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

Do not enter social security numbers on this form as it may be made public.

Open to Public

Go to www.irs.gov/Form990 for instructions and the latest int	formation.		Inspection
		09-	-30 ,2023
plicable: C Name of organization THE GOODTIMES PROJECT		D Employ	er identification number
ange Doing business as			46-2489916
nge Number and street (or P.O. box if mail is not delivered to street address) Ro	oom/suite	E Telepho	ne number
7400 SAND POINT WAY NE	101-s		(206)556-3489
/terminated City or town, state or province, country, and ZIP or foreign postal code		G Gross r	eceipts
eturn SEATTLE, WA 98115		\$	1,114,709
pending F Name and address of principal officer: THAILAN SPRINGSTEAD	H(a) Is this a g	roup return for	subordinates? Yes X No
SAME AS C ABOVE	H(b) Are all s	ubordinates	included? Yes No
of status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527	If "No," a	attach a list.	See instructions
HTTPS://WWW.THEGOODTIMESPROJECT.ORG/	H(c) Group e	xemption nu	ımber
ganization: X Corporation Trust Association Other L Year of formation:	2013 M S	state of legal	domicile: WA
Summary			
Briefly describe the organization's mission or most significant activities: WHEN CANCER BE	COMES YOUR	WORLD	, THE GOODTIMES
PROJECT CREATES CARING SPACES FOR LOCAL FAMILIES TO CONNECT A	ND KIDS TO	BE KI	DS, THROUGH
CAMPS, EVENTS, AND PROGRAMS. CONTINUED ON SCHEDULE O			
Check this box $\ \ \square$ if the organization discontinued its operations or disposed of more than 25% $\ \ \alpha$	of its net assets.		
Number of voting members of the governing body (Part VI, line 1a)		3	12
Number of independent voting members of the governing body (Part VI, line 1b)		4	12
Total number of individuals employed in calendar year 2022 (Part V, line 2a)		5	5
Total number of volunteers (estimate if necessary)		6	250
Total unrelated business revenue from Part VIII, column (C), line 12		7a	0
Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0
	Prior Year		Current Year
Contributions and grants (Part VIII, line 1h)	982	,120	889,413
Program service revenue (Part VIII, line 2g)			0_
Investment income (Part VIII, column (A), lines 3, 4, and 7d)	27	,324	62,726
Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	(62	,986)	(69,131)
Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	946	,458	883,008
Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0_
Benefits paid to or for members (Part IX, column (A), line 4)			0
Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	304	,368	419,597
Professional fundraising fees (Part IX, column (A), line 11e)			0
Total fundraising expenses (Part IX, column (D), line 25) 83,419			
Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	276	,318	343,334
Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	580	,686	762,931
Revenue less expenses. Subtract line 18 from line 12	365	,772	120,077
	Beginning of Curre	ent Year	End of Year
Total assets (Part X, line 16)	2,395	,997	2,641,780
Total liabilities (Part X, line 26)	6	,922	15,790
Net assets or fund balances. Subtract line 21 from line 20	2,389	,075	2,625,990
Signature Block			
s of perply usignies that I have examined this return, including accompanying schedules and statements, and to the best of m	ny knowledge and beli	ef, it is	
		2/	28/2024 9:49 AM
41329372217A4CF		L_	
Signature of officer		Date	
BRIDGET DOLAN, EXECUTIVE DIRECTOR			
Type or print name and title			
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Gheck	Lac# F	PTIN
Print/Type preparer's name Preparer's signature Date 2/28/2024	<u> L():</u> X AM	ווכץ ו	
Shareef Abduhr-Rahmaan Sharef Mbduhr-Rahmaan Shareef Abduhr-Rahmaan	10:28 AM self-emp		P01911167
Firm's name The Sheriff CPA Services LLC	Firm's EIN		P01911167
Shareef Abduhr-Rahmaan Firm's name The Sheriff CPA Services LLC Firm's address 10340 SE 187th P1			P01911167
	2022 calendar year, or tax year beginning 10-01 ,2022, and pilicable: C Name of organization THE GOODTIMES PROJECT Doing business as a page Number and street (or P.O. box if mail is not delivered to street address) 7400 SAND POINT WAY NE City or town, state or province, country, and ZIP or foreign postal code SEATTLE, WAS 98.115 F Name and address of principal officer: SANE AS C ABOVE It status: Solic(a) Solic(b) Solic(c) (meet no.) 4947(a)(1) or 527 HTTPS: / /WWW. THEGOODTIMESPROJECT. ORG/ Sanitators: Summary Briefly describe the organization's mission or most significant activities: WHEN CANCER BE PROJECT CREATES CARING SPACES FOR LOCAL FAMILIES TO CONNECT A CAMPS, EVENTS, AND PROGRAMS. CONTINUED ON SCHEDULE O Check this box if the organization discontinued its operations or disposed of more than 25% Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1a) Total number of volunteers (estimate if necessary) Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (O), line 12 Net unrelated business taxable income from Form 990-T, Part I, line 11 Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, column (A), lines 2) Grants and similar amounts paid (Part IX, column (A), lines 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 25) Other expenses. Add lines 13-17 (must equal Part VII, column (A), line 25) Total assets (Part X, line 26) Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Sevenue less expenses. Subtract line 18 from line 20 Signature Block Signature Block Signature of incord	Decide Common organization THE GOODTIMES PROJECT Decide place Decide Dec	2022 calendar year, or tax year beginning C. Name of organization THE GOODTIMES PROJECT D. Employ and group groups are group of the property of the pr

Form	1 990 (2022) THE GOODTIMES PROJECT	46-2489916	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		<u>x</u>
1	Briefly describe the organization's mission:		
	WHEN CANCER BECOMES YOUR WORLD, THE GOODTIMES PROJECT CREATES CARING SPACES		
	CONNECT AND KIDS TO BE KIDS, THROUGH CAMPS, EVENTS, AND PROGRAMS. CONTINUED	ON SCHEDULE O) <u> </u>
2	Did the organization undertake any significant program services during the year which were not listed on the		
-	prior Form 990 or 990-EZ?	□ Yes 🕱	No
	If "Yes," describe these new services on Schedule O.		,
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?		No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measur	red by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	others,	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$296,860 including grants of \$) (Revenue	\$)
	CAMP GOODTIMES - WE HELD TWO WEEK LONG CAMP SESSIONS DURING THE SUMMER - EAC		-
	AND COMBINED WE SERVED APPROXIMATELY 125 PEDIATRIC CANCER PATIENTS AND THEIR	R SIBLINGS FRO	M THE
	NORTHWEST REGION (INCLUDING CHILDREN FROM ALASKA).		
4b	(Code:) (Expenses \$33,899 including grants of \$) (Revenue	\$)
	KAYAK ADVENTURE CAMP - WE AGAIN HELD A WEEK-LONG KAYAK CAMP FOR YOUNG ADULT	PEDIATRIC CAN	CER
	SURVIVORS AGES 18- 25. WE HAD 11 CAMPERS ATTEND THIS CAMP.		
4c	(Code:) (Expenses \$26,939 including grants of \$) (Revenue	\$)
	YOU & ME RETREAT - 5TH YEAR, BACK TO THE ORIGINAL MODEL OF ONE PARENT, ONE O	CHILD THREE-DA	Y
	WEEKEND RETREAT FOR PARENTS AND CHILDREN IN A FAMILY AFFECTED BY CHILDHOOD O	CANCER TO RECO	NNECT.
	WE HAD 32 CAMPERS (16 PARENTS AND 16 KIDS) REPRESENTING 16 FAMILIES ATTEND 1	IN 2023.	
4d	Other program services (Describe on Schedule O.)		
4U	(Expenses \$ 229,389 including grants of \$) (Revenue \$)	
4e	Total program service expenses 587,087		

Checklist of Required Schedules

Form 990 (2022)

Part IV

THE GOODTIMES PROJECT

46-2489916

Page 3

1 Is the organization described in section 501(c)(3) or 4947(s)(1) (other than a private foundation)? // Yes, 'complete Schedule A. Schedule of Contributors' See instructions. 2 x 3 bit the organization regulared to complete Schedule B. Schedule of Contributors' See instructions. 3 x x 4 Section 501(c)(3) organizations. Did the organization engages in tobbying activities on behalf of or in opposition to candidates for public office? // Yes, 'complete Schedule C, Part II see the organization engages in the organization of the organization of the organization engages in tobbying activities, or have a section 501(f) selection an effect outning the say are? If Yes, 'complete Schedule C, Part II see the organization activities as defined in Rev. Proc. 99-1817 Yes, 'complete Schedule C, Part II see the organization maintain any donor advised funds or any similar funds or accounts for which donors have the night to provide advice on the distribution or investment of amounts in such funds or accounts? II 'Yes, 'complete Schedule D, Part II . 7 x X Did the organization receives or hold a conservation essentent, including easements to preserve open space. the environment, historic land areas, or historic structures? II 'Yes, 'complete Schedule D, Part II . 7 x X Did the organization report on the distribution of ant, historical transmiss, or other similar assets? II' 'Yes, 'complete Schedule D, Part II . 7 x X Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian to amounts in part X, line 21, for escrow or custodial account liability, serve as a custodian to amounts in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts in part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts in Part X, line 100 in the organization servers in a mount in Part X, line 21, for escrow or custodial acc	ı u	Oncomist of required oblicatios		Yes	No
2 x Solida to organization required to complete Schedule B, Schodule of Contributors' See instructions	1		1		
A Section SOIC(A) 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 x 5 is the organization assection 501(h), 501(s)(f), 501(s)(f), 501(s)(f) organization that receives membershy dues, assessments, or similar encounts as defined in Rev. Proc. 98-197 If "Yes," complete Schedule C, Part III. 5 x 5 x 5 do do do not receive the control of the organization marks any dions or advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or reveatment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part III. 7 x 5 do do do not receive the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III. 7 x 5 do do do not receive the environment, historic land areas, or historic attructures? If "Yes," complete Schedule D, Part III. 7 x 5 do do do not receive the environment, historic land areas, or historic attructures? If "Yes," complete Schedule D, Part III. 7 x 5 do do do not receive the environment, historic land areas, or historic attructures? If "Yes," complete Schedule D, Part III. 7 x 8 do do do not receive the received of a conservation escentered in the environment, and a conservation escentered in Part X. Iine 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X. Iine 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X. Iine 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X. Iine 21, for escrew or custodial account liability, serve as a custodian for amounts not listed or part X. Iine 21, for escrew or custodial account liability or experize schedule or part X. Iine 21, for escrew or custodial account encountered to the Complete Schedule D. Part X. 10 10 X X 11 for engagination servers and any of the following questions is "Yes," the		Is the organization required to complete Schedule B, Schedule of Contributors? See instructions			
election in effect during the tax year? If "Yes," complete Schedule C, Fart II 5 1s the organization a section Sol (Cell) 50 (1905) (6) or 501 (6) (6) organization that receives memberahip dues, assessments, or similar amounts as defined in Rev. Proc. 98-10? If "Yes," complete Schedule C, Part III. 5 X 6 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 II 6 X 7 7 2 7 7 7 7 7 7 7		candidates for public office? If "Yes," complete Schedule C, Part I	3		х
sassessments, or similar amounts as defined in Rev. Proc. 89-197 if "Yes," complete Schedule C, Part III. 5 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 . 7 Did the organization receiver to hold a conservation essement, including essements to preserve open space, the environment, historic tand areas, or historic structures if "Yes," complete Schedule D, Part II. 7 X 8 Did the organization maintain collections of works of art, historical reseaues, or other similar assessify If "Yes," complete Schedule D, Part II. 8 Did the organization and collections of works of art, historical reseaues, or other similar assessify If "Yes," complete Schedule D, Part II. 9 Did the organization sortions II" "Yes," complete Schedule D, Part IV. 10 Did the organization directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments II" "Yes," complete Schedule D, Part IV. 11 If the organization's arewer to any of the following questions is "Yes," then complete Schedule D, Part V. 12 Did the organization service II" "Yes," complete Schedule D, Part V. 13 Did the organization are amount for learn's program entitle organization and program and anount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII. 14 Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of list total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part XII. 15 Did the organization report an amount for other assets in Part X, line 12, hart is 5% or more of list total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part XII. 16 Did the organization selection and amount for other assets in Part X, line 151,	4	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
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9 Did the organization report an amount in Part X, line 121, for escrow or crustodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counselling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	8		x
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debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, VII, X or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. b Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII. 11a X c 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 VIII. d 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. 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 VIII. d Did the organization report an amount for other lasbilities in Part X, line 25? If "Yes," complete Schedule D, Part X 111 X 11d X 11d X 12 Did the organization's sliability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 111 X 12a Did the organization obtain separate, independent audited financial statements for the tax year? II "Yes," complete Schedule D, Part X 111 X 12b Was the organization included in consolidated, independent audited financial statements for the tax year? II "Yes," complete Schedule D, Part X III A III X 13 Is the organization maintain an office, employees, or agents outside the United States? 14a Did the organization maintain an office, employees, or agents outside of the United States? 15					
or in quasi endowments? # "Yes," complete Schedule D, Part V			9		x
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for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		140		X
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	13		15		x
assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16				
Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions			16		х
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	17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		х
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	18		18	x	
If "Yes," complete Schedule G, Part III	19				
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			19		х
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	20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			20b		
	21				
		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		n 000	

Part IV

Checklist of Required Schedules (continued)

46-2489916

Page 4

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? 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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	04-		
	to defease any tax-exempt bonds?	24c		
d 250	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		v
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ZJa		Х
b	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L. Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		Λ
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		х
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	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		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	20		
22	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		37
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		Х
J-7	or IV, and Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
-	controlled entity within the meaning of section 512(b)(13)? 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		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
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	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	х	

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		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		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	x	
	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	x	
7	Organizations that may receive deductible contributions under section 170(c).			
	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	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	x	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	15		
Ü	required to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		
		70		v
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
f ~	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	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	_		
1	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	_		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	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, or any any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
	·			

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Form 990 (2022) THE GOODTIMES PROJECT Part VI

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

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Washington			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			

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

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

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

- **1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any rela	ted organizat	ion co	mper	nsate	ed a	ny curr	ent	officer, director, or	trustee.	
			•		(C)					
		Position								-
(A)	(B)	(do not check more than one				(D)	(E)	(F)		
Name and title	Average hours					s both an	1	Reportable compensation	Reportable compensation	Estimated amount of other
	per week	Onic	officer and a director/trustee)		from the	from related	compensation			
	(list any	2 5	=	o	7	ΩН		organization (W-2/	organizations (W-2/	from the
	hours for	Individual or director	stitu	Office	ey e	ighe nplo	Forme	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
	related organizations	ctor	tions		Key employee	st co yee	4	,	,	Ü
	below	Individual trustee or director	Institutional trustee		yee	Highest compensated employee				
	dotted line)	ee	stee			insat				
						ed				
(1) BRIDGET DOLAN	40.00									
EXECUTIVE DIRECTOR				х				110,353	0	0
(2) TANYA KROHN	34.00									
DIRECTOR OF PROGRAMMING					х			77,889	0	0
(3) BECKY FELAK	40.00									
PROGRAM AND EVENT MANAGER					х			65,553	0	0
(4) MARK SCHMOOR	40.00									
VOLUNTEER AND PROGRAM DIRECTOR					х			9,098	0	0
(5) SEAN_ESTRADA	3.00									
BOARD MEMBER		х						0	0	0
(6) OLIVER GOLDMAN	3.00									
BOARD MEMBER		х						0	0	0
(7) SHERI HAY	3.00									
BOARD MEMBER		х						0	0	0
(8) ALINA MORARU	3.00									
BOARD MEMBER		х						0	0	0
(9) ANTOINETTE LINDBERG	3.00									
BOARD MEMBER		х						0	0	0
(10)megan spangler	3.00									
BOARD MEMBER		х						0	0	0
(11)WADE IWATA	3.00									
BOARD MEMBER		х						0	0	0
(12)CRAIG DAVIDSON	3.00									
BOARD MEMBER		х						0	0	0
(13)ANNETTE GREGORICH	5.00									
BOARD VICE PRESIDENT		х		х				0	0	0
(14)MOLLIE MANA'O	5.00									
SECRETARY		Х		X				0	0	0

EEA Form **990** (2022)

Form 990 (2022) THE GOODTIMES PRO									46-2489			age 8
Part VII Section A. Officers, Directors, 1	Γrustees, I	Key I	Emp	oloy	yee	s, an	d F	Highest Comp	ensated Empl	oyees	(conti	nued)
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box	, unlesser and	Pos eck m s per	son is	han one s both ar highest compensated employee		(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	coi f orga	(F) nated amo of other mpensation mpensation mixing the mixing and dorganiz	on and
						e d						
(15)CHRIS ROBINE	5.00			Ţ				0	0			0
TREASURER (16)THAILAN SPRINGSTEAD	5.00	X		х				0	0			0
BOARD PRESIDENT		x		x				0	0			0
(17)												
(40)												
<u>(18)</u>												
<u>(19)</u>												
(20)												
<u>(21)</u>												
(22)												
(23)												
(24)												
(25)												
1b Subtotal												
c Total from continuation sheets to Part VII, Sec							•		_			
d Total (add lines 1b and 1c)								262,893	0 of			0_
reportable compensation from the organization	ted to those i	isieu a	DOVE) vvi	10 16	ceive	J IIIC	ore than \$100,000	OI .			1
3 Did the organization list any former officer, direct employee on line 1a? If "Yes," complete Schedu		-				-				3	Yes	No X
4 For any individual listed on line 1a, is the sum of r												
organization and related organizations greater the					•							
individual										4		
for services rendered to the organization? If "Ye			-			_				5		x
Section B. Independent Contractors										<u>'</u>		
1 Complete this table for your five highest compensation.												
compensation from the organization. Report com	pensation for	the cal	enda	r ye	ear e	nding	with		nization's tax year.			
(A) Name and business addre	ec							(B) Description of service	200	(C) Compens	ation	
Indine and pasiness addre								Description of Service		Compens	-au011	
-												
Total number of independent contractors (including)	ng but not lim	ited to	those	e lis	ted a	above)	wh	0				
received more than \$100,000 of compensation from	-					- 7						

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Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) (B) (C) (D) Total revenue Related or exempt Unrelated Revenue excluded business revenue from tax under function revenue sections 512-514 Federated campaigns 1a Membership dues 1b Contributions, Gifts, Grants and Other Similar Amounts Fundraising events 1c 430,561 **d** Related organizations 1d Government grants (contributions) . . 1e All other contributions, gifts, grants, and similar amounts not included above 1f 458,852 Noncash contributions included in 1g | \$ 270,909 Total. Add lines 1a-1f 889,413 **Business Code** 2a Program Service f All other program service revenue Investment income (including dividends, interest, and 62,726 62,726 Income from investment of tax-exempt bond proceeds (i) Real (ii) Personal 6a Gross rents 6a **b** Less: rental expenses . . 6b c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7a Gross amount from sales of assets other than inventory 7a **b** Less: cost or other basis and sales expenses . . 7b Other Revenue **c** Gain or (loss) **7c** d Net gain or (loss) 8a Gross income from fundraising events (not including \$ 430,561 of contributions reported on line 8a 1c). See Part IV, line 18 161,370 **b** Less: direct expenses 231,701 c Net income or (loss) from fundraising events (70,331)(70,331) 9a Gross income from gaming activities, See Part IV, line 19 9a **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a **b** Less: cost of goods sold 10b c Net income or (loss) from sales of inventory **Business Code** 11a MISC. INCOME 900099 1,200 1,200 **Miscellanous** Revenue b 1,200 e Total. Add lines 11a-11d 1,200 883,008 (7,605)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) Program service (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b. 7b. Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, trustees, and key employees 311,324 233,493 46,699 31,132 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 42,079 31,560 6,311 4,208 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 30,940 14,326 7,874 8,740 10 35,254 10,116 8,708 16,430 11 Fees for services (nonemployees): b 9,138 9,138 d Professional fundraising services. See Part IV, line 17 . f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 1,581 1,466 115 12 13 6,914 1,732 1,757 3,425 14 11,957 6,560 4,072 1,325 15 16 19,137 16,010 2,205 922 17 2,727 5,008 1,466 815 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 791 694 97 20 21 22 Depreciation, depletion, and amortization 4,222 3,685 374 163 23 Insurance 468 1,077 9,364 7,819 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) a PROGRAM EXPENSES 221,298 221,298 VOLUNTEER EXPENSES 4,988 2,749 2,085 154 c DUES, FEES, AND LICENSES 15,355 1,333 374 13,648 d IN-KIND EXPENSES 33,474 33,474 e All other expenses 107 107 Total functional expenses. Add lines 1 through 24e. . 25 762,931 587,087 92,425 83,419 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)

30

31

32

33

30

31

33

2,625,990

2,641,780

2,389,075

2,395,997

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Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 1 Cash - non-interest-bearing 214,787 122,940 2 2 3 Pledges and grants receivable, net 3 4 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 7 Notes and loans receivable, net 8 8 9 Prepaid expenses and deferred charges 36,728 9 53,054 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 34,722 10b b Less: accumulated depreciation 24,178 10c 14,766 10,544 11 2,129,716 11 2,455,242 12 Investments - other securities. See Part IV, line 11 12 13 13 14 14 15 15 Total assets. Add lines 1 through 15 (must equal line 33) 16 2,395,997 16 2,641,780 17 5,545 17 12,089 18 18 19 19 1,301 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, iabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 1,377 25 2,400 26 6,922 26 15,790 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net Assets or Fund Balances 27 Net assets without donor restrictions 2,371,075 2,625,990 28 Net assets with donor restrictions 18,000 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 29

EEA Form 990 (2022)

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Form	990 (2022) THE GOODTIMES PROJECT	46-2489916	5	Pa	age 12
Par	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8	83,	800
2	Total expenses (must equal Part IX, column (A), line 25)	2	7	62,	931
3	Revenue less expenses. Subtract line 2 from line 1	3	1	20,	077
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,3	89,	075
5	Net unrealized gains (losses) on investments	5	1	16,	910
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			(72)
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	2,6	25,	990
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			١	es/	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		<u></u>
EEA			Form 9	990 ((2022)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.

ZUZZ

Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Insp

Name of the organization Employer identification number

Open to Public Inspection

THE	GO	OODTIMES PROJECT	46-2489916							
Par	t I	Reason for Public Cha	rity Status. (Al	I organizations mus	st comple	ete this p	art.) See instruction	ons.		
The c	rga	anization is not a private foundation b	ecause it is: (For lin	nes 1 through 12, check of	only one bo	x.)				
1		A church, convention of churches,	or association of c	hurches described in se	ction 170	b)(1)(A)(i)				
2		A school described in section 170	0(b)(1)(A)(ii). (Attac	h Schedule E (Form 990	0).)					
3	Ш	A hospital or a cooperative hospital	al service organizat	ion described in section	170(b)(1)	(A)(iii).				
4	Ш	A medical research organization o	perated in conjunct	tion with a hospital desc	ribed in se	ction 170((b)(1)(A)(iii). Enter the			
	hospital's name, city, and state:									
5	Ш	An organization operated for the be section 170(b)(1)(A)(iv). (Comple	J	r university owned or op	erated by a	a governme	ental unit described in			
6		A federal, state, or local governme	ent or governmental	unit described in section	on 170(b)(1)(A)(v).				
7		An organization that normally recei	=				rom the general public			
		described in section 170(b)(1)(A)	(vi). (Complete Par	t II.)						
8		A community trust described in se	ction 170(b)(1)(A)	(vi). (Complete Part II.)						
9		An agricultural research organizat	ion described in se	ction 170(b)(1)(A)(ix) o	perated in	conjunctio	n with a land-grant coll	ege		
		or university or a non-land-grant co	ollege of agriculture	(see instructions). Enter	the name,	city, and s	tate of the college or			
		university:								
10										
11		An organization organized and op-	erated exclusively t	o test for public safety. S	See sectio	n 509(a)(4	l).			
12	Ш	An organization organized and ope								
		one or more publicly supported or	-					B). Check		
		the box on lines 12a through 12d th	• • •							
а		Type I. A supporting organiza		· ·		_		ving		
		the supported organization(s)				directors	or trustees of the			
		supporting organization. You								
b		Type II. A supporting organiza								
		control or management of the		·	persons tha	at control o	r manage the supporte	d		
		organization(s). You must co	•							
С		Type III functionally integrat		-			·	with,		
		its supported organization(s) (' (-)		
d		Type III non-functionally into						` '		
		that is not functionally integrate	-	•		•	ent and an attentivenes	S		
		requirement (see instructions) Check this box if the organizati	-				I Type II Type III			
е		_				,,	і, туре іі, туре ііі			
£	_	functionally integrated, or Type	•	integrated supporting of	rgarıızanor	l.				
'		Enter the number of supported orgar Provide the following information abo		anization(s)				• • •		
g		Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the c	rganization	(v) Amount of monetary	(vi) Amount of		
	(1)	valine of supported organization	(II) EIIV	(described on lines 1-10 above (see instructions))	` '	r governing	support (see instructions)	other support (see instructions)		
				aseve (eee menacheme))	400411	1		indiadalono,		
					Yes	No				
(A)										
(B)										
(C)										
(D)										
(E)										
Total										

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge **Total.** Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. Section B. Total Support (e) 2022 (f) Total Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 Amounts from line 4 7 8 Gross income from interest, dividends, payments received on securities loans. rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 **Total support.** Add lines 7 through 10 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage % 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 15 Public support percentage from 2021 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

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

Secti	on A. Public Support				•	•	
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	690,712	625,190	697,639	1,117,653	1,050,783	4,181,977
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	690,712	625,190	697,639	1,117,653	1,050,783	4,181,977
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .	47,650	39,815	57,223	90,863	53,610	289,161
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	47,650	39,815	57,223	90,863	53,610	289,161
8	Public support. (Subtract line 7c from						
	line 6.)						3,892,816
	on B. Total Support			ı			
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	690,712	625,190	697,639	1,117,653	1,050,783	4,181,977
10a	Gross income from interest, dividends, .						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .	7,922	6,128	12,529	27,324	62,726	116,629
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	7,922	6,128	12,529	27,324	62,726	116,629
11	Net income from unrelated business						
	activities not included on line 10b, whether						
40	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
42	(Explain in Part VI.)					1,200	1,200
13	Total support. (Add lines 9, 10c, 11,	600 634	621 210	F10 160	1 144 055	1 114 700	4 000 006
14	and 12.)	698,634	631,318		1,144,977		4,299,806
14	organization, check this box and stop her						
Secti	on C. Computation of Public Suppor			<u> </u>			· · · · · · <u> </u>
15	Public support percentage for 2022 (line 8			3 column (f))		15	90.53 %
16	Public support percentage from 2021 Sch					16	91.63 %
	on D. Computation of Investment Inc					101	31.03 /0
17	Investment income percentage for 2022 (I			v line 13. colu	mn (f))	17	3.00 %
18	Investment income percentage from 2021			-		18	1.00 %
19a	33 1/3% support tests - 2022. If the orga						
	17 is not more than 33 1/3%, check this be						
b	33 1/3% support tests - 2021. If the organizati	=	-		-		
	line 18 is not more than 33 1/3%, check this bo						
20	Private foundation. If the organization die	-	-			-	

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Part IV **Supporting Organizations**

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

S

ecti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer 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).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity	_		
_	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
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).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons, as defined in section 4946 (other than foundation managers and organizations	0-		
	described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which	O.L.		
_	the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit	Λ-		
100	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9с		
I0a	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	10-		
h	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		
	นอเอากแก่อ พกอเกอเ เกอ บางูลเทะลเบท กลน ฮิกบองง มนงเกองง ที่ปีเป็นไปง.)	IUU		1

determine whether the organization had excess business holdings.)

Schedule A (Form 990) 2022 THE GOODTIMES PROJECT 46-2489916 Page 5 Part IV Supporting Organizations (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? 11 a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations Yes No 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 2 the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's 3 supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. *Complete line 2 below.* The organization is the parent of each of its supported organizations. *Complete line 3 below.* c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). 2 Activities Test. Answer lines 2a and 2b below. Yes No Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer lines 3a and 3b below. 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 Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3b

(see instructions).

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Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gan	izations					
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 organ	izati	ons must complete Secti	ons A through E.				
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year				
	Not about tarm conital gain	1		(optional)				
1 2	Net short-term capital gain	2						
	Recoveries of prior-year distributions							
3	Other gross income (see instructions)	3						
4	Add lines 1 through 3.	4						
	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						
	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Secti	on 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):							
а	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	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
	on C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, column A)	1						
2	Enter 0.85 of line 1.	2						
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3						
4	Enter greater of line 2 or line 3.	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to							
-	emergency temporary reduction (see instructions).	6						
7	Check here if the current year is the organization's first as a non-functiona		ntegrated Type III suppor	ting organization				
		,		. 3 - 3				

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and 4c.

B Breakdown of line 7:
a Excess from 2018
b Excess from 2019
c Excess from 2020
d Excess from 2021
e Excess from 2022

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Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	zations (continue	ed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exen	ed			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organ	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required)	- 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 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	ns	(iii) Distributable Amount for 2022		
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				

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Part VI	Sup	plemental	Informatio	n. Provid	de the exp	olanations re	quired by	Part II, line 10; Part II, I	ine 17a or 17b; Part
	III, li	ine 12; Part	IV, Section	A, lines	1, 2, 3b,	3c, 4b, 4c, 5	a, 6, 9a, 9	b, 9c, 11a, 11b, and 11	c; Part IV, Section
								2 and 3; Part IV, Section	
								n D, lines 5, 6, and 8; a	
	lines	s 2, 5, and b	. Also com	ipiete tnis	s part for a	any additiona	ai intorma	tion. (See instructions.)	
01. Ot	ther	income	(Part	II, 1	ine 10	or Par	t III,	line 12)	
MISC. I	NCOME								
-									
-									
-									

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SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Attach to Form 990.

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2022

Open to Public

Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service **Employer identification number** Name of the organization THE GOODTIMES PROJECT 46-2489916 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during 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? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after July 25, 2006, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 4 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and 9 balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works 1a of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

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Par	t III Organizations Maintaining	Collections of	Art, Historic	al Treasures	, or Other Similar	Assets (con	tinued)
3	Using the organization's acquisition, access	ion, and other record	ds, check any of t	ne following that i	make significant use of	its	
	collection items (check all that apply):						
а	☐ Public exhibition		d 🗌 Loa	an or exchange p	orogram		
b	Scholarly research		e 🗌 Oth	ner			
С	Preservation for future generations						
4	Provide a description of the organization's of	collections and expla	in how they furthe	er the organizatio	n's exempt purpose in F	oart oart	
	XIII.						
5	During the year, did the organization solicit of	or receive donations	of art, historical to	easures, or othe	r similar		
	assets to be sold to raise funds rather than	to be maintained as	part of the organi	zation's collectio	n?	🗌 Yes	☐ No
Par	t IV Escrow and Custodial Arra						
	Complete if the organization	answered "Yes"	" on Form 990), Part IV, line	9, or reported an	amount on Fo	orm
	990, Part X, line 21.						
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contributi	ons or other asse	ets not	_	
	included on Form 990, Part X?					🗌 Yes	☐ No
b	If "Yes," explain the arrangement in Part XII	I and complete the fo	ollowing table:				
						Amount	
С	Beginning balance						
d	Additions during the year				. 1d		
е	Distributions during the year						
f	Ending balance						
2a	Did the organization include an amount on F		•		•	_	∐ No
b	If "Yes," explain the arrangement in Part XII	I. Check here if the	explanation has b	een provided on	Part XIII		
Par			.	N D (I) / I'	40		
	Complete if the organization						
		(a) Current year	(b) Prior year	(c) Two year	s back (d) Three years b	eack (e) Four ye	ars back
1a	Beginning of year balance						
b	Contributions						
С	Net investment earnings, gains, and						
	losses						
d	Grants or scholarships						
е	Other expenditures for facilities and						
	programs						
f	Administrative expenses End of year balance						
g 2	Provide the estimated percentage of the cur	ront year and halane	co (lino 1a, colum	2 (2)) hold as:			
۷ -	Board designated or quasi-endowment		be (iiile 1g, coluini	i (a)) rielu as.			
a b	Permanent endowment %						
C	Term endowment %	1					
·	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%					
3a	Are there endowment funds not in the poss		zation that are hel	d and administer	ed for the		
Ju	organization by:	Section of the organiz	- and in and inte	and dominioter	55 IOI 1110	V	es No
	(i) Unrelated organizations						05 110
	(ii) Related organizations					- '-	
b	If "Yes" on line 3a(ii), are the related organization						
4	Describe in Part XIII the intended uses of the						
Par							
	Complete if the organization		" on Form 990), Part IV. line	e 11a. See Form 99	0, Part X, lin	e 10.
	Description of property	(a) Cost or oth		ost or other basis	(c) Accumulated	(d) Book va	
		(investm	' '	(other)	depreciation		
1a	Land						
b	Buildings						
С	Leasehold improvements						
d	Equipment			34,722	24,178	1	0,544
е	Other						
Total.	Add lines 1a through 1e. (Column (d) must		rt X, column (B),	line 10c.)		1	0,544

46-2489916

Schedule D (Form 990) 2022 THE GOODTIMES

Part VII Investments - Other Securities.

THE	GOODTIMES	PROJECT

	 (a) Description of security or category (including name of security) 		(b) Book value		(c) Method of valuation: Cost or end-of-year market value
) Financial d	lerivatives				-
Closely-hel	ld equity interests				
Other					
A)					
B)					
C)					
D)					
E)					
(F)					
(G)					
(H)					
	n (b) must equal Form 990, Part X, col. (B) line 12.))			
art VIII	Investments - Program Related.				
	Complete if the organization answered	"Yes" on For	m 990, Part IV	, line 11c.	See Form 990, Part X, line
	(a) Description of investment		(b) Book value		(c) Method of valuation:
					Cost or end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	(1)	,			
	(b) must equal Form 990, Part X, col. (B) line 13.))			
Part IX	Other Assets.				
	Complete if the ergenization enguered	"Voo" on For	~ 000 Dort I\/	lina 11d	Can Form 000 Part V line
_	Complete if the organization answered		m 990, Part IV	line 11d.	
(1)	Complete if the organization answered (a) Des		m 990, Part IV,	, line 11d.	See Form 990, Part X, line (b) Book value
			m 990, Part IV	, line 11d.	
(2)			m 990, Part IV,	, line 11d.	
(2) (3)			m 990, Part IV,	, line 11d.	
(2) (3) (4)			m 990, Part IV,	, line 11d.	
(2) (3) (4) (5)			m 990, Part IV,	, line 11d.	
(1) (2) (3) (4) (5) (6)			m 990, Part IV,	, line 11d.	
(2) (3) (4) (5) (6) (7)			m 990, Part IV,	, line 11d.	
(2) (3) (4) (5) (6) (7)			m 990, Part IV,	, line 11d.	
(2) (3) (4) (5) (6) (7) (8) (9)		cription			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9)	(a) Des (a) Des (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.	cription			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9)	n (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered	cription	n 990, Part IV		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X	(a) Design (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered line 25. (a) Description of liability)	n 990, Part IV		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (tal. (Column Part X	(a) Design (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered line 25. (a) Description of liability)	n 990, Part IV		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (1) Federal in (2) AYROLL	(a) Description of liability (a) Description of liability (a) Description of liability (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered line 25. (a) Description of liability noome taxes)	m 990, Part IV,		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column Part X	(a) Description of liability (a) Description of liability (a) Description of liability (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered line 25. (a) Description of liability noome taxes)	m 990, Part IV,		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column Part X (1) Federal in (2) AYROLL (3) (4)	(a) Description of liability (a) Description of liability (a) Description of liability (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered line 25. (a) Description of liability noome taxes)	m 990, Part IV,		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column Part X (1) Federal in (2)AYROLL (3) (4) (5)	(a) Description of liability (a) Description of liability (a) Description of liability (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered line 25. (a) Description of liability noome taxes)	m 990, Part IV,		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column Part X	(a) Description of liability (a) Description of liability (a) Description of liability (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered line 25. (a) Description of liability noome taxes)	m 990, Part IV,		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column Part X (1) Federal in (2) AYROLL (3) (4) (5) (6)	(a) Description of liability (a) Description of liability (a) Description of liability (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered line 25. (a) Description of liability noome taxes)	m 990, Part IV,		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (1) Federal in (2) AYROLL (3) (4) (5) (6) (7)	(a) Description of liability (a) Description of liability (a) Description of liability (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered line 25. (a) Description of liability noome taxes)	m 990, Part IV,		(b) Book value

Schedule D (Form 990) 2022 THE GOODTIMES PROJECT Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 2 Amounts included on line 1 but not on Form 990. Part VIII. line 12: 2a 2b 2c 2d 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 2b 2d 2e Amounts included on Form 990. Part IX. line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)..... Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D (Form 990) 2022 EEA

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

name o	r the organization					Employer identifica	ition number
THE	GOODTIMES PROJECT					46-248	9916
Part		Complete if the	ne organiz	ation ansv	vered "Yes" on F	orm 990, Part IV,	line 17.
	Form 990-EZ filers are not	required to com	plete this p	art.			
1	Indicate whether the organization rais	sed funds through	any of the fol	lowing activit	ties. Check all that ap	oply.	
а	Mail solicitations	_	е	Solicitation	of non-government	grants	
b	Internet and email solicitations		f $\bar{\ }$		of government grant		
С	Phone solicitations		g		draising events		
d	In-person solicitations		5 L] Opoolal lai	araionig overne		
2a	Did the organization have a written or	r oral agreement w	ith any indivi	dual (includir	a officers directors	tructoos	
Za	or key employees listed in Form 990,	-	-		-		☐ Yes ☐ No
L					-		
b	If "Yes," list the 10 highest paid individ		indiaisers) p	ursuani io ag	reements under which	on the fundraiser is to b	e
	compensated at least \$5,000 by the c	organization.					
						6 A A	
	(i) Name and address of individual			draiser have	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to
	or entity (fundraiser)	(ii) Activity		r control of outions?	from activity	fundraiser listed in	(or retained by) organization
				1		col. (i)	o.ga.n.zaton
			Yes	No	-		
1							
2							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							
3	List all states in which the organization	on is registered or I	icensed to so	olicit contribu	tions or has been no	tified it is exempt from	
	registration or licensing.						

Schedule G (Form 990) 2022

Part II

46-2489916 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		gross receipts greater triair	Ψ5,000.											
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events								
			GALA	DRIVE-A-THON	1	(add col. (a) through col. (c))								
			(event type)	(event type)	(total number)	coi. (c))								
ne														
Revenue	1	Gross receipts	478,310	113,621		591,931								
Re														
	2	Less: Contributions	318,842	111,719		430,561								
	3	Gross income (line 1 minus												
		line 2)	159,468	1,902		161,370								
		·		_		-								
	4	Cash prizes												
		,												
	5	Noncash prizes	118,718			118,718								
	·	Tronousii pii 200	110/110			110,710								
ω.	6	Rent/facility costs	20,000	18,325		38,325								
se	U	Rentracinty costs	20,000	10,323		30,323								
per	_	Food and houseness	40.000	1 000		41 000								
Ě	7	Food and beverages	40,000	1,902		41,902								
Direct Expenses	_													
₫	8	Entertainment	750			750								
	9	Other direct expenses	29,000	3,006		32,006								
	10	Direct expense summary. Add lir				231,701								
	11	Net income summary. Subtract li				(70,331)								
Pa	rt II		_	es" on Form 990, Part I	V, line 19, or reported m	ore than								
		\$15,000 on Form 990-EZ,	line 6a.											
4			(a) Pingo	(b) Pull tabs/instant		(d) Total gaming (add								
nue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))								
Revenue														
œ	1	Gross revenue												
	2	Cash prizes												
ses														
Direct Expenses	3	Noncash prizes												
EX		•												
əct	4	Rent/facility costs												
Dir	-	Tronviacinity code 7.1.1.1												
	5	Other direct expenses												
		Cirici direct expenses	Yes %	Yes %	Yes %									
	6	Volunteer labor	□ les /₀ □ No		□ les //									
	O	volunteer labor	☐ NO	L NO	☐ INO									
	_	Dinast augustas augustas Add lie	O thursumb E in anti (١١.										
	7	Direct expense summary. Add lir	nes 2 through 5 in column (1)										
	8	Net gaming income summary. S	ubtract line 7 from line 1, co	lumn (d)										
 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 														
									_					
10	a V	Were any of the organization's gamir	ng licenses revoked, susper	nded, or terminated during t	he tax year?	Yes . No								
	b I	f "Yes," explain:		_										

EEA Schedule G (Form 990) 2022

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

Open to Public

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Inspection

Name o	f the organization				Employer id	entification numb	er		
	HE GOODTIMES PROJECT 46-2489916								
Par	t I Types of Property	1		1					
		(a) Check if applicable	(b) Number of contributions or items contributed	Noncash contril amounts report Form 990, Part V	ed on	Method on noncash cor			
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household								
	goods								
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	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other (AUCTION ITEMS)	х	717		270,909	FM7/			
26	Other (, , ,			1227			
27	Other (
28	Other (
29	Number of Forms 8283 received by the	u organization	during the tax year for contribut	tions for					
	which the organization completed Form	•	• •			29			
	,	,	,					Yes	No
30a	During the year, did the organization rec	eive by contr	ibution any property reported in	Part I. lines 1 throu	ah				
	28, that it must hold for at least three year	•			-				
	used for exempt purposes for the entire						30a		x
b	If "Yes," describe the arrangement in Pa								
31	Does the organization have a gift accept		that requires the review of any r	onstandard					
٠.		-					31	x	
32a	Does the organization hire or use third p							Α	
Jžu				·			32a		x
b	If "Yes," describe in Part II.						02a		A
33	If the organization didn't report an amount	nt in column	(c) for a type of property for whi	ich column (a) is ch	ecked				
55	describe in Part II	K III GOIGIIIII	(o) for a type of property for will	ion oblamii (a) io on	Jones,				

SCHEDULE O (Form 990)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number

THE GOODTIMES PROJECT	46-2489916
01. Form 990 governing body review (Part VI, line 11)	
DRAFT 990 IS EMAILED TO BOARD FOR REVIEW AND IS AN AGENDA ITEM FOR DISCUSS:	ION AT BOARD
BUSINESS MEETING IF NECESSARY.	
02. Conflict of interest policy compliance (Part VI, line 12c)	
BOARD COMMITTEE REVIEWS STATED CONFLICTS OF INTEREST TO DETERMINE IF CONFL	ICT EXISTS AND
WHAT COURSE OF ACTION WILL BE.	
03. CEO, executive director, top management comp (Part VI, line 15a)	
WE REVIEW INDUSTRY STANDARD COMPENSATION FOR OUR EMPLOYEES AS WELL AS COST	OF LIVING
INCREASES AS PART OF OUR HIRING AND REVIEW PROCESSES.	
04. Other officer or key employee compensation (Part VI, line 15b	
WE REVIEW INDUSTRY STANDARD COMPENSATION FOR OUR EMPLOYEES AS WELL AS COST	OF LIVING
INCREASES AS PART OF OUR HIRING AND REVIEW PROCESSES.	
05. Governing documents, etc, available to public (Part VI, line 19)	
GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON	REQUEST.
06. Part III, response or note to any other line in Part III	
PART III, MISSION STATEMENT: WE SERVE FAMILIES THROUGHOUT WASHINGTON AND A	ALASKA WITH A
GOAL OF PROVIDING COST-FREE PROGRAMING TO HELP THEM RECONNECT WITH A WORLD	BEYOND THEIR
DIAGNOSIS. OUR VISION IS THAT ALL FAMILIES AFFECTED BY CHILDHOOD CANCER WIL	LL EXPERIENCE A
COMMUNITY OF HOPE, JOY, AND LOVE.	

Schedule O (Form 990) 2022 Name of the organization **Employer identification number** THE GOODTIMES PROJECT 46-2489916 PART III, LINE 4D, OTHER PROGRAM SERVICES: WE PROVIDE ONE OTHER MULTI DAY PROGRAM -SIBLING SKI CAMP - THREE DAY SKI CAMP FOR SIBLINGS OF PEDIATRIC CANCER PATIENTS AND SURVIVORS. 17 CAMPERS ATTENDED THIS YEAR, THIS PROGRAM HAS BEEN HELD EACH YEAR SINCE 2019. WE ALSO PROVIDE A SELECTION OF SINGLE DAY PROGRAMS TO CREATE COMMUNITY THROUGH THE CALENDAR YEAR. EXAMPLES OF THESE PROGRAMS ARE A DAY AT THE ZOO, A DAY AT THE AQUARIUM, A HOLIDAY CRUISE, A CURLING EVENT, A DAY AT THE PUMPKIN PATCH, ETC.