14  15 Filling fee \$10 or \$25\$. See General Information F. • 15  16 Penalties and Interest. See General Information J. • 16  17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result. • 17  Paid Preparer's Use Only  Preparer's Use Only  10 Lawrence W. QUEEN CPA, MBT  Preparer's Signature of officer of Company, Idectare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge.  Preparer's Use Conly  11 Lawrence W. QUEEN CPA, MBT  12 Lawrence W. QUEEN CPA, MBT  13 Preparer's Use Conly See Company, Accountancy Corp.  14 Check if self-employed, and address  15 Lawrence W. QUEEN CPA, MBT  16 Penalties of perjury, Idectare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge.  15 Prim's rame (groupus, if expenses and information of which preparer has any knowledge.  16 Prim's rame (groupus, if expenses and disbursements, and the best of my knowledge.  17 Telephone  18 Total costs Add line 12 in 15 and line 16. Then subtract line 11 from the result.  19 Preparer's Use Only  10 Telephone  11 Total payments  11 Total payments  12 Use tax balance. If			· ·					2		
A Total gross receipts for filing requirement test. Add line 1 through line 3.  This line must be completed. If the result is less than \$50,000, see General Information B.    5 Cost of goods sold.    6 Cost or other basis, and sales expenses of assets sold.    7 Total costs. Add line 5 and line 6.    8 Total gross income. Subtract line 7 from line 4.    8 Total gross income. Subtract line 7 from line 4.    9 Total expenses and disbursements. From Side 2, Part II, line 18.    9 Total expenses and disbursements. From Side 2, Part II, line 18.    9 Total payments.    10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8.    11 Total payments.    12 Use tax. See General Information K.    13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11.    14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12.    15 Filling fee \$10 or \$25. See General Information F.    16 Penalties and Interest. See General Information F.    17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result.    17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result.    18 Date    19 Total expenses and disbursements.    19 Total expenses and disbursements.    10 Excess of receipts over expenses and disbursements.    11 Total payments.    12 Use tax. See General Information F.    13 Payments balance. If line 12 is more than line 12, subtract line 12 from line 11.    14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12.    15 Filling fee \$10 or \$25. See General Information F.    16 Penalties and Interest. See General Information F.    17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result.    16 Properer's Lawrence W. Queen CPA, MBT    17 Telephone    18 Total costs. Add line 12, line 15, and line 16. Then subtract line 11 from the result.    18 Paid    19 Total expenses and disbursements.    19 Total expenses and disbursements.    10 Total p		<b>3</b> Gross con	tributions, gifts, grants	, and similar a	mounts i	eceived	SEESCHB. •	3	1,313	,208.
This line must be completed. If the result is less than \$50,000, see General Information B		4 Total gross	s receipts for filing reg	uirement test.	Add line	1 through line 3.			·	
5 Cost of goods sold. 6 Cost or other basis, and sales expenses of assets sold. 7 Total costs. Add line 5 and line 6. 8 Total goss income. Subtract line 7 from line 4. 9 Total expenses and disbursements. From Side 2, Part II, line 18. 9 Total expenses and disbursements. From Side 2, Part II, line 18. 9 Total expenses and disbursements. Subtract line 9 from line 8. 10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8. 11 Total payments. 12 Use tax. See General Information K. 13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11. 14 Use tax balance. If line 11 is more than line 11, subtract line 11 from line 12. 15 Filling fee \$10 or \$25. See General Information F. 16 Penalties and Interest. See General Information J. 17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result ordinary in subtract line 11 from the result of filler payments of perjury, ideclare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, bate of officer or officer of officer or officer of officer or o							ral Information B •	4	1,314	,089.
Total costs. Add line 5 and line 6		5 Cost of go	ods sold			• 5	168.			
B Total gross income. Subtract line 7 from line 4.     B   1,313,921.		6 Cost or oth	her basis, and sales ex	kpenses of ass	ets sold.	• 6				
Expenses  9 Total expenses and disbursements. From Side 2, Part II, line 18.  10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8.  11 Total payments.  12 Use tax. See General Information K.  13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11.  14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12.  15 Filling fee \$10 or \$25. See General Information F.  16 Penalties and Interest. See General Information J.  17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result.  18 Sign Here  Paid Preparer's Use Only  Preparer's Sufficient of Time 1		7 Total costs	s. Add line 5 and line 6	ā				7		168.
Filing Fee III Total payments		8 Total gross	s income. Subtract line	e 7 from line 4.				8	1,313	,921.
Total payments   Tota	Evponess	9 Total expe	enses and disbursemer	nts. From Side	2, Part I	I, line 18	•	9	1,368	,217.
Filling Fee  12 Use tax. See General Information K.  13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11  14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12  15 Filing fee \$10 or \$25. See General Information F.  16 Penalties and Interest. See General Information J.  17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result.  18 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 taxpayer) is based on all information of which preparer has any knowledge.  Paid Preparer's Signature of officer  Preparer's Signature LAWRENCE W. QUEEN CPA, MBT  Preparer's Signature LAWRENCE W. QUEEN CPA, MBT  Preparer's Signature LAWRENCE W. QUEEN CPA, MBT  Preparer's Signature Signature LAWRENCE W. QUEEN CPA, MBT  Preparer's Signature LAWRENCE W. QUE	LAPENISES	10 Excess of	receipts over expense	s and disburse	ments. S	Subtract line 9 fror	m line 8 ●	10	-54	,296.
Filing Fee		11 Total payn	nents				•	11		
Filing Fee    14  Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12    15  Filing fee \$10 or \$25. See General Information F.    16  Penalties and Interest. See General Information J.    17  Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result    18  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 taxpayer) is based on all information of which preparer has any knowledge.  Preparer's Signature of officer    Preparer's Signature							_			
Filing Fee    15 Filing fee \$10 or \$25. See General Information F.		13 Payments	balance. If line 11 is r	more than line	12, subtr	act line 12 from li	ne 11 •	13		
Title   Preparer's   Signature of officer   LAWRENCE W. QUEEN CPA, MBT   Date   Check if self-employed and address   LAWRENCE W. QUEEN CPA, MBT   Date   Check if self-employed and address   LAWRENCE W. QUEEN CPA, MBT   Date   Check if self-employed and address   LAWRENCE W. QUEEN CPA, MBT   Date   Check if self-employed and address   LAWRENCE W. QUEEN CPA, MBT   Date   Check if self-employed and address   LAWRENCE W. QUEEN CPA, MBT   Date   Check if self-employed and address   Check if	Filina	14 Use tax ba	alance. If line 12 is mo	re than line 11	, subtrac	t line 11 from line	12 •	14		
16 Penalties and Interest. See General Information J		15 Filing fee	\$10 or \$25. See Gene	ral Information	F			15		10.
Here  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 taxpayer) is based on all information of which preparer has any knowledge.  Paid Preparer's Signature of officer Signature Preparer's Use Only Use Only Preparer's Use Only Properties 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, or necessary to the preparer has any knowledge.  Preparer's Signature Preparer's Signature LAWRENCE W. QUEEN CPA, MBT  Preparer's Signature COMPANY, ACCOUNTANCY CORP.  16520 BAKE PARKWAY STE 110  20−1507540  Telephone 949−344−8011  20−1507540  Telephone 949−340-8011  Prim's FEIN 20−1507540  Telephone (949) 266−2955		16 Penalties	and Interest. See Gen	eral Information	ո J			16		
Here  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 taxpayer) is based on all information of which preparer has any knowledge.  Paid Preparer's Signature of officer Signature Preparer's Use Only Use Only Preparer's Use Only Properties 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, or necessary to the preparer has any knowledge.  Preparer's Signature Preparer's Signature LAWRENCE W. QUEEN CPA, MBT  Preparer's Signature COMPANY, ACCOUNTANCY CORP.  16520 BAKE PARKWAY STE 110  20−1507540  Telephone 949−344−8011  20−1507540  Telephone 949−340-8011  Prim's FEIN 20−1507540  Telephone (949) 266−2955		17 Ralance due	Add line 12 line 15 and li	ne 16. Then subtrac	rt line 11 fi	om the result	•	17		10
Here Signature of officer PRESIDENT Date PAGE Signature Preparer's Signature Signature Suse Only Use Only Preparer's Use Only Preparer's Use Only Preparer's Use Only Preparer's Signature Suse Only Preparer's Signature Signature Suse Company, ACCOUNTANCY CORP. Signature Suse Company			, , , , , , , , , , , , , , , , , , , ,						knowledge and belief,	
Paid Preparer's Use Only  Paid Freparer's Use Only  Preparer's Signature Use Conty Officer			e. Declaration of preparer (oth			all information of which p				
Paid Preparer's Signature LAWRENCE W. QUEEN CPA, MBT Date Check if Self-employed Proparer's Use Only Use Only Prim's name (or yours, if Self-employed) and address PARKWAY STE 110 20−1507540 Telephone (949) 266−2955		Signature of officer				ЭЕИТ	54.0		- '	1
Paid Preparer's Use Only Signature LAWRENCE W. QUEEN CPA, MBT   employed   P00240691    Firm's name (or yours, if self-employed) and address   PARKWAY STE 110   P00240691    IRVINE, CA 92618   P00240691    Firm's FEIN   20-1507540    Telephone   P00240691    Firm's FEIN   P00240691    Firm'		Duran annula N		<u>L</u>						-
Use Only   Firm's name (or yours, if self-employed) and address   16520 BAKE PARKWAY STE 110   20-1507540	Paid	signature LA	WRENCE W. QUEE	N CPA, ME	T					
16520 BAKE PARKWAY STE 110   20-1507540   16520 BAKE PARKWAY STE 110   20-1507540   Telephone   (949) 266-2955	Preparer's	Firm's name	QUEEN & COMPA	ANY, ACCOU	JNTAN	CY CORP.			Firm's FEIN	
and address IRVINE, CA 92618   ■ Telephone (949) 266-2955	USE UTILY	(or yours, if self-employed)	16520 BAKE PA	ARKWAY STI	E 110					
		and address	IRVINE, CA 92	2618						
May the FTB discuss this return with the preparer shown above? See instructions ● X Yes No									`	955
		May the FTB d	iscuss this return with	the preparer sl	nown ab	ove? See instructi	ons	•	X Yes	No

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts – complete Part II or furnish substitute information.

	- 11	cyai	uiess of afficulti of gross receipts.	- complete rait ii or iumis	ทา วนมะ	stitute iiiioiiiiatioii	l.		
		1	Gross sales or receipts from all	business activities. See	instru	ctions		1	97.
		2	Interest						
		3	Dividends				_		
Recei	ots	4	Gross rents.						
from Other		-	Gross royalties						
Sourc	es		Gross amount received from sa						
		6	Other income. Attach schedule.						704
		7							784.
			Total gross sales or receipts from other	_				8	881.
			Contributions, gifts, grants, and similar	· · · · · · · · · · · · · · · · · · ·					
			Disbursements to or for member						
			Compensation of officers, direct						189,674.
Evnor			Other salaries and wages						177,321.
Expen and	ises	13	Interest				•	13	
Disbu		14	Taxes					14	16,658.
ments		15	Rents				•	15	31,011.
		16	Depreciation and depletion (See	e instructions)				16	29,609.
		17	Other Expenses and Disbursem	ents. Attach schedule		SEE ST	ATEMENT 2 •	17	923,944.
			Total expenses and disbursements. Add					18	1,368,217.
Scho	dule		Balance Sheet	Beginning of					able year
		_	Balance Sheet	(a)	ιαλαρ	(b)	(c)	J OI tax	(d)
Assets				(a)		334,042.	(c)	•	
			receivable			1,500.			
			eivable			736.		•	33,094.
			:IVADIE			730.		•	)
			tate government obligations					•	 )
			n other bonds						 )
			1 stock						
			S						<u>'</u>
_			ents. Attach schedule						,
			ssets				3,9		
<b>b</b> l	ess acci	umula	ated depreciation	1,723.		1,850.	2,9		1,031.
								•	
12 (	Other ass	sets.	Attach schedule	3		46,881.		•	47,700.
13	Total ass	sets.				385,009.			376,122.
Liabili	ties an	nd ne	et worth						
14	Accounts	paya	ıble			8,418.		•	46,561.
<b>15</b> (	Contribut	tions,	gifts, or grants payable					•	,
			tes payable					•	
			/able					•	)
18 (	Other lial	hilitie	s. Attach schedule			2,655.			9,921.
			or principal fund			373,936.		•	
			ital surplus. Attach reconciliation			373/330.		•	
			ings or income fund					•	)
			es and net worth			385,009.			376,122.
	dule		Reconciliation of income pe	r books with income per		n	a loss than \$E0 000		
	1-4 '		Do not complete this schedule						
			JI DOUNG	-54,296	. 7		books this year not inc	_	
			e tax	<u>-</u>	8	in this return. Attac Deductions in this		• • • • •	, 
3 E	LYCESS 01		ital losses over capital gains	-	⊢°	against book incom	9		
	ncomo =		COLUCU UII DUUKS IIIIS VEBI.						
4						Attach schedule			
<b>4</b>	Attach sc	chedu	le		9				
4   5 E	Attach sc Expenses	chedu s reco	lerded on books this year not deducted		9	Total. Add line 7 ar	nd line 8		
4   5 E	Attach sc Expenses n this re	chedu s reco eturn.	lerded on books this year not deducted	-54,296	10	Total. Add line 7 ar Net income per	nd line 8		-54,296.

Side 2 Form 199 2018 059 3652184 CACA1112L 12/13/18

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

#### CALIFORNIA COPY

#### **Schedule of Contributors**

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

2018

Employer identification number

MY GOOD DEED		45-0491886
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter numb	per) organization
	4947(a)(1) nonexempt char	ritable trust <b>not</b> treated as a private foundation
	527 political organization	· ·
Form 990-PF	501(c)(3) exempt private for	undation
	4947(a)(1) nonexempt char	ritable trust treated as a private foundation
	501(c)(3) taxable private fo	undation
Check if your organization is covered by the	e General Rule or a Special Rule.	
<b>Note:</b> Only a section 501(c)(7), (8), or	(10) organization can check boxes for bo	oth the General Rule and a Special Rule. See instructions.
General Rule		
X For an organization filing Form 990	, 990-EZ, or 990-PF that received, durin Complete Parts I and II. See instruction	g the year, contributions totaling \$5,000 or more (in money or as for determining a contributor's total contributions.
Special Rules		
under sections 509(a)(1) and 170(b)(1	)(A)(vi), that checked Schedule A (Form 99)	Z that met the 33-1/3% support test of the regulations 00 or 990-EZ), Part II, line 13, 16a, or 16b, and that e greater of (1) \$5,000; or (2) 2% of the amount on (i) nd II.
For an organization described in seduring the year, total contributions purposes, or for the prevention of contributor name and address), II, and address of the prevention of	cruelty to children or animals. Complete	990 or 990-EZ that received from any one contributor, ious, charitable, scientific, literary, or educational Parts I (entering 'N/A' in column (b) instead of the
during the year, contributions exclu \$1,000. If this box is checked, ente charitable, etc., purpose. Don't com	rsively for religious, charitable, etc., purper here the total contributions that were re	990 or 990-EZ that received from any one contributor, poses, but no such contributions totaled more than eceived during the year for an <i>exclusively</i> religious, al Rule applies to this organization because 5,000 or more during the year
990-PF), but it <b>must</b> answer 'No' on Pa		ecial Rules doesn't file Schedule B (Form 990, 990-EZ, or ne box on line H of its Form 990-EZ or on its Form 990-PF, B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

1

Name of organization
MY GOOD DEED

Employer identification number

45-0491886

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

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AMERICAN EXPRESS FOUNDATION		Person X Payroll
	3_WORLD_FINANCIAL_CENTER	\$ <u>100,000.</u>	Noncash
	NEW YORK, NY 10285-4804		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CORP FOR NATIONAL COMMUNITY SERVICE	-	Person X Payroll
	1201 NEW YORK AVE., NW	\$432,502.	Noncash
	WASHINGTON, DC 20525	-	(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	HOLLAND & KNIGHT		Person X Payroll
	524 GRAND REGENCY BOULEVARD	\$ <u>75,000.</u>	Noncash
	BRANDON, FL 33510		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a) Number	(b) Name, address, and ZIP + 4  CLARION PARTNERS	(c) Total contributions	Type of contribution  Person X
Number	Name, address, and ZIP + 4  CLARION PARTNERS	(c) Total contributions	Type of contribution
Number	Name, address, and ZIP + 4  CLARION PARTNERS	contributions	Person X Payroll
Number	Name, address, and ZIP + 4  CLARION PARTNERS  230 PARK AVENUE	contributions	Person X Payroll Noncash  (Complete Part II for
4(a)	Name, address, and ZIP + 4  CLARION PARTNERS  230 PARK AVENUE  NEW YORK, NY 10169  (b)	\$20,000.	Type of contribution  Person X Payroll Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X
4 (a) Number	Name, address, and ZIP + 4  CLARION PARTNERS  230 PARK AVENUE  NEW YORK, NY 10169  Name, address, and ZIP + 4	\$20,000.	Type of contribution  Person X  Payroll
4 (a) Number	Name, address, and ZIP + 4  CLARION PARTNERS  230 PARK AVENUE  NEW YORK, NY 10169  Name, address, and ZIP + 4  CITI FOUNDATION	\$20,000.  (c) Total contributions	Type of contribution  Person X  Payroll
4 (a) Number	Name, address, and ZIP + 4  CLARION PARTNERS  230 PARK AVENUE  NEW YORK, NY 10169  Name, address, and ZIP + 4  CITI FOUNDATION  ONE COURT SQUARE 43RD FLOOR	\$20,000.  (c) Total contributions	Type of contribution  Person X Payroll
(a) Number	Name, address, and ZIP + 4  CLARION PARTNERS  230 PARK AVENUE  NEW YORK, NY 10169  Name, address, and ZIP + 4  CITI FOUNDATION  ONE COURT SQUARE 43RD FLOOR  LONG ISLAND CITY, NY 11120  (b)	\$20,000.  (c) Total contributions  \$120,000.	Type of contribution  Person X Payroll Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X Payroll Noncash  (Complete Part II for noncash contributions.)  (d) Type of contributions.)
(a) Number	Name, address, and ZIP + 4  CLARION PARTNERS  230 PARK AVENUE  NEW YORK, NY 10169  Name, address, and ZIP + 4  CITI FOUNDATION  ONE COURT SQUARE 43RD FLOOR  LONG ISLAND CITY, NY 11120  Name, address, and ZIP + 4	\$20,000.  (c) Total contributions  \$120,000.	Person X Payroll
(a) Number  5 (a) Number	Name, address, and ZIP + 4  CLARION PARTNERS  230 PARK AVENUE  NEW YORK, NY 10169  Name, address, and ZIP + 4  CITI FOUNDATION  ONE COURT SQUARE 43RD FLOOR  LONG ISLAND CITY, NY 11120  Name, address, and ZIP + 4  INTERCONTINENTAL EXCHANGE / NYSE	\$ 20,000.  (c) Total contributions  \$ 120,000.	Type of contribution  Person X Payroll

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)	2	6 Pa
Name of organization	Employer identification numbe	r
MY GOOD DEED	45-0491886	

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

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>	NEW YORK LIFE		Person X Payroll
	51 MADISON AVENUE	\$12,500.	Noncash
	NEW YORK, NY 10010		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	NATIONAL FOOTBALL LEAGUE		Person X  Payroll
	280 PARK AVENUE	\$ <u>10,000</u> .	Noncash
	NEW YORK, NY 10017		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	KEEFE, BRUYETTE & WOODS		Person X Payroll
	787 SEVENTH AVENUE, 4TH FLOOR	\$10,000.	Noncash
	NEW YORK, NY 10019		(Complete Part II for noncash contributions.)
(-)	/h\	(-)	(-I)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
Number		(c) Total contributions	Type of contribution  Person X
Number	Name, address, and ZIP + 4  THE CATHOLIC CHARITIES	Total contributions	Type of contribution
Number	Name, address, and ZIP + 4  THE CATHOLIC CHARITIES	contributions	Person X Payroll
Number	Name, address, and ZIP + 4  THE CATHOLIC CHARITIES  1011 FIRST AVENUE	contributions	Person X Payroll Noncash  (Complete Part II for
10	Name, address, and ZIP + 4  THE CATHOLIC CHARITIES  1011 FIRST AVENUE  NEW YORK, NY 10022  (b)	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X
10_ (a) Number	Name, address, and ZIP + 4  THE CATHOLIC CHARITIES  1011 FIRST AVENUE  NEW YORK, NY 10022  Name, address, and ZIP + 4	\$10,000.	Type of contribution  Person X  Payroll
10_ (a) Number	Name, address, and ZIP + 4  THE CATHOLIC CHARITIES  1011 FIRST AVENUE  NEW YORK, NY 10022  Name, address, and ZIP + 4  JPMORGAN CHASE & COMPANY	\$10,000.  (c) Total contributions	Type of contribution  Person X  Payroll
10_ (a) Number	Name, address, and ZIP + 4  THE CATHOLIC CHARITIES  1011 FIRST AVENUE  NEW YORK, NY 10022  Name, address, and ZIP + 4  JPMORGAN CHASE & COMPANY  270 PARK AVENUE - 4TH FLOOR	\$10,000.  (c) Total contributions	Type of contribution  Person X  Payroll
10 _ Number  11 _	Name, address, and ZIP + 4  THE CATHOLIC CHARITIES  1011 FIRST AVENUE  NEW YORK, NY 10022  Name, address, and ZIP + 4  JPMORGAN CHASE & COMPANY  270 PARK AVENUE - 4TH FLOOR  NEW YORK, NY 10017  (b)	\$10,000.  \$10,000.  (c)	Person X Payroll Noncash (Complete Part II for noncash contribution  Person X Type of contribution  Person X Payroll Noncash (Complete Part II for noncash contribution  Person X Payroll Tornoncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X  Responsible to the contribution of the contrib
(a) Number  11  (a) Number	Name, address, and ZIP + 4  THE CATHOLIC CHARITIES  1011 FIRST AVENUE  NEW YORK, NY 10022  Name, address, and ZIP + 4  JPMORGAN CHASE & COMPANY  270 PARK AVENUE - 4TH FLOOR  NEW YORK, NY 10017  Name, address, and ZIP + 4	\$10,000.  \$10,000.  (c)	Person X Payroll

3

Name of organization	Employer identification number
MY GOOD DEED	45-0491886

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

(a)
Number
Name address and ZIP + 4
Total

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13_	BANK OF AMERICA  115 W 42ND ST  NEW YORK, NY 10036	\$ <u>50,000</u> .	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14_	THE SPALLUTO FAMILY CHARITABLE FUND 211 MAIN STREET SAN FRANCISCO, CA 94105	\$30,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>15</u> _	LINKEDIN CORPORATION  1000 W MAUDE AVE.  SUNNYVALE, CA 94085	\$25,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
	(b)	4.5	4.6
(a) Number	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16_	Name, address, and ZIP + 4  RBC FOUNDATION - USA  60 SOUTH SIXTH STREET  MINNEAPOLIS, MN 55402	Total contributions	Type of contribution  Person X Payroll Noncash (Complete Part II for noncash contributions.)
16_	Name, address, and ZIP + 4  RBC FOUNDATION - USA  60 SOUTH SIXTH STREET	contributions	Person X Payroll Noncash (Complete Part II for
16	Name, address, and ZIP + 4  RBC FOUNDATION - USA  60 SOUTH SIXTH STREET  MINNEAPOLIS, MN 55402  (b)	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
16_ (a) Number	Name, address, and ZIP + 4  RBC FOUNDATION - USA  60 SOUTH SIXTH STREET  MINNEAPOLIS, MN 55402  Name, address, and ZIP + 4  USAA  ONE NORTERRA DRIVE	\$25,000.  (c) Total contributions	Type of contribution  Person X Payroll

MY GOOD DEED

4

Julieu		JU, JJU-LZ, U	1 330-1 1 ) (2	2010)	
Name of	organization				

Employer identification number

45-0491886

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

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>19</u> _	WELLS FARGO FOUNDATION		Person X
	4TH AND PLUM STREETS	\$20,000.	Payroll Noncash
	RED WING, MN 55066		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20_	FARMERS INSURANCE GROUP, INC.		Person X Payroll
	6303 OWENSMOUTH AVENUE	\$15,000.	Noncash
	WOODLAND HILLS, CA 91367		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21_	HAUTELOOK		Person X Payroll
	700 S. FLOWER ST., SUITE 1700	\$ 10,000.	Noncash
	LOS ANGELES, CA 90017		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
Number		(c) Total contributions	Type of contribution  Person X
Number	Name, address, and ZIP + 4  JETBLUE	(c) Total contributions	Type of contribution
Number	Name, address, and ZIP + 4  JETBLUE	\$10,000.	Person X Payroll
Number	Name, address, and ZIP + 4  JETBLUE  27-01 QUEENS PLAZA NORTH	\$10,000.	Person X Payroll Noncash  (Complete Part II for
22_ (a) Number	Name, address, and ZIP + 4  JETBLUE  27-01 QUEENS PLAZA NORTH  LONG ISLAND CITY, NY 11101  (b)	\$10,000.	Type of contribution  Person X  Payroll
22_ (a) Number	Name, address, and ZIP + 4  JETBLUE  27-01 QUEENS PLAZA NORTH  LONG ISLAND CITY, NY 11101  (b)  Name, address, and ZIP + 4	\$10,000.	Type of contribution  Person X  Payroll
22_ (a) Number	Name, address, and ZIP + 4  JETBLUE  27-01 QUEENS PLAZA NORTH  LONG ISLAND CITY, NY 11101  Name, address, and ZIP + 4  KENNETH COLE	\$10,000.  (c) Total contributions	Type of contribution  Person X  Payroll
22_ (a) Number	Name, address, and ZIP + 4  JETBLUE  27-01 QUEENS PLAZA NORTH  LONG ISLAND CITY, NY 11101  Name, address, and ZIP + 4  KENNETH COLE  603 WEST 50TH STREET	\$10,000.  (c) Total contributions	Type of contribution  Person X Payroll
(a) Number	Name, address, and ZIP + 4  JETBLUE  27-01 QUEENS PLAZA NORTH  LONG ISLAND CITY, NY 11101  Name, address, and ZIP + 4  KENNETH COLE  603 WEST 50TH STREET  NEW YORK, NY 10019  (b)	\$10,000.  (c) Total contributions  \$10,000.	Type of contribution  Person X Payroll Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X Payroll Noncash  (Complete Part II for noncash contributions.)  (d) Type of contributions.)
(a) Number	Name, address, and ZIP + 4  JETBLUE  27-01 QUEENS PLAZA NORTH  LONG ISLAND CITY, NY 11101  Name, address, and ZIP + 4  KENNETH COLE  603 WEST 50TH STREET  NEW YORK, NY 10019  Name, address, and ZIP + 4	\$10,000.  (c) Total contributions  \$10,000.	Person X Payroll

5

Name of organization	Employer identification number
MY GOOD DEED	45-0491886

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

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>25</u> _	OKTA		Person X
	301 BRANNAN ST FL 1	\$10,000.	Payroll Noncash
	SAN FRANCISCO, CA 94107	-	(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>26</u> _	PFIZER_INC.		Person X Payroll
		\$10,000.	' <del>   </del>
	MEMPHIS, TN 38115		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>27</u> _	RELIANCE STEEL & ALUMINUM		Person X Payroll
	350 SOUTH GRAND AVE STE 5100	\$10,000.	l ´ ⊑
	LOS ANGELES, CA 90071		(Complete Part II for noncash contributions.)
	a -		
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Name, address, and ZIP + 4  SALESFORCE.COM INC.	(c) Total contributions	Person X
	Name, address, and ZIP + 4  SALESFORCE.COM INC.	(c) Total contributions	Person X Payroll
	Name, address, and ZIP + 4  SALESFORCE.COM INC.	\$10,000.	Person X Payroll
	Name, address, and ZIP + 4  SALESFORCE.COM_INC.  1 MARKET STE 300	\$10,000.	Person X Payroll Noncash  (Complete Part II for
28_ (a)	Name, address, and ZIP + 4  SALESFORCE.COM INC.  1 MARKET STE 300  SAN FRANCISCO, CA 94105  (b)	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X
28 _ (a) Number	Name, address, and ZIP + 4  SALESFORCE.COM INC.  1 MARKET STE 300  SAN FRANCISCO, CA 94105  Name, address, and ZIP + 4	\$10,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution
28 _ (a) Number	Name, address, and ZIP + 4  SALESFORCE.COM INC.  1 MARKET STE 300  SAN FRANCISCO, CA 94105  Name, address, and ZIP + 4  SANDLER O'NEILL& PARTNERS, L.P.	\$10,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X Payroll
28 _ (a) Number	Name, address, and ZIP + 4  SALESFORCE.COM_INC.  1 MARKET STE 300  SAN FRANCISCO, CA 94105  Name, address, and ZIP + 4  SANDLER O'NEILL& PARTNERS, L.P.  1251 AVE OF THE AMERICAS 6TH	\$10,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X Payroll Noncash  (Complete Part II for
28 _ (a) Number	Name, address, and ZIP + 4  SALESFORCE.COM_INC.  1 MARKET STE 300  SAN FRANCISCO, CA 94105  Name, address, and ZIP + 4  SANDLER O'NEILL& PARTNERS, L.P.  1251 AVE OF THE AMERICAS 6TH  NEW YORK, NY 10020  (b)	\$10,000.  (c) Total contributions  \$10,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X Payroll Noncash  (Complete Part II for noncash contributions.)  (d) Type of contributions.)
(a) Number 29	Name, address, and ZIP + 4  SALESFORCE.COM_INC.  1 MARKET STE 300  SAN FRANCISCO, CA 94105  Name, address, and ZIP + 4  SANDLER O'NEILL& PARTNERS, L.P.  1251 AVE OF THE AMERICAS 6TH  NEW YORK, NY 10020  Name, address, and ZIP + 4	\$10,000.  (c) Total contributions  \$10,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)  Type of contribution  Person X Payroll Noncash  (Complete Part II for noncash contributions.)  (d) Type of contributions.)

Name of organization	Employer identification number
MY GOOD DEED	45-0491886

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (d) Type of contribution (b) Name, address, and ZIP + 4 (c) Total (a) Number contributions Person 31 TURNER CONSTRUCTION COMPANY **Payroll** 300 FRANK OGAWA PLAZA, STE 510 10,000. Noncash (Complete Part II for OAKLAND, CA 94612 noncash contributions.) (b) Name, address, and ZIP + 4 (c) Total (a) Number (d) Type of contribution contributions Person 32 WELLCARE HEALTH PLANS, INC. **Payroll** 8735 HENDERSON ROAD 10,000. Noncash (Complete Part II for TAMPA, FL 33634 noncash contributions.) (a) Number (b) Name, address, and ZIP + 4 (c) Total (d) Type of contribution contributions Person 33 VISA **Payroll** 7,500. P.O. BOX 8999 Noncash (Complete Part II for SAN FRANCISCO, CA 94128 noncash contributions.) (b) Name, address, and ZIP + 4 (d) Type of contribution (a) Number (c) Total contributions Person 34 PG&E **Payroll** 5,500. 77 BEALE STREET Noncash

Employer identification number

45-0491886 MY GOOD DEED Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (b)
Description of noncash property given (a) No. from Part I (c) FMV (or estimate) (See instructions.) (d) Date received N/A (a) No. from (c) FMV (or estimate) (See instructions.) (b) (d) Description of noncash property given Date received Part I (a) No. from (b) Description of noncash property given (d) Date received (c) FMV (or estimate) (See instructions.) Part I (a) No. from Part I (b) Description of noncash property given (d) Date received (c) FMV (or estimate) (See instructions.) (a) No. from (d) Date received (b) Description of noncash property given (c) FMV (or estimate) Part I (See instructions.) (b) Description of noncash property given (c) FMV (or estimate) (d) (a) No. Date received from (See instructions.) Part I

Page 4

Name of organization Employer identification number MY GOOD DEED 45-0491886 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)..... Use duplicate copies of Part III if additional space is needed. (b) Purpose of gift (d) Description of how gift is held (c) Use of gift (a) No. from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (d) Description of how gift is held (b) Purpose of gift (a) No. from (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (d) Description of how gift is held (b) Purpose of gift (a) No. from (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (c) Use of gift (b) Purpose of gift (d) Description of how gift is held (a) No. from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### IF PAID ELECTRONICALLY: DO NOT FILE THIS FORM

WHERE TO FILE: Using black or blue ink, make check or money order payable to the 'Franchise Tax Board.' Write the California corporation number, FEIN, or CA SOS file number and '2018 FTB 3539' on the check or money order. Detach form below. Enclose, but **do not** staple, the payment with the form and mail to:

FRANCHISE TAX BOARD PO BOX 942857 SACRAMENTO CA 94257-0531

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE: Calendar year C corporations — File and Pay by April 15, 2019 Calendar year S corporations — File and Pay by March 15, 2019 Calendar year exempt organizations - File and Pay by May 15, 2019

Employees' trust and IRA - File and Pay by April 15, 2019

Fiscal year filers - See instructions

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

**ONLINE SERVICES:** Make payments online using Web Pay for Businesses. Corporations

or exempt organizations can make an immediate payment or schedule payments up to a year in advance. Go to ftb.ca.gov/pay

for more information.

\_\_\_\_ IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM \_\_\_\_ \_ DETACH HERE \_ \_ \_ **CAUTION:** You may be required to pay electronically, see instructions. TAXABLE YEAR Payment for Automatic Extension CALIFORNIA FORM for Corporations and Exempt Organizations 2018 3539 (CORP)

2421626 45-0491886 000000000000 18 FORM MYGO

TYE 12-31-2018 01-01-2018

MY GOOD DEED DAVID PAINE

5151 CALIFORNIA AVENUE SUITE 100

IRVINE CA 92617

949-344-8011

AMOUNT OF PAYMENT 10.

CACZ0401L 12/07/18 FTB 3539 2018 059 6141186

#### 2018 Corporation Depreciation and Amortization

3885

Δtta	ch to Form 100 or Fori	m 100W FOR	4 3885 ONLY							
	ration name	11 100W. FORI	4 3883 UNLI					Califor	nia corpora	tion number
ΜY	MY GOOD DEED 2421626									
Par		nense Certain Pro	perty Under IRC S	ection 1	179			272.	1020	
1	Maximum deduction								1	\$25,000
2	Total cost of IRC Sec	ction 179 property	placed in service						2	1=0,000
3	Threshold cost of IRO	C Section 179 prop	erty before reducti	ion in Iir	mitation				3	\$200,000
4	Reduction in limitation								4	
5_	Dollar limitation for t		act line 4 from line						5	
6	(a)	Description of property		<b>(b)</b> C	Cost (business u	use only)	(c) Electe	ed cost		
7	Listed property (elec	tad IDC Saction 1	70 cost)			7				
8	Total elected cost of					٠٠٠ لــــــــــــــــــــــــــــــــــ	ine 7		8	
9	Tentative deduction.								9	
10	Carryover of disallow	ed deduction from	prior taxable year	S					10	
11	Business income lim					-			11	
12	IRC Section 179 exp					_			12	
13	Carryover of disallow							250		
Par	•		ional First Year Dep	reciation						(1-)
14	(a) Description	<b>(b)</b> Date acquired	<b>(c)</b> Cost or	Depi	(d) reciation	(e) Depreciation	(f) Life or	Deprecia	ation for	(h) Additional first
	of property	(mm/dd/yyyy)	other basis		wed or wable in	method	rate	this	year	year depreciation
					ier years					depreciation
TEI	EVISION FOR	6/30/2012	516.		516.	S/L	3			
ВОС	TH	4/18/2016	1,836.		612.	S/L	5		367.	,
LAI	PTOP	9/09/2017	1,220.		81.	S/L	5		244.	
MAC	CBOOK AIR LAP	1/31/2018	400.			S/L	5		73.	,
							1			
15	Add the amounts in	column (g) and co	umn (h). The total	of colu	mn (h) may	not exceed	d			
<u> </u>	\$2,000. See instructi	ons for line 14, co	lumn (h)				15		684.	, ]
Par 16		ion io algotina								1
10	Total: If the corporat IRC Section 179 exp	ense, add the amo	ount on line 12 and	l line 15	, column (g)	or or				
	Additional first year of Depreciation (if no el									
17	Total depreciation cla	,,				(3)				
18	Depreciation adjustm		•							
	Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 17 is	less than line 16,	enter th	e difference	here and	on Form 100	or or		
	state adjustments on								18	
Par			•		<u>, , , , , , , , , , , , , , , , , , , </u>				l .	
19	_ (a)	(b)	(c)			d)	(e)	_ (f)		(g)
	Description of property	Date acquire	d Cost o		Amorti allowed or		R&TC section	Period percenta		Amortization for this year
	o. p. opo. ty	(	, 01.10. 04.		in earlie		(see instr)	porcont		Tor triis year
WEI	BSITE	9/30/201	7 1,	,255.		105.	197		3	418.
WEI	BSITE	6/11/201	8 12,	,499.			197		3	2,430.
WEI	BSITE	7/31/201	.8 7,	,315.			197		3	1,016.
WEI	SSITE DEVELOPM	E 8/31/201	.8 4,	,806.			197		3	534.
									-	
20	Total. Add the amou	107							20	4,398.
21	Total amortization cla		•		•				21	
22	Amortization adjustments form 100W, Side 1,	nent. If line 21 is g line 6. If line 21 is	reater than line 20	, enter the	the difference	ce here and	d on Form 10	00 or 0 or		
	Form 100W, Side 2.								22	

CACA3501L 12/07/18 059 7621184 FTB 3885 2018

1	n	1	O
Z	U		O

#### **CALIFORNIA STATEMENTS**

PAGE 1

MY GOOD DEED

45-0491886

STATEMENT 1	
<b>FORM 199, PART II, LINE</b>	<b>:</b> 7
OTHER INCOME	

OTHER INVESTMENT	INCOME	\$ 784.
	TOTAL	\$ 784.

#### STATEMENT 2 FORM 199, PART II, LINE 17 OTHER EXPENSES

9/11 DAY EDUCATION PROGRAM	\$	10,321.
911 DAY OF SERVICE PROGRAMMING		25,000.
ACCOUNTING FEES		47,217.
ADVERTISING AND PROMOTION		61,621.
BANK CHARGES		874.
CHARITABLE CONTRIBUTION		754.
DATABASE LICENSE AGREEMENT		40,000.
DESIGN SERVICES		7,526.
DUES & SUBSCRIPTIONS		5,140.
EQUIPMENT RENTAL & MAINTENANCE		24,636.
EVENT MERCHANDISE		9,780.
FOOD SUPPLIES FOR 9/11 EVENT		390,000.
FRANCHISE TAX		10.
GRANT WORK		10,000.
INSURANCE		17,612.
LEGAL FEES.		30.
LICENSE & PERMITS		104.
MEALS		46.
MISC PROGRAM IMPLENTATION EXP		3,222.
MISCELLANEOUS		2,616.
MONITORING & REPORTING		984.
OTHER FEES		73,548.
PAYROLL PROCESSING		2,294.
POSTAGE AND SHIPPING		1,882.
PRINTING AND PUBLICATIONS		1,042.
PROFESSIONAL FUNDRAISING FEES.		808.
PROPERTY_TAX.		65.
PUBLIC RELATIONS		98,125.
QUICKBOOKS PAYMENT FEES		164.
SIGNAGE & BANNERS		3,139.
SUPPLIES		1,603.
TELEPHONE		1,529.
TRAVEL		53,919.
VENUE RENTAL FOR 9/11 EVENT		20,000.
WEBSITE MAINTENANCE	4	8,333.
TOTAL	Ş	923,944.

#### STATEMENT 3 FORM 199, SCHEDULE L, LINE 12 OTHER ASSETS

DEPOSITS	5,150.
NET INTANGIBLE ASSETS	38,988.
PREPAID EXPENSES AND DEFERRED CHARGES	3,562.
TOTAL	\$ 47,700.

2018	<b>CALIFORNIA STATEMENTS</b>		PAGE 2
	MY GOOD DEED		45-0491886
STATEMENT 4 FORM 199, SCHEDULE L OTHER LIABILITIES	., LINE 18		
CREDIT CARD		TOTAL \$	9,921. 9,921.
		<u></u>	

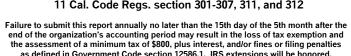
IN

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 (916) 210-6400

WEB SITE ADDRESS: www.ag.ca.gov/charities/

# ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Section 12586 and 12587, California Government Code 11 Cal. Code Regs. section 301-307, 311, and 312





	as define	u iii Government Cot	ie section 12586.1. IK		e nonoreu.					
	104600			Check if:						
State Charity Registration Number	124692			Change of address						
MY GOOD DEED				Amended	report					
Name of Organization		100				0.401.606				
5151 CALIFORNIA AVENUE Address (Number and Street)	SUITE	100		Corporate or	Organization No.	2421626				
IRVINE, CA 92617 City or Town, State and ZIP Code				Federal Emplo	yer I.D. No. <u>45-0</u>	)491886				
	ISTRATION F	RENEWAL FEE S	CHEDULE (11 Cal	. Code Reas. se	ections 301-307, 311,	and 312)				
			orney General's I			, 42 0,				
Gross Annual Revenue	Fee	Gross Annual	Revenue	<u>Fee</u>	Gross Annual Re	venue	<u> </u>	Fee		
Less than \$25,000	0	Between \$100,	001 and \$250,000	\$50	Between \$1,000,0	001 and \$10 million	ı \$	150		
Between \$25,000 and \$100,000	\$25	Between \$250,	001 and \$1 millio	n \$75	Between \$10,000 Greater than \$50	,001 and \$50 millio million		3225 3300		
PART A – ACTIVITIES		•			•					
For your most recent full acc	ounting peri	iod (beginning	1/01/18	ending	12/31/18	) list:				
Gross annual revenue \$	1	1,313,921.	Total assets	\$	376,122.	_				
PART B – STATEMENTS RI	EGARDING	G ORGANIZA	TION DURING	G THE PERI	OD OF THIS RE	PORT				
Note: If you answer "yes" to an	v of the que	stions below, vo	ou must attach a	senarate nage	providing an expla	nation and details	for e	ach		
"yes" response. Please re										
1 During this reporting period, w	vere there ar	ny contracts. Ioa	ns. leases or oth	er financial tra	nsactions between	the	Yes	No		
During this reporting period, worganization and any officer, director or trustee had any fin	ector or truste ancial intere	ee thereof either o	directly or with an	entity in which a	nny such officer, SEE	STATEMENT 1	X			
2 During this reporting period, wer property or funds?	re there any t	heft, embezzleme	ent, diversion or mi	suse of the orga				X		
3 During this reporting period, d	lid non-proar	ram expenditure:	s exceed 50% of	gross revenue	?			Х		
4 During this reporting period, wer	re any organiz	zation funds used	to pay any penalt	y, fine or judgm	ent? If you filed a		П	X		
Form 4720 with the Internal R	evenue Serv	vice, attach a cop	py.				Ц			
5 During this reporting period, w purposes used? If "yes," proviservice provider.	vere the serv ide an attach	nment listing the	ercial fundraiser of name, address,	and telephone	number of the	ole		X		
6 During this reporting period, did the name of the agency, maili						ing STATEMENT 2	Χ			
7 During this reporting period, did indicating the number of raffle				oses? If "yes," p	provide an attachmen	t		X		
Does the organization conduct a the program is operated by th charitable purposes.	vehicle dona e charity or	ation program? If whether the orga	"yes," provide an a anization contract	attachment indic ts with a comm	cating whether nercial fundraiser fo	ır		X		
Did your organization have proprinciples for this reporting per		udited financial s	statement in acco	ordance with ge	enerally accepted a	ccounting	Χ			
Organization's area code and telep	hone numbe	er <u>949-344-</u>	8011							
Organization's e-mail address DA	AVID.PAI	NE@911DAY.	ORG							
I declare under penalty of perjury and belief, the content is true, corr			port, including a	ccompanying	documents, and to	the best of my kno	wled	ge		
	DAV.	ID PAINE		PRESIDENT	1					
Signature of authorized officer	Drinted			THE	•	Date				

PAGE 1

**MY GOOD DEED** 

45-0491886

STATEMENT 1 FORM RRF-1, PART B, LINE 1 FINANCIAL TRANSACTIONS

NAME OF OFFICER: DAVID PAINE, PRESIDENT
NATURE OF TRANSACTION: ACCIDENTALLY USED ORGANIZATION CREDIT CARD FOR PERSONAL
TRANSACTIONS TOTALING \$737.77 IN 2017. OFFICER REIMBURSED THE ORGANIZATION ON
2/23/18.

STATEMENT 2 FORM RRF-1, PART B, LINE 6 GOVERNMENT AGENCY THAT PROVIDED FUNDING

CORPORATION FOR NATIONAL & COMMUNITY SERVICE 250 E ST SW WASHINGTON, DC 20024 CONTACT PERSON: KIMBERLY HAMMONDS, GRANT MANAGER 202-606-5000

### Form **8868**

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return. ► Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-1709

Form **8868** (Rev. 1-2019)

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automati	c 6-Month Extension of Time. Only sub	mit origin	al (no copies needed).				
	ions required to file an income tax return other th 004 to request an extension of time to file income		5.				
			Enter filer's identi				
_	Name of exempt organization or other filer, see instructions.			Employ	er identification	n number (EIN) or	
Type or orint							
,	MY GOOD DEED  Number, street, and room or suite number. If a P.O. box, see in				)491886		
ile by the	security number	curity number (SSN)					
due date for iling your eturn. See	5151 CALIFORNIA AVENUE, SUITE City, town or post office, state, and ZIP code. For a foreign add		ictions.				
nstructions.	IRVINE, CA 92617						
Enter the R	eturn Code for the return that this application is fo	or (file a se	parate application for each return)			01	
Application s For		Return Code	Application Is For			Return Code	
Form 990 or	Form 990-EZ	01	Form 990-T (corporation)			07	
orm 990-B		02	Form 1041-A			08	
orm 4720 (	individual)	03	Form 4720 (other than individual)			09	
orm 990-P	F	04	Form 5227	10			
orm 990-T	form 990-T (section 401(a) or 408(a) trust) 05 Form 6069						
orm 990-T	n 990-T (trust other than above) 06 Form 8870					12	
<ul><li>If the or</li><li>If this is check the</li></ul>	ne No. ► (949) 233-0050 ganization does not have an office or place of buston a Group Return, enter the organization's four box ►	digit Group	e United States, check this box	this is	for the who	ole group,	
for the	est an automatic 6-month extension of time until organization named above. The extension is for the calendar year 20 18 or tax year beginning , 20 tax year entered in line 1 is for less than 12 month ange in accounting period	organization , and endir	ng, 20	zation r			
3a If this	application is for Forms 990-BL, 990-PF, 990-T, 4 fundable credits. See instructions			3 a	\$	0.	
<b>b</b> If this	application is for Forms 990-PF, 990-T, 4720, or syments made. Include any prior year overpayments	6069, enter	any refundable credits and estimated	3 b	•	0.	
c Balan	ce due. Subtract line 3b from line 3a. Include you S (Electronic Federal Tax Payment System). See	r payment	with this form, if required, by using	3 c		0.	
	you are going to make an electronic funds withdra						
payment in		•					

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

## Form **990**

**Return of Organization Exempt From Income Tax** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Α	For the 2	2018 calen	dar year, or tax year begin	ning	, 2018,	and ending	l		,
В	Check if ap	plicable:	С				D	Employer iden	tification number
	Addres	ss change	MY GOOD DEED					45-0491	886
		change	5151 CALIFORNIA	AVENUE SUITE	100			Telephone num	
		-	IRVINE, CA 92617	IVENOE, COILE	100			·	
	Initial		111111111111111111111111111111111111111					949-344	1-8011
	Final ret	turn/terminated							
	Amend	ded return						Gross receipts	=/0=1/0051
	Applic	ation pending	<b>F</b> Name and address of principal	officer: DAVID PAI	NE		<b>I(a)</b> Is this a grou		— — ···· — ····
			SAME AS C ABOVE				H(b) Are all subor If "No," attac	dinates include	ed? Yes No
ī	Tax-exer	npt status:	X 501(c)(3) 501(c) (	) ◀ (insert no.)	4947(a)(1) or	527	ii ivo, attac	ii a iist. (see ii	istructions)
J	Websi		W.911DAY.ORG	, , , , , , , , , , , , , , , , , , , ,	,,,,,		H(c) Group exem	otion number I	•
K		organization:	X Corporation Trust	Association Other ►	1.	ear of formatio	(-)		legal domicile: CA
_		5		Association		ear or iornatio	11. 2002	M State of	legal doffliche. CA
76	ITLI Del	Summar	y bo the ergonization's missi	an ar maat aignifiaant	antivition.				
	I <u>D</u> I	lelly descri	be the organization's missi	on or most significant	activities. SE	<u>E_SCHED</u>	ULE_O		
g									
a				. – – – – – – – –					
er									
Activities & Governance	2 Ch	neck this bo		n discontinued its oper					ssets.
∾ প	3 Nu 4 Nu		oting members of the gover dependent voting members						9
S	<b>5</b> To		of individuals employed in						1
ŧ	6 To		of volunteers (estimate if						0 400
듕	70 TO		ed business revenue from F						8,400
⋖			d business taxable income						713.
	D INC	t uniterated	Dusiness taxable income	ITOTTI FORTI 990-1, IIITE	30				Current Year
	0 00	ممانيلين والسلم	and grants (Dart ) (III line	16)			Prior		
ē			and grants (Part VIII, line	,			<b>.</b>	24,890.	1,313,208.
Revenue			vice revenue (Part VIII, line						504
ě			ncome (Part VIII, column (A						784.
ш			e (Part VIII, column (A), lir					-844.	-71.
			e – add lines 8 through 11					24,046.	1,313,921.
			imilar amounts paid (Part I	• •	•			20 <b>,</b> 576.	
			to or for members (Part I)						
G	<b>15</b> Sa	laries, othe	er compensation, employee	e benefits (Part IX, col	umn (A), lines	5-10)	1.	54,583.	383,653.
Se	<b>16a</b> Pr	ofessional	fundraising fees (Part IX, o	olumn (A), line 11e)					808.
Expenses	<b>h</b> To	tal fundrais	sing expenses (Part IX, col	umn (D). line 25) ►	q	2,108.			
Ä	17 Ot		ses (Part IX, column (A), lir	—			4.	22 025	002.756
		•		•				22,025.	983,756.
		•	es. Add lines 13-17 (must e	•				97,184.	1,368,217.
		evenue less	expenses. Subtract line 1	8 from line 12				26,862.	-54,296.
0 or							Beginning of		End of Year
Net Assets Fund Balanc	<b>20</b> To		(Part X, line 16)					35,009.	376,122.
A B	<b>21</b> To	tal liabilitie	es (Part X, line 26)					11,073.	56,482.
5	<b>22</b> Ne	et assets or	fund balances. Subtract li	ne 21 from line 20			3.	73,936.	319,640.
		Signatur	e Block				•	•	
Und	er penalties	of periury. I de	eclare that I have examined this retu	rn, including accompanying s	chedules and staten	nents, and to the	ne best of my kno	wledge and be	lief, it is true, correct, and
com	plete. Decla	ration of prepa	eclare that I have examined this returner (other than officer) is based on a	all information of which prepa	rer has any knowled	dge.			., , ,
Sig	n	Signatu	re of officer				Date		
He	re re	מאמ	ID PAINE				PRESIDE	ידיא	
			print name and title				LVESIDE	IN T	
_			preparer's name	Preparer's signature		Date	T <sub>a</sub> .	,	PTIN
			•	, ,		Date	Chec	ш	
Pa		LAWRENC	E W. QUEEN CPA, MBT	LAWRENCE W. QUEEN	N CPA, MBT		self-	employed	P00240691
Pr	eparer	Firm's name	QUEEN & COMPANY,	ACCOUNTANCY CORP	·				
Us	e Only	Firm's addre	ess 16520 BAKE PARKV	AY STE 110		<u> </u>	Firm	's EIN ► 20	-1507540
			IRVINE, CA 92618				Phor		9) 266-2955
Ma	v the IRS	discuss th	nis return with the preparer		structions)		1	(515	X Yes No

Part	III	Statement of Program Service				37
1 1	العن مال	check if Schedule O contains a respondance of the organization's mission:	nse or note to any line in this Part III			X
	-	acrientit e o				
ì	<u> </u>	SCHEDULE O				
2	Oid the	e organization undertake any significant pr	ogram services during the year which were not li	sted on the prior		
					es X	No
		s," describe these new services on Schedul		······ 🗀 ''	-5 A	110
			ke significant changes in how it conducts, ar	ov program services?	es X	No
		s," describe these changes on Schedule O.	ne significant changes in now it conducts, at	iy program services	C3 V	110
		•	accomplishments for each of its three largest	nrogram services as measured	hu avnanc	202
	Section	on 501(c)(3) and 501(c)(4) organizations	are required to report the amount of grants	and allocations to others, the total	al expensi	es,
ć	and re	evenue, if any, for each program service	e reported.			
	(Code	:) (Expenses \$1,15	5,602. including grants of \$	) (Revenue \$	9	<u> </u>
			S TO ENCOURAGE PEOPLE TO HEL			
			ESTABLISHED SEPTEMBER 11 NAT	<u>'IONAL DAY OF SERVICE</u>	AND_	
	REM1	EMBRANCE.				
-						
-						
-						
4 b	(Code	:) (Expenses \$	including grants of \$	) (Revenue \$		)
-						
4 c	(Code	:) (Expenses \$	including grants of \$	) (Revenue \$		)
-						
-						
-						
-						
-						
74	Other	program services (Describe in Schedule	20)			
	Ciriei (Expe			(Revenue \$	)	
		program service expenses	iding grants of \$ )	(1.070Huo Y	,	

## Form 990 (2018) MY GOOD DEED Part IV Checklist of Required Schedules

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

Dord IV	Chaplist of Dog	uired Schedules	(continued)
rartiv	CHECKIIST OF REC	juireu Scriedules	(continueu)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23		Х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
ı	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
I	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II.	26	Х	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>	27		Х
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):			
i	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a	Х	
I	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.	28b		Х
(	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
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 l</i>	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ı	o If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O.	38	Х	
Pa	rt 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			. <u> </u>
	Enter the number reported in Day 2 of Form 1000 Fator 0 if and applicable		Yes	No
I	a Enter the number reported in Box 3 of Form 1096. 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?	1 c		1051-
BAA	TEEA0104L 08/03/18	Form	990 (	2018

Form 990 (2018) MY GOOD DEED

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

			Yes	No
2 8	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
	ments, filed for the calendar year ending with or within the year covered by this return 2a 4		17	
t	a If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	
۰.	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
	a bit the organization have differenced business gross income of \$1,000 of more during the year:  If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		71
	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	35		
7.	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		X
ŀ	o If 'Yes,' enter the name of the foreign country: ►			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			37
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	o Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b 5 c		Λ
	-	30		
	a 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?	6 a		Х
t	o If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
ā	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?	7 a		Х
ŀ	a If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		71
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	, ,		
	Form 8282?	7 c		Х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year			37
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899	7 f		Λ
•	as required?	7 g		
ł	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
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		
	Sponsoring organizations maintaining donor advised funds.			
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	a Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders			
ł	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
ā	a Is the organization licensed to issue qualified health plans in more than one state?	13 a		
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
	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			
	Enter the amount of reserves on hand	14		v
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	of If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in 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?	15		Х
	If 'Yes,' see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If 'Yes,' complete Form 4720, Schedule O.			

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year..... 9 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 in Schedule O. **b** Enter the number of voting members included in 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 2 Χ Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? ..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 a 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?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... Χ 8 a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O..... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... Χ 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 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? Χ a The organization's CEO, Executive Director, or top management official.. SEE . SCHEDULE..Q...... 15a **b** Other officers or key employees of the organization..... 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... Χ 16 a **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?. 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > CA NY 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 X Another's website X Upon request Other (explain in Schedule O) Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records

IRVINE CA 92617

(949)

233-0050

DAVID PAINE 5151 CALIFORNIA AVENUE

## 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.....

X

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

- 1 a 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.

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

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

				(C)	)					
(A) Name and Title	<b>(B)</b> Average hours	thar	one both	box, an o	unles		on	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from	<b>(F)</b> Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DAVID PAINE	3									
PRESIDENT	0	Χ		Χ				0.	0.	0.
_(2) JAY S. WINUK VICE PRESIDENT	_ <u>1.5</u> _0	Х		Х				0.	0.	0.
(3) CINDY MCGINTY	1									_
DIRECTOR	0	Χ						0.	0.	0.
(4) ALICE HOAGLAND	0.25									
DIRECTOR	0	Χ						0.	0.	0.
(5) KATIE LOOVIS	0.25									
SECRETARY	0	Χ		Χ				0.	0.	0.
(6) JOSEPH SPALLUTO	_ 1									
CHAIRMAN	0	Χ		Χ				0.	0.	0.
(7) GERARD PAPETTI	2									
TREASURER	0	Χ		Χ				0.	0.	0.
(8) JOSEPH GUAY	_ 1									
DIRECTOR	0	Χ						0.	0.	0.
(9) ANNMAURA CONNELLY	0.25							_	_	_
DIRECTOR	0	X						0.	0.	0.
(10)										
(11)										
(12)										
(13)										
(14)										

Part VII   Section A. Officers, Directors, I	(B)	ney	EII	1D10		es,	and	a riignest Corr	ipensated Emp	loyees	<b>S</b> (cont	inuea)
	, ,			•	•	than		<b>(D)</b>	<b>(E)</b>		<b>(</b> E\	
<b>(A)</b> Name and title	Average hours per	box	, unle	ess pe	erson	than is both or/trus	h an	<b>(D)</b> Reportable	<b>(E)</b> Reportable	E	<b>(F)</b> stimate	:d
	week (list any	<b>L</b>	1					compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	con	unt of one of the second of th	tion
	hours for	Individual or director	stitut	Officer	ey en	ghesi nploy	Former	(W-2/1099-WIGC)	(W-2/1039-WIGC)	org	ganizati id relate	on
	related organiza - tions	ctor tr	onal	_	Key employee	ee (com	Υ.			org	anizatio	ns
	below dotted	Individual trustee or director	institutional trustee		66	Highest compensated employee						
	line)		66			ated						
(15)												
(16)												
(17)												
		•										
(18)												
(19)												
(20)												
(21)												
(22)												
(23)												
(24)	-											
(25)												
1 b Sub-total							<b>•</b>	0.	0.	Į.		0.
c Total from continuation sheets to Part VII, Se							<b>&gt;</b>	0.	0.			0.
d Total (add lines 1b and 1c)							vod.	0.	0.	oncatio	n	0.
from the organization • 0	eu to those i	isteu	abo	ve) \	WHO	recen	veu	more than \$100,00	o or reportable comp	Jensalio	11	
											Yes	No
3 Did the organization list any former officer, dir	ector, or tru	ıstee,	, key	y en	nploy	yee,	or h	ighest compensa	ted employee			
on line 1a? If 'Yes,' complete Schedule J for s										. 3		X
4 For any individual listed on line 1a, is the sum the organization and related organizations gre such individual	ater than \$1	50,0	00?	If '	Yes,	' com	ıple	te Schedule J for		4		X
5 Did any person listed on line 1a receive or acc for services rendered to the organization? If ')	rue comper	nsatio	n fr	om	anv	unre	late	d organization or	individual	5		X
Section B. Independent Contractors											I	1 21
Complete this table for your five highest comp compensation from the organization. Report comp	ensated ind	epen	dent alen	t coi dar	ntrad vear	ctors endii	tha	t received more the	nan \$100,000 of	r.		
(A) Name and business a			<u> </u>		<i>y</i> ou.	0		(B)		(	C)	
Name and business a	ddress							Description of	of services	Compe	eńsati	on
2 Total number of independent contractors (includin	~	ited to	o the	ose Ī	liste	d abo	ve)	who received more	than			
\$100,000 of compensation from the organizati	on <b>-</b> 0											

Part VIII	Statement of Revenue

	Check if Schedule O contains a response or note to any	line in this Part V	III		
		<b>(A)</b> Total revenue	<b>(B)</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   432,502   f All other contributions, gifts, grants, and similar amounts not included above 1f   g Noncash contributions included in lines 1a-1f:				
<u>මු ලි</u>	h Total. Add lines 1a-1f	1,313,208.			
Program Service Revenue	Business Code  2 a  b  c  d  e  f All other program service revenue				
مَّت	g Total. Add lines 2a-2f				
Other Revenue	<ul> <li>Investment income (including dividends, interest and other similar amounts)</li></ul>	784.		784.	
	(i) Real (ii) Personal  6 a Gross rents  b Less: rental expenses c Rental income or (loss)				
	d Net rental income or (loss)				
	b Less: cost or other basis and sales expenses				
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c).  See Part IV, line 18				
þ	<b>b</b> Less: direct expenses				
	c Net income or (loss) from fundraising events ▶  9 a Gross income from gaming activities. See Part IV, line 19 a				
	b Less: direct expenses b  c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances				
	c Net income or (loss) from sales of inventory	-71.		-71.	
	Miscellaneous Revenue Business Code  11 a				
	c				
	d All other revenue				
	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions	1 313 921	0.	713.	0

#### 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).

Do	Check if Schedule O contains a re	esponse or note to any  (A)  Total expenses	(B) Program service	(C) Management and	( <b>D)</b> Fundraising
6b,	7b, 8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	189,674.	169,892.	13,001.	6,781.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	177,321.	119,986.	· ·	57,335.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1777521.	115/500.		37,333.
9	Other employee benefits				
10	Payroll taxes	16,658.	11,271.	686.	4,701.
11	Fees for services (non-employees):		·		
a	Management				
ŀ	Legal	30.		30.	
(	Accounting	47,217.		47,217.	
C	Lobbying				
6	Professional fundraising services. See Part IV, line 17	808.			808.
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)	73,548.	73,548.		
12	Advertising and promotion.	61,621.	61,621.		
13	Office expenses	, , ,	, ,		
14	Information technology				
15	Royalties				
16	Occupancy	31,011.		31,011.	
17	Travel	53,919.	34,855.	1,409.	17,655.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	29,609.	28,390.	1,219.	
23	Insurance	17,612.	2,806.	14,086.	720.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
ā	FOOD SUPPLIES FOR 9/11 EVENT	390,000.	390,000.		
	PUBLIC RELATIONS	98,125.	98,125.		
(	DATABASE LICENSE AGREEMENT	40,000.	40,000.		
C	911 DAY OF SERVICE PROGRAMMING	25,000.	25,000.		
•	All other expenses	116,064.	100,108.	11,848.	4,108.
25	<b>Total functional expenses.</b> Add lines 1 through 24e	1,368,217.	1,155,602.	120,507.	92,108.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

#### Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in thi	s Part X	<u></u>	<u></u>	
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash — non-interest-bearing			1	
	2	Savings and temporary cash investments		334,042.	2	293,697.
	3	Pledges and grants receivable, net		1,500.	3	33,694.
	4	Accounts receivable, net	·	4		
	5	Loans and other receivables from current and former officers, director trustees, key employees, and highest compensated employees. Compart II of Schedule L	736.	5		
	6	Loans and other receivables from other disqualified persons (as defined in section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contribution contribution of section 501(c)(9) voluntary embeneficiary organizations (see instructions). Complete Part II of School	730.	6		
2	7				7	
Assets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges		523.	9	3,562.
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	3,973.			·
	b	Less: accumulated depreciation	2,942.	1,850.	10 c	1,031.
	11	Investments – publicly traded securities.			11	
	12	Investments – other securities. See Part IV, line 11			12	
	13	·			13	
	14	Intangible assets		42,758.	14	38,988.
	15	Other assets. See Part IV, line 11		3,600.	15	5,150.
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)		385,009.	16	376,122.
	17	Accounts payable and accrued expenses		8,418.	17	46,561.
	18	Grants payable	L		18	
	19				19	
	20	Tax-exempt bond liabilities	<u> </u>		20	
ies	21	Escrow or custodial account liability. Complete Part IV of Schedule	<u></u>		21	
Liabilities	22	Loans and other payables to current and former officers, directors, to key employees, highest compensated employees, and disqualified properties. Complete Part II of Schedule L	ersons.		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 thi and other liabilities not included on lines 17-24). Complete Part X of		2,655.	25	9,921.
	26	<b>Total liabilities.</b> Add lines 17 through 25		11,073.	26	56,482.
ances		Organizations that follow SFAS 117 (ASC 958), check here ► X and lines 27 through 29, and lines 33 and 34.	complete	·		·
	27	Unrestricted net assets		373,936.	27	319,640.
3a	28	Temporarily restricted net assets.			28	
핕	29	Permanently restricted net assets	. <u></u>		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund	•			
	32	Retained earnings, endowment, accumulated income, or other funds		32		
	33	Total net assets or fund balances	373,936.	33	319,640.	
~	34	Total liabilities and net assets/fund balances		385,009.	34	376,122.

Pa	rt 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	1,3	13,9	921.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,3	68,2	217.
3	Revenue less expenses. Subtract line 2 from line 1	3	_	54,2	296.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3	73,9	936.
5	Net unrealized gains (losses) on investments.	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O).	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
<b>D</b> -	column (B))	10	3	19,6	<u>540.</u>
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis	d on a			
	b Were the organization's financial statements audited by an independent accountant?		2 b	X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both:	te			
	X Separate basis Consolidated basis Both consolidated and separate basis				
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
3	a 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?		3 a		Х
	<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required aud or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b		
BAA	TEEA0112L 08/03/18		Form	990	(2018)

#### SCHEDULE A (Form 990 or 990-EZ)

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

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 2018

Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number 45-0491886 MY GOOD DEED 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.) 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.) 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 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 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 12 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations ..... **q** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? 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.)

Sec	tion A. Public Support						
begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	437,000.	416,081.	658,544.	824,890.	1,313,208.	3,649,723.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	<b>Total.</b> Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	437,000.	416,081.	658,544.	824,890.	1,313,208.	3,649,723.
6	<b>Public support.</b> Subtract line 5 from line 4						3,649,723.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total
7	Amounts from line 4	437,000.	416,081.	658,544.	824,890.	1,313,208.	3,649,723.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						0.
	Total support. Add lines 7 through 10						3,649,723.
12	Gross receipts from related activ	rities, etc. (see ins	tructions)			12	-2,890.
13	<b>First five years.</b> If the Form 990 is organization, check this box and	for the organization stop here	's first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	▶ □
Sec	tion C. Computation of Pul	blic Support P	ercentage				
	Public support percentage for 20						100.00%
	Public support percentage from 2					<u> </u>	100.00%
	<b>33-1/3% support test—2018.</b> If the and <b>stop here.</b> The organization	qualifies as a pub	licly supported or	ganization			► <u>X</u>
b	<b>33-1/3% support test—2017.</b> If the and <b>stop here.</b> The organization	e organization did qualifies as a pul	not check a box plicly supported or	on line 13 or 16a ganization	, and line 15 is 3	3-1/3% or more, o	check this box
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the 'facts	meets the 'facts-a	nd-circumstances	test, check this	box and stop her	re. Explain in Par	t VI how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and Private foundation. If the organiz	meets the 'facts-a d-circumstances' t	nd-circumstances est. The organiza	tion qualifies as	box and <b>stop her</b> a publicly support	re. Explain in Par ed organization.	t VI how the ►
10	i iivate iouiluation. Ii the organi.			o, roa, rob, r/a,	, or 17b, check th	is nov alia see IU:	Sti uCtiOi 15 •

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.)

Sec	tion A. Public Support		picase complete i	<u> </u>						
	dar year (or fiscal year beginning in)	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	(2) 2011	(3) 2010	(4) == : :	(4) 2317	(6) 2010	(i) Foto:			
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.									
3	Gross receipts from activities that are not an unrelated trade or business under section 513.									
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.									
5	The value of services or facilities furnished by a governmental unit to the organization without charge									
	<b>Total.</b> Add lines 1 through 5 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.									
С	Add lines 7a and 7b									
8	<b>Public support.</b> (Subtract line 7c from line 6.)									
	tion B. Total Support		T 1		T					
	dar year (or fiscal year beginning in)	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	<b>(f)</b> Total			
	Amounts from line 6									
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975									
_	Add lines 10a and 10b.  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	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)									
14	First five years. If the Form 990 organization, check this box and									
	tion C. Computation of Pul									
	Public support percentage for 20	•			•	<u> </u>	90			
	Public support percentage from 2				<u></u>		90			
Sec	tion D. Computation of Inv									
17		•	• • • • • • • • • • • • • • • • • • • •	-			%			
	Investment income percentage f						%			
19a	<b>33-1/3% support tests—2018.</b> If t is not more than 33-1/3%, check	the organization of this box and <b>sto</b>	did not check the b p here. The organ	oox on line 14, ar ization qualifies	nd line 15 is more as a publicly supp	than 33-1/3%, and orted organization	I line 17 ►			
	line 18 is not more than 33-1/3%	s not more than 33-1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization								

#### Part IV Supporting Organizations

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

Pa	rt IV	Supporting Organizations (continued)			
11	∐ac :	the organization accepted a gift or contribution from any of the following persons?		Yes	No
		rson who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
		erning body of a supported organization?	11a		
	<b>b</b> A far	mily member of a person described in (a) above?	11b		
	<b>c</b> A 35	% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Sec	ction	B. Type I Supporting Organizations			
	D: 1 11			Yes	No
1	or ele <b>Part</b> If the direc	he directors, trustees, or membership of one or more supported organizations have the power to regularly appoint ect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in 'VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. e organization had more than one supported organization, describe how the powers to appoint and/or remove ctors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, lied to such powers during the tax year.	1		
2	Did t that	the organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such efit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the porting organization.	2		
Sec	ction	C. Type II Supporting Organizations			
				Yes	No
1	of ea	e a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees each of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the porting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	ction	D. All Type III Supporting Organizations			
				Yes	No
1	orgai year,	the organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	orgai	e any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported inization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	voice all tir	eason of the relationship described in (2), did the organization's supported organizations have a significant e in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played his regard.	3		
Sec	ction	E. Type III Functionally Integrated Supporting Organizations			
1	Chec	ck the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
		The organization satisfied the Activities Test. Complete line 2 below.			
	ᆷ	The organization is the parent of each of its supported organizations. Complete line 3 below.			
	ᆷ	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see in	nstruc	tions).	
	• Ш	g			
2	Activ	vities Test. Answer (a) and (b) below.		Yes	No
i	suppo orga respo	substantially all of the organization's activities during the tax year directly further the exempt purposes of the organization(s) to which the organization was responsive? If 'Yes,' then in <b>Part VI identify those supported anizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was consive to those supported organizations, and how the organization determined that these activities constituted stantially all of its activities.	2a		
	the c	the activities described in (a) constitute activities that, but for the organization's involvement, one or more of organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for organization's position that its supported organization(s) would have engaged in these activities but for the inization's involvement.	2b		
3	Pare	ent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
i	<b>a</b> Did t each	the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI.</i>	3a		
	<b>b</b> Did th supp	he organization exercise a substantial degree of direction over the policies, programs, and activities of each of its ported organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Sche	dule A (Form 990 or 990-EZ) 2018 MY GOOD DEED		45-04	91886	Page
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	anizat	tions		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on No	ov. 20, 1970 (explain in st complete Sections A	Part VI). <b>See</b> through E.	!
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Currer (optior	
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			
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Currer (option	
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			
t	Average monthly cash balances	1b			
C	Fair market value of other non-exempt-use assets	1c			
C	Total (add lines 1a, 1b, and 1c)	1d			
e	Discount claimed for blockage or other factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sec	tion C — Distributable Amount			Current	Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6			

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). 7 Schedule A (Form 990 or 990-EZ) 2018 BAA

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)	
Sec	ion D — Distributions	Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	

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)

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

Total annual distributions. Add lines 1 through 6.

Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.

Distributable amount for 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013			
<b>b</b> From 2014			
<b>c</b> From 2015			
<b>d</b> From 2016			
<b>e</b> From 2017			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7:			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:	_		
a Excess from 2014			
<b>b</b> Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			
RAA		Schodulo A (Fo	rm 990 or 990-F7) 2018

BAA

Schedule A (Form 990 or 990-EZ) 2018

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

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

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

2018

Employer identification number

MY GOOD DEED		45-0491886	
Organization type (check one):		·	
Filers of:	Section:		
Form 990 or 990-EZ	X 501(c)( 3 ) (enter r	number) organization	
	4947(a)(1) nonexempt	charitable trust <b>not</b> treated as a private foundation	
	527 political organization	on	
Form 990-PF	501(c)(3) exempt priva	ate foundation	
	4947(a)(1) nonexempt	charitable trust treated as a private foundation	
	501(c)(3) taxable priva	'	
Check if your organization is covered by the	General Rule or a Special Rule.		
<b>Note:</b> Only a section 501(c)(7), (8), or	(10) organization can check boxes for	or both the General Rule and a Special Rule. See instruction	ns.
General Rule			
For an organization filing Form 990 property) from any one contributor.	, 990-EZ, or 990-PF that received, c Complete Parts I and II. See instru	during the year, contributions totaling \$5,000 or more (in moctions for determining a contributor's total contributions.	oney or
Special Rules			
under sections 509(a)(1) and 170(b)(1	D(A)(vi), that checked Schedule A (For	90-EZ that met the 33-1/3% support test of the regulations m 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that of the greater of (1) \$5,000; or (2) 2% of the amount on (i) s I and II.	
For an organization described in seduring the year, total contributions purposes, or for the prevention of contributor name and address), II,	cruelty to children or animals. Compl	orm 990 or 990-EZ that received from any one contributor, religious, charitable, scientific, literary, or educational lete Parts I (entering 'N/A' in column (b) instead of the	
during the year, contributions <i>exclu</i> \$1,000. If this box is checked, ente charitable, etc., purpose. Don't con	usively for religious, charitable, etc., or here the total contributions that we applete any of the parts unless the <b>G</b> o	prm 990 or 990-EZ that received from any one contributor, purposes, but no such contributions totaled more than ere received during the year for an <i>exclusively</i> religious, <b>eneral Rule</b> applies to this organization because ng \$5,000 or more during the year	
<b>Caution:</b> An organization that isn't cow 990-PF), but it <b>must</b> answer 'No' on Pa Part I, line 2, to certify that it doesn't n	art IV, line 2, of its Form 990; or che	Special Rules doesn't file Schedule B (Form 990, 990-EZ, oek the box on line H of its Form 990-EZ or on its Form 990- dule B (Form 990, 990-FZ, or 990-PF).	or -PF,

1

Name of organization
MY GOOD DEED
Employer identification number
45-0491886

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

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AMERICAN EXPRESS FOUNDATION		Person X
	3 WORLD FINANCIAL CENTER	\$100,000.	Payroll Noncash
	NEW YORK, NY 10285-4804		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CORP FOR NATIONAL COMMUNITY SERVICE		Person X Payroll
	1201 NEW YORK AVE., NW	\$4 <u>32,</u> 502.	· · · · · · · · · · · · · · · · · · ·
	WASHINGTON, DC 20525		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	HOLLAND & KNIGHT		Person X
	524 GRAND REGENCY BOULEVARD	\$ <u>75,000</u> .	Payroll Noncash
	BRANDON, FL 33510		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	CITI FOUNDATION		Person X Payroll
	ONE COURT SQUARE 43RD FLOOR	\$ <u>120,000</u> .	
	LONG ISLAND CITY, NY 11120		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>5</u>	JPMORGAN CHASE & COMPANY		Person X Payroll
	270 PARK AVENUE - 4TH FLOOR	\$30,000.	Noncash
	NEW YORK, NY 10017		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u>	BANK OF AMERICA		Person X Payroll
	115 W 42ND ST	\$50,000.	Noncash
			(Complete Part II for

2

Name of organization
MY GOOD DEED
Employer identification number
45-0491886

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (d) Type of contribution (a) Number (b) Name, address, and ZIP + 4 (c) Total contributions Person THE SPALLUTO FAMILY CHARITABLE FUND **Payroll** 211 MAIN STREET 30,000. Noncash (Complete Part II for SAN FRANCISCO, CA 9410 noncash contributions.) (b) Name, address, and ZIP + 4 (c) Total contributions (d) Type of contribution (a) Number Person **Payroll** Noncash (Complete Part II for noncash contributions.) (b) Name, address, and ZIP + 4 (a) Number (c) Total (d) Type of contribution contributions Person **Payroll** Noncash (Complete Part II for noncash contributions.) (b) Name, address, and ZIP + 4 (d) Type of contribution (a) Number (c) Total contributions Person **Payroll** Noncash (Complete Part II for noncash contributions.) (d) Type of contribution (c) Total (a) (b) Number Name, address, and ZIP + 4 contributions Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) Number (c) Total (b) (d) Type of contribution Name, address, and ZIP + 4 contributions Person **Payroll** Noncash (Complete Part II for noncash contributions.)

Employer identification number

45-0491886 MY GOOD DEED Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (b)
Description of noncash property given (a) No. from Part I (c) FMV (or estimate) (See instructions.) (d) Date received N/A (a) No. from (c) FMV (or estimate) (See instructions.) (b) (d) Description of noncash property given Date received Part I (a) No. from (b) Description of noncash property given (d) Date received (c) FMV (or estimate) (See instructions.) Part I (a) No. from Part I (b) Description of noncash property given (d) Date received (c) FMV (or estimate) (See instructions.) (a) No. from (d) Date received (b) Description of noncash property given (c) FMV (or estimate) Part I (See instructions.) (b) Description of noncash property given (c) FMV (or estimate) (d) (a) No. Date received from (See instructions.) Part I

Page 4

Name of organization Employer identification number MY GOOD DEED 45-0491886 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)..... Use duplicate copies of Part III if additional space is needed. (b) Purpose of gift (d) Description of how gift is held (c) Use of gift (a) No. from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (d) Description of how gift is held (b) Purpose of gift (a) No. from (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (d) Description of how gift is held (b) Purpose of gift (a) No. from (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (c) Use of gift (b) Purpose of gift (d) Description of how gift is held (a) No. from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

# SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection
Employer identification number

	MY GOOD DEED			45-0491886	
Par	t   Organizations Maintaining Dono	r Advised Funds or Othe	r Similar Funds o	r Accounts.	
	Complete if the organization answ	wered 'Yes' on Form 990,	Part IV, line 6.		
		(a) Donor advised fu	nds	(b) Funds and other acco	ounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and dor are the organization's property, subject to the				No
6	Did the organization inform all grantees, donor for charitable purposes and not for the benefit	of the donor or donor advisor,	or for any other purpo	ose conferring	□No
_	impermissible private benefit?			Yes	No
Par			Deat IV Clare 7		
	Complete if the organization answ				
1	Purpose(s) of conservation easements held by	·	_ '''		
	Preservation of land for public use (e.g., r	ecreation or education)		storically important land are	ea
	Protection of natural habitat	L	Preservation of a ce	ertified historic structure	
2	Preservation of open space		hudian in the form of a	annon ration and an th	
2	Complete lines 2a through 2d if the organization hast day of the tax year.	leid a qualified conservation contr	bution in the form of a	conservation easement on tr	16
				Held at the End of th	e Tax Year
á	a Total number of conservation easements			2 a	
ŀ	Total acreage restricted by conservation easer	ments		2 b	
(	Number of conservation easements on a certif	fied historic structure included in	n (a)	2 c	
	Number of conservation easements included in	n (c) acquired after 7/25/06, and	d not on a historic		
	structure listed in the National Register			2 d	
3	Number of conservation easements modified, trantax year ►	sferred, released, extinguished, o	terminated by the org	anization during the	
4	Number of states where property subject to conse	rvation easement is located <b>&gt;</b>			
5	Does the organization have a written policy re-	garding the periodic monitoring	inspection, handling	of violations,	
•	and enforcement of the conservation easemer			<u> </u>	∐ No
6	Staff and volunteer hours devoted to monitoring, i	nspecting, nandling of violations,	and enforcing conserva	ition easements during the ye	ear
7	Amount of expenses incurred in monitoring, inspe  ▶\$	cting, handling of violations, and	enforcing conservation	easements during the year	
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the req	uirements of section	170(h)(4)(B)(i) <b>Yes</b>	No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote t conservation easements.	conservation easements in its re to the organization's financial st	venue and expense sta atements that describ	tement, and balance sheet, a pes the organization's acco	and unting for
Par	Till Organizations Maintaining Colle Complete if the organization answ	<b>ctions of Art, Historical T</b> wered 'Yes' on Form 990,	reasures, or Otho Part IV, line 8.	er Similar Assets.	
1 a	a If the organization elected, as permitted under art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finan	ld for public exhibition, education	or research in furthera	ratement and balance shee ance of public service, provide	t works of e,
ŀ	If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items:	SFAS 116 (ASC 958), to repor or public exhibition, education, or	t in its revenue stater esearch in furtherance	ment and balance sheet wo of public service, provide the	orks of art, e
	(i) Revenue included on Form 990, Part VIII,	line 1			
	(ii) Assets included in Form 990, Part X			▶\$	
	If the organization received or held works of art, h amounts required to be reported under SFAS	116 (ASC 958) relating to these	items:		
	a Revenue included on Form 990, Part VIII, line				
	Assets included in Form 990, Part X		<u></u>		

Part III   Organizations Maintai	ining Colle	ctions of Art	, Historic	ai ireasures, or	Otner Similar Ass	ets (contini	uea)
3 Using the organization's acquisition, items (check all that apply):	, accession, ar	nd other records,	_	· ·	e a significant use of its	collection	
<b>a</b> Public exhibition		d _	Loan or e	xchange programs			
<b>b</b> Scholarly research		е	Other				
c Preservation for future generation	ations						
4 Provide a description of the organize Part XIII.	ation's collection	ons and explain h	now they furt	ther the organization's	exempt purpose in		
5 During the year, did the organizate to be sold to raise funds rather the	nan to be maii	ntained as part	of the orgar	nization's collection?		Yes	No
Part IV Escrow and Custodial line 9, or reported an a	amount on	Form 990, P	ete if the art X, line	organization ans e 21.	wered 'Yes' on Fo	rm 990, Pa	rt IV,
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodia	n or other intern	nediary for	contributions or othe	r assets not included	Yes	No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII a	nd complete the	following t	able:	•		<del></del>
						Amount	
c Beginning balance					1с		
<b>d</b> Additions during the year					1 d		
e Distributions during the year					1 e		
f Ending balance					1f		
2a Did the organization include an a	mount on For	m 990, Part X,	line 21, for	escrow or custodial	account liability?	Yes	No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII. (	Check here if the	e explanatio	on has been provided	d on Part XIII		
Part V Endowment Funds. Co	omplete if t	he organizat	ion answ	ered 'Yes' on Fo	rm 990, Part IV, Iir	ne 10.	
	(a) Current		Prior year	(c) Two years back	(d) Three years back	(e) Four yea	rs back
1 a Beginning of year balance							
<b>b</b> Contributions							
c Net investment earnings, gains, and losses							
<b>d</b> Grants or scholarships							
e Other expenditures for facilities and programs							
f Administrative expenses							
<b>g</b> End of year balance							
2 Provide the estimated percentage		-	ınce (line 1	g, column (a)) held a	ns:		
a Board designated or quasi-endowme		%					
<b>b</b> Permanent endowment ►	<del></del> %						
c Temporarily restricted endowmen		ુ					
The percentages on lines 2a, 2b, ar		•					
<b>3 a</b> Are there endowment funds not in the organization by:	•	-				Yes	No
(i) unrelated organizations						3a(i)	<u> </u>
(ii) related organizations						3a(ii)	
<b>b</b> If 'Yes' on line 3a(ii), are the rela	-		•			. 3b	
4 Describe in Part XIII the intended	duses of the o	organization's e	ndowment f	unds.			
Part VI Land, Buildings, and I Complete if the organization			n Form 9	90, Part IV, line	11a. See Form 99	0, Part X, I	ine 10.
Description of property		(a) Cost or other	r basis (	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book v	
<b>1 a</b> Land			•	` ' '	,		
<b>b</b> Buildings							
c Leasehold improvements							
<b>d</b> Equipment	L						
<b>e</b> Other	L.			2 072	2,942.	1	,031.
Total. Add lines 1a through 1e. (Colum		ual Form 990 E	Part X colu	3,973.			,031.
BAA	(u) must eq	aar r Ollir 330, F	are A, Colui	(D), IIIIC 100.)		ule D (Form 99	
<b>2</b> 22					Julieu	מכ ווווט ון ש טונו	U) 2010

Schedule D (Form 990) 2018

Part VII Investments — Other Securities.		N/A	
Complete if the organization answered			
(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)			
(1) Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) •			
Part VIII Investments — Program Related.		N/A	
Complete if the organization answered	l 'Yes' on Form 990	, Part IV, line 11c. See Form 99	90, Part X, line 13
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) •			
Part IX Other Assets. Complete if the organization answered	N/A 1 'Yes' on Form 990	Part IV line 11d See Form 99	90 Part X line 15
	scription	, 1 41(17), 1116 114. 666 1 61111 3	(b) Book value
(1)	·		
(2)			
(3)			
(4)			
(5)			
<u>(6)</u> <u>(7)</u>			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (	B) line 15.)		
Part X Other Liabilities.			
Complete if the organization answered 'Yes' on F		e or 11f. See Form 990, Part X, line 25.	
(a) Description of liability	(b) Book value		
(1) Federal income taxes	0.00	1	
(2) CREDIT CARD (3)	9,92	<u> </u>	
(4)			
(5)		_	
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)			
2. Liability for uncertain tax positions. In Part XIII, provide the text of the fo	ootnote to the organization's fin	ancial statements that reports the organization's I	liability for uncertain

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	1,368,992.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
<b>b</b> Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2 e	55,000.
3 Subtract line 2e from line 1.	3	1,313,992.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
<b>b</b> Other (Describe in Part XIII.) SEE PART XIII 4b -71.		
c Add lines 4a and 4b	4 c	-71.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,313,921.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retur	n.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	1,423,288.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		, , , , , , , , , , , , , , , , , , , ,
a Donated services and use of facilities		
b Prior year adjustments	-	
c Other losses	-	
d Other (Describe in Part XIII.) SEE PART XIII 2d 71.	-	
e Add lines 2a through 2d.	2 e	55,071.
3 Subtract line 2e from line 1.	3	1,368,217.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		1/000/21//
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.) 4b		
c Add lines 4a and 4b.	4 c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,368,217.
Part XIII Supplemental Information.		
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Par line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any SCHEDULE D, PART XI, LINE 4B	t V, ⁄ additic	onal information.
OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S		
RETAIL SALES REPORTED SEPARATELY ON 990TOTA	. <u>\$</u> AL \$	-71. -71.
SCHEDULE D, PART XII, LINE 2D OTHER EXPENSES AND LOSSES PER AUDITED F/S	<u></u>	<u>.</u>
NET RETAIL SALES INCLUDED IN EXPENSES		71.
$\mathtt{TOT}_{P}$	AL <u>\$</u>	71.

BAA Schedule D (Form 990) 2018

#### SCHEDULE L (Form 990 or 990-EZ)

#### **Transactions With Interested Persons**

25h 26 27 28a

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

Name of the organization
MY GOOD DEED

Employer identification number
45-0491886

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and	(c) Description of transaction	<b>(d)</b> Cor	rected?
	(a) Name of disqualmed person	organization	(c) Bescription of transaction	Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
<b>2</b> Fr	ater the amount of tax incurred by	the organization managers or disqualified ne	ersons during the year under		

	Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958.	<b>►</b> \$	
3	Enter the amount of tax if any on line 2 above reimbursed by the organization	▶ ბ	

#### Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fror	an to or n the zation?	<b>(e)</b> Original principal amount	(f) Balance due	<b>(g)</b> In (	default?	(h) Ap by bo comm	proved ard or hittee?	(i) W agree	ritten ment?
			То	From			Yes	No	Yes	No	Yes	No
(1) DAVID PAINE	OFFICER	PERSONAL U		X	736.			X		X		X
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total												

#### Part III Grants or Assistance Benefiting Interested Persons.

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

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

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

Schedule L (Form 990 or 990-EZ) 2018

#### Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	aring of zation's nues?
				Yes	No
(1) WINUK COMMUNICATIONS, INC	SEE PART V BELOW	54,675.	CONTRACTOR		X
(2) DAVID PAINE	SEE PART V BELOW	119,560.	EMPLOYEE		X
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

#### Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

#### **SUPPLEMENTAL INFORMATION**

WINUK COMMUNICATIONS, INC IS OWNED 100% BY JAY S. WINUK, VICE PRESIDENT OF MY GOOD DEED.

DAVID PAINE IS PRESIDENT OF MY GOOD DEED.

COMPENSATION RECEIVED IS FOR APPROVED STAFF SERVICES ONLY. NO COMPENSATION IS RECEIVED FOR BOARD MEMBER DUTIES.

#### SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Attach to Form 990 or 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

MY GOOD DEED

Employer identification number 45-0491886

#### FORM 990, PART I, LINE 1 - ORGANIZATION MISSION OR SIGNIFICANT ACTIVITIES

TO ANNUALLY REKINDLE ON 9/11 THE REMARKABLE SPIRIT OF UNITY AND SERVICE THAT EXISTED IN OUR NATION IN THE DAYS FOLLOWING THE ATTACKS - HONORING IN THIS FITTING WAY THE LIVES OF THE THOUSANDS WHO WERE KILLED AND INJURED ON 9/11, AND TO PAY TRIBUTE TO THE MANY WHO ROSE TO SERVICE IN RESPONSE TO THE 9/11 TRAGEDY INCLUDING THE BRAVE MEN AND WOMEN IN OUR MILITARY.

#### FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

TO ANNUALLY REKINDLE ON 9/11 THE REMARKABLE SPIRIT OF UNITY AND SERVICE THAT EXISTED IN OUR NATION IN THE DAYS FOLLOWING THE ATTACKS - HONORING IN THIS FITTING WAY THE LIVES OF THE THOUSANDS WHO WERE KILLED AND INJURED ON 9/11, AND TO PAY TRIBUTE TO THE MANY WHO ROSE TO SERVICE IN RESPONSE TO THE 9/11 TRAGEDY INCLUDING THE BRAVE MEN AND WOMEN IN OUR MILITARY.

#### FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE RETURN PREPARER SENDS A COPY OF THE 990 TO THE ORGANIZATION FOR REVIEW. THE DIRECTOR OF FINANCE WORKS IN CONJUNCTION WITH THE OUTSIDE ACCOUNTANT AND EXECUTIVE DIRECTOR TO ENSURE ACCURACY.

#### FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE CONFLICT OF INTEREST POLICY IS SIGNED ANNUALLY BY THE MEMBERS OF THE BOARD AND REVIEWED BY THE PRESIDENT OF THE BOARD. IF THERE IS AN APPARENT CONFLICT OF INTEREST, IT IS INVESTIGATED IMMEDIATELY.

IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF COMMITTEES WITH BOARD-DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT.

45-0491886 MY GOOD DEED

#### FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS (CONTINUED)

IF THE PRESIDENT OF THE BOARD HAS REASONABLE CAUSE TO BELIEVE A MEMBER HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT SHALL INFORM THE MEMBER OF THE BASIS FOR SUCH BELIEF AND AFFORD THE MEMBER AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. IF, AFTER HEARING THE MEMBER'S RESPONSE AND AFTER MAKING FURTHER INVESTIGATION AS WARRANTED BY THE CIRCUMSTANCES, THE PRESIDENT OF THE BOARD DETERMINES THE MEMBER HAS FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, HE SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION.

#### FORM 990. PART VI. LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

EACH YEAR, A COMPENSATION COMMITTEE CONSISTING OF THE CHAIRMAN OF THE BOARD, THE TREASURER, AND ONE NON-COMPENSATED BOARD MEMBER OF MYGOODDEED, SHALL CONVENE TO REVIEW, MODIFY AS NEEDED, AND APPROVE THE COMPENSATION TO BE PAID IN THE NEXT FISCAL YEAR TO ANY BOARD MEMBERS, DIRECTORS, OFFICERS OR KEY EMPLOYEES OF MYGOODDEED. IN REVIEWING COMPENSATION, THIS COMMITTEE SHALL TAKE INTO ACCOUNT COMPETITIVE COMPENSATION FOR SIMILARLY EXPERIENCED EXECUTIVES IN THE NONPROFIT SECTOR, THE IMPORTANCE OF THESE INDIVIDUALS TO THE ORGANIZATION, AND OTHER FACTORS DEEMED SIGNIFICANT BY THE COMMITTEE. THIS REVIEW AND APPROVAL PROCESS SHALL BE COMPLETED BY THIS COMMITTEE PRIOR TO THE END OF EACH FISCAL YEAR, SUCH THAT ITS DECISIONS CAN BE REFLECTED IN THE OVERALL ANNUAL OPERATING BUDGET OF MYGOODDEED FOR THE NEXT FISCAL YEAR. IF FOR ANY REASON THE COMMITTEE DOES NOT COMPLETE ITS REVIEW BY THE START OF THE NEXT FISCAL YEAR, THEN ALL SUCH COMPENSATION SHALL REMAIN UNCHANGED FOR THOSE ALREADY COMPENSATED BOARD MEMBERS, DIRECTORS, OFFICERS OR KEY EMPLOYEES PROVIDING THEY CONTINUE TO BE ACTIVE IN THE ORGANIZATION. HOWEVER, PAYMENT OF COMPENSATION TO THESE INDIVIDUALS MAY NOT BE EXTENDED FOR MORE THAN SIX MONTHS FROM THE START OF THE NEW FISCAL YEAR WITHOUT REVIEW AND APPROVAL BY THIS COMMITTEE, OR IN ITS FAILURE TO ACT, BY THE MAJORITY OF THE BOARD OF DIRECTORS AS A WHOLE.

Name of the organization
MY GOOD DEED

Employer identification number
45-0491886

#### FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE

AVAILABLE TO THE PUBLIC IN THE OFFICE, ON-LINE, WITH GUIDESTAR, SUBMITTED WITH ALL

GRANTS - GOV. AND OTHERWISE, BY REQUEST, ETC.

059						
Date Accep					MAIL THIS FOR	RM TO THE FTE
TAXABLE `	<u>YEAR</u> Californi	a e-file Returi	n Authorizati	on for		FORM
2018	8 Exempt (	Organizations	5			8453-EC
Exempt Organ					Identifying nu	umber
MY GOOI					45-049	1886
Part I	Electronic Return Info		•			1 214 000
	gross receipts (Form 199, gross income (Form 199, I	•				1,314,089 1,313,921
	expenses and disburseme	· ·				1,368,217
Part II	Settle Your Account					1/300/21/
<u>Part II</u>	Settle Four Account	Electronically for i	Taxable Tear 2010			
4E	Electronic funds withdrawal	<b>4a</b> Amount	4b	Withdrawal date (	mm/dd/yyyy)	
Part III	<b>Banking Information</b>	(Have you verified the	exempt organization's	banking information	?)	
	ng number					
	unt number		<b>7</b> Type (	of account: Che	ecking Savi	ngs
	Declaration of Office		- decimated in Deat II	If I also als Double D	4 . Lthi	-1
	the exempt organization's for the amount listed on li		s designated in Part II	. If I cneck Part II, B	ox 4, i authorize an	electronic funds
organization Tax Board for the fee statements	ling lines of the exempt org 's return is true, correct, and (FTB) does not receive full liability and all applicable be transmitted to the FTB by efund is delayed, I authorize	d complete. If the exempt I and timely payment of interest and penalties. I the ERO, transmitter, or	organization is filing a the exempt organization authorize the exempt intermediate service pro	palance due return, I u on's fee liability, the organization return a ovider. If the processir	nderstand that if the F exempt organization and accompanying s ag of the exempt orga	ranchise n will remain liable chedules and inization's
Sign	•		)	PRESIDENT		
Here	Signature of officer		Date	Title		
Dord V	Dealerstien of Floor	onio Datum Ovinio	otor (EDO) and De	id Duamaway o		
the best of organizatio officer's sig forms and Authorized exempt orga under pena statements	Declaration of Electrate I have reviewed the about my knowledge. (If I am of on's return. I declare, hower gnature on form FTB 8453-information that I will file we-file Providers. I will keep anization return is filed, which alties of perjury, I declare the stand to the best of my known ave knowledge.	ove exempt organization only an intermediate server, that form FTB 8453 EO before transmitting with the FTB, and I have to form FTB 8453-EO on hever is later, and I will make I have examined the	s's return and that the vice provider, I unders't. EO accurately reflect this return to the FTB; followed all other require file for <b>four</b> years from the acopy available to above exempt organic.	entries on form FTB tand that I am not rest the data on the retulation I have provided the uirements described in the due date of the the FTB upon request zation's return and a	8453-EO are complesponsible for review urn.) I have obtained organization officer in FTB Pub. 1345, 20 return or <b>four</b> years. If I am also the paid accompanying sched	ing the exempt difference the organization with a copy of all 2018 Handbook for s from the date the preparer, ules and
	ERO's signature LAWRENC	E W. QUEEN CPA,	MBT Date	Check if also paid preparer	self	RO's PTIN 00240691
ERO Must		JEEN & COMPANY,	ACCOUNTANCY C		FEIN	
Sign		5520 BAKE PARKW	AY STE 110		21 ZIR and 2	0-1507540

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid	Paid preparer's signature	Date	Check if self-employed		Paid preparer's PTIN
Preparer Must Sign	Firm's name (or yours if self-			FEIN	
oigii	employed) and address			ZIP code	

For Privacy Notice, get FTB 1131 ENG/SP.

IRVINE

FTB 8453-EO 2018

ZIP code 92618

12/31/18

## 2018 FEDERAL BOOK SUMMARY DEPRECIATION SCHEDULE

PAGE 1

**MY GOOD DEED** 

45-0491886

<u> 10.</u>	DESCRIPTION	DATE _ACQUIRED_	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	_METHOD_	LIFE _	CURRENT DEPR.
EPR	. SCHEDULE ONLY									
AM	ORTIZATION									
4	WEBSITE	9/30/17		1,255			105	S/L	3	4
6	WEBSITE	6/11/18		12,499				S/L	3	2,4
7	WEBSITE	7/31/18		7,315				S/L	3	1,0
8	WEBSITE DEVELOPMENT	8/31/18		4,806				S/L	3 _	5
	TOTAL AMORTIZATION			25,875		0	105			4,3
FUI	RNITURE AND FIXTURES									
2	воотн	4/18/16		1,836			612	S/L	5_	3
	TOTAL FURNITURE AND FIXTURE			1,836		0	612			3
MA	CHINERY AND EQUIPMENT									
1	TELEVISION FOR TRADE SHOW	6/30/12		516			516	S/L	3	
3	LAPTOP	9/09/17		1,220			81	S/L	5	2
5	MACBOOK AIR LAPTOP	1/31/18		400				S/L	5 _	
	TOTAL MACHINERY AND EQUIPME			2,136		0	597			3
	TOTAL DEPRECIATION			3,972		0	1,209		=	6
	GRAND TOTAL AMORTIZATION			25,875		0	105			4,3
	GRAND TOTAL DEPRECIATION			3,972		0	1,209			6

12/31/18

## 2018 CALIFORNIA BOOK SUMMARY DEPRECIATION SCHEDULE

#### **MY GOOD DEED**

45-0491886

PAGE 1

10.	DESCRIPTION	DATE <u>ACQUIRED</u>	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	_METHOD_	LIFE.	CURRENT DEPR.
EPR.	SCHEDULE ONLY									
AM	ORTIZATION									
4	WEBSITE	9/30/17		1,255			105	S/L	3	41
6	WEBSITE	6/11/18		12,499				S/L	3	2,43
7	WEBSITE	7/31/18		7,315				S/L	3	1,01
8	WEBSITE DEVELOPMENT	8/31/18		4,806				S/L	3 _	53
	TOTAL AMORTIZATION			25,875		0	105			4,39
FUF	RNITURE AND FIXTURES									
2	воотн	4/18/16		1,836			612	S/L	5_	3
	TOTAL FURNITURE AND FIXTURE			1,836		0	612			3
MA	CHINERY AND EQUIPMENT									
1	TELEVISION FOR TRADE SHOW	6/30/12		516			516	S/L	3	
3	LAPTOP	9/09/17		1,220			81	S/L	5	2
5	MACBOOK AIR LAPTOP	1/31/18		400				S/L	5_	
	TOTAL MACHINERY AND EQUIPME			2,136		0	597			3
	TOTAL DEPRECIATION			3,972		0	1,209		=	6
	GRAND TOTAL AMORTIZATION			25,875		0	105			4,3
	GRAND TOTAL DEPRECIATION			3,972		0	1,209			6

12/31/18

### 2018 CALIFORNIA BOOK DEPRECIATION SCHEDULE

PAGE 1

**MY GOOD DEED** 

45-0491886

NO	DESCRIPTION	DATE <u>ACQUIRED</u>	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD .	LIFE RATE	CURRENT DEPR.
DEPR. SCHE	DULE ONLY														
AMORTIZA	ATION														
4 WEBSI	ITE	9/30/17		1,255							1,255	105	S/L	3	4
6 WEBSI	ITE	6/11/18		12,499							12,499		S/L	3	2,43
7 WEBSI	ITE	7/31/18		7,315							7,315		S/L	3	1,01
8 WEBSI	ITE DEVELOPMENT	8/31/18	-	4,806							4,806		S/L	3	53
TOTAL	L AMORTIZATION			25,875		0	0	(	) (	0	25,875	105			4,39
FURNITUR	RE AND FIXTURES														
2 B00TF	Н	4/18/16	<u>-</u>	1,836							1,836	612	S/L	5	30
TOTAL	L FURNITURE AND FIXTURE			1,836		0	0	(	) (	0	1,836	612			36
MACHINER	RY AND EQUIPMENT														
1 TELEV	ISION FOR TRADE SHOW	6/30/12		516							516	516	S/L	3	
3 LAPTO	)P	9/09/17		1,220							1,220	81	S/L	5	24
5 MACB	OOK AIR LAPTOP	1/31/18	-	400							400		S/L	5	
TOTAL	L MACHINERY AND EQUIPME			2,136		0	0	(	) (	0	2,136	597			31
TOTAL	L DEPRECIATION		-	3,972		0	0		) (	0	3,972	1,209			68
GRAND	O TOTAL AMORTIZATION			25,875		0	0	(	) (	0	25,875	105			4,39

31/18	2018 CALIFORNIA BOOK DEPRECIATION SCHEDULE  MY GOOD DEED												PAGE 2 45-049188		
NO. DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG . /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	_METHODLIFE	RATE	CURRENT DEPR.	
GRAND TOTAL DEPRECIATION			3,972	) =	0	0	(	)	0 0	3,972	1,209			68	