## **Filing Instructions**

# GOOD SHEPHERD SUSTAINABLE LEARNING FOUNDATION

## **Exempt Organization Tax Return**

### Taxable Year Ended December 31, 2022

Date Due:

November 15, 2023

Remittance:

None is required. Your Form 990 for the tax year ended 12/31/22 shows no

balance due.

Signature:

You are using a Personal Identification Number (PIN) for signing your return

electronically. Form 8879-TE, IRS e-file Signature Authorization for an Exempt

Organization should be signed and dated by an authorized officer of the

organization and returned to:

GINADER, JONES & CO. LLP 1 Highlands Boulevard, Suite 201 Archbald, PA 18403-1506

Important: Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.

Other:

Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the

processing of your return.

Form 990

Department of the Treasury Internal Revenue Service

For Paperwork Reduction Act Notice, see the separate instructions.

**Return of Organization Exempt From Income Tax** 

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

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

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

2022
Open to Public Inspection

Form 990 (2022)

For the 2022 calendar year, or tax year beginning and ending C Name of organization GOOD SHEPHERD SUSTAINABLE LEARNING D Employer identification number Check if applicable: FOUNDATION Address change Doing business as 46-3063026 Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite 917-301-7814 Initial return P.O. BOX 447 Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated MILFORD PA 18337 110,595 G Gross receipts \$ Amended return Name and address of principal officer. H(a) Is this a group return for subordinates? X No Application pending ELIZABETH GEITZ H(b) Are all subordinates included? If "No " attach a list. See instructions X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or WWW.IMAGININGTOMORROW.ORG Website: H(c) Group exemption number X Corporation Trust Year of formation: 2013 Form of organization: Association M State of legal domicile: Part I Summary 1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Activities & Governance 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 6 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 10 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0 Prior Year **Current Year** 65,495 8 Contributions and grants (Part VIII, line 1h) 110,581 0 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 14 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 65,496 110,595 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) 55,850 40,480 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 11,224 12,786 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 68,636 51,704 19 Revenue less expenses. Subtract line 18 from line 12 -3,14058,891 Beginning of Current Year End of Year 906,536 965,427 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 0 0 906,536 22 Net assets or fund balances. Subtract line 21 from line 20 965,427 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign Here MOLLY FLEWHARTY TREASURER Type or print name and title Print/Type preparer's name Preparer's signature PTIN Check Paid Eric Davis ERIC D. DAVIS P00593673 Preparer GINADER, JONES & CO. LLP 23-1925864 Firm's name Firm's EIN Use Only 1 HIGHLANDS BOULEVARD, SUITE 201 ARCHBALD, PA 18403-1506 570-347-3377 May the IRS discuss this return with the preparer shown above? See instructions X Yes

5945 GOOD SHEPHERD SUSTAINABLE LEARNING 46-3063026

FYE: 12/31/2022

## Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank you for taking part in the IRS e-file Program.

GOOD SHEPHERD SUSTAINABLE LEARNING P.O. BOX 447 MILFORD, PA 18337

- [X] Your Form 8868, Application for Extension of Time to File an Exempt Organization Return for tax year ending December 31, 2022 is being filed electronically with the IRS by the services of GINADER, JONES & CO. LLP.
- [X] Your extension was accepted by the IRS on 05/11/23 and the Submission Identification Number assigned to your extension is 23212420231310027891.

Since you are filing your extension electronically, PLEASE DO NOT SEND A PAPER COPY OF YOUR EXTENSION TO THE IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE EXTENSION.

#### **Acknowledgement Process**

The IRS will notify your electronic return originator when they accept your extension, usually within 48 hours. If your extension was not accepted, IRS will notify your electronic return originator of the reasons for rejection.

Form 8868

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

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

OMB No. 1545-0047

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

	0 M - () E ( ) ( ) ( ) ( )				
	6-Month Extension of Time. Only submit	original (	no copies needed).		
All corporation	ns required to file an income tax return other than For	77		rships, REMICs, and	d trusts
	m 7004 to request an extension of time to file income	A 1		,	
Type or	Name of exempt organization or other filer, see ins			Taxpaver identifica	ation number (TIN)
print	GOOD SHEPHERD SUSTAINABLE		NING	Tanpayor Taonimo	anon mambor (mr)
	FOUNDATION			46-306302	6
	Number, street, and room or suite no. If a P.O. box	see instru	ctions		
File by the	P.O. BOX 447	, see msuu	otions.		
due date for	City, town or post office, state, and ZIP code. For a	foreign add	trace can instructions		
iling your	Oity, town or post office, state, and zir code. For a	i loreigii auc	iress, see instructions.		
eturn, See	MILFORD PA	18337	7		
nstructions.	MILLOW	1000			2
Enter the Retu	urn Code for the return that this application is for (file	a separate a	application for each return)		01
		Commence and the	70.000 0.000 0.000 0.000 0.000		
Application	1	Return	Application		Return
Is For		Code	ls For		Code
	r Form 990-EZ	01	Form 1041-A		08
Form 4720	(individual)	03	Form 4720 (other than indi	vidual)	09
Form 990-P	F	04	Form 5227		10
Form 990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-T	(trust other than above)	06	Form 8870		12
Form 990-T	(corporation)	07			
	MOLLY FLEWHARTY P.O. BOX 447				
<ul> <li>The books</li> </ul>	are in the care of ► MILFORD	,,,,,,,,,,,,	******************		PA 18337
Televiere	N 570-619-1043				
		Fax No			. □
If the orga	anization does not have an office or place of business	in the Unite	ed States, check this box		
	or a Group Return, enter the organization's four digit C	Froup Exem	ption Number (GEN)		
	group, check this box   If it is for part of	the group, o	check this box	and attach	
a list with the	names and TINs of all members the extension is for.				
		/			
1 I reques	et an automatic 6-month extension of time until 1 1				
	그게 그렇게 하다 하다 하다 가는 사람들이 있다. 그는 사람들은 하다 하나 하는 사람들이 되었다. 그는 사람들은 사람들이 되었다. 그리고 하는 사람들은 사람들이 되었다.	* * * * * * * * * * * * * * * *	, to file the exempt organizat	ion return for	
	anization named above. The extension is for the organ	* * * * * * * * * * * * * * * *	하는 그 아내는 아내는 사는 사람들이 하는 이 그리고 있는데 아내는 사람들이 되었다. 그리고 있는데 나를 하는데	ion return for	
the orga	anization named above. The extension is for the organ	* * * * * * * * * * * * * * * *	하는 그 아내는 아내는 사는 사람들이 하는 이 그리고 있는데 아내는 사람들이 되었다. 그리고 있는데 나를 하는데	ion return for	
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the orga  X	anization named above. The extension is for the organization representation or a second calendar year 2022 or	nization's re	turn for:	ion return for nal return	
the orga  X  If the ta	calendar year 2022 or tax year beginning , and ending	nization's re	turn for:		
the orga  X  If the ta	calendar year 2022 or tax year beginning , and ending x year entered in line 1 is for less than 12 months, che	nization's re	turn for:		
the orga  X  If the ta	calendar year 2022 or tax year beginning , and ending  x year entered in line 1 is for less than 12 months, change in accounting period	nization's re	turn for:		
the orga  X  If the ta  C  C  C	calendar year 2022 or tax year beginning , and ending x year entered in line 1 is for less than 12 months, che hange in accounting period  pplication is for Forms 990-PF, 990-T, 4720, or 6069,	nization's re	turn for:	nal return	s 0
the orga  X  X  If the ta.  C  C  3a If this ap nonrefu	calendar year 2022 or tax year beginning , and ending x year entered in line 1 is for less than 12 months, change in accounting period pplication is for Forms 990-PF, 990-T, 4720, or 6069, ndable credits. See instructions.	eck reason:	turn for: Initial return Fi		\$ 0
the orga  X  X  If the tal  C  3a If this ap  nonrefu  b If this ap	calendar year 2022 or tax year beginning , and ending x year entered in line 1 is for less than 12 months, change in accounting period pplication is for Forms 990-PF, 990-T, 4720, or 6069, and able credits. See instructions.	eck reason:	Initial return Fi	nal return	
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the orga  X  X  If the tall C  3a If this appropriate the content of the same	calendar year 2022 or tax year beginning , and ending x year entered in line 1 is for less than 12 months, change in accounting period pplication is for Forms 990-PF, 990-T, 4720, or 6069, and able credits. See instructions.	eck reason: enter the te enter any re yment allow ment with th	Initial return Finantial return Finantial return Finantial return Finantial return Finantial Fin	nal return	

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

Form 8868 (Rev. 1-2022)

instructions.

Part III Statement of Program Service		46-3063026	Page 2
Check if Schedule O contains a		in this Part III	X
Briefly describe the organization's mission:     SEE SCHEDULE O			
TO THE STREET OF			
	9 10 140 170 TO THE TOTAL		
			Yes X No
If "Yes," describe these new services on Schedule			
3 Did the organization cease conducting, or make significantly services?	gnificant changes in how it conduc	15 g g	Yes X No
If "Yes," describe these changes on Schedule O.  4 Describe the organization's program service according to the control of the	onlishments for each of its three la	veget program consists as massured by	
expenses. Section 501(c)(3) and 501(c)(4) organiz			
the total expenses, and revenue, if any, for each p			
4a (Code: ) (Expenses \$ 44	, 129 including grants of \$	40,480 ) (Revenue \$	110,581)
STUDENTS TO SUPPORT THEMSE ENGAGEMENT AS ACTIVE CITIZ		AMILIES; AND (C) FOST	ER THEIR
4b (Code: ) (Expenses \$ N/A	including grants of \$	) (Revenue \$	)
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1			
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***************************************		***************************************	CERRO CARLO MANTO CENTRO DA SERA
An (Code)	1l	\ P.	ASSESSMENT CONTRACTOR AND CONTRACTOR
4c (Code: ) (Expenses \$ N/A	including grants of \$	) (Revenue \$	)
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1100			
4d Other program services (Describe on Schedule O.) (Expenses \$ including		) (Payanya \$	
4e Total program service expenses	g grants of \$	) (Revenue \$	

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
-	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3	_	
(C. 1	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
- 5	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			1000
	complete Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			v
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	-	<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
11	or in quasi endowments? If "Yes," complete Schedule D, Part V  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	0.5	
1.1	VII, VIII, IX, or X, as applicable.	100		-1
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	HOOLY		
_	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	3,0000		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			37
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	-	_X_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	120		x
h	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year? If	12a		
ь	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	1.1		
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	A0000		
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	4.0		v
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		х
20a	If "Yes," complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a	-	X
20a b	If "Voo" to line 200 did the appointing attack a constitute of the suited formula to the section 200.	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
unit.	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
Ton Server		Water-	00/	

Pa	art IV Checklist of Required Schedules (continued)					
					Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individual	als on				2000
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the					
	organization's current and former officers, directors, trustees, key employees, and highest compensa-	ted				227
	employees? If "Yes," complete Schedule J		*******	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than					
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lin	nes 24l	b			37
339	through 24d and complete Schedule K. If "No," go to line 25a			24a		X
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	e year				
-	to defease any tax-exempt bonds?	,		24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year.			24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess transaction with a discussified parent during the year? If "Yea" complete School to I. Port I.	ss bene	ent	25a		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in	a prio		25a		A
b	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 9					
	If "Yes," complete Schedule L, Part I	30-LZ		25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any	/ CUITE	ent	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	ounc				
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II			26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trust	ee. ke	v			
577.00	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 the					
	persons? If "Yes," complete Schedule L, Part III			27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Sche	dule L		1111111111	W	TIE!
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			200	15	1.84
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contribu	tor? If				
	"Yes," complete Schedule L, Part IV			28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?	lf				
	"Yes," complete Schedule L, Part IV			28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedu	ile M		29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualification and the organization receives contributions of art, historical treasures, or other similar assets, or qualification and the organization receives contributions of art, historical treasures, or other similar assets, or qualification and the organization receives contributions of art, historical treasures, or other similar assets, or qualification and the organization receives contributions of art, historical treasures, or other similar assets, or qualification and the organization receives contributions of art, historical treasures, or other similar assets, or qualification and the organization and the	ed				222
	conservation contributions? If "Yes," complete Schedule M			30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Sched		Part I	31	_	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	1.				
722	complete Schedule N, Part II			32	-	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Reg	ulation	ıs			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Par	t II, III,		24		v
250						X
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with			35a		1
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line			35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charital			330		-
00	related organization? If "Yes," complete Schedule R, Part V, line 2	JIC .		36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	nizatio		30		
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines					<del></del>
-	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.			38	x	
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			1		
	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	1a	2			41.
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0	F40	13	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and					
	reportable gaming (gambling) winnings to prize winners?		*********	1c	X	
DAA				Fo	rm 99	0 (2022)

	990 (2022) GOOD SHEFREND SUSTAINABLE LEARNING 40-3003				LOSE"	age 3
-	rt V Statements Regarding Other IRS Filings and Tax Compliance (contin	ued)		Daniel	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		_			337
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	0	17000		6
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns the control of t	rns?		2b		v
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other			400		.,,
27	a financial account in a foreign country (such as a bank account, securities account, or other financial	acco	unt)?	4a		X
b	If "Yes," enter the name of the foreign country			244		
8	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accour	nts (FBAR).	33,000	140.00	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		X
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	ne				5220
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or				
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			4	1 2	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods			-50	
	and services provided to the payor?			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as				
	required to file Form 8282?		,	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			W.	1
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontrac	t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 88	99 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation fi	le a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	ed by t	ne	Let X		1718
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.				1	37.99
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		647		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			7.8	1
11	Section 501(c)(12) organizations. Enter:	7.5				100
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources				THE .	
	against amounts due or received from them.)	11b		11334	1	7.7
l2a		1041	?	12a		
b		12b			100	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-			Q	W.Y.
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.		***********	377	15	Tig
b	Enter the amount of reserves the organization is required to maintain by the states in which			170		100
	the organization is licensed to issue qualified health plans	13b		- 50		
С	Enter the amount of reserves on hand	13c			125	140
14a	Did the examination reading any neumants for independent anning anning a during the tay year?			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			2.1.4		-
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
5.000 1	and the state of t			15		x
	excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.			13	Chile	
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incon	ne?	16	destroy.	x
	If "Yes," complete Form 4720, Schedule O.	HICON		10	JI QU.	
7	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activ	ities		20000	10072	
lifti.	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Vee " complete Form 6060			"	26	MANUEL S

Form 990 (2022) GOOD SHEPHERD SUSTAINABLE LEARNING 46-3063026 Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 6 b Enter the number of voting members included on line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 2 any other officer, director, trustee, or key employee? 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? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 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 X 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 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? a 8a X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O X 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X describe on Schedule O how this was done 12c Did the organization have a written whistleblower policy? X 13 13 X 14 14 Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b 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 If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 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 X Upon request Other (explain on Schedule O) 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. State the name, address, and telephone number of the person who possesses the organization's books and records MOLLY FLEWHARTY P.O. BOX 447

570-618-1043

PA 18337

MILFORD

Form 990 (2022)	GOOD	SHEPHERD	SUSTAINABLE	T.EARNING	46-3063026
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Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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 the instructions for the order in which to list the persons above.

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

		,		5-			periodica arry carronic cince	i, airodtor, or traditoo.	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box	x, unle	Pos check ess pe	rson	than one is both an or/trustee) Former Highest compensated	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
TOUR GRADETT					_	red.			
(1) JOHN CAMPBELL	10.00								
DIRECTOR	10.00	x						0	0
(2) DAVID C. FARRANI		1	-			-	0	0	0
(2) DAVID C. PARKANI	10.00								
DIRECTOR	0.00	x					0	0	0
(3) MOLLY FLEWHARTY	0.00	22		-			0		0
(9)	15.00								
TREASURER	0.00	x		x			0	0	0
(4) JOSEPH K.B. FONI		1							
STATE OF THE STATE	15.00								
VICE CHAIRPERSON	0.00	x		X			0	0	0
(5) ELIZABETH GEITZ									
	25.00								
CO-CHAIRPERSON	0.00	X		X			0	0	0
(6) NCHE ZAMA									
* *************************************	25.00								
CO-CHAIRPERSON	0.00	X		X			0	0	0
(7)									
(8)									
(9)									
7.32.114.32.214.414.414.414.414.414.414.414.414.41									
(10)		$\vdash$	_			$\vdash$			
(11)									
				-	_		L		

Part VII

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

(A) Name and title		(B) Average hours	box	k, unle	Pos check ess pe	rson i	than o	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation			
		per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)		om the zation	and	
* *****************************														
5 61130374314365656564744443413045	N4 2502 250 1													
to Total from continuation Total (add lines 1b and	on shee	ets to Part VII, S												
2 Total number of individual reportable compensation		10.77		d to 0	thos	e lis	ted a	bov	e) who received more than	\$100,000 of				
employee on line 1a? It  For any individual listed organization and related individual	f "Yes," d on line d organ	complete Scheo 1a, is the sum izations greater	dule of re than	J for porta \$15	suc able 60,00	h ind com	dividu npens If "Ye	al sations," o	ee, or highest compensate on and other compensation complete Schedule J for su	from the	3	3	Yes	X X
for services rendered to	the or	ganization? If "Y								rindividual	5	;		X
Section B. Independent Cor 1 Complete this table for	your fiv	e highest compe	ensa	ted i	nde	pend	lent o	cont	ractors that received more	than \$100,000 of				
		zation. Report co (A) business address	ompe	ensa	tion	for t	ne ca	alen	dar year ending with or with	nin the organization's tax you (B) otion of services	ear.	Com	(C) pensati	on
-														
Total number of indeperenceived more than \$10									se listed above) who	0	100		990	

Pa	rt V	III Stateme	ent c	of Revenue	ains a r	resnonse or	note t	o any line in this	s Part VIII		
		One of the	001	icadio o com	uii 0 u 1	coponic of	note t	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated camp	paigns	3	1a		0	Selvada 1984	TRUE NAME OF THE		Practice of
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership du	00		1b						
S, C	С	Fundraising eve			1c		- 1			2 3 5 5 7 5	
Gift lar	d	Related organiz			1d						
imi,	е	Government grants (co	ontributio	ons)	1e		14				
tior sr S	f	All other contributions, and similar amounts no			1f	110,	501				
the state	g	Noncash contributions			11	110,	301				
date	_	lines 1a-1f		*****	1g \$						
ğ ğ	h	Total. Add lines	1a-1	f				110,581			Sale Texts Div
						Busines	ss Code				
ce	2a	·									
Program Service Revenue	b										
m S	С										
gra Re	d										
P.	e										
		All other program					_		The second second	- 14 100 176	The second second
-	722	Total. Add lines			A CONTRACTOR OF THE PARTY OF TH	A STATE OF THE PARTY OF THE PAR	77.0		1/2. 1.—		
	3	Investment inco		네가 시작하다 가게 하시아 그렇게 있어요 하는데 되었다.				14			14
		Income from inv	ounts	ent of tax-exemp				14			14
	5	Royalties	esun	ent or tax-exemp	t bond pr	oceeds					
	3	Noyallies	<u> </u>	(i) Real		(ii) Personal	T. Carlo	LINE IN THE	1666-2 F25		No. 17 Per Charles
	62	Gross rents	6a	(i) iteal		(ii) i oraciidi					
	b	Less: rental expenses	6b								
	c	Rental inc. or (loss)	6c								
	d	Net rental incom		(loss)			250000				
		Gross amount from		(i) Securities	, T	(ii) Other			Revisive-Bullion		THE PROPERTY OF
		sales of assets other than inventory	7a			* Participant of the state of t		Sales of the first			
e	ь	Less: cost or other					10				
ent	0.00	basis and sales exps.	7b					W		100	
Sev.	С	Gain or (loss)	7c						TOTAL TO LIKE		
erF		Net gain or (loss	s)								
Other Revenue		Gross income from					4				
_		(not including \$		5,							
		of contributions rep	oorted	on line							
		1c). See Part IV, lin	ne 18		8a					100	
	b	Less: direct exp	enses		8b						
	С	Net income or (I	oss) f	from fundraising	events		0000				
	9a	Gross income fr									
		activities. See P	art IV	, line 19	9a						
	b	Less: direct exp	enses	}	9b				1600 P. 1700 P.		Se of a line
		Net income or (I		(100) 1000	vities						
	10a	Gross sales of in					10	7 30			
		returns and allow			10a			The North		The Entered	
	10,700	Less: cost of go		Committee of the second	10b					The Cart	
_	С	Net income or (I	oss) f	from sales of inv	entory						
ns	,					Busines	ss Code	Maria St. Plant			
oeu ne	11a					******					
scellaneo Revenue	b						$\rightarrow$				
Miscellaneous Revenue		All -4b-				(1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	-+				)
Σ	d	All other revenue								THE CASE OF A STORAGE	1625 7 20 16
	The second	Total. Add lines Total revenue.	750 H 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					110,595	0	0	14
	14	, otal levellue.	JUG 11	iotruotions		nanana ara-ara-ara-ara-ara-ara-			U	O I	7.3

## Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon			plete column (A).	
Do n	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	40,480	40,480		
4	Benefits paid to or for members				SEPTEMBER OF THE SECTION OF THE SECT
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
5000	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
a	Management				
b	Legal	3,300		2 200	
c	Accounting	3,300		3,300	
d	Professional fundraising services. See Part IV, line 17	NA STATE OF THE PARTY OF THE PA	ALL THE STATE OF THE STATE OF	ds for the later	
e f	Investment management fees		A DELOCATION OF THE STREET		
g	Other. (If line 11g amount exceeds 10% of line 25, column		<del>-</del>		
9	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office commence	2,403		1,853	550
14	Information technology	1,149		1,149	330
15	Pavaltics	1,143		1,143	
16	Occupancy				
	Traval				
	Payments of travel or entertainment expenses				·
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	235			235
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	425		425	·
23	Insurance	631	568	63	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
a	FINANCIAL ADMINISTRATION	3,081	3,081		
b	F 111 114 114 114 115 115 115 115 115 115				
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	51,704	44,129	6,790	785
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if				
S	following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing			202,236	1	259,232
2	Savings and temporary cash investments				2	
3	Pledges and grants receivable, net				3	
4	Accounts receivable, net			A	4	
5	Loans and other receivables from any current or for	rmer officer, directo	or,			
	trustee, key employee, creator or founder, substant	tial contributor, or 3	5%		300	
	controlled entity or family member of any of these p	persons	L		5	
6	Loans and other receivables from other disqualified	persons (as define	ed		BU F	
	under section 4958(f)(1)), and persons described in	section 4958(c)(3)	)(B)		6	
7	Notes and loans receivable, net				7	
8					8	1/2
9	Prepaid expenses and deferred charges				9	
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	7,748			
b	Less: accumulated depreciation	10b	5,853		10c	1,895
11	Investments—publicly traded securities				11	
12	Investments—other securities. See Part IV, line 11	* * * * * * * * * * * * * * * * * * * *			12	
13	Investments—program-related. See Part IV, line 11				13	
14	Intangible assets	191900000000000000000000	energy and the L		14	
15	Other assets. See Part IV, line 11			704,300	15	704,300
16	Total assets. Add lines 1 through 15 (must equal li	ne 33)		906,536	16	965,427
17	Accounts payable and accrued expenses			17		
18	Grants payable			18		
19	Deferred revenue				19	
20	Tax-exempt bond liabilities		*******		20	
21	Escrow or custodial account liability. Complete Part				21	
22	Loans and other payables to any current or former		unana di			
	trustee, key employee, creator or founder, substant		5%		113	
22	controlled entity or family member of any of these p				22	
23	Secured mortgages and notes payable to unrelated				23	
24	Unsecured notes and loans payable to unrelated th	7. 0.000-0.000			24	
25	Other liabilities (including federal income tax, payal					
	parties, and other liabilities not included on lines 17	-24). Complete Pa	rt X		1,000	
	of Schedule D				25	
26	Total liabilities. Add lines 17 through 25	. 9	********	0	26	0
	Organizations that follow FASB ASC 958, check	here X			T	
	and complete lines 27, 28, 32, and 33.			006 526	HEAT I	0.65 405
27				906,536	27	965,427
28	Net assets with donor restrictions	··			28	Contraction to America
	Organizations that do not follow FASB ASC 958	, check here			200	
	and complete lines 29 through 33.			STATE OF THE STATE		
29	Capital stock or trust principal, or current funds				29	
30	Paid-in or capital surplus, or land, building, or equip	4 4 5 4 4 4 4 4			30	
31	Retained earnings, endowment, accumulated incom	ne, or other funds		006 526	31	0.CE 407
27 28 29 30 31 32				906,536	32	965,427
33	Total liabilities and net assets/fund balances			906,536	33	965,427

Form 990 (2022)

orn	1 990 (2022) GOOD SHEPHERD SUSTAINABLE LEARNING 46-3063026			Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	.,			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1:	10,	595
2	Total expenses (must equal Part IX, column (A), line 25)	2		51,	704
3	Revenue less expenses. Subtract line 2 from line 1	3	!	58,	891
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	90	06,	536
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			- 2
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	9	65,	427
Pa	rt XII Financial Statements and Reporting				72
	Check if Schedule O contains a response or note to any line in this Part XII				
1	Accounting method used to prepare the Form 990: Cash Accrual Other MODIFIED  If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.	CASH	_	Yes	No
20			0.00	v	W
Za	Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		2a	X	LBOTAL
	reviewed on a separate basis, consolidated basis, or both:				1782
	X Separate basis Consolidated basis Both consolidated and separate basis				a dhu
h	Were the organization's financial statements audited by an independent accountant?				v
b	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		2b	SCHOOL STREET	X
	separate basis, consolidated basis, or both:		7		
	Separate basis Consolidated basis Both consolidated and separate basis		J. Harris		
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		12.360		No.
C	the audit, review, or compilation of its financial statements and selection of an independent accountant?			х	
	If the organization changed either its oversight process or selection process during the tax year, explain on		2c	Λ	TP-S
	Schedule O.		1		
20			0.000		
Jd	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?				v
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3a		_X_
D	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		36		

Form **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.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

GOOD SHEPHERD SUSTAINABLE LEARNING FOUNDATION

Employer identification number 46-3063026

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 12 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (ii) EIN (iv) Is the organization (vi) Amount of (i) Name of supported (iii) Type of organization (v) Amount of monetary support (see organization (described on lines 1-10 listed in your governing other support (see document? instructions) instructions) above (see instructions)) (A) (B) (C)

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

Schedule A (Form 990) 2022

(D)

(E)

Total

Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4	- T. (40)	- Oct. Sylven VS-17				
Sec	tion B. Total Support		·		1		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, 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	No.			The second		1
12	Gross receipts from related activities, etc.	(see instructions)				12	
13	First 5 years. If the Form 990 is for the or	ganization's first,	second, third, fourt	h, or fifth tax year	as a section 501(	c)(3)	
	organization, check this box and stop her	e					4.3030030303030303030303030
Sec	tion C. Computation of Public Su	ipport Percen	tage			11	
14	Public support percentage for 2022 (line 6	, column (f) divide	d by line 11, colum	nn (f))		14	%
15	Public support percentage from 2021 Scho			500 11 001 0000 100000		15	%
16a	33 1/3% support test-2022. If the organ	ization did not che	ck the box on line	13, and line 14 is	33 1/3% or more,	check this	
	box and stop here. The organization quali	ifies as a publicly	supported organiza	ation			
b	33 1/3% support test-2021. If the organ	ization did not che	ck a box on line 13				
	this box and stop here. The organization	qualifies as a publ	icly supported orga	anization			
17a	10%-facts-and-circumstances test-202	2. If the organizat	ion did not check a				
	10% or more, and if the organization meet Part VI how the organization meets the fact				The second secon		-
<b>1</b>	organization						
b	10%-facts-and-circumstances test—202 15 is 10% or more, and if the organization	meets the facts-a	ind-circumstances	test, check this be	ox and stop here.	Explain	
	in Part VI how the organization meets the organization						[
18	<b>Private foundation.</b> If the organization did instructions	d not check a box	on line 13, 16a, 16	b, 17a, or 17b, ch	eck this box and s	see	-

Page 3

#### 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.

500	tion A. Public Support	quality under the	e tests listed be	low, please co	implete Part II.)		
	ndar year (or fiscal year beginning in)	(a) 2019	(h) 2010	(a) 2020	(4) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(I) Total
1	received. (Do not include any "unusual grants.")	227,584	81,812	43,516	65,495	110,581	528,988
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		Δ				
3	Gross receipts from activities that are not an unrelated trade or business under section 513	11,050					11,050
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	238,634	81,812	43,516	65,495	110,581	540,038
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	5,077			1,350	5,592	12,019
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						
C	Add lines 7a and 7b	5,077			1,350	5,592	12,019
8	Public support. (Subtract line 7c from line 6.)				The Contract of		528,019
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	238,634	81,812	43,516	65,495	110,581	540,038
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	57	572	203	1	14	847
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	57	572	203	1	14	847
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on				V.	-	
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	238,691	82,384	43,719	65,496	110,595	540,885
14	First 5 years. If the Form 990 is for the organization, check this box and stop here	ganization's first, se	cond, third, fourth,	or fifth tax year as	s a section 501(c)(	3)	
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2022 (line 8,			n (fl)		15	97.62%
16	Public support percentage from 2021 Sche					16	98.69%
Sec	tion D. Computation of Investme						
17	Investment income percentage for 2022 (lin			column (f))		17	%
18	Investment income percentage from 2021 S			*****		18	%
19a	33 1/3% support tests—2022. If the organ 17 is not more than 33 1/3%, check this bo						X
b	33 1/3% support tests—2021. If the organ line 18 is not more than 33 1/3%, check this	nization did not che	ck a box on line 14	or line 19a, and li	ne 16 is more than	n 33 1/3%, and	
20	Private foundation. If the organization did		요즘 그리는 다른 그리는 그리는 그리는 그리는 그리고 있다.		2012년 1월 10 10 12 일반 시민과 전 10 10 10 10 10 10 10 10 10 10 10 10 10		******

#### Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

#### Schedule of Contributors

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

OMB No. 1545-0047

Schedule B (Form 990) (2022)

2022

Name of the organization

FOUNDATION
Organization type (check one):

GOOD SHEPHERD SUSTAINABLE LEARNING

Employer identification number

46-3063026

Section: Filers of: Form 990 or 990-EZ 501(c)( 3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it

must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

Name of organization

GOOD SHEPHERD SUSTAINABLE LEARNING

Employer identification number

46-3063026 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (d) (a) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 CHURCH OF BETHESDA BY-THE-SEA Person X 141 SOUTH COUNTY ROAD Payroll 30,000 Noncash PALM BEACH FL 33180 (Complete Part II for noncash contributions.) (d) (a) (c) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. 2 MARTIN L. JEIVEN Person 6 JACOBS LANE Payroll 20,800 Noncash SCOTCH PLAINS NJ 07076 (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 3 LORRAINE DIPAOLO Person 47 PLAZA STREET WEST, APT 18C Payroll 10,000 Noncash NY 11217 BROOKLYN (Complete Part II for noncash contributions.) (c) (a) Type of contribution **Total contributions** No. Name, address, and ZIP + 4 4.... MADGE WOODS Person 1948 THAYER AVENUE Payroll 7,500 Noncash LOS ANGELES CA 90025 (Complete Part II for noncash contributions.) (a) (c) (d) Total contributions Type of contribution No. Name, address, and ZIP + 4 5 T CARTER & SUSAN HAGAMAN Person 21 HICKORY DRIVE Payroll 5,000 Noncash NJ 07040 MAPLEWOOD (Complete Part II for noncash contributions.) (a) (b) (c) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. Person Payroll Noncash (Complete Part II for noncash contributions.)

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

## Supplemental Financial Statements

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

Attach to Form 990.

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

2022
Open to Public Inspection

Employer identification number Name of the organization GOOD SHEPHERD SUSTAINABLE LEARNING 46-3063026 FOUNDATION Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 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? 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 conferring impermissible private benefit? 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 Total number of conservation easements Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 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 violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and 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. 1a If the organization elected, as permitted under FASB ASC 958, not 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 in Part XIII the text of the footnote to its financial statements that describes these items. b 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: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, 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: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Sche	edule D (Form 990) 2022 GOOD SHEI	PHERD SUSTA	AINABLE LE	ARNING	46-30630	26		P	age 2
Pa	art III Organizations Maintaining	g Collections of	Art, Historical	Treasures,	or Other Sim	ilar Assets	(contin		
3	Using the organization's acquisition, accessicollection items (check all that apply):	ion, and other record	s, check any of the	following that m	nake significant u	se of its	*		
а	Public exhibition	d $\square$	Loan or exchange p	rogram					
b	<del></del>	position of	Other	0.500					
c	Preservation for future generations		Other						
4	Provide a description of the organization's co	ollections and evolui	how they further th	o organization'	s avampt nurnase	in Port			
32	XIII.	oliections and explain	r now they further th	e organization	s exempt purpose	: III Fail			
5	During the year, did the organization solicit o								1
D	assets to be sold to raise funds rather than to art IV Escrow and Custodial Arr		part of the organizati	on's collection	<i>(</i>		Ye	S	No
Г	Complete if the organization		" on Form 990, f	Part IV, line	9, or reported	an amount	on Forn	1	
-	990, Part X, line 21.		1 0 MB 7.0	789					
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contribution	s or other asse	ts not				1
							Ye	s	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:						
							Amoun	t	
C	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
	Did the organization include an amount on F	orm 990 Part X line	21 for escrow or c	ustodial accour	nt liability2		Ye	e	No
	If "Yes," explain the arrangement in Part XIII								INO
	art V Endowment Funds.	. Official field if the c.	Apianation has been	provided on t	art Am				
	Complete if the organization	answered "Ves	on Form 990 F	Part IV/ line	10				
	Complete if the organization					VESSES O DE TECNIMO DE M	1		10.000
		(a) Current year	(b) Prior year	(c) Two yea	ars back (d) II	ree years back	(e) Fou	r years i	back
1a	Beginning of year balance						1		
	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
	Other expenditures for facilities and								
-	POLICE STATE OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE STATE OF THE STATE OF THE CONTROL OF THE CONTR			1					
	Administrative expenses								
	Administrative expenses			_			+		
	End of year balance		Segment and the segment of the segme	var tote mente on			1		
	Provide the estimated percentage of the curr		e (line 1g, column (a	a)) held as:					
	Board designated or quasi-endowment	%							
b	Permanent endowment %								
C	Term endowment %								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.							
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held ar	nd administered	d for the				
	organization by:	Control and Appeal Co. (Control of Control of the C					1	Yes	No
	A VIEW CONTRACTOR WITH VIEW CONTRACTOR						3a(i)		
	(i) Unrelated organizations (ii) Related organizations						30.1	_	
h	If "Yes" on line 3a(ii), are the related organizations	otions listed as requi	rod on Cabadula DO				3a(ii)		
'n							3b		
4	Describe in Part XIII the intended uses of the		wment funds.						
Pa	rt VI Land, Buildings, and Equi								
	Complete if the organization	n answered "Yes"	<u>' on Form 990, F</u>	Part IV, line	11a. See Form	990, Part	X, line 1	0.	
	Description of property	(a) Cost or other to	pasis (b) Cost	or other basis	(c) Accumulat	ed	(d) Book	value	
		(investment)	(0	other)	depreciation				
1a	Land				TO SEE ALL DES				
b	Buildings								
	Leasehold improvements								
	Equipment								
	Other			7,748	-	952		1 (	OOF
	Add lines 1a through 1e (Column (d) must a	acual Form 000 Dom	Y column (D) line		3	,853			895

	Form 990) 2022 GOOD SHEPHERD SUSTAINA	BLE LEARNING	46-3063026	Page
Part VII	Investments – Other Securities.  Complete if the organization answered "Yes" on Fo	orm 990, Part IV, line	11b. See Form 990, Par	t X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of value	
	(including name of security)		Cost or end-of-year m	arket value
(1) Financial		9		
	eld equity interests			
(3) Other				
(B)				
(C)				
(D)			<u></u>	
(E)	***************************************			
(F)				
(G)	************************			
Total (Colum	in (b) must equal Form 2000 Bod V and (B) line 12.)		CLOSUS SIZE SVIZE (CASONS	SECOND AND AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PE
Part VIII	In (b) must equal Form 990, Part X, col. (B) line 12.)  Investments – Program Related.			Washington May
rait viii	Complete if the organization answered "Yes" on Fo	orm 990 Part IV line	11c See Form 990 Par	t X line 13
	(a) Description of investment	(b) Book value	(c) Method of val	
	(a) becomplied of investment	(b) book value	Cost or end-of-year m	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)			V =	
20 THE ST THE ST	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.  Complete if the organization answered "Yes" on Fo	orm 990, Part IV, line	e 11d. See Form 990, Par	t X, line 15.
	(a) Description			(b) Book value
(1)	CONSTRUCTION IN PROGRESS	S, ACADEMY		704,300
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 15.)			704,300
Part X	Other Liabilities.		CANDAD DESCRIPTION OF STREET SALES CONTRACT	,01,000
	Complete if the organization answered "Yes" on Fo	orm 990 Part IV line	11e or 11f See Form 99	00 Part X
	line 25.	o 000, r a.e. r ,	7 1 10 01 1 1111 000 1 01111 01	, , , a, , , , , , , , , , , , , , , ,
1.	(a) Description of liability			(b) Book value
<del></del>	income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 25.)			
2. Liability for	uncertain tax positions. In Part XIII, provide the text of the footnote	ote to the organization's fi	nancial statements that reports	the
organization's	liability for uncertain tax positions under FASB ASC 740. Check	here if the text of the foot	note has been provided in Part	XIII

Sche	edule D (Form 990) 2022 GOOD SHEPHERD SUSTAINABLE	LEARNING 46-	-3063026	Page 4
Pa	art XI Reconciliation of Revenue per Audited Financial Sta		ue per Return.	
_	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 12a.		110 505
1				110,595
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a	AT WELL	
h	Net unrealized gains (losses) on investments	2b		
0	Donated services and use of facilities	2c	1.450	
4	Recoveries of prior year grants Other (Describe in Part VIII.)	2d		
6	Other (Describe in Part XIII.) Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	110,595
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	······		220/000
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	100	
	Other (Describe in Part XIII.)			
	Add lines 4a and 4b		4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			110,595
Pa	art XII Reconciliation of Expenses per Audited Financial S	[18] [18] [18] [18] [18] [18] [18] [18]	nses per Return.	
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 12a.		
1			1	53,599
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	9 9	100	
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	1 0-1	7.7	
d	Other (Describe in Part XIII.)	2d	Car	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	53,599
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		20.50	
		4 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
a b	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)		Sil.	
a b c	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	4b	4c	
a b c 5	Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.	4b		53,599
a b c 5	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.  Art XIII Supplemental Information.	4b   	5	53,599
b c 5 Pa	Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	/ 4b    Part IV, lines 1b and 2b; Pa	rt V, line 4; Part X, line	53,599
b c 5 Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.  Art XIII Supplemental Information.	/ 4b    Part IV, lines 1b and 2b; Pa	rt V, line 4; Part X, line	53,599
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b c 5 Pa	Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to present the supplemental part to present the supplement	Part IV, lines 1b and 2b; Parovide any additional information	rt V, line 4; Part X, line ation.	
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b c 5 Pa	Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to present the supplemental part to present the supplement	Part IV, lines 1b and 2b; Parovide any additional information	rt V, line 4; Part X, line ation.	
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b c 5 Pa	Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to present the supplemental part to present the supplement	Part IV, lines 1b and 2b; Parovide any additional information	rt V, line 4; Part X, line ation.	
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b c 5 Pa	Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to present the supplemental part to present the supplement	Part IV, lines 1b and 2b; Parovide any additional information	rt V, line 4; Part X, line ation.	
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#### SCHEDULE F (Form 990)

11 990)

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

GOOD SHEPHERD SUSTAINABLE LEARNING FOUNDATION

Employer identification number 46-3063026

Part		eneral Information rm 990, Part IV, line		Outside the United States. Co	mplete if the organization answe	ered "Yes" on
О	or grantma ther assista	kers. Does the organiz	ation maintain record pility for the grants or	ds to substantiate the amount of its gr assistance, and the selection criteria	used to	X Yes No
		kers. Describe in Part nited States.	V the organization's	procedures for monitoring the use of	its grants and other assistance	
3 A	ctivities per	Region. (The following	Part I, line 3 table ca	an be duplicated if additional space is	needed.)	
(8	a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
SUB	-SAHARA	N AFRICA				20.75
(1)				GRANTS TO NON-PROFIT	SECONDARY EDUCATION	40,480
(2)						
(3)						
(4)						
(5)						!
(6)						
(7)						
(8)						
(9)		,				
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)	2)					
(17)	2 0 0					
3a Sub						40,480
sheet	from continuatio					
	<b>als</b> (add s 3a and 3b)					40,480

46-3063026

5945

(i) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form of noncash assistance (h) Description 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed (g) Amount of noncash assistance WIRE TRANSFER disbursement (f) Manner of cash Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 40,480 (e) Amount of cash grant SCHOLARSHIPS; EQUIP. Schedule F (Form 990) 2022 GOOD SHEPHERD SUSTAINABLE LEARNING (d) Purpose of grant (c) Region (b) IRS code section and EIN (if applicable) (a) Name of organization Part II (10) (11) (14) (12) (13) (15) Ξ (2) 4 (2) (9) (2) (8) 6 (16) 3

Enter total number of other organizations or entities

3

Schedule F (Form 990) 2022

5945

rm 990) 2022 GOOD SHEPHERD SUSTAINABLE LEARNING 46–3063026

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. Schedule F (Form 990) 2022

Part III Grants and

(a) Type of grant or assistance (b) Region (c) Number of recipients	(b) Region	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(4)						
(2)						
(3)						
(4)						
(5)						
(9)						
(2)						
(8)						
(6)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
(18)						
					Schedule	Schedule F (Form 990) 2022

che	edule F (Form 990) 2022 GOOD SHEPHERD SUSTAINABLE LEARNING 46-3063026		Page 4
Pa	art IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a		₩
	U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2022

#### Part V Supplemental Information

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

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN 2017, THE ORGANIZATION TRANSFERRED OWNERSHIP OF FOUR (4) BUILDINGS IT CONSTRUCTED WITHIN ITS EDUCATION CAMPUS LOCATED IN BAFUT, CAMEROON TO THE GOOD SHEPHERD ACADEMY ASSOCATION (GSAA). GSAA IS A CHARITABLE ENTITY REGISTERED IN THE REPUBLIC OF CAMEROON, AND IS AFFILIATED WITH THE ORGANIZATION THROUGH COMMON PROGRAM GOALS AND CERTAIN MANAGEMENT. TO DATE, GSAA HAS OWNED AND OPERATED THE EDUCATION CAMPUS IN THE MANNER AND TRADITION OF A CHRISTIAN SCHOOL. IN 2022, GSAA REQUESTED GRANT FUNDS FROM THE ORGANZATION IN FURTHERANCE OF THE OPERATION OF THE SECONDARY EDUCATION CAMPUS. THE REQUESTED FUNDS WERE TO BE USED FOR; A GENERATOR, COMPUTER EQUIPMENT, OPERATING EXPENSES, SUPPLIES, AND SCHOLARSHIPS TO NEEDY STUDENTS. THE ORGANIZATION'S MANAGEMENT REVIEWED THE GRANT REQUEST IN CONCERT WITH WORK QUOTES, DRAFT INVOICES, AND STUDENTS OF NEED FOR POTENTIAL SCHOLARSHIP AWARDS. THE ORGANIZATION'S MANAGEMENT APPROVED ALL COSTS BASED ON FURTHERANCE OF ITS MISSION. THE ORGANIZATION WIRED FUNDS TO GSAA ONLY AFTER MANAGEMENT WAS CONVINCED OF THE NECESSITY AND PROPRIETY OF ALL COSTS. IN ADDITION, THE ORGANIZATION'S MANAGEMENT HELD VIRTUAL ZOOM MEETINGS WITH THE GSAA'S BOARD OF DIRECTORS, DURING WHICH ALL FINANCIAL TRANSACTIONS WITH GSAA (GRANTS) WERE REVIEWED AND APPROVED.

PART I, LINE 3 - ACTIVITIES PER REGION			**********	
REGION	EXPE	ENDITURES	INVES	TMENTS
SUB-SAHARAN AFRICA	\$	40,480	\$	0

#### 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 2022

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization GOOD SHEPHERD SUSTAINABLE LEARNING FOUNDATION

Employer identification number 46-3063026

FORM 990 - ORGANIZATION'S MISSION

THE FOUNDATION STRIVES TO SUPPORT THE INTELLECTUAL, SPIRITUAL, AND PHYSICAL GROWTH OF COED SECONDARY STUDENTS IN CAMEROON, WEST AFRICA; TO ENABLE THEM TO SUPPORT THEMSELVES AND THEIR FAMILIES; AND TO FOSTER THEIR ENGAGEMENT AS ACTIVE CITIZENS. THE FOUNDATION ACCOMPLISHES THIS MISSION BY

- (A) SUPPORTING CONSTRUCTION AND OPERATION OF NEW SECONDARY/HIGH SCHOOLS;
- (B) INTEGRATING SUSTAINABLE FARMING, ANIMAL HUSBANDRY, CREATIVE THINKING, AND LEADERSHIP SKILLS INTOSECONDARY/HIGH SCHOOL EDUCATION; AND (C) IDENTIFYING PATHWAYS TO EMPLOYMENT AND/OR UNIVERSITY AFTER GRADUATION.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE BOARD MEMBERS AND MANAGEMENT REVIEW THE FORM 990 AND THE REVIEWED FINANCIAL STATEMENTS. QUESTIONS ARE ASKED, ANSWERS ARE RECEIVED TO THE SATISFACTION OF ALL PARTIES, AND THE BOARD APPROVES THE SUBMISSION OF THE 990 TO THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY ALL BOARD MEMBERS AND EMPLOYEES ARE REQUIRED TO IMMEDIATELY DISCLOSE ANY RELATIONSHIP THAT MAY GIVE RISE TO A POTENTIAL CONFLICT OF INTEREST. THE DISCLOSURE MAY BE COMMUNICATED IN WRITING OR VERBALLY TO THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS COMPENSATION FOR THESE EMPLOYEES WILL BE DETERMINED AND REVIEWED BY SELECT BOARD MEMBERS USING BEST PRACTICES ON AN ANNUAL BASIS.

Schedule O (Form 990) 2022	Page 2
Name of the organization	Employer identification number 46-3063026
GOOD SHEPHERD SUSTAINABLE LEARNING	46-3063026
FORM 990 DART VIT I THE 19 - COVERNING DOCUMENTS DISCI	OSIDE EXDLANATION
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCL	OSORE EXPLANATION
ALL GOVERNING DOCUMENTS ARE AVAILABLE TO THE GENERAL P	UBLIC UPON WRITTEN
REQUEST.	
	*****************
evaneren erren	
E-1740/00-1144/1971-1-104-194-194-194-194-194-194-194-194-194-19	********************************
	/
	ed entre ent
	PAGE 1 OF 1

	Taxable II	nterest on	Investme	<u>nts</u>		
Description				<b>D</b> , 1	A	
	 Amount	Business	Code	Code	Acquired after 6/30/75	US Obs (\$ or %)
VELLS FARGO BANK	\$ 14		14	PA		
TOTAL	\$ 14					

5945 GOOD SHEPHERD SUSTAINABLE LEARNING 46-3063026 FYE: 12/31/2022

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Donor Name	2	2018	2019		2020		2021		2022
DAVID FARRAND MOLLY FLEWHARTY NCHE ZAMA	φ. 		o l	<i>s</i>		ا ب	1,000	so-	2,500
ELIZABETH GEITZ		5,077				1	150		192
TOTAL	\$	5,077	\$	0		ς, 	1,350	<	5,592