Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

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

A F	or th	e 2021	calendar year, or tax year beginning		09/01/2021	and ending			08/	31/2022
D a			C Name of organization				DE	Employer ider	ntificati	ion number
	Check if a		GARDEN OF DREAMS FOUND	DATION						
	Addre		Doing business as					13-3979	726	
	Name	e change	Number and street (or P.O. box if mail is	not delivered to street	address)	Room/suite	ET	Telephone nur	nber	
	Initia	l return	2 PENN PLAZA, 15TH FLO	OOR				(212)46	55 – 4	:170
		return/ inated	City or town, state or province, country, a	and ZIP or foreign pos	al code					
	Amer returi		NEW YORK, NY 10121-009	91			G	Gross receipts	\$	4,707,534.
	Appli pend	cation ing	F Name and address of principal officer:	BARRY WAT	CKINS		H(a	 a) Is this a grousule subordinates 	ip return	for Yes X No
			2 PENN PLAZA, 15TH FLOO	OR, NEW YORK	, NY 10121	-0091	H(b	b) Are all subordi		uded? Yes No
I	Tax-ex	cempt st	atus: X 501(c)(3) 501(c) () (insert no.)	4947(a)(1)	or 527	,	If "No," at	tach a lis	st. See instructions
J	Websi	ite: 🕨	WWW.GARDENOFDREAMSFOUNI	DATION.ORG			H(c	C) Group exemp	otion nur	mber >
K	Form	of organ	nization: X Corporation Trust	Association Of	her ►	L Year of	formation:	1997 M 9	State o	f legal domicile: NY
P	art I	Su	mmary							_
	1	Briefly	describe the organization's mission o	r most significant a	ctivities: THE (GARDEN OF	DREAN	MS FOUNI	ITAC	ON BRINGS
ė		LIF	E-CHANGING OPPORTUNITIES	TO YOUNG P	EOPLE IN N	EED.				
Jan										
Governance	2	Check	this box 🕨 🔃 if the organization d	iscontinued its ope	erations or dispose	ed of more tha	n 25% of i	its net assets	S.	
Ó	3	Numb	er of voting members of the governing	body (Part VI, line	1a)				3	26
ა	4	Numb	er of independent voting members of t	he governing body	(Part VI, line 1b)				4	26
Activities &	5		number of individuals employed in cale						5	NONE
ξ	6		number of volunteers (estimate if necess						6	35
Ă	7a		unrelated business revenue from Part V						7a	NONE
	b	Net ur	nrelated business taxable income from I	Form 990-T, Part I,	line 11				7b	NONE
								rior Year		Current Year
Revenue	8	Contri	ibutions and grants (Part VIII, line 1h)			[1	L,254,77	6.	4,690,482.
	9		am service revenue (Part VIII, line 2g)					NO	ONE	NONE
eve	10		ment income (Part VIII, column (A), line					5,91	L5.	6,719.
œ	11		revenue (Part VIII, column (A), lines 5,					96	58.	NONE
	12		revenue - add lines 8 through 11 (must			r	1	1,261,65	9.	4,697,201.
	13	Grant	s and similar amounts paid (Part IX, colu	ımn (A), lines 1-3)				870,97	6.	3,347,263.
	14		its paid to or for members (Part IX, colu			r		NO	ONE	NONE
Ś	15		es, other compensation, employee bene			T I		NO	ONE	NONE
Expenses	16 a	Profes	ssional fundraising fees (Part IX, column	(A), line 11e)		[NO	ONE	NONE
xbe	b		fundraising expenses (Part IX, column (I							
Ш	17		expenses (Part IX, column (A), lines 11					251,87	8.	717,940.
	18		expenses. Add lines 13-17 (must equal			r	1	L,122,85	4.	4,065,203.
	19		nue less expenses. Subtract line 18 from					138,80	5.	631,998.
ses							Beginning	g of Current Y	ear	End of Year
sets	20	Total	assets (Part X, line 16)			[3	3,221,06	4.	4,078,760.
Net Assets or Fund Balances	21		liabilities (Part X, line 26)			T I		40,47	75.	266,173.
FE	22	Net as	ssets or fund balances. Subtract line 21	from line 20		[3	3,180,58	9.	3,812,587.
Pa	rt II	Siç	gnature Block							_
Un	der pe	nalties o	of perjury, I declare that I have examined this complete. Declaration of preparer (other than	is return, including a	ccompanying sched	ules and statem	ents, and t	to the best of	my kr	nowledge and belief, it is
True	e, corre	eci, and	complete. Declaration of preparer (other than	i officer) is based off a	an information of win	ich preparei nas	ally Kilowi	leuge.		
٥.		N .								
Sig		S	Signature of officer					Date		
He	re									
		Ī	ype or print name and title							
		Print/	Type preparer's name	Preparer's signature		Date		Check	if P1	ΓΙΝ
Paid		PAUI	L HAMMERSCHMIDT	PAUL HAMME	RSCHMIDT	10/23	/2023	self-employe	ed P	01384178
	parer Only	Firm's	s name ► BDO USA				Firr	m's EIN ►	13	-5381590
use	Unity		address ► 100 PARK AVENUE I	NEW YORK, N	Y 10017-500	1		one no.		2-885-8000
Ma	y the		iscuss this return with the preparer							
			Reduction Act Notice, see the separat							Form 990 (2021)

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Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
-	THE GARDEN OF DREAMS FOUNDATION IS COMMITTED TO PROVIDE INSPIRATION,
	JOY AND EDUCATIONAL OPPORTUNITIES TO YOUNG PEOPLE FACING ILLNESS,
	FINANCIAL CHALLENGES OR THE DEATH/INJURY OF A FAMILY MEMBER IN
	UNIFORM.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O.
	Did the organization cease conducting, or make significant changes in how it conducts, any program
3	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.
	the total expenses, and revenue, if any, for each program service reported.
	(Code:) (Expenses \$2,922,274. including grants of \$2,497,163.) (Revenue \$NONE_) SEE SCHEDULE O
4b	(Code:) (Expenses \$ 850,100. including grants of \$ 850,100.) (Revenue \$ NONE)
	THE GARDEN OF DREAMS GIVING PROGRAM: THE PROGRAM HELPS ITS PARTNER
	ORGANIZATIONS MEET THE CRITICAL NEEDS OF THE CHILDREN THEY SERVE,
	INCLUDING THROUGH DIRECT SUPPORT OF COLLEGE SCHOLARSHIPS AND
	CAPITAL IMPROVEMENT PROJECTS WITHIN THE COMMUNITY. EXAMPLES OF
	THESE GRANTS ARE REFURBISHMENTS OF GYMNASIUMS, DANCE STUDIOS,
	RECORDING STUDIOS AND CHILDREN'S HOSPITAL WINGS. DURING FY22
	CONTINUED RESTRICTIONS ON IN-PERSON GATHERINGS DUE TO COVID
	LIMITED THIS PROGRAM TO PRIMARILY INCLUDE SCHOLARSHIPS.
4c	(Code:) (Expenses \$ 128,766. including grants of \$ NONE) (Revenue \$ NONE)
	COMMUNITY BASED ORGANIZATIONS SUPPORT: IN RESPONSE TO THE PANDEMIC
	& THROUGH ITS COMMUNITY ORGANIZATIONS THE FOUNDATION PROVIDED
	ASSISTANCE TO FAMILIES SUFFERING FROM FOOD SCARCITY THROUGH THE
	PROVISION OF MEALS AND OTHER SUPPLIES
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 20,362. including grants of \$ NONE) (Revenue \$ NONE)
4.0	Total program conico expenses > 2.001 F00

4e Total program service expenses ► 3,921,502.

JSA
1E1020 1.000

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Part IV Checklist of Required Schedules

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
_	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			3.5
10	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		
• •	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		X
IJ	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	140		
. •	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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	X	I

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Part	Checklist of Required Schedules (continued)		Vaa	Na
22	Did the executation report more than 05 000 of greats or other assistance to or for demostic individuals on		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		v
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			X
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	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
b	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
00	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
•	Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a		Х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		21
ŭ	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2.	36		_X_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Part		30	Λ	
I all	Check if Schedule O contains a response or note to any line in this Part V			
	Chock is Concedure C contents a response of note to any line in this fact v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on 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?	1c	Х	
JSA 1E1030		Form		(2021)
	5424QL 702V 10/20/2023 12:26:44 V21-7.15		7	

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a NONE			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	_		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	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: Gross income from members or shareholders			
D	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
120	against amounts due or received from them.)	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.			
h	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			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> · · · · · ·	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 the 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.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.			

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Sect	ion A. Governing Body and Management					
	y , y				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	26			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	26			
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	lations	ship with			
	any other officer, director, trustee, or key employee?		-	2	Χ	
3	Did the organization delegate control over management duties customarily performed by or un	nder t	he direct			
	supervision of officers, directors, trustees, or key employees to a management company or other	person	?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was f	led?.		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's	assets	?	5		X
6	Did the organization have members or stockholders?			6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to e	ect o	appoint			
	one or more members of the governing body?			7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval	by) n	nembers,			
	stockholders, or persons other than the governing body?			7b	X	
8	Did the organization contemporaneously document the meetings held or written actions und	ertake	n during			
	the year by the following:					
а	The governing body?			8a	X	37
b	Each committee with authority to act on behalf of the governing body?			8b		_X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Secti	ion B. Policies (This Section B requests information about policies not required by the Inte)	
	on 211 energy (This coolen 2 requests information about pointing netroquines by the inte	ziriai i	10101140		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt p		-	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before f	•		11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	9				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests					
	rise to conflicts?			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the p	olicy?	If "Yes,"			
	describe on Schedule O how this was done			12c	Χ	
13	Did the organization have a written whistleblower policy?			13		X
14	Did the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review ar	nd app	oroval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation					
а	The organization's CEO, Executive Director, or top management official			15a		_X
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar		-	16a		X
	with a taxable entity during the year?			10a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps to					
	organization's exempt status with respect to such arrangements?			16b		
Secti	ion C. Disclosure			.00		
17	List the states with which a copy of this Form 990 is required to be filed ▶ CA, CT, IL, NJ, NY	,				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable)		and 990-7	(sec	tion 5	01(c)
.0	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap X Own website Another's website X Upon request Other (explain on So	ply.		(000		01(0)
19	Describe on Schedule O whether (and if so, how) the organization made its governing docur and financial statements available to the public during the tax year.	nents,	conflict o	f inter	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's EKTA PATEL, 2 PENN PLAZA, 15TH FL NEW YORK, NY 10121	oooks	and record	s ►		

212-465-4170

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.s
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	unles	Pos neck ss pe	rson	e than of is both or/trust employee	an	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) BARRY WATKINS	1.00									
CHAIRMAN	NONE	X		Х				NONE	NONE	NONE
(2) JOEL FISHER	0.75	21		21				NONE	NONE	INOINE
CO-VICE CHAIRPERSON	NONE	X		Х				NONE	NONE	NONE
(3) GARY FUHRMAN	0.20							110112	1101112	1101112
CO-VICE CHAIRPERSON	NONE	X		Х				NONE	NONE	NONE
(4) DAVID VINIAR	0.20							110112	110112	110112
CO-VICE CHAIRPERSON	NONE	X		Х				NONE	NONE	NONE
(5) VICTORIA MINK	0.50							3.02.		
TREASURER	NONE	Х		Х				NONE	NONE	NONE
(6) LAWRENCE BURIAN	0.50									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(7) RICH CLAFFEY	0.20									
DIRECTOR (EFF. 6/22)	NONE	Х						NONE	NONE	NONE
(8) MARY PAT CLARKE	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(9) RICH CONSTABLE	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(10) WHOOPI GOLDBERG	0.20									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(11) NEIL GOLDMACHER	0.20									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(12) ADAM GRAVES	0.20									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(13) ANDREA GREENBERG	0.20									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(14) JACK IRULSHAMI	0.20									_
DIRECTOR	NONE	Х						NONE	NONE	NONE
										Earm QQN (2021)

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Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	ye	es,	and I	Higl	hest Compensat	ed Employees (c	ontinued)
(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average			Pos	sition			Reportable	Reportable	Estimated
	hours per	1 '				e than o		compensation	compensation from	amount of
	week (list any					is both or/trust		from	related	other
	hours for related		_		T			the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations	di Vi	stitu	Officer	эу е	Highest co employee	Former	(W-2/1099-MISC)	(**-2/1099-10130)	organization
	below dotted	dua	ltior	<u> </u>	mpl	st c	P	(** 2/1000 1/1100)		and related
	line)	Individual trustee or director	Institutional trustee		Key employee	mg				organizations
		stee	l st		"	ens				
			ee			compensated ee				
15) SANDY KAPELL	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
16) BRAD KARP	0.20	21						IVOIVE	I TOTAL	110111
DIRECTOR (EFF. 6/22)	NONE	X						NONE	NONE	NONE
17) ERIC LANE	0.20							NONE	I IVOIVE	IVOIVI
DIRECTOR	NONE	X						NONE	NONE	NONE
18) HOWARD LORBER	0.20							NONE	110111	NOIVI
DIRECTOR	NONE	X						NONE	NONE	NONE
19) DOUGLAS LOWEY	0.20							NONE	NONE	INOINI
DIRECTOR (THRU 6/22)	NONE	X						NONE	NONE	NONE
20) ANDY LUSTGARTEN	0.20							NONE	NONE	INOINI
DIRECTOR	NONE	x						NONE	NONTE	NONI
21) RANDY MASTRO	0.20	_ A						NONE	NONE	NONE
DIRECTOR (EFF. 10/21)	NONE	x						NONE	NONTE	NIONII
	+	_ ^						NONE	NONE	NONI
22) DARRYL MCDANIELS	0.50 NONE	x						NONE	NONTE	NIONII
DIRECTOR	0.20	_ A						NONE	NONE	NONI
23) MATTHEW MODINE	+	X						NONE	NIONIE	NONI
DIRECTOR 24 DEPENDENT	NONE	X						NONE	NONE	NONI
24) DREW NIEPORENT	0.20	٠,,						NONE	NONTE	NONT
DIRECTOR	NONE	X						NONE	NONE	NONI
25) HANK RATNER	0.20							NONE	NONTE	310311
DIRECTOR	NONE	X					_	NONE		NONE
1b Sub-total								NONE		NONE
c Total from continuation sheets to Part VII, S	-							NONE		NONE
d Total (add lines 1b and 1c)								NONE		NONE
2 Total number of individuals (including but not						,	o re	eceived more than	\$100,000 of	
reportable compensation from the organizatio					NO.	NE				V N.
										Yes No
3 Did the organization list any former office										
employee on line 1a? If "Yes," complete Sched	lule J for su	ch ind	livid	ual	• •					3
4 For any individual listed on line 1a, is the										
organization and related organizations gr										
individual										4
5 Did any person listed on line 1a receive or										
for services rendered to the organization? If "Y	'es," comple	te Sci	hedu	ıle J	J for	such	per	son		5
Section B. Independent Contractors										

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	ye	es,	and F	lig	hest Compensat	ed Employees (continued)		
(A)	(B)			(0	C)			(D)	(E)	(F)	
Name and title	Average	(do l	not ob		sition	e than o	nno.	Reportable	Reportable	Estim		
	hours per week (list any	,				is both		compensation from	compensation from related	amou oth		
	hours for					or/trust		the	organizations	comper	nsation	
	related organizations	Indiv	Insti	Officer	ey	Highest co employee	Forme	organization	(W-2/1099-MISC)	from organiz		
	below dotted	ridua	tutio	èr	emp	est o	ler	(W-2/1099-MISC)		and re		
	line)	Individual trustee or director	Institutional trustee		Key employee) w				organiz	ations	
		stee	ruste		(T)	ens						
			Эе			compensated						
26) JOHN STARKS	0.20											_
DIRECTOR	NONE	X						NONE	NONE	1	NON	Ε
27) JUSTIN TUCK	0.20											
DIRECTOR	NONE	X						NONE	NONE		NON	F
28) RIANA POSITANO	1.00	-										
SECRETARY (THRU 5/22)	NONE			X				NONE	NONE		NON	E
29) DEBRA SHUWAGER	1.00	-						17017			1701	
SECRETARY (EFF. 6/22)	NONE			X				NONE	NONE		NON	<u> E</u>
	 											
												-
	ļ											
												_
												
												-
	†											
	I											_
												_
												
1h Sub total												_
1b Sub-total c Total from continuation sheets to Part VII, S	ection A				• •							-
d Total (add lines 1b and 1c)	_						•					_
2 Total number of individuals (including but not	limited to t						o re	ceived more than	\$100,000 of	•		_
reportable compensation from the organizatio	n ▶											_
										Y	es No	_
3 Did the organization list any former office												
employee on line 1a? If "Yes," complete Sched										3	X	_
4 For any individual listed on line 1a, is the												
organization and related organizations graindividual								complete Schedu	le J for such	4	Х	,
5 Did any person listed on line 1a receive or								rolated organization	on or individual	4		İ
for services rendered to the organization? If "Y										5	X	-
Section B. Independent Contractors		10 00.				00.011	μυ.					-
1 Complete this table for your five highest com												_
compensation from the organization. Report of	compensati	on for	the	ca	lend	dar ye	ar e	ending with or with	nin the organization	n's tax		
year.							_		Т			_
(A)	l							(B)		(C)		

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► NONE

13-3979726

Part VIII Statement of Revenue

		Check if Schedule O contains a respon	nse or note to ar	ny line in this Part V	/III		
		·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
نة ق	C	Fundraising events 1c	340,286.				
rts,	d	Related organizations					
<u>a</u>		Government grants (contributions) . 1e					
i,s	e	, ,					
i io	l t	All other contributions, gifts, grants,	4 350 106				
pe		and similar amounts not included above . 1f	4,350,196.				
وَظِ	g	Noncash contributions included in					
ŽΈ			\$ 2,497,163.				
	h	Total. Add lines 1a-1f		4,690,482.			
4			Business Code				
ؾۣ	2a						
ne Z	b						
n S	С						
e a	d						
Program Service Revenue	е						
₫	f	All other program service revenue					
	g	Total. Add lines 2a-2f	<u> </u>	NONE			
	3	Investment income (including dividends,	interest, and				
		other similar amounts)		6,719.			6,719.
	4	Income from investment of tax-exempt bond		NONE			
	5	Royalties	•	NONE			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c NONI	none				
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securities	(ii) Other	1,01,2			
	l 'a		() \$				
4	١	other than inventory 7a					
evenue	b	Less: cost or other basis					
Ş.		and sales expenses 7b					
Re	١.	Gain or (loss)					
ē	d	Net gain or (loss)	<u> ▶</u>	NONE			
Other	8a	Gross income from fundraising					
Ŭ		events (not including \$340,286.					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	10,333.				
	b	Less: direct expenses 8b	10,333.				
	С	Net income or (loss) from fundraising events	<u></u>				
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses	NONE				
	С	Net income or (loss) from gaming activities	<u> </u>	NONE			
	10a	Gross sales of inventory, less					
		returns and allowances10a	NONE				
	b	Less: cost of goods sold	NONE				
	C	Net income or (loss) from sales of inventory		NONE			
S		<u> </u>	Business Code				
e go	11a						
ane	b						
Miscellaneous Revenue	C						
<u> </u>	d	All other revenue					
Σ	e	Total. Add lines 11a-11d		NONE			
	12	Total revenue. See instructions		4,697,201.			6,719.
							<u> </u>

Part IX Statement of Functional Expenses

						organizations		

	Check if Schedule O contains a resp	onse or note to any line	e in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	3,347,263.	3,347,263.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	NONE			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,				
	trustees, and key employees	NONE			
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	NONE			
8	Pension plan accruals and contributions (include	NONE			
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	NONE			
10	Payroll taxes	NONE			
	Fees for services (nonemployees):				
а	Management	NONE			
b	Legal	NONE			
	Accounting	NONE			
d	Lobbying	NONE			
	Professional fundraising services. See Part IV, line 17.	NONE			
f	Investment management fees	NONE			
g	Other. (If line 11g amount exceeds 10% of line 25, column	2.4	2.4		
	(A), amount, list line 11g expenses on Schedule O.)	34.	34.	F4 027	
	Advertising and promotion	54,837.	20. 220	54,837.	66.040
13	Office expenses	91,164.	20,328.	3,996.	66,840
14	Information technology	NONE			
15	Royalties	NONE			
16	Occupancy	NONE	22 025		2 226
17		27,161.	23,935.		3,226
18	Payments of travel or entertainment expenses	NONE			
	for any federal, state, or local public officials	NONE	274 040		
	Conferences, conventions, and meetings	274,904.	274,849.	55.	
	Interest	NONE NONE			
21	,				
	Depreciation, depletion, and amortization	NONE 11,718.		11,718.	
23		11,/10.		11,/10.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
_	DIRECT PROGRAM SERVICES	255,093.	255,093.		
	MISCELLANEOUS	3,029.	233,073.	3,029.	
		5,023.		3,023.	
d					
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	4,065,203.	3,921,502.	73,635.	70,066
	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)	7,000,203.	3,721,302.	73,033.	70,000

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this F	Part X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	NONE	1	NONE
	2	Savings and temporary cash investments	3,022,501.	2	3,488,504.
	3	Pledges and grants receivable, net	118,344.	3	507,129.
	4	Accounts receivable, net	NONE	4	NONE
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	NONE	5	NONE
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE
ts	7	Notes and loans receivable, net	NONE	7	NONE
Assets	8	Inventories for sale or use	NONE		NONE
As	9	Prepaid expenses and deferred charges	73,926.	9	76,834.
	_	Land, buildings, and equipment: cost or other	, , , , , ,		,
		basis. Complete Part VI of Schedule D 10a 137,600			
	h	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities			NONE
	12	Investments - other securities. See Part IV, line 11	NONE		NONE
	13	Investments - program-related. See Part IV, line 11.	NONE		NONE
	14		NONE		NONE
	15	Intangible assets	6,293.	15	6,293.
	16	Other assets. See Part IV, line 11			4,078,760.
_		Total assets. Add lines 1 through 15 (must equal line 33)	3,221,064.	16	
	17	Accounts payable and accrued expenses	23,914.	17	242,420.
	18	Grants payable	NONE		NONE
	19	Deferred revenue	8,328.	19	15,520.
	20	Tax-exempt bond liabilities	NONE		NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
Liabilities	22	Loans and other payables to any current or former officer, director,			
ij		trustee, key employee, creator or founder, substantial contributor, or 35%			
ia.		controlled entity or family member of any of these persons	NONE		NONE
_	23	Secured mortgages and notes payable to unrelated third parties	NONE		NONE
	24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NONE
	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	8,233.		8,233.
	26	Total liabilities. Add lines 17 through 25	40,475.	26	266,173.
ces		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
alan	27	Net assets without donor restrictions	3,143,429.	27	3,632,427.
Ä	28	Net assets with donor restrictions	37,160.	28	180,160.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
¥,	32	Total net assets or fund balances	3,180,589.	32	3,812,587.
ž	33	Total liabilities and net assets/fund balances	3,221,064.	33	4,078,760.
_			5,221,001.		Form 990 (2021)

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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1				201.
2	Total expenses (must equal Part IX, column (A), line 25)	2				<u>203</u> .
3	Revenue less expenses. Subtract line 2 from line 1	3		631,998		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3			589.
5	Net unrealized gains (losses) on investments	5		, _	00,	<u> </u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
. •	32, column (B))	10	3	8	12	<u>587</u> .
Part		1.0		, -	,	<u>507</u> .
	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," ex	oplain o	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were cor		• • =			
	reviewed on a separate basis, consolidated basis, or both:	ipiica	0.			
	Separate basis Consolidated basis Both consolidated and separate basis					
h	Were the organization's financial statements audited by an independent accountant?			2b	Х	
D	If "Yes," check a box below to indicate whether the financial statements for the year were aud					
	separate basis, consolidated basis, or both:	tea on	α			
	X Separate basis Consolidated basis Both consolidated and separate basis					
•	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	arciaht	of			
·	the audit, review, or compilation of its financial statements and selection of an independent accounts	-		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e		• •			
	Schedule O.	λριαιί (711			
33	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in th	ne			
Ja	Single Audit Act and OMB Circular A-133?	101 111 U		3a		Х
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	lerao ti	• • –			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a			3b		

SCHEDULE A (Form 990)

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

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

GAI	RDEI	N OF DREAMS FOUNDAT:						979726
Pa	rt I	Reason for Public Cha	rity Status. (All o	organizations must	comple	te this p	art.) See instruction	S.
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	neck only	one box.)	
1		A church, convention of chu	urches, or associat	tion of churches desc	ribed in s	section 1	70(b)(1)(A)(i).	
2		A school described in section	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90).)		
3		A hospital or a cooperative	hospital service o	rganization described	in sectio	n 170(b))(1)(A)(iii).	
4		A medical research organiz	ation operated in	conjunction with a hos	spital de	scribed i	n section 170(b)(1)(A	(iii). Enter the
		hospital's name, city, and st						
5		An organization operated f section 170(b)(1)(A)(iv). (C		a college or universit	y owne	d or ope	erated by a governme	ental unit described in
6		A federal, state, or local go	vernment or gover	rnmental unit describe	d in sect	tion 170((b)(1)(A)(v).	
7	X	An organization that norma	ally receives a sub	stantial part of its su	pport fr	om a go	vernmental unit or fr	om the general public
		described in section 170(b)	(1)(A)(vi). (Comple	ete Part II.)				
8		A community trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	Part II.)			
9		An agricultural research org	ganization describe	ed in section 170(b)(1)(A)(ix)	operated	d in conjunction with a	land-grant college
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). E	nter the	name, city, and state o	f the college or
		university:						
10		An organization that norma receipts from activities rela support from gross investmacquired by the organization organization organization organization.	ted to its exempt f nent income and ui n after June 30, 19	unctions, subject to c nrelated business tax 975. See section 509	ertain ex able inco (a)(2). (0	xceptions ome (les Complete	s; and (2) no more that s section 511 tax) from e Part III.)	n 331/3 % of its
11 12	\vdash	An organization organized a An organization organized a	•	•	-			rry out the nurneses of
12		_	-	-	-			
	one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.							
•		Type I. A supporting orga					•	
а		the supported organization	•	•			• , , ,	
		supporting organization.				ajointy of	Title directors of truste	oco or tric
b		Type II. A supporting org	•			with its	s supported organizati	on(s), by having
_		control or management of	=					
		organization(s). You must	•	•				3
С		Type III functionally integ	•	•	ited in c	onnectio	n with, and functiona	lly integrated with,
		its supported organization						
d		Type III non-functionally	integrated. A sup	porting organization of	perated	in conn	ection with its suppor	ted organization(s)
		that is not functionally inte	egrated. The organ	nization generally mus	st satisfy	a distrib	oution requirement an	d an attentiveness
		requirement (see instructi	ions). You must co	omplete Part IV, Sect	ions A a	ınd D, an	d Part V.	
е		$oxedsymbol{ox}$ Check this box if the orga						II, Type III
		functionally integrated, or			porting o	organiza	tion.	
f		ter the number of supported						
<u>g</u>		ovide the following information			I		T	
	(I) N	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))	docu	ment?	instructions)	instructions)
					Yes	No		
(A)								
_								
(B)								
(C)								
(D)								
(E)								
Tota	ıl							

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

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 Page 2

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							
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,034,235.	6,311,043.	4,517,376.	1,254,776.	4,690,482.	22,807,912.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	6,034,235.	6,311,043.	4,517,376.	1,254,776.	4,690,482.	22,807,912.
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)						T 420 FF0
6	Public support. Subtract line 5 from line 4						7,439,558.
	tion B. Total Support						15,368,354.
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	6,034,235.	6,311,043.	4,517,376.	1,254,776.	4,690,482.	22,807,912.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	17,673.	27,362.	21,218.	5,915.	6,719.	78,887.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	1,253,093.	2,192,744.	354,828.	968.	NONE	3,801,633.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						NONE
11	Total support. Add lines 7 through 10						26,688,432.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u> </u>					
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2021 (li		•			14	57.58 %
15	Public support percentage from 2020					15	64.32 %
16a	331/3% support test - 2021. If the org	=					
	box and stop here. The organization q	•		_			
b	331/3% support test - 2020. If the org	=					
4	this box and stop here. The organization			-			
1 <i>1</i> a	10%-facts-and-circumstances test - 2	_					
	10% or more, and if the organization						-
	Part VI how the organization meets			=	· ·		upported
h	organization						and line
D		_	-				
	15 is 10% or more, and if the organization meets					-	
	•			•	•		
18	organization						
10	-						
	instructions						· · · · <u> </u>

Page 3 Schedule A (Form 990) 2021

(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						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	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	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support		•	•	•		•
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6.						
10 a	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						
С	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.						
40							
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	the organizati	on's first secon	d third fourth	or fifth tay ve	ar as a section	501(c)(3)
17	organization, check this box and stop here .	ū	•		•		````
Sec	tion C. Computation of Public Supp			<u> </u>			
15	Public support percentage for 2021 (line 8,		•	mn (f))		15	%
16	Public support percentage from 2020 Scheo					16	% %
	tion D. Computation of Investment					10	/0
	-			13 column (f\)		17	%
17	Investment income percentage for 2021 (lin						% %
18	Investment income percentage from 2020 S					18	
туа	331/3% support tests - 2021. If the org						
	17 is not more than 331/3%, check this						
b	331/3% support tests - 2020. If the orga						. \square
20	line 18 is not more than 331/3%, check		-	•			

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Schedule A (Form 990) 2021 Page **4**

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
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to			
	10b		

Page 5 Schedule A (Form 990) 2021

Part	Supporting Organizations (continued)			- 0 -
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	44.		
Secti	provide detail in Part VI. on B. Type I Supporting Organizations	11c		
30011	on billypo i cupporting organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
Sacti	on C. Type II Supporting Organizations	2		
) C C (1	on o. Type ii oupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
_	Did the consideration of the transfer of the constant of the c		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
2	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
3	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on 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	structi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instr		r –
2	Activities Test. Answer lines 2a and 2b below.		Yes	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
h	·			
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3h	I	ı

Schedule A (Form 990) 2021 Page **6**

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nization	S					
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See							
	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.							
Se	ction 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						
	ction 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						
С	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	Discount claimed for blockage or other factors							
	(explain in detail in Part VI):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d.	3						
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by 0.035.	6						
7		7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Se	ction C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, column A)	1						
	Enter 0.85 of line 1.	2						
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3						
4	Enter greater of line 2 or line 3.	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to							
_	emergency temporary reduction (see instructions).	6						
7	Check here if the current year is the organization's first as a non-functiona		ted Type III supporting	g organization				
	(see instructions).							

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 Page **7**

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)						
Sect	Section D - Distributions Current Year								
1	Amounts paid to supported organizations to accomplish e	xempt purposes		1					
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed						
	organizations, in excess of income from activity			2					
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	3					
4	Amounts paid to acquire exempt-use assets			4					
5	Qualified set-aside amounts (prior IRS approval required - p	provide details in Part VI)		5					
6	Other distributions (describe in Part VI). See instructions.			6					
7	Total annual distributions. Add lines 1 through 6.			7					
8	Distributions to attentive supported organizations to which	the organization is resp	onsive						
	(provide details in Part VI). See instructions.			8					
9	Distributable amount for 2021 from Section C, line 6			9					
10	Line 8 amount divided by line 9 amount	10							
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	าร	(iii) Distributable Amount for 2021				
Sect	ion E - Distribution Allocations (see instructions) Distributable amount for 2021 from Section C, line 6	, , ,	Underdistribution	ns	Distributable				
		, , ,	Underdistribution	ns	Distributable				
1	Distributable amount for 2021 from Section C, line 6	, , ,	Underdistribution	ns	Distributable				
1	Distributable amount for 2021 from Section C, line 6 Underdistributions, if any, for years prior to 2021	, , ,	Underdistribution	ns	Distributable				
1	Distributable amount for 2021 from Section C, line 6 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2021	, , ,	Underdistribution	ns	Distributable				
1 2	Distributable amount for 2021 from Section C, line 6 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.	, , ,	Underdistribution	ns	Distributable				
1 2 3	Distributable amount for 2021 from Section C, line 6 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2021 From 2016 From 2017	, , ,	Underdistribution	ns	Distributable				
1 2 3 a	Distributable amount for 2021 from Section C, line 6 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2021 From 2016	, , ,	Underdistribution	ns	Distributable				
1 2 3 a b	Distributable amount for 2021 from Section C, line 6 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2021 From 2016 From 2017 From 2018 From 2019	, , ,	Underdistribution	าร	Distributable				
1 2 3 a b c	Distributable amount for 2021 from Section C, line 6 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2021 From 2016	, , ,	Underdistribution	ns	Distributable				

Schedule A (Form 990) 2021

5

6

Applied to underdistributions of prior years

Applied to 2021 distributable amount

Applied to underdistributions of prior years

Applied to 2021 distributable amount

Remainder. Subtract lines 4a and 4b from line 4.

Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in Part VI*. See instructions.

Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

Excess distributions carryover to 2022. Add lines 3j

Distributions for 2021 from

Part VI. See instructions.

Breakdown of line 7:

Excess from 2017 . . .

Excess from 2018 . . .

Excess from 2019 . . .

Excess from 2020 . . .

Excess from 2021 . . .

and 4c.

Section D, line 7:

Carryover from 2016 not applied (see instructions)
Remainder. Subtract lines 3g, 3h, and 3i from line 3f.

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

► Attach to Form 990 or Form 990-PF. Department of the Treasury ► Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service

Employer identification number Name of the organization GARDEN OF DREAMS FOUNDATION 13-3979726 Organization type (check one): Section:

Filers of: X Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private 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** 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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Schedule B (Form 990) (2021)

Name of organization

GARDEN OF DREAMS FOUNDATION

Employer identification number 13-3979726

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

(2)	(b)	(6)	(4)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	STEPHEN GOULD CORP.		B
	SIEPHEN GOULD CORP.		Person Payroll
	2 PENN PLAZA	\$1,217,500.	Noncash
	NEW YORK NY 10101		(Complete Part II for
	NEW YORK, NY 10121		noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	ROSS STORES		
	KOSS STORES		Person Payroll
	2 PENN PLAZA	\$489,500.	Noncash
			(Complete Part II for
	NEW YORK, NY 10121		noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	DAVID VINIAD		Person X
3_	DAVID VINIAR		1 515511
	2 PENN PLAZA	\$335,000.	Payroll Noncash
			(Complete Part II for
	NEW YORK, NY 10121		noncash contributions.)
(a)	(b)	(c)	(d)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4		Type of contribution
			Type of contribution Person
No.	Name, address, and ZIP + 4		Type of contribution Person Payroll
No.	Name, address, and ZIP + 4 DAVIS POLK & WARDWELL LLP 2 PENN PLAZA	Total contributions	Type of contribution Person Payroll
No.	Name, address, and ZIP + 4 DAVIS POLK & WARDWELL LLP	Total contributions	Person Payroll Noncash
No4	Name, address, and ZIP + 4 DAVIS POLK & WARDWELL LLP 2 PENN PLAZA NEW YORK, NY 10121	\$226,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
No.	Name, address, and ZIP + 4 DAVIS POLK & WARDWELL LLP 2 PENN PLAZA	Total contributions	Person Payroll Noncash (Complete Part II for
(a) No.	Name, address, and ZIP + 4 DAVIS POLK & WARDWELL LLP 2 PENN PLAZA NEW YORK, NY 10121 (b) Name, address, and ZIP + 4	\$ 226,000.	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution
No. 4 (a)	Name, address, and ZIP + 4 DAVIS POLK & WARDWELL LLP 2 PENN PLAZA NEW YORK, NY 10121 (b)	\$ 226,000.	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person
(a) No.	Name, address, and ZIP + 4 DAVIS POLK & WARDWELL LLP 2 PENN PLAZA NEW YORK, NY 10121 (b) Name, address, and ZIP + 4	\$ 226,000.	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll
(a) No.	Name, address, and ZIP + 4 DAVIS POLK & WARDWELL LLP 2 PENN PLAZA NEW YORK, NY 10121 (b) Name, address, and ZIP + 4 STEVEN A. DENNING 2 PENN PLAZA	\$ 226,000. (c) Total contributions	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll
(a) No.	Name, address, and ZIP + 4 DAVIS POLK & WARDWELL LLP 2 PENN PLAZA NEW YORK, NY 10121 (b) Name, address, and ZIP + 4 STEVEN A. DENNING	\$ 226,000. (c) Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash X
(a) No.	Name, address, and ZIP + 4 DAVIS POLK & WARDWELL LLP 2 PENN PLAZA NEW YORK, NY 10121 (b) Name, address, and ZIP + 4 STEVEN A. DENNING 2 PENN PLAZA NEW YORK, NY 10121	\$ 226,000. (c) Total contributions \$ 125,888.	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	Name, address, and ZIP + 4 DAVIS POLK & WARDWELL LLP 2 PENN PLAZA NEW YORK, NY 10121 (b) Name, address, and ZIP + 4 STEVEN A. DENNING 2 PENN PLAZA	\$ 226,000. (c) Total contributions	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for
(a) No. 5	Name, address, and ZIP + 4 DAVIS POLK & WARDWELL LLP 2 PENN PLAZA NEW YORK, NY 10121 (b) Name, address, and ZIP + 4 STEVEN A. DENNING 2 PENN PLAZA NEW YORK, NY 10121 (b)	\$ 226,000. (c) Total contributions \$ 125,888.	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contributions.)
(a) No. 5	Name, address, and ZIP + 4 DAVIS POLK & WARDWELL LLP 2 PENN PLAZA NEW YORK, NY 10121 (b) Name, address, and ZIP + 4 STEVEN A. DENNING 2 PENN PLAZA NEW YORK, NY 10121 (b)	\$ 226,000. (c) Total contributions \$ 125,888.	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contributions.)
(a) No. 5	Name, address, and ZIP + 4 DAVIS POLK & WARDWELL LLP 2 PENN PLAZA NEW YORK, NY 10121 (b) Name, address, and ZIP + 4 STEVEN A. DENNING 2 PENN PLAZA NEW YORK, NY 10121 (b)	\$ 226,000. (c) Total contributions \$ 125,888.	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contributions.)
(a) No. 5	Name, address, and ZIP + 4 DAVIS POLK & WARDWELL LLP 2 PENN PLAZA NEW YORK, NY 10121 (b) Name, address, and ZIP + 4 STEVEN A. DENNING 2 PENN PLAZA NEW YORK, NY 10121 (b)	\$ 226,000. (c) Total contributions \$ 125,888.	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contribution Person Payroll Noncash (d) Type of contribution Person Payroll Noncash Output Description Payroll Noncash Payroll Noncash
(a) No. 5	Name, address, and ZIP + 4 DAVIS POLK & WARDWELL LLP 2 PENN PLAZA NEW YORK, NY 10121 (b) Name, address, and ZIP + 4 STEVEN A. DENNING 2 PENN PLAZA NEW YORK, NY 10121 (b)	\$ 226,000. (c) Total contributions \$ 125,888.	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contributions.)

Name of organization

GARDEN OF DREAMS FOUNDATION

Employer identification number

13-3979726

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	EVENT SUITES		
		\$1,217,500.	08/31/2022
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2_	EVENT SUITES		
		\$489,500.	08/31/2022
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4_	EVENT SUITES		
		\$226,000.	08/31/2022
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5_	EVENT TICKETS		
		\$125,888	08/31/2022
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Page 3

Schedule B (Form 990) (2021) Page **4**

	GARDEN OF DREAMS FOUN	DATION		13-3979726				
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati	the year from any on	e contributor. Co	emplete columns (a) through (e) and				
	contributions of \$1,000 or less for the	e year. (Enter this infor	mation once. See					
(a) No. from Part I	Use duplicate copies of Part III if additi (b) Purpose of gift	(c) Use of		(d) Description of how gift is held				
<u> </u>								
	Transferee's name, address, a	(e) Transfer and ZIP + 4	_	ip of transferor to transferee				
(a) No. from								
from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held				
			_					
	Transferee's name, address, a	(e) Transfer and ZIP + 4		ip of transferor to transferee				
	-							
(a) Na								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
	(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationsh	ip of transferor to transferee				
(a) No. from								
from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held				
		(e) Transfer	of aift					
	Transferee's name, address, a		_	ip of transferor to transferee				

Employer identification number

Name of organization

SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

► 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.

2021
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	5 5 m 5 5 gam-au-	
GAF	RDEN OF DREAMS FOUNDATION	13-3979726
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in	donor advised
-	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fund	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any	
	conferring impermissible private benefit?	
Pa	art II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (for example, recreation or education) Preservation of	a historically important land area
		a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	ne form of a conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	· · ·	2a
b		2b
C		2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
u		2d
3	Number of conservation easements modified, transferred, released, extinguished, or termina	
5	tax year ▶	ated by the organization during the
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	
5	violations, and enforcement of the conservation easements it holds?	-
6		
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing co	onservation easements during the year
-	Amount of average incurred in manitoring inspecting bondling of violations and enforcing con	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing con	iservation easements during the year
	Description approximation approximation are set of an line 2/d) who we actively the requirements of acetions	470/b)/4)/D)/i)
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
_	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and e balance sheet, and include, if applicable, the text of the footnote to the organization's financial	
	organization's accounting for conservation easements.	statements that describes the
Pa	organizations Maintaining Collections of Art, Historical Treasures, or Other S	Similar Assets
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	ommai 7.000to.
 1а	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue	statement and balance sheet works
та	of art, historical treasures, or other similar assets held for public exhibition, education, or	r research in furtherance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes the	se items.
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue start	tement and balance sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or researched the following amounts relating to those items.	arch in furtherance of public service,
	provide the following amounts relating to these items:	• •
	(i) Revenue included on Form 990, Part VIII, line 1	»
_	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar as	sets for financial gain, provide the
	following amounts required to be reported under FASB ASC 958 relating to these items:	.
a	Revenue included on Form 990, Part VIII, line 1	
b	ASSELS INCIUQEO IN FOITH 990, PAIL X	> >

Sched	dule D (Form 990) 2021 GARDEN	OF DRE	AMS F	FOUNDA	TION					13-3	979726	Page 2
Pa	rt Organizations Maintaining (Collection	s of A	rt, Hist	orical Tre	easure	s, or	Other	Similar A	ssets (d	continue	<u>d)</u>
3	Using the organization's acquisition, a	accession,	and oth	her reco	ords, chec	k any d	of the	followi	ing that m	ake sigr	nificant us	se of its
	collection items (check all that apply):											
а	Public exhibition			d	Loan	or exch	ange	progran	n			
b	Scholarly research			е	Other			, ,				
С	Preservation for future generation	ns		_								
4	Provide a description of the organizat		ctions a	and exp	lain how	thev fu	rther	the oro	anization's	exemp	t purpose	in Part
	XIII.					,						
5	During the year, did the organization so	olicit or rec	eive do	nations	of art, hist	orical ti	reasu	res. or c	ther simila	ar		
•	assets to be sold to raise funds rather th										Yes	No
Pa	rt IV Escrow and Custodial Arran											
	Complete if the organization			on Fo	rm 990. I	Part IV.	line	9. or re	ported ar	n amour	nt on For	m
	990, Part X, line 21.				,		_	, -				
1a	Is the organization an agent, trustee,	custodian	or oth	er inter	mediary f	or cont	ributio	ons or	other asse	ets not		
	included on Form 990, Part X?				-					_	Yes	No
b	If "Yes," explain the arrangement in Pa	rt XIII and	comple	ete the f	ollowing ta	ble:						
-			оор.с		o					Amount		
С	Beginning balance						1c			7		
q	Additions during the year											
-	Distributions during the year						1e					
f	Ending balance						1f					
2a	Did the organization include an amount							stodial :	account lial	hility2	Yes	No
	If "Yes," explain the arrangement in Pa											\vdash
	rt V Endowment Funds.	III XIII. OII	CK HEI	e ii tile	explanation	THAS DE	cii pi	Ovided (nii ait Aii			•
га	Complete if the organization	answere	d "Yes	" on Fo	rm 99∩ I	Part IV	line	10				
	· · · · · · · · · · · · · · · · · · ·	(a) Current ye			ior year		o year		(d) Three ye	are hack	(e) Four y	pare hack
		(a) Carront you		(5) 1 1	ioi youi	(-,	, ,		(a) 111100 ye	ouro buon	(c) roury	
1a	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains,											
	and losses											
d	Grants or scholarships											
е	Other expenditures for facilities											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the				ce (line 1g	, columi	า (a))	held as:				
а	Board designated or quasi-endowment	· . 		%								
b	Permanent endowment	_ %										
С	Term endowment ▶%	م اداریماد م	140	00/								
2.0	The percentages on lines 2a, 2b, and 2 Are there endowment funds not in the		-		ration that	ara ba	اط مم	d admin	iotorod for	tho		
sa		possessioi	i oi trie	organiz	zation mat	are ne	iu and	aumm	istered for	uie	V	es No
	organization by:										3a(i)	- 110
	(i) Unrelated organizations										3a(ii)	
	(ii) Related organizations If "Yes" on line 3a(ii), are the related or										3b	
_	• • •	•		•							30	
4	rt VI Land, Buildings, and Equipm											
Га	rt VI Land, Buildings, and Equipm Complete if the organization	n answere	d "Yes	s" on Fo	orm 990,	Part IV	', line	11a. S	See Form	990, Pa	rt X, line	10.
	Description of property		Cost or ot	ther basis	(b) Cost	or other b		(c) Acc	umulated) Book valu	
4 -	Land		(investm	ient)	(0	other)		depre	eciation			
1a	Land						-					
b	Buildings						-					
C	Leasehold improvements						-					
d	Equipment				1 .	127 6	-		07.600			
	Other		1	000 5		137,6			37,600.			NONE
ı ota	I. Add lines 1a through 1e. (Column (d)	must equa	ı r-orm :	ээи. Ра	τ Χ. COIUM	rı (B). İli	rie 10	U.)				NONE

Schedule D (Form 990) 2021

Part VII	Investments - Other Securities. Complete if the organization answered	d "Yes" on Form 99	0. Part IV. line 11b. See Form 990.	Part X. line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	on:
(1) Financi	al derivatives			
` '	held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G) (H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII				
T art VIII	Complete if the organization answered			
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market	
(4)			Cook of one of your manual	
<u>(1)</u> <u>(2)</u>				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.) 🔒 🕨			
Part IX	Other Assets. Complete if the organization answered	d "Yes" on Form 99	0, Part IV, line 11d. See Form 990,	Part X, line 15.
	(a) De	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	umn (b) must equal Form 990, Part X, col. (B)	lino 15)		
Part X	Other Liabilities.	ine 10.)		
raitX	Complete if the organization answered line 25.	d "Yes" on Form 99	0, Part IV, line 11e or 11f. See Forn	n 990, Part X,
1.		otion of liability		(b) Book value
	ral income taxes			
	O MADISON SQUARE GARDEN			
	ORTS CORP.			8,233.
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	mn (b) must equal Form 990. Part X. col. (B) line 25.)			8 233

JSA 1E1270 1.000

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

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	6,141,466.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	1,444,265.
3	Subtract line 2e from line 1	3	4,697,201.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,697,201.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	5,509,468.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments	-	
С	Other losses		
d	Other (Describe in Part XIII.)	-	1 444 065
e	Add lines 2a through 2d	2e 3	1,444,265. 4,065,203.
3	Subtract line 2e from line 1	3	4,005,205.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b. 4a		
a b	Investment expenses not included on Form 990, Part VIII, line 7b	-	
	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,065,203.
Part	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
SEE	SUPPLEMENTAL PAGE		
-			

Part XIII Supplemental Information (continued)

PART X, LINE 2:

GARDEN OF DREAMS FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3). ACCORDINGLY, THERE IS NO PROVISION FOR INCOME TAXES RECORDED IN THE ACCOMPANYING FINANCIAL STATEMENTS. AS OF AUGUST 31, 2022, TAX YEARS 2019 THROUGH 2022 ARE SUBJECT TO EXAMINATION BY THE FEDERAL TAX AUTHORITIES.

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047 Open to Public

Internal Revenue Service

Inspection

ivallie of	ine organization					Linployer identification	on number
GARDE	N OF DREAMS FOUNDATION					13-397972	26
Part I		lete if the organi	ization ar	swered "	Yes" on Form 99		
	Form 990-EZ filers are not re						
1 lr	ndicate whether the organization rais	<u> </u>			activities Chack	all that apply	
		_		_			
a _	Mail solicitations	е			non-government g		
b	Internet and email solicitations	f			government grant	S	
С	Phone solicitations	g	Spec	cial fundra	ising events		
d L	In-person solicitations						
2a 🗅	oid the organization have a written o	r oral agreement w	ith anv ind	dividual (ir	ncludina officers. o	directors, trustees,	
	r key employees listed in Form 990						Yes No
	"Yes," list the 10 highest paid indi						fundraiser is to be
	ompensated at least \$5,000 by the		(-/ [
	, , , , , , , , , , , , , , , , , , , ,	3					
						(v) Amount paid to	
	(i) Name and address of individual	400 A		draiser have	(iv) Gross receipts	(or retained by)	(vi) Amount paid to
	or entity (fundraiser)	(ii) Activity		or control of outions?	from activity	fundraiser listed in	(or retained by) organization
			COITTIL	outions:		col. (i)	Organization
			Yes	No			
1							
2							
3							
•							
4							
5							
6							
7							
8							
· ·							
9							
10							
Total				•			
	ist all states in which the organiza				contributions or	has been notified	it is evennt from
	egistration or licensing.	tion is registered t	n ilcensed	i to solicit	. contributions of	nas been notined	it is exempt from
	egistration of licensing.						

Sche	edul	e G (Form 990) 2021 GARDEN	OF DREAMS FOUND	ATION	1	3-3979726 Page 2
Pa	rt	Fundraising Events. Complete than \$15,000 of fundraising even gross receipts greater than \$5,000	ent contributions and g			
			(a) Event #1 SPRING TELETHON (event type)	(b) Event #2 FALL TELETHON (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	169,200.	147,524.	33,895.	350,619.
~	2	Less: Contributions Gross income (line 1 minus	164,289.	143,200.	32,797.	340,286.
		line 2)	4,911.	4,324.	1,098.	10,333
	4	Cash prizes				
"	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
ct Exp	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses	4,911.	4,324.	1,098.	10,333
	10 11	Direct expense summary. Add lin Net income summary. Subtract li	es 4 through 9 in colu ne 10 from line 3, colu	mn (d)		10,333.
Pa	rt	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin		Yes" on Form 990, F	Part IV, line 19, or	reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
~	1	Gross revenue				
enses	2	Cash prizes				
Expe	3	Noncash prizes				
Direct Exp	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes% No	Yes%No	
	7	Direct expense summary. Add lin	es 2 through 5 in colu	mn (d)		
	8	Net gaming income summary. Su	ubtract line 7 from line	1, column (d)	>	
9		Enter the state(s) in which the orgalis the organization licensed to con			es?	Yes No
k)	If "No," explain:				
10a	1	Were any of the organization's gamino	g licenses revoked, sus	pended, or terminated du	uring the tax year?	Yes No

Schedule G (Form 990) 2021

If "Yes," explain: _

Sched	dule G (Form 990 or 990-EZ) 2021 GARDEN OF DREAMS FOUNDATION 13-3979726	Page 3
11	Does the organization conduct gaming activities with nonmembers? Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	
	formed to administer charitable gaming?	No
13	Indicate the percentage of gaming activity conducted in:	
а	The organization's facility	%
b	An outside facility	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and	
	records:	
	Name ▶	
	Address ►	
15 a	Does the organization have a contract with a third party from whom the organization receives gaming	_
	revenue?Yes _	No
b	, , , , , , , , , , , , , , , , , , , ,	
	amount of gaming revenue retained by the third party ▶ \$	
С	If "Yes," enter name and address of the third party:	
	Name ▶	
	Address N	
	Address ▶	
16	Gaming manager information:	
10	Carring manager information.	
	Name ▶	
	······································	
	Gaming manager compensation ►\$	
	Description of services provided ▶	
	Director/officer	
17	Mandatory distributions:	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	_
	retain the state gaming license? Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations	
	or spent in the organization's own exempt activities during the tax year \$\bigs\\$	
Par		
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information	
	(see instructions).	

Schedule G (Form 990 or 990-EZ) 2021

SCHEDULE I (Form 990)

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

2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

Open to Public Inspection

Name of the organization						Employer identificat	ion number		
GARDEN OF DREAMS FOUNDATION						13-3979726			
Part I General Information on Grants a	nd Assistanc	е				•			
 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?									
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
(1) BOYS & GIRLS CLUB CHICAGO							TO FULFILL GDF'S		
2102 W. MONROE STREET, CHICAGO, IL 60612	36-2166997	501(C)(3)		116,082.	FMV	DONATED MEALS	MISSION		
(2) COVENANT HOUSE							TO FULFILL GDF'S		
550 10TH AVENUE, NEW YORK, NY 10018	13-2725416	501(C)(3)	51,292.				MISSION		
(3) POLICE ATHLETIC LEAGUE							TO FULFILL GDF'S		
34 EAST 12TH STREET, NEW YORK, NY 10003	13-5596811	501(C)(3)		22,385.	FMV	HOUSEHOLD ITEMS	MISSION		
(4) SCAN - HARBOR							TO FULFILL GDF'S		
345 E. 102ND STREET, NEW YORK, NY 10029	13-2912963	501(C)(3)	15,000.				MISSION		
(5) WHEDCO							TO FULFILL GDF'S		
50 EAST 168TH STREET, NEW YORK, NY 10452	11-3099604	501(C)(3)	10,000.				MISSION		
(6) CHILDREN'S AID SOCIETY							TO FULFILL GDF'S		
105 EAST 22ND STREET, NEW YORK, NY 10010	13-5562191	501(C)(3)	10,000.				MISSION		
(7) BOYS & GIRLS CLUB METRO LA							TO FULFILL GDF'S		
5029 S VERMONT AVE., LOS ANGELES, CA 90037	81-0851473	501(C)(3)		8,475.	FMV	HOUSEHOLD ITEMS	MISSION		
(8) SCO FAMILY OF SERVICES							TO FULFILL GDF'S		
ONE ALEXANDER PLACE, GLEN COVE, NY 11542	11-2777066	501(C)(3)	5,500.				MISSION		
(9)									
(10)									
(11)									
(12)									
2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations li	•	•					8		

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
_2					
3					
4					
5					
6					
7					

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

PART I, LINE 2:

THE GARDEN OF DREAMS PARTNERS ARE ALL ORGANIZATIONS THAT FIT WITHIN THE MISSION OF THE FOUNDATION TO "MAKE DREAMS COME TRUE FOR KIDS FACING OBSTACLES." THE ORGANIZATIONS ARE RESEARCHED AND THEN APPROVED BY THE GARDEN OF DREAMS BOARD OF DIRECTORS.

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public

Inspection

GARDEN OF DREAMS FOUNDATION

Employer identification number

13-3979726

Par	Types of Property			·				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determinin noncash contribution am			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications	X		252.	CATALOG	PRICE]	
5	Clothing and household							
	goods			57,847.	CATALOG	PRICE]	
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22 23	Historical artifacts							
24	Scientific specimens							
25	Other ▶ (DONATED SUITES)	X	165	2,033,000.	SEE PAR'	——— т тт		
26	Other (DONATED TICKETS)	X	374		SEE PAR'			
27	Other (FOOD/CATERING)	X	5,644	113,276.	SEE PAR'			
	Other ►(5,011	110/1101				
29		by the ora	anization during the tax v	ear for contributions for				
	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement				29			1
	e u.e e.ga <u>-</u> aue eep.e.ee.	····· 0200,	. a.t 1, 201100 / totti o 1110 a.g.				Yes	No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I, line	s 1 throug	h 🔲		
	28, that it must hold for at least the				_			
	to be used for exempt purposes for							X
b	If "Yes," describe the arrangement i	n Part II.						
31	Does the organization have a	gift accept	tance policy that require	es the review of any	nonstandar	d		
	contributions?					31	Х	
32a	Does the organization hire or use							
	contributions?					. 32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an describe in Part II	amount in c	column (c) for a type of pro	perty for which column (a)) is checked	i, l		

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

Schedule M (Form 990) 2021

Part II Suppleme

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS.

PART I, LINES 25, 26 AND 27, COLUMN (D):

VALUE BASED ON PREVAILING MARKET PRICE.

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.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

GARDEN OF DREAMS FOUNDATION

13-3979726

FORM 990, PART III, LINE 4D:

OTHER PROGRAM SERVICES - INCLUDES DONATIONS OF GOODIE BAGS, TEAM

MERCHANDISE & OTHER GIFTS COMMEMORATING SPECIAL EXPERIENCES FOR CHILDREN

AND FAMILIES PARTICIPATING IN THE FOUNDATION'S PROGRAMS, AND SHIPPING OF

ITEMS TO RECIPIENT ORGANIZATIONS.

TOTAL EXPENSES: \$20,362. TOTAL GRANTS: \$0. TOTAL REVENUE: \$0.

FORM 990, PART VI, SECTION A, LINE 2:

MSG ENTERTAINMENT GROUP, LLC, A WHOLLY-OWNED SUBSIDIARY OF MADISON SQUARE GARDEN ENTERTAINMENT CORP., IS THE SOLE MEMBER OF THE GARDEN OF DREAMS FOUNDATION. THE FOLLOWING DIRECTORS/OFFICERS WERE EMPLOYEES OR INDEPENDENT CONTRACTORS OF MSG DURING THE 2021 TAX YEAR: ANDY LUSTGARTEN, LAWRENCE BURIAN, JOEL FISHER, ADAM GRAVES, ANDREA GREENBERG, SANDY KAPELL, JOHN STARKS, AND BARRY WATKINS.

FORM 990, PART VI, SECTION A, LINE 6:

MSG ENTERTAINMENT GROUP, LLC, A WHOLLY-OWNED SUBSIDIARY OF MADISON SQUARE GARDEN ENTERTAINMENT CORP., IS THE SOLE MEMBER OF THE GARDEN OF DREAMS FOUNDATION.

FORM 990, PART VI, SECTION A, LINE 7A:

MSG ENTERTAINMENT GROUP, LLC, A WHOLLY-OWNED SUBSIDIARY OF MADISON SQUARE GARDEN ENTERTAINMENT CORP., IS THE SOLE MEMBER OF THE GARDEN OF DREAMS FOUNDATION AND IS ENTITLED TO NOMINATE DIRECTORS TO FILL VACANCIES ON THE BOARD AS THEY MAY OCCUR FROM TIME TO TIME; AND TO REMOVE DIRECTORS WITH OR WITHOUT CAUSE.

FORM 990, PART VI, SECTION A, LINE 7B:

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.

OMB No. 1545-0047

2021

Open to Public Inspection

13-3979726

Department of the Treasury Internal Revenue Service

GARDEN OF DREAMS FOUNDATION

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

Name of the organization Employer identification number

A WHOLLY-OWNED SUBSIDIARY OF MADISON SQUARE GARDEN ENTERTAINMENT CORP.,
IS THE SOLE MEMBER OF THE GARDEN OF DREAMS FOUNDATION AND IS ENTITLED TO
DECIDE MATTERS REGARDING THE FOLLOWING: (1) THE ADOPTION, AMENDMENT OR
REPEAL OF A BYLAW; (2) ANY AMENDMENT, MODIFICATION OR REPEAL OF THE
CERTIFICATE OF INCORPORATION; (3) ANY POWERS GRANTED TO IT BY THE NEW
YORK NOT FOR PROFIT CORPORATION LAW.

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

THE EXECUTIVE COMMITTEE DID NOT MAINTAIN MEETING MINUTES.

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

THE FORM 990 IS PREPARED BY A NATIONALLY RECOGNIZED ACCOUNTING FIRM IN CONJUNCTION WITH THE ORGANIZATION'S FINANCIAL DEPARTMENT WITH INPUT FROM THE LEGAL AND PROGRAMS SUPPORT STAFF. AFTERWARDS, A COPY OF THE DRAFT FORM 990 IS CIRCULATED TO THE FULL BOARD OF DIRECTORS FOR DISCUSSION AND COMMENT PRIOR TO ITS FILING WITH THE IRS.

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

EACH YEAR THE FOUNDATION DISTRIBUTES ITS CONFLICT OF INTEREST POLICY TO EACH DIRECTOR AND MEMBER OF THE MSG LEGAL DEPARTMENT AND EXPLAINS THE POLICY TO THE BOARD OF DIRECTORS. THE FOUNDATION ALSO ASKS DIRECTORS TO FILL OUT A CONFLICT OF INTEREST DISCLOSURE STATEMENT WHICH ENABLES THE FOUNDATION TO MONITOR COMPLIANCE WITH THE POLICY.

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

THE FOUNDATION MAKES ITS ANNUAL AUDITED FINANCIAL STATEMENTS, FORM 990,
AND CONFLICT OF INTEREST POLICY AVAILABLE ON ITS WEBSITE AND UPON
REQUEST. THE FOUNDATION'S GOVERNING DOCUMENTS ARE AVAILABLE UPON
REQUEST.

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.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

GARDEN OF DREAMS FOUNDATION

13-3979726

Name of the organization

GARDEN OF DREAMS FOUNDATION

Employer identification number

13-3979726

FORM 990, PART III - PROGRAM SERVICE

LINE 4A, PROGRAM SERVICE

EVENTS AT MADISON SQUARE GARDEN, RADIO CITY MUSIC HALL, TEAMS' TRAINING CENTER AND OTHER VENUES: THE FOUNDATION PROVIDES ACCESS TO EVENTS SUCH AS CONCERTS, SPORTING EVENTS AND A TALENT SHOW, AS WELL AS PROGRAMMING SUCH AS MENTORING & EDUCATIONAL OPPORTUNITIES AT VARIOUS VENUES, INCLUDING MSG, RADIO CITY MUSIC HALL, MSG TRAINING CENTER & OTHER VENUES. THE FOUNDATION ALSO SUPPORTS THE CHILDREN OF ITS PARTNER ORGANIZATIONS THROUGH VARIOUS DIRECT DONATIONS THROUGHOUT THE YEAR, SUCH AS AN ADOPT-A-FAMILY DRIVE DURING THE HOLIDAY SEASON IN WHICH MSG EMPLOYEES CAN PURCHASE NECESSARY FOOD, CLOTHING & OTHER ITEMS FOR SPECIFIC FAMILIES. DURING FY22 CONTINUED RESTRICTIONS ON IN-PERSON GATHERINGS DUE TO COVID LIMITED THIS PROGRAM TO PRIMARILY INCLUDE ADOPT-A-FAMILY.