# **Gretchen Reeves CPA**

PO Box 9328 Avon, CO 81620

Phone: (970)688-4829 | Fax: (970)306-6789

November 16, 2020

Be Good Foundation Inc PO Box 7241 Ketchum, ID 83340

Be Good Foundation Inc:

Enclosed is the 2019 federal return for a tax-exempt organization, prepared for Be Good Foundation Inc from the information provided. The return will be e-filed with the IRS once we receive a signed Form 8879-EO, IRS e-file Signature Authorization for an Exempt Organization.

The federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with the organization's tax return needs, contact our office at (970)688-4829.

Sincerely,

Gretchen Reeves Gretchen Reeves CPA

	Acknowledgement and General Information for Entities That File Returns Electronically	2019
Name(s) as shown on return BE GOOD FOUNDAT	ION INC	Employer Identification Number
Entity address		
<u>FO BOX 7241</u> <u>KETCHUM, ID 83</u> Thank you for par		
1. x       2019 8868         The electronic filir         2. x       8868         an electronic sign         The submission II         PLEASE	ng services were provided by Gretchen Reeves CPA	TO THE

Form **990-EZ** 

Department of the Treasury

### Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

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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.

Open to Public Inspection

A For the 2019 calendary year, or tax year beginning       , 2019, and ending       , 20         B Octor 4 protection       B B GOD F POINDATION TINC       B 3-147,2664         B redure drage       Martice and save (see No. No. 4, final is or databased saves)       Provession       E Talephone number         B redure drage       Martice and save (see No. No. 4, final is or databased saves)       Provession       E Talephone number         Provision       PO BOX 7241       Provision       F Group Exemption         Provision wereing       Constrain Martine Control, and 20 for the (specify)       Provision       F Group Exemption         Martine Method:       E Cale And 20 is 00 for CONTROL (Science)       B strain (Control)       Provision (Science)       Science)         Monitor Science Cale Cale Cale Cale Cale Cale Cale Cal			the Treasury ue Service	Go to www.irs.gov/Form990EZ for instructions and the	e latest inforr	nation.		inspection			
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K Form of organization:       B Cooperation       Trust       Association       Other         L. Add lines 5b, 6c, and 7b to line 90 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets       \$12,312         PartIL column (B) are \$500,000 or more, life Form 900 instead of Form 900-E2       12,312         PartIL column (B) are \$500,000 or more, life Form 900 instead of Form 900-E2       12,312         PartIL column (B) are \$500,000 or more, life Form 900 instead of Form 900-E2       1         PartIL column (B) are \$500,000 or more, life Form 900 instead of Form 900-E2       1         PartIL column (B) are \$500,000 or more, life Form 900 instead of Form 900-E2       1         PartIL column (B) are \$500,000 or more, life Form 900 instead of Form 900-E2       1         1       Contributions, gifts, grants, and similar amounts received       1       90,091         2       Program service revenue including government fees and contrasts       2       2         3       Membership dues and assessments       4       56         5       G Gross mount from sale of assets other than inventory (Subtract time 50 into 1600 i	J-	Гах-ехе			or 527						
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, or II total assets (Part II, column (B)) are \$500,000 or more, or II total assets (Part II, column (B)) are \$500,000 or more, or II total assets (Part II, column (B)) are \$500,000 or more, or II total assets (Part II, column (B)) are \$500,000 or more, or II total assets (Part II, column (B)) are \$500,000 or more, or II total assets (Part II, column (B)) are \$500,000 or more, or II total assets (Part II, column (B)) are \$500,000 or more, or II total assets (Part II, column (B)) are \$500,000 or more, or II total assets (Part II, column (B)) are \$500,000 or more, or II total assets (Part II, column (B)) are \$500,000 or more, or II total assets (Part II, column (B)) are \$500,000 or more, or II total assets (Part II) (Part III) (Part III) (Part III) (Part III) (Part III) (Part III) (Part IIII) (Part III) (Part III) (Part IIII) (Part IIIII) (Part IIII) (Part IIIII) (Part IIIII) (Part IIIII) (Part IIIII) (Part IIIII) (Part IIIII) (Part IIII) (Part IIIII) (Part IIII) (Part IIIII) (Part IIII) (Part IIII) (Part IIII) (Part IIIII) (Part IIIII) (Part IIIII) (Part IIIII) (Part IIII) (Part IIIII) (Part IIII) (Part IIIII) (Part IIIII) (Part IIII) (Part IIIII) (Part IIIII) (Part IIII) (Part IIIII) (Part IIIIII) (Part IIIIII) (Part IIIII) (Part IIIIII) (Part	ĸ	orm of	organization:				· · ·	,			
(Part II. column (B)) are \$500,000 or more, file Form 900 instead of Form 900-EZ       >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>			•		ore, or if total a	assets					
Part I       Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)         Check if the organization used Schedule O to respond to any question in this Part I       Image: Contributions, gifts, grants, and similar amounts received       Image: Contributions, grants,							. ▶ \$	112,312			
Check if the organization used Schedule O to respond to any question in this Part I         1       Contributions, gifts, grants, and similar amounts received       1       90,091         2       Program service revenue including government fees and contracts       3       4         3       Membership dues and assessments       3       4         4       Investment income       5a       5b         5       Gross amount from sale of assets other than inventory       5a       5b         5       Gross income from sale of assets other than inventory (Subtract line 5b from line 5a)       5c         6       Gaming and fundraising events:       5c         a Gross income from upaming (attach Schedule G if the sum of such gross income and contributions streads \$15,000)       6d       4,373         7a       Gross shees of inventory, less returns and allowances       7a       17,848       7b       2,073         7a       Gross sportfor (Gross) from sales of inventory (Subtract line 7b from line 7a)       8       9       110,229         9       Total revenue. Add lines 10, inventory (Subtract line 7b from line 7a)       10       42,122         11       Staffee describe in Schedule O)       8       9       110,229         9       Total revenue. Add lines 10, inventory (Subtract line 7b from line 7a)       11<											
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sum of such gross income and contributions exceeds \$15,000)       6b       4,373         c       Less: direct expenses from gaming and fundraising events       6c         d       Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d         7a       Gross sales of inventory, less returns and allowances       7a       17,848         b       Less: cost of goods sold       7c       15,775         8       Other revenue (describe in Schedule O)       8       10         9       Total revenue. Add lines 1, 2, 3, 4, 5c. 6d, 7c, and 8       9       110,239         10       Grants and similar amounts paid (list in Schedule O)       10       42,122         11       12       Salaries, other compensation, and employee benefits       11         12       Salaries, other compensation, and employee benefits       13       10,843         14       Occupancy, rent, utilities, and maintenance       14       15         15       Other expenses (describe in Schedule O)       16       2,553         16       Other expenses (describe in Schedule O)       16       2,553         12       Salaries, other compensation, and employee benefits       14       10         13       Professinal fees and other payments to independent contractors	Š				Intributions						
6 Less: direct expenses from gaming and fundraising events         d       Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d       4,373         7a       17,848       6d       4,373         r       Gross sales of inventory, less returns and allowances       7a       17,848         b       Less: cost of goods sold       7c       15,775         8       Other revenue (describe in Schedule O)       8         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       110,239         10       Grants and similar amounts paid (list in Schedule O)       10       42,122         11       12       Salaries, other compensation, and employee benefits       12         12       Salaries, other compensation, and employee benefits       13       10,843         14       Occupancy, rent, utilities, and maintenance       14       15         15       16       Other expenses (describe in Schedule O)       16       2,593         17       Total expenses. Add lines 10 through 16.       17       55,558         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       54,681         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with					6b	4 373					
d       Net income or (loss) from gaming and fundratising events (add lines 6a and 6b and subtract line 6c)       6d       4,373         7a       Gross sales of inventory, less returns and allowances       7a       17,848       7b       2,073         c       Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)       7c       15,775         8       0       9       10       57,75         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       110,239         10       Grants and similar amounts paid (list in Schedule 0)       10       42,122         11       Benefits paid (o or for members       11         12       Salaries, other compensation, and employee benefits       12         13       Professional fees and other payments to independent contractors       13       10,843         14       Occupancy, rent, utilities, and maintenance       14       15         15       16       Other expenses. Add lines 10 through 16       17       55,558         18       Excess or (udeficit) for the year (Subtract line 17 from line 9)       18       54,681         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19       2,412         20       <		c				1,3/3					
Iine 6c)       6d       4,373         7a       Gross sales of inventory, less returns and allowances       7a       17,848         b       Less: cost of goods sold       7c       15,775         c       Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)       7c       15,775         8       0 ther revenue (describe in Schedule O)       8       8         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       110,239         10       Grants and similar amounts paid (list in Schedule O)       10       42,122         11       Benefits paid to or for members       11         12       Salaries, other compensation, and employee benefits       12         13       Professional fees and other payments to independent contractors       13       10,843         14       Occupancy, rent, utilities, and maintenance       14       15         15       16       Other expenses (describe in Schedule O)       16       2,593         17       Total expenses. Add lines 10 through 16       17       55,558         18       Excess or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19       2,412         20       Other changes in net assets or fund balanc											
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b       Less: cost of goods sold       7b       2,073         c       Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)       7c       15,775         8       Other revenue (describe in Schedule O)       8         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       110,239         10       Grants and similar amounts paid (list in Schedule O)       10       42,122         11       12       Salaries, other compensation, and employee benefits       11         12       Salaries, other compensation, and employee benefits       12         13       Professional fees and other payments to independent contractors       13       10,843         14       Occupancy, rent, utilities, and maintenance       14       15         15       16       Other expenses (describe in Schedule O)       16       2,593         17       Total expenses. Add lines 10 through 16       17       55,558         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19       2,412         20       Other changes in net assets or fund balances (explain in Schedule O)       20       20       20         21       Net assets or fund balances at end of year. Combine lines 18 through 20<		72	,		79	17 0/0		4,373			
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)       7c       15,775         8       Other revenue (describe in Schedule O)       8         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       110,239         10       Grants and similar amounts paid (list in Schedule O)       10       42,122         11       Benefits paid to or for members       11         12       Salaries, other compensation, and employee benefits       12         13       Professional fees and other payments to independent contractors       13       10,843         14       Occupancy, rent, utilities, and maintenance       14       15         15       Printing, publications, postage, and shipping       15       16         16       Other expenses. (describe in Schedule O)       16       2,593         17       Total expenses. Add lines 10 through 16       17       55,558         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       54,681         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19       2,412         20       Other changes in net assets or fund balances (explain in Schedule O)       20       20 <td></td> <td></td> <td></td> <td></td> <td></td> <td>-</td> <td></td> <td></td>						-					
8       Other revenue (describe in Schedule O)       8         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       110,239         10       Grants and similar amounts paid (list in Schedule O)       10       42,122         11       Benefits paid to or for members       11         12       Salaries, other compensation, and employee benefits       12         13       Professional fees and other payments to independent contractors       13       10,843         14       Occupancy, rent, utilities, and maintenance       14       15         15       Printing, publications, postage, and shipping       15       16       2,593         17       Total expenses. Add lines 10 through 16       17       55,558         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       54,681         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19       2,412         20       Other changes in net assets or fund balances (explain in Schedule O)       20       20         21       57,093						-	70	15 775			
9Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 89110,23910Grants and similar amounts paid (list in Schedule O)1042,12211Benefits paid to or for members1112Salaries, other compensation, and employee benefits1213Professional fees and other payments to independent contractors1314Occupancy, rent, utilities, and maintenance1415Printing, publications, postage, and shipping1516Other expenses (describe in Schedule O)162,59317Total expenses. Add lines 10 through 161718Excess or (deficit) for the year (Subtract line 17 from line 9)1819Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)1920Other changes in net assets or fund balances (explain in Schedule O)2021S7,093								15,775			
See The section of t							-	110 239			
See 11Benefits paid to or for members1112Salaries, other compensation, and employee benefits1213Professional fees and other payments to independent contractors1314Occupancy, rent, utilities, and maintenance1415Printing, publications, postage, and shipping1516Other expenses (describe in Schedule O)1617Total expenses. Add lines 10 through 161718Excess or (deficit) for the year (Subtract line 17 from line 9)1819Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)1920Other changes in net assets or fund balances (explain in Schedule O)2021S77,093											
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13       Professional fees and other payments to independent contractors       13       10,843         14       Occupancy, rent, utilities, and maintenance       14         15       Printing, publications, postage, and shipping       15         16       Other expenses (describe in Schedule O)       16       2,593         17       Total expenses. Add lines 10 through 16       17       55,558         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       54,681         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19       2,412         20       Other changes in net assets or fund balances (explain in Schedule O)       20       20         21       S77,093       S77,093											
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16       Other expenses (describe in Schedule O)       16       2,593         17       Total expenses. Add lines 10 through 16       17       55,558         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       54,681         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19       2,412         20       Other changes in net assets or fund balances (explain in Schedule O)       20       20         21       Net assets or fund balances at end of year. Combine lines 18 through 20       21       57,093	ens				10,045						
16       Other expenses (describe in Schedule O)       16       2,593         17       Total expenses. Add lines 10 through 16       17       55,558         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       54,681         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19       2,412         20       Other changes in net assets or fund balances (explain in Schedule O)       20       20         21       Net assets or fund balances at end of year. Combine lines 18 through 20       21       57,093	Хр.										
17       Total expenses. Add lines 10 through 16	ш				2 593						
18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       54,681         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19       2,412         20       Other changes in net assets or fund balances (explain in Schedule O)       20       20         21       Net assets or fund balances at end of year. Combine lines 18 through 20       21       57,093											
Image: Problem in the systemImage: Problem in the system <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>											
21 Net assets or fund balances at end of year. Combine lines 18 through 20 · · · · · · · · · · · · · · · · · ·	ts							54,001			
21 Net assets or fund balances at end of year. Combine lines 18 through 20 · · · · · · · · · · · · · · · · · ·	sse						19	2 /12			
21 Net assets or fund balances at end of year. Combine lines 18 through 20 · · · · · · · · · · · · · · · · · ·	ťΑ	20						2,412			
	Re							57 003			
	For						~ 1				

Form 990-EZ (2019) BE GOOD FOUNDATION I			83-1	4714	164 Page 2
Part II Balance Sheets (see the instructions for Pa	,				_
Check if the organization used Schedule O t	o respond to any que	estion in this Part II			[]
			(A) Beginning of year		(B) End of year
22 Cash, savings, and investments		[	2,412	22	57,093
23 Land and buildings		[	0	23	0
24 Other assets (describe in Schedule O)		[	0	24	0
25 Total assets		[	2,412	25	57,093
26 Total liabilities (describe in Schedule O) · · · · · · ·		[	0	26	0
27 Net assets or fund balances (line 27 of column (B) must ag	gree with line 21) • • •	[	2,412	27	57,093
Part III Statement of Program Service Accompli	shments (see the in	structions for Part II	l)		
Check if the organization used Schedule O	to respond to any qu	uestion in this Part I	Í X		Expenses
What is the organization's primary exempt purpose? SEE SCI				(Requ	uired for section
				501(c	c)(3) and 501(c)(4)
Describe the organization's program service accomplishments fo				orgar	nizations; optional for
as measured by expenses. In a clear and concise manner, descr persons benefited, and other relevant information for each progra				other	s.)
28 GRANT MAKING: BE GOOD RAISED OVER 3500					1
TUESDAY CAMPAIGN SUPPORTING MINES ADVIS					
	SORI GROUP IC C	LEAR			
UNEXPLODED ORDNANCE IN LAOS (Grants \$ ) If this amo	ount includes foreign gra	nts, chock horo		28a	1 044
$\sim$				200	1,944
29 BE GOOD RAISED OVER 40000 THROUGH REBEC					
EVENT TO SUPPORT WOOD RIVER TRAILS COAL		FOR			
BIKES, WORLD BICYCLE RELIEF, ID NICA PR				~~	
· · · · · · · · · · · · · · · · · · ·	ount includes foreign gra		🕨	29a	40,583
30 BE GOOD LEAD EFFORTS FOR A MAG TEAM OF		OS			
CLEARING 31 ACRES OF LAND AND REMOVING	61 UXO.				
	ount includes foreign gra		· · · · · · ► 📋	30a	1,540
······································		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
	ount includes foreign gra		▶□	31a	
32 Total program service expenses (add lines 28a through 31				32	44,067
Part IV List of Officers, Directors, Trustees, and Key E	mployees (list each one	e even if not compensa	ated - see the instruction	ons fo	r Part IV)
Check if the organization used Schedule O to resp	ond to any question in t	his Part IV		<u></u>	
	(b) Average	(c) Reportable	(d) Health benefits,		e) Estimated amount of
(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC)	contributions to employed benefit plans, and	e ("	other compensation
	devoted to position	(if not paid, enter -0-)	deferred compensation		
REBECCA RUSCH					
OFFICER	5.00	0	0		0
MATTHEW WEATHERLY-WHITE					
DIRECTOR	1.00	0	0		0
KRISTI MOHN					
SECRETARY/TREASURER	15.00	0	0		0
JEFF SHUPE					
DIRECTOR	1.00	0	0		0
DECKER ROLPH					
DIRECTOR	1.00	0	0		0
				-	
			+	+	
			+		
				+	
			+		
	1	1	1	1	

Form 9	90-EZ (2019) BE GOOD FOUNDATION INC 83-14714	64	F	Page 3
Par	t V Other Information (Note the Schedule A and personal benefit contract statement requirements in the			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			<u>· 🗌</u>
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O. See instructions	34		х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		х
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III • • • • • • • • • • • • • • • • •	35c		х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			
b	Did the organization file Form 1120-POL for this year?	37b		х
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved • • • • • • • • • • • • • • • • • • •			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ; section 4912 ; section 4955 ;			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I · · · · · · · · · · · · ·	40b		х
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958 · · · · · · · · · · · · · · · · · · ·			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		х
41	List the states with which a copy of this return is filed			
42 a	The organization's books are in care of REBECCA RUSCH Telephone no. 208-7	20-20	576	
_	Located at PO BOX 7241, KETCHUM, ID ZIP + 4 83340			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		x
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
_	Financial Accounts (FBAR).	40-		
С	At any time during the calendar year, did the organization maintain an office outside the United States? • • • • • • • • • • • • • • • • • • •	42c		х
12	If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here		•	
43	and enter the amount of tax-exempt interest received or accrued during the tax year · · · · · · · · · · · · · · · · · · ·	• • •		
			Yes	No
44 2	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		162	NO
44 a	completed instead of Form 990-EZ · · · · · · · · · · · · · · · · · · ·	44a		v
h	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	44a		x
u	completed instead of Form 990-EZ · · · · · · · · · · · · · · · · · · ·	44b		v
с	Did the organization receive any payments for indoor tanning services during the year?	44D 44c		x x
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	-146		^
u	explanation in Schedule O · · · · · · · · · · · · · · · · · ·	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		x
	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," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ. See instructions	45b		x
				~~

Form 99	0-EZ (201	9) BE GOOD FOUNDATI	ON INC				83-1	4714	64	P	Page 4	
										Yes	No	
46	Did the o	organization engage, directly or indirectly, in	political campaign activitie	es on behalf	of or in oppo	sition						
1											х	
Part		Section 501(c)(3) Organizations Only										
	ŀ	All section 501(c)(3) organizations	must answer questi	ons 47 - 4	9b and 52	2, and o	complete the	tables	s for	lines		
		50 and 51.										
	(	Check if the organization used Sch	edule O to respond	to any qu	estion in t	his Pa	rt VI				· 🗌	
								_		Yes	No	
47	Did the o	organization engage in lobbying activities or	have a section 501(h) ele	ction in effec	t during the t	ax						
2	year? If	r? If "Yes," complete Schedule C, Part II										
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E										х	
49a	Did the o	organization make any transfers to an exemp	ot non-charitable related o	organization?					49a		х	
b	lf "Yes,"	was the related organization a section 527 c	organization?						49b			
50	Complet	te this table for the organization's five highes	t compensated employee	s (other than	officers, dire	ctors, tru	ustees and key					
	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."											
	(d) Health benefits											
		(a) Name and title of each employee	(b) Average hours per week		ensation		itions to employee lans, and deferred			d amour npensat		
			devoted to position	(Forms W-2	/1099-MISC)		ompensation			препза		
NONE												
f	Total nu	mber of other employees paid over \$100,000	)			-						
		te this table for the organization's five highes			rs who each	received	I more than					
	\$100,00	0 of compensation from the organization. If	there is none, enter "None	ə."								
	(a)	Name and business address of each independent contra	ctor	(b)	Type of service	2	(	c) Comp	ensatio	n		
	(-)	· · · · · · · · · · · · · · · · · · ·		(-,	, .,,		· · · · · · · · · · · · · · · · · · ·	-,				
NONE												
- d -	Total nu	mber of other independent contractors each			•							
		organization complete Schedule A? Note: Al	•									
		ed Schedule A						► x	Yes		No	
		of perjury, I declare that I have examined this retur										
		d complete. Declaration of preparer (other than off					, .		chor, n	15		
		REBECCA RUSCH					.90.					
Sign		Signature of officer				Dat	e					
Here		REBECCA RUSCH, OFFICER										
		Type or print name and title										
			Preparer's signature		Date		Check if	PTIN	1			
Paid		Gretchen Reeves G	retchen Reeves		11-16-20	20	self-employed	XXX	xxxx	xx		
Prep	arer	Firm's name Gretchen Reeves			10 20		rm's EIN					
Use		Firm's address PO Box 9328										
-	,	Avon CO 81620				Pł	none no. 970-	688-4	4829			
May th	e IRS di	iscuss this return with the preparer shown at	ove? See instructions						Yes	x	No	
											2010	

SCHEDULE A
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# **Public Charity Status and Public Support**

(Form 990 or 990-EZ)

Department of the Treasu
Internal Devenue Convice

ble trust.

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charita
Attach to Form 990 or Form 990-EZ.

2019 **Open to Public** 

•		enue Service	•	Go to www.irs.go	v/Form990 for instruction	ons and th	e latest in	formation.	Inspection				
Name	of the	e organization						Employer identificat	ion number				
BE	G00	D FOUNDATI						83-1471464	1				
Pa	rt I	Reason	for Public Charit	<b>y Status</b> (All or	ganizations must c	omplete	this part.	) See instructions.					
The	orgar	nization is not a	private foundation beca	ause it is: (For lines	1 through 12, check only	one box.)							
1		A church, conv	vention of churches, or	association of churc	ches described in <b>section</b>	n 170(b)(1)	(A)(i).						
2		A school desci	ibed in section 170(b)	(1)(A)(ii). (Attach So	chedule E (Form 990 or 9	90-EZ).)							
3		A hospital or a	cooperative hospital se	ervice organization	described in section 170	(b)(1)(A)(ii	i).						
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	e, or local government of	or governmental uni	t described in section 17	'0(b)(1)(A)	(v).						
7	Ē	An organizatio	n that normally receive	s a substantial part	of its support from a gove	ernmental u	unit or from	the general public					
	_	•	ection 170(b)(1)(A)(vi).	-				0					
8	Π		rust described in section										
9	Π	•			n 170(b)(1)(A)(ix) operat	ed in conju	nction with	a land-grant college					
	_	or university or	a non-land-grant colle	ge of agriculture (se	e instructions). Enter the	name, city	(, and state	of the college or					
		university:	0	5 5 X	,			0					
10	х	An organizatio	n that normally receive	s: (1) more than 33	1/3% of its support from	contribution	ns, membe	rship fees, and gross					
			-		ubject to certain exception								
		•		•	siness taxable income (le								
					ction 509(a)(2). (Comple								
11	Π		•		st for public safety. See s								
12	П				ne benefit of, to perform t			arry out the purposes					
		•	•		d in section 509(a)(1) or								
					e type of supporting orga				1.				
	а		-		ed, or controlled by its su		•						
					appoint or elect a majorit	• •	-						
			organization. You mu			,							
	b		•		trolled in connection with	its support	ed organiza	ation(s), by having					
	~				n vested in the same per		-	.,					
			on(s). <b>You must comp</b>										
	с				ization operated in conne	action with	and function	nally integrated with					
	Ŭ				must complete Part IV,								
	d		0 ()(		organization operated in o								
	ŭ				enerally must satisfy a di		•						
					Part IV, Sections A and		•	and an allentiveness					
	е				determination from the IF			une II. Tune III					
	C	-	Ŭ		egrated supporting organ			ype II, Type III					
	f		per of supported organi						[				
	g		lowing information abo		nanization(s)								
		) Name of supported		(ii) EIN	(iii) Type of organization	(iv) Is the o	rappization	(v) Amount of monetary	(vi) Amount of				
	ų	y Name of supported	lorganization		(described on lines 1-10		ir governing	support (see	other support (see				
					above (see instructions))	docum	ient?	instructions)	instructions)				
						Yes	No						
						100							
(A)													
						1							
(B)													
(C)													
						1			<u> </u>				
(D)													
(E)													

Total

Sche		OUNDATION I				83-147146			
Pa	rt II Support Schedule for Organiz								
	(Complete only if you checked th						y under		
	Part III. If the organization fails to	o qualify unde	er the tests lis	ted below, pl	lease complet	te Part III.)			
	ction A. Public Support								
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	<b>(f)</b> Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Tax revenues levied for the								
	organization's benefit and either paid								
	to or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to the								
_	organization without charge								
4	Total. Add lines 1 through 3								
5	The portion of total contributions by								
	each person (other than a								
	governmental unit or publicly								
	supported organization) included on								
	line 1 that exceeds 2% of the amount								
-	shown on line 11, column (f)								
	Public support. Subtract line 5 from line 4				I				
	ction B. Total Support	(-) 2015	(1-) 2010	(-) 2017	(-1) 2040	(-) 2010			
_	endar year (or fiscal year beginning in) > Amounts from line 4	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
7									
8	Gross income from interest, dividends,								
	payments received on securities loans,								
	rents, royalties and income from similar sources			×					
0	Net income from unrelated business								
9									
	activities, whether or not the business								
10	is regularly carried on Other income. Do not include gain or								
10	loss from the sale of capital assets								
	(Explain in Part VI.)	K							
11	<b>Total support.</b> Add lines 7 through 10 • •								
	Gross receipts from related activities, etc. (s					12			
	First five years. If the Form 990 is for the or						2)		
15	organization, check this box and <b>stop here</b>								
Sec	tion C. Computation of Public Suppo						· · · · <i>·</i> []		
	Public support percentage for 2019 (line 6, c			olumn (f))		14	%		
	Public support percentage from 2018 Sched					15	%		
	33 1/3% support test - 2019. If the organiza								
k	box and stop here. The organization qualifies as a publicly supported organization								
	this box and stop here. The organization qua								
17a			• • • •	-			_		
	17a 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in								
	Part VI how the organization meets the "fact								
	organization			-	•				
k	10%-facts-and-circumstances test - 2018.								
	15 is 10% or more, and if the organization m	-							
	Explain in Part VI how the organization meet					•	ly		
	supported organization					=	· _		
18	Private foundation. If the organization did n								
	instructions						🕨 🗌		

Schedule A (Form 990 or 990-EZ) 2019

Sche		OUNDATION I				83-1471464	Page 3					
Pa	rt III Support Schedule for Organiz	zations Desc	ribed in Sect	tion 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.)											
See	ction A. Public Support			-	-							
Cal	endar year (or fiscal year beginning in) >	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total					
1	Gifts, grants, contributions, and membership fees											
	received. (Do not include any "unusual grants.")				3,200	90,092	93,292					
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					22,221	22,221					
3	Gross receipts from activities that are not an						/					
	unrelated trade or business under section 513 •											
4	Tax revenues levied for the											
	organization's benefit and either paid to											
	or expended on its behalf											
5	The value of services or facilities											
	furnished by a governmental unit to the											
	organization without charge											
6	Total. Add lines 1 through 5				3,200	112,313	115,513					
7a	Amounts included on lines 1, 2, and 3											
	received from disqualified persons				1,000	35,000	36,000					
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				1,000	35,000	36,000					
8	Public support. (Subtract line 7c from											
	line 6.)						79,513					
	ction B. Total Support											
Cal	Calendar year (or fiscal year beginning in) ►       (a) 2015       (b) 2016       (c) 2017       (d) 2018       (e) 2019       (f) Total											
9	Amounts from line 6				3,200	112,313	115,513					
10a	Gross income from interest, dividends,											
	payments received on securities loans, rents,											
	royalties, and income from similar sources											
b	Unrelated business taxable income (less											
	section 511 taxes) from businesses											
	acquired after June 30, 1975											
	Add lines 10a and 10b											
11	Net income from unrelated business											
	activities not included in line 10b, whether											
	or not the business is regularly carried on											
12	Other income. Do not include gain or											
	loss from the sale of capital assets											
	(Explain in Part VI.)											
13	Total support. (Add lines 9, 10c, 11,											
	and 12.)	0		0	3,200	112,313	115,513					
14	First five years. If the Form 990 is for the or											
0	organization, check this box and stop here						▶ <u>x</u>					
	ction C. Computation of Public Suppo											
	Public support percentage for 2019 (line 8, c		•			15	%					
	Public support percentage from 2018 Sched ction D. Computation of Investment In					16	%					
					(f))	17	0/					
17 18	Investment income percentage for 2019 (line Investment income percentage from 2018 So					17	<u>%</u> %					
	a 33 1/3% support tests - 2019. If the organiz					-						
130	17 is not more than 33 1/3%, check this box											
h	<b>33 1/3% support tests - 2018.</b> If the organiz	-										
	line 18 is not more than 33 1/3%, check this											
20	<b>Private foundation.</b> If the organization did n	-	-	-		•••	=					
	5	-	,			-						

Part				
	(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete	Sectior	ns A	
	and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, co	mplete	;	
	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Pa	art V.)		
Sect	ion 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 Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status	-		
-	under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	~		
Ja		20		
	(b) and (c) below. Did the composite the transformation is the composite time of $(a)(A)$ (c) and (c) and (c) and (c) and (c) are the composite time of $(a)(A)$ (c) and (c) are the composite time of $(a)(A)$ (c) and (c) are the composite time of $(a)(A)$ (c) and (c) are the composite time of $(a)(A)$ (c) and (c) are the composite time of $(a)(A)$ (c) are the composite time of $(a)(A)$ (c) and (c) are the composite time of $(a)(A)$ (c) are the composite time of $(a)(A)$ (c) and (c) are the composite time of $(a)(A)$ (c) are the composite time of $(a)(A)$ (c) and (c) are the composite time of $(a)(A)$ (c) are the composite time of $(a)(A)$ (c) and (c) are the composite time of $(a)(A)$ (c)	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.	3c		
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 Part VI 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 Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	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		
h	Type I or Type II only. Was any added or substituted supported organization part of a class already	Ja		
b	designated in the organization's organizing document?	5b		
-	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? If "Yes," provide detail in Part VI.	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 Part VI.	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 Part VI.	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 Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
-	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	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		
EEA	Schedule A		nr 990-E	7) 2010
/`	Schedule A	5 550 (	L	_, _0/0

BE GOOD FOUNDATION INC

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Schedule A (Form 990 or 990-EZ) 2019

	rt IV Supporting Organizations (continued)			age J
rd	rt IV Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	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		
	tion B. Type I Supporting Organizations		1	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
		1		
2	Did the organization operate for the benefit of any supported organization other than the supported			1
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			1
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			
4	Did the experimentian provide to each of its supported experimetions, by the last day of the fifth month of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			1
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	4		
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			1
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
~	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's	2		
500	supported organizations played in this regard.	3		L
	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	IStructi	ons).	
a L				
b		(aaa in	atruati	000)
C 2		(see ms		
2	Activities Test. <b>Answer (a) and (b) below.</b>		Yes	No
а	5 5 5 111			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
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- **b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

3a

2b

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Schedule A (Form 990 or 990-EZ) 2019 BE GOOD FOUNDATION INC		83-147	1464 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
1 Check here if the organization satisfied the Integral Part Test as a qualifying t	rust c	on Nov. 20, 1970 (explain	in Part VI). See
instructions. All other Type III non-functionally integrated supporting organiz	ations	s must complete Sections	A through E.
Section A - Adjusted Net Income		(A) Drior Voor	(B) Current Year
Section A - Adjusted Net Income		(A) Prior Year	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 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		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	]		
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally	integr	ated Type III supporting	organization (see
instructions).			

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Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)	(3) Supporting Organiz	83-1471 zations (continued)	L <b>464</b> Pag
ection D - Distributions			Current Year
1 Amounts paid to supported organizations to accomplish ex	empt purposes		
2 Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
organizations, in excess of income from activity			
3 Administrative expenses paid to accomplish exempt purpos	ses of supported organizati	ons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval required)			
6 Other distributions (describe in <b>Part VI</b> ). See instructions.			
7 Total annual distributions. Add lines 1 through 6.			
B Distributions to attentive supported organizations to which t	the organization is respons	ive	
(provide details in <b>Part VI</b> ). See instructions.			
9 Distributable amount for 2019 from Section C, line 6			
0 Line 8 amount divided by line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019			
(reasonable cause required - explain in Part VI). See			
instructions.			
3 Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from			
Section D, line 7: \$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if			
any. Subtract lines 3g and 4a from line 2. For result			
greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
B Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
<b>c</b> Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Forr	n 990 or 990-EZ) 2019 Page 8
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part II, 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 Reven Name of the

# Schedule of Contributors

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

OMB No. 1545-0047

83-1471464

ue Service	Go to www.irs.gov/Form990 for the latest information.		
e organization		Employer ider	tification number

### BE GOOD FOUNDATION INC Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### **General Rule**

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

### Special Rules

- х For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions \$

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

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

Schedule B (Fo	rm 990, 990-EZ, or 990-PF) (2019)		Page 2
Name of org	ganization		Employer identification number
BE GOOD	FOUNDATION INC		83-1471464
Part I	Contributors (see instructions). Use duplicate copies of I	Part I if additional space	e is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ons Type of contribution
_1_		\$10	,000 Person kan Payroll □ Noncash □ (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
Ňó.	Name, address, and ZIP + 4	Total contributio	ons Type of contribution
_2_		\$10	Person     ☑       Payroll     □       ,000     Noncash     □       (Complete Part II for

			noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_3_		\$ <u>15,000</u>	Person     Image: Complete       Noncash     Image: Complete       (Complete     Part II for       noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE O
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(Form 990 or 990-EZ)

Department of the Treasury

BE GOOD FOUNDATION INC

Internal Revenue Service Name of the organization

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

OMB No. 1545-0047 2019 **Open to Public** Inspection

83-1471464

Employer identification number

01. List of grants and simila	r amounts paid (Part I, line 10)	
GRANTEE	WORLD BICYCLE RELIEF	
STREET	1000 W FULTON MARKET	
CITY, STATE, ZIP	CHICAGO, IL 60607	
AMOUNT	11,606	
GRANTEE	IDAHO INTERSCHOLASTIC CYCLING	
STREET	73 W E WAY	
<u>CITY, STATE, ZIP</u>	BOISE, ID 83702	
AMOUNT	7,733	
GRANTEE	PEOPLE FOR BIKES	
STREET	2580 55TH ST 200	
CITY, STATE, ZIP	BOULDER, CO 80301	
AMOUNT	10,201	
GRANTEE	WOOD RIVER TRAILS COALITION	
STREET	141 CITATION WAY STE 9D	
CITY, STATE, ZIP	HAILEY, ID 83333	
AMOUNT	9,533	
AMOUNT	9,555	
ACTIVITY	NATIONAL INTERSCHOLASTIC CYCLING LEAGUE	
STREET	2414 SIXTH STR	
CITY, STATE, ZIP	BERKELEY, CA 94710	
AMOUNT	1,509	

Schedule O (Form 990 or 990-EZ) (2019)						ge <b>2</b>
Name of the organization           BE         GOOD         FOUNDATION         INC					Employer identification number 83–1471464	
ACTIVITY	MAG	AMERICA				
STREET	176	K STREET NW	STE 700			
CITY, STATE, ZIP	WAS	HINGTON, DC	20006			
AMOUNT	1,5	540				
02. Description of other exp	enses (Par	t I, line 16	)			
DESCRIPTION		A	MOUNT			
ADVERTISING			95	·		
DUES			49			
TRAVEL			195			
OFFICE/OPERATING			183			
MERCHANT FEES			2,071			
03. Part III, response or no	te to any	other line is	n Part III			
BE GOOD FOUNDATION'S MISSION	I IS TO ENR	LICH COMMUNIT	IES USING THE	BICYCLE AS J	A CATALYST FOR	
HEALING, EMPOWERMENT, AND EV	OLUTION.	OUR VISION	IS TO CREATE O	PPORTUNITIE	S FOR OUTDOOR	
EXPLORATION, PERSONAL DISCOV		IMANTTARTAN S	ERVICE AT LOCA	I NATIONAL	AND GLOBAL	
	BRT TIND IIO	, may i marine b.				
LEVELS.						
PRIORITIES INCLUDE: REMOVAL	OF UXO, OR	UNEXPLODED	ORDNANCE, THRO	UGHOUT LAOS	; PROVIDING	
BICYCLES IN DEVELOPING COMMU	NITIES TO	FACILITATE A	CCESS TO EDUCA	TION, WORK	AND HEALTHCARE;	
PRESERVATION OF PUBLIC LANDS	; SUPPORTI	NG BICYCLE-F	RIENDLY INFRAS	TRUCTURE SU	CH AS TRAIL	
BUILDING AND INSTALLATION OF	BIKE LANE	S; & PARTNER	ING WITH OTHER	BIKE-CENTR	IC NONPROFITS	
TO FUND IMPACTFUL CHANGE IN	THEIR COMM	IUNITIES.				

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization	Employer identification number
BE GOOD FOUNDATION INC	83-1471464

Form	8879-	EO
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### IRS *e-file* Signature Authorization for an Exempt Organization

For calendar year 2019, or fiscal year beginning

, and ending

OMB No. 1545-1878

2019

110,239

Department of the Treasury Internal Revenue Service Name of exempt organization Do not send to the IRS. Keep for your records.

► Go to www.irs.gov/Form8879EO for the latest information.

Employer identification number

83-1471464

### BE GOOD FOUNDATION INC

Name and title of officer

# REBECCA RUSCH, OFFICER Part I Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here b a Form 990-EZ check here b b a Form 1120-POL check here b b a Form 990-PF check here b b a Form 990-PF check here b b c b c b c c c c c c c c c c c c c c c c c d d d d d d d d d d d d d d d d

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. **Officer's PIN: check one box only** 

X   authorize Gretchen Reeves CPA	to enter my PIN 24651 as my signature	
ERO firm name	Enter five numbers, but	
	do not enter all zeros	
on the organization's tax year 2019 electronically filed return. If I ha	ave indicated within this return that a copy of the return is	
being filed with a state agency(ies) regulating charities as part of the		
ERO to enter my PIN on the return's disclosure consent screen.		
As an officer of the organization, I will enter my PIN as my signatur	e on the organization's tax year 2019 electronically filed return.	
If I have indicated within this return that a copy of the return is bein		
the IRS Fed/State program, I will enter my PIN on the return's disc		
	k	
Officer's signature	Date > 06-17-2020	
Part III Certification and Authentication		
ERO's EFIN/PIN. Enter your six-digit electronic filing identification		
number (EFIN) followed by your five-digit self-selected PIN.	XXXXXX 30909	
	Do not enter all zeros	
I certify that the above numeric entry is my PIN, which is my signature on th	a 2019 electronically filed return for the organization	
indicated above. I confirm that I am submitting this return in accordance wit		
Information for Authorized IRS <i>e-file</i> Providers for Business Returns.	······································	
ERO's signature	Date 🕨 <u>11-16-2020</u>	
ERO Must Retain This Form - See Instructions		
Do Not Submit This Form to the IRS Unless Requested To Do So		
For Department Poduction Act Nation and instructions	Earm 9970 EQ (2010)	

For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2019)

EEA