Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Depa	ertment o	of the Treasury enue Service							ers on this form structions an				L			in to Pub Spection			
	A For the 2022 calendar year, or tax year beginning , 2022, and ending , 20													TIME STREET					
B		f applicable:	C						, , ,				D Emp	loyer ide		number			
	Пад	dress change	GVI	MGorg									81	-244	6261				
	\mathbf{H}	me change			HENY	DRIVE #	250						E Telephone number						
	\mathbf{H}	tial return	BEV	VERLY H	ILLS,	CA 902	11						(424) 235-1285						
	H	of return/terminated	i										<u> </u>	21/	233 1	203			
	\vdash	nended return	l										G Gross receipts \$ 1,597,944.						
	\vdash	plication pending	FN	Name and add	ress of prin	cipal officer:	DODI	Call dis di	POMBOSKY			H(a) is this					X No		
	□.•		San	ne As C	Ahov	•	KUDI	EKI 1	LOMBOSKI			H(h) Are all If "No,					No		
T	Tax-e	exempt status:		501(c)(3)	501(c)	_	(in:	sert no.)	4947(a)(1	l) or	527	If "No,	attach a	ist. See	instructions	. –			
J			_	VNG. OR		- 1			Link	.,	ш—	H(e) Group	expension	number	,				
ĸ		of organization:		Corporation	Trust	Associat	ion	Other		L Yes	er of format	ion: 201			-	nicile: CA			
-	rt I	Summai	_					1 000	1	1	- 0. 10.110	201	<u> </u>		a logal dui	HOIS. CA			
	1	Briefly descri	be th	ne organiza	tion's m	ission or m	ost s	ignifica	nt activities:	Soo	Caho	dula O				 			
4	1									266		uute v							
2																	77-5		
Governance					_														
ð		Check this b							perations or o						assets.				
	3	Number of v	oting	members	of the go	werning bo	dy (P	art VI,	line 1a)	****				. 3			3		
Activities &									ody (Part VI, 2 (Part V, line						-		2		
葁	5	Total number	of w	nimbers (empuye Yestimati	o if norses:	arye ann		z (Fant V, sme	23).				5	+		0		
Ę), line 12								0.		
_	ь	Net unrelate	i busi	iness taxa	ble incor	ne from Fo	rm 99	00-T. P	art I, line 11.					71:			0.		
3			-										rior Yes			urrent Ye			
_	8	Contributions	and	grants (Pa	ert VIII, I	ine 1h)								268.	_	1,597			
Ę	9												1	1,331	777.				
Revenue	10	Investment is	COM	e (Part VII	I, colum	n (A), lines	3, 4,	and 7	ŋ										
æ			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)										27.						
	12	Total revenu	9 — a	udd lines 8	through	11 (must e	equal	Part VI	III, column (A), line	12)		999,	295.		1,597	944.		
	13	Grants and s	imila	r amounts	paid (Pa	ert IX, coltui	nn (A), lines	i 1-3)			. 1	1,234,	395.		648	641.		
	14	Benefits paid	l to o	r for memt	pers (Par	rt IX, colum	171 (A)), line 4	Ŋ							5.17	- (5)		
8	- 2	-	er compensation, employee benefits (Part IX, column (A), lines 5-10)								1	224,	500.		225	000.			
Expenses	16a	Professional	fundr	raising fee:	s (Part I	X, column	(A), li	ne 11e)			-							
홄	ь	Total fundrai:	sing e	expenses (Part IX,	column (D)), line	25)		58	,250.				14/				
മ						2000		-	e)				115	022.	25 15 CM (505)	184	936.		
	0.00	•	109	SCHARLES CONTRACT	SCHOOLSCOOLS.	* POLITICATION OF			ın (A), line 25				,573,		_	1,058,			
													-574,				367.		
8 8			(6)	9.00						W. 10		_	ng of Curr			nd of Ye			
Balanc	20													558.		1,078,			
10	21	Total liabilitie	is (Pa	art X, line ?	26)									816.			079.		
Net A	22	Net assets o	fund	t balances.	Subtrac	t line 21 fr	om li	ne 20.					378.	742.			110.		
	rt II	Signatu	e Bl	lock							_								
Unde	r penalti	ies of perjury, I d	oclare 1	that I have ess	mined this	return, includi	ng acco	anpanyin	g schedules and s sparer has any kn	statemer	nts, and to	the best of m	ny knowled	ge and b	elief, it is t	rue, correct	and		
comp	olete. De	claration of preparation	irer (al	her than other	10000	on all informa	tion of	which pre	eparer has any kn	owledge	p			_					
			K	affrefl	My	12	5_							15	12	023			
Sig		Signature of				-						Date			,				
He	re			DMBOSKY	3							ŒΟ							
_		Type or prin			-0-1-	le le				T-					1				
		Print/Type (_	Preparer	_			D	Date		Check	l if	PTIN				
Pai				P. Lic					Lichter				self-empl	oyed	P009	04612			
Pre	pare	f Firm's nam																	
US	e Onl	y Firm's adda	155	21031 Ventura Blvd Ste 316 Woodland Hills, CA 91364							Firm's EIN 26-2785996								
			_										Phone no	(8:		39-026			
May	the If	RS discuss th	is rei	turn with th	ne prepa	rer shown	above	? See	instructions.						Х	res	No		

	990 (2022)	GVNGorg	81-2446261	Page 2
Par		ement of Program Service Accomplishments		
		k if Schedule O contains a response or note to any line in this Part III		X
•	See Sche			
	5ee 3cme	Aute o		
2		ization undertake any significant program services during the year which were not listed on the pri	or	
		990-EZ?	[] Ye	⊫s X No
_		ribe these new services on Schedule O.	. —	
3	-	nization cease conducting, or make significant changes in how it conducts, any program se	rvices? 📙 Y	es X No
	•	ribe these changes on Schedule O.		
4	Section 501(and revenue,	organization's program service accomplishments for each of its three largest program service)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation, if any, for each program service reported.	ices, as measured it is to others, the total	oy expenses. Il expenses,
4a	(Code:) (Expenses \$ 819,056. including grants of \$ 648,641.) (F	Revenue \$ 1,	296,789.)
		is a national public charity with the mission of democrat	cizing philar	thropy
		cultivating new philanthropists and supporting charitable		
		activity as defined in, or under, section 501(c)3 via eit		
		ed or by means of distributions to other organizations so		
	permissi	ble and in alignment with the charitable mandate and miss	sion of GVNG.	org.
	Related	thereto we had the above revenue and expense.		
	WETACEA	chereto we had the above revende and expense.		
4b	(Code:) (Expenses \$ including grants of \$) (R	evenue \$)

4.	(Code:) (Expenses \$ including grants of \$) (R		
46	(0008.	(Cuperises 4 microunity grains 01 4) (N	evenue \$	
4d	Other progra	m services (Describe on Schedule O.)		
	(Expenses	\$ including grants of \$) (Revenue \$)
An	Total program	m service evnerses 910 056	······································	

Pa	rt IV. Checklist of Required Schedules			
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes." complete		Yes	No
•	Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II.	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian	<u> </u>		<u> </u>
	for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			1/1740 1/1740 1/1740
ε	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	MAY PLAN	X
ŧ	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
•	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.			
	I Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported	11c		X
	in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
t	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12ь		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
148	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
t	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b	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	х	
16	Did the organization report on Part IX, column (A), tine 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	

	ter One or mediane of mediane of continued)		T.	T
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22	Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23	x	
	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 a "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		$ldsymbol{f eta}$
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 1	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		х
27		27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part 1	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35ь		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, tine 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V.	<u></u>		\prod
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	130		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning (gambling) winnings to prize winners?	1c	Х	44-11
BAA		<u> </u>	990 (2022

property and	n 990 (2022)		81-24462	61	F	Page !
Par	tV S	Statements Regarding Other IRS Filings and Tax Compliance (c	ontinued)			6000
					Yes	No
	ments, filed	number of employees reported on Form W-3, Transmittal of Wage and Tax State- I for the calendar year ending with or within the year covered by this return	2a	0		
		one is reported on tine 2a, did the organization file all required federal employme		<u>2</u> b		
38	Did the org	anization have unrelated business gross income of \$1,000 or more during the ye	ar?	3a		X
ŧ	o If "Yes," has it	filed a Form 990-T for this year? If "No" to line 36, provide an explanation on Schedule ()		3b		
	financial ac	during the calendar year, did the organization have an interest in, or a signature or oth count in a foreign country (such as a bank account, securities account, or other	ner authority over, a financial account)?	4a		х
t:	•	ther the name of the foreign country				
5.		ions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financia ganization a party to a prohibited tax shetter transaction at any time during the t		24.4%	PHUS	V
		partization a party to a profitment tax stieses transaction at any time during the transition and profit the organization that it was or is a party to a profit the dax she		5a 5b	-	X
		line 5a or 5b, did the organization file Form 8886-T?		5c	-	<u> </u>
		rganization have annual gross receipts that are normally greater than \$100,000, contributions that were not tax deductible as charitable contributions?		6a		х
	If "Yes," did	the organization include with every solicitation an express statement that such contribuctible?		6b		
7	Organizatio	ons that may receive deductible contributions under section 170(c).	• • • • • • • • • • • • • • • • • • • •	CEANINE	No.	SOLAR.
a	Did the ora	anization receive a payment in excess of \$75 made partly as a contribution and	parily for goods and	100		Par la
	services pro	ovided to the payor?		7a		Х
		the organization notify the donor of the value of the goods or services provided		7b		8998
	Form 8282?			7c		х
		ticate the number of Forms 8282 filed during the year				
		anization receive any funds, directly or indirectly, to pay premiums on a personal anization, during the year, pay premiums, directly or indirectly, on a personal be		7e		X
		zation received a contribution of qualified intellectual property, did the organization file		71		^
	as required	? ization received a contribution of cars, boats, airplanes, or other vehicles, did th		7g		
**	Form 1098-	C?		7h		
8		organizations maintaining donor advised funds. Did a donor advised fund maintained	l by the sponsoring	12414	Koric Spir	VEVE
_		n have excess business holdings at any time during the year?	• • • • • • • • • • • • • • • • • • • •	8		
	-	organizations maintaining donor advised funds.			19 19 11 11 11 11 11 11 11 11 11 11 11 1	
		nsoring organization make any taxable distributions under section 4966?		9a		
		nsoring organization make a distribution to a donor, donor advisor, or related pe	rson?	9b	FJE-25-01-01	. 100 100
		(c)(7) organizations. Enter: es and capital contributions included on Part VIII, line 12	احدا			
		pts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a	-		
		(c)(12) organizations. Enter:	140	-		
		ne from members or shareholders	11a			
b	Gross incom	e from other sources. (Do not net amounts due or paid to other sources				
	against amo	ounts due or received from them.)	11b			
		(7(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of	• 1	12a		
		10 and 10	126			
		(c)(29) qualified nonprofit health insurance issuers.		12.50	96.90	40ES
a		itization licensed to issue qualified health plans in more than one state?		13a	CASSWAR	ini sta
h		mount of reserves the organization is required to maintain by the states in	ie U.			
	which the or	rganization is licensed to issue qualified health plans	136			
C	Enter the ar	mount of reserves on hand	13c			
	_	anization receive any payments for indoor tanning services during the tax year?		148		X
		s it filed a Form 720 to report these payments? If "No," provide an explanation o		145		
15	excess para	nization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in the payment(s) during the year?	n remuneration or	15		х
16		the instructions and file Form 4720, Schedule N. ization an educational institution subject to the section 4968 excise tax on net in		10,825		X
10		nzauon an eculizational institution subject to the section 4968 excise tax on het in mplete Form 4720, Schedule O.	wesument income?	16	ACCUMP.	N/Sees
17		(c)(21) organizations. Did the trust, or any disqualified or other person engage is	n any activities that would		SHEET SE	Refer
	result in the	imposition of an excise tax under section 4951, 4952, or 4953?		17		
_	if "Yes," cor	mplete Form 6069.	Manufacture In the Control of the Co	1000	Maries.	
BAA		TEEA0105L 09/01/22		Form	990 (2022)

Pa	description of the second state of the second secon	nges	on	
Sec	ction A. Governing Body and Management			. Х
	The second secon		Yes	No
18	Enter the number of voting members of the governing body at the end of the tax year 1a 3 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.			
t	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 any other officer, director, trustee, or key employee? See Schedule 0	2	X	11111111
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents			
_	since the prior Form 990 was filed?	4		_ X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
78	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		х
t	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Х	
_	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venu	е Со	de.)
	CONTRACTOR		Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule 0 the process, if any, used by the organization to review this Form 990. See Schedule 0	200	界標	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
	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?	*		i de la companya de l
	The organization's CEO, Executive Director, or top management official. See . Schedule . 0.	15a	X	
þ	Other officers or key employees of the organization.	15b		X
1 6 a	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 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	olitessol.	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?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed See Schedule 0		-	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 50 available for public inspection. Indicate how you made these available. Check all that apply.	1(c)(3)s only	y)
	Own website			
19	Describe on Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available public during the tax year. See Schedule 0	ble to		
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	MARK NAUGHTON 369 S. DOHENY DRIVE STE 250 BEVERLY HILLS CA 90211 (424) 235-	-128	5	
BAA	TEEA0106L 09/01/22	Form	990 (2	2022

(11)

(12)

(13)

(14)

ISign Envelope ID: BA292AA1-BFEF-499B-84AF-BC32BF	AA5A42									
Form 990 (2022) GVNGorg									81-24462	61 Page 7
Part VII Compensation of Officers, Director Independent Contractors	rs, Tru	stee	25,	Key	/ Ei	mplo	ye	es, Highest C	ompensated En	nployees, and
Check if Schedule O contains a response of										<u></u>
Section A. Officers, Directors, Trustees, Ke										
 1a Complete this table for all persons required to be listed organization's tax year. List all of the organization's current officers, direcompensation. Enter -0- in columns (D), (E), and (F) if 	ctors, tru	stee	s (w	<i>i</i> heti	ner i	ndivid		•		nount of
 List all of the organization's current key employe 	es, if any	/. Se	e th	e in	stru	ctions	fo	r definition of "ke	y employee."	
 List the organization's five current highest comp who received reportable compensation (box 5 of Form W-2 from the organization and any related organizations. 	ensated e , box 6 of	mpk Form	109 109	99-N	other IISC,	than, and/o	an or b	officer, director, ox 1 of Form 1099	trustee, or key emp -NEC) of more than	\$10 0 ,000
• List all of the organization's former officers, key of reportable compensation from the organization and any	related on	ganiz	atio	ns.						than \$100,000
 List all of the organization's former directors or truste organization, more than \$10,000 of reportable compen- 	es that rec sation fro	eived m th	d, in Ve or	the rgan	capa izati	icity at	sa nda	former director or t any related organi	rustee of the izations.	
See the instructions for the order in which to list the pe	ersons ab	ove.								
Check this box if neither the organization nor any relate	ed organiz	ation	СОП	nper	rsate	ed any	cu	rrent officer, direct	or, or trustee.	
(A) Name and title	(B)	Pos	illion n one	(C)	ot chi	eck mo	re on	Ø	(E) Reportable	(F)
	Amerage hours per week (list any hours for related organiza- tions below dotted line)		Institution	ector	/trust		Former	Reportable compensation from the organization (W-2/1039- MISC/1039-NEC)	reportant compensation from related organizations (W-271039- MISC/1099-NEC)	Estimated amount of other compensation from the organization and related organizations
(1) ROBERT TOMBOSKY	40									
CHAIRMAN/CEO	0	X		X	╙	\vdash	_	165,000.	0.	0.
(2) MARK NAUGHTON	35_								_	
CFO (3) JULIAN LEONE	0	<u> </u>	\vdash	X	-	\vdash	-	60,000.	0.	0.
Director	3	x								
(4) BRADLEY GALLO	3	<u> </u>		\vdash	\vdash	\vdash	\dashv	0.	0.	0.
Director/Sec	0	x		x				0.	0.	0
(5)		-								0.
(6)							1			
<u></u>										
(8)			П							
(9)							1			
(10)			H	Н	_		7			

BAA Form **990** (2022) TEEA0107L 09/01/22

Form 990 (2022) GVNGorg

Form 990 (2022) GVNGorg									81-244626	1	Pa	ge 8
Part VII Section A. Officers, Directors, Tr		Key	En			es , a	ane	d Highest Con	pensated Emp	loyee	S (cont	inued)
(A) Name and title	Average hours per wook	Position (do not check mor box, unless person officer and a direct			mon erson direct	e than is both looftrus	t an	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amous		nount
	(list any hours for related organiza - tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	the	ensation organiza nd relate ganizatio	tion d
(15)	†	\vdash										
(16)						Н						
מוז							Н					_
(18)	 -											
(19)			Н							2.2		160
(20)								3.5				20011.00
(21)										8.8		
(22)								-2 80			-10	
(23)											2	
(24)			П								- 151	
(25)												1
1b Subtotal							_	225,000.	0.			0.
c Total from continuation sheets to Part VII, Sect								0.	0.			0.
d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited from the organization								225,000. more than \$100,00	0. O of reportable comp	ensatio	n	0.
									SALEGAE • WASHING	11.00	Yes	No
3 Did the organization list any former officer, direction line 1a? If "Yes," complete Schedule J for such properties of the such properties.	an individu	ial		тци	yee	, or 1		est compensated	empioyee	. 3		Х
4 For any individual listed on line 1a, is the sum of the organization and related organizations great such individual.	f reportabler than \$1	le co 50,00	mpe 20?	nsa If "Y	tion /es,	and o	othi pole	er compensation f tele Schedule J for	from			
5 Did any person listed on tine 1a receive or according for services rendered to the organization? If "Ye	e compen	isatio	n fr	om a	any	unrei	ate	d organization or	individual	4 40%	X	X
Section B. Independent Contractors	s, compa	JED 0			<i>3</i> K	<i>"</i> 300				1 -	<u> </u>	
1 Complete this table for your five highest comper compensation from the organization. Report comper	sated industrial	epend	dent	COF	virac mar	tors	that	t received more the	an \$100,000 of			250
(A) Name and business add								(B) Description o			C) Insatio	n
				_								3074-2
Total number of independent contractors (including \$100,000 of compensation from the organization)		ited to	tho	se li	sted	abov	re) v	who received more	than			
BAA		TEEAO	1066	0940	1/22					Form	990 (20221

d All other revenue . .

e Total. Add lines 11a-11d

12 Total revenue. See instructions... 1,597,944 0. 0. 0 BAA TEEA0109L 09/01/22 Form 990 (2022)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX. (A) Total expenses (D) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Management and general expenses Program service Fundraising expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21..... 641,686 641,686 Grants and other assistance to domestic individuals. See Part IV, tine 22...... Grants and other assistance to foreign organizations, foreign governments, and for-eign individuals. See Part IV, lines 15 and 16 6,955 6,955 Benefits paid to or for members..... Compensation of current officers, directors, trustees, and key employees 225,000 115,500 109,500 0. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)..... 0 0 0. 0. 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)...... 10 Payroll taxes 11 Fees for services (nonemployees): a Management..... c Accounting..... 22,234 22,234 d Lobbying..... e Professional fundraising services. See Part W, tine 17... g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.) 47,800 47,800 13 Office expenses 250 250 14 Information technology..... 16 Occupancy..... 17 3,113 3,113 Payments of travel or entertainment expenses for any federal, state, or local public officials..... 19 Conferences, conventions, and meetings.... 20 Interest 21 Payments to affiliates..... 22 Depreciation, depletion, and amortization . . . 23 Insurance..... 3,700. 3,700 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.) 58,250. a FUNDRAISING COSTS 58,250. b LICENSE AND PERMITS <u>37.977</u> <u>37.977</u> c SOFTWARE COSTS 5,406. 5,406 d BANK AND MERCHANT FEE 4,139 3,927 212 2,067. 75 1,992. e All other expenses..... 25 Total functional expenses. Add lines 1 through 24e. . . 1,058,577. 819,056. 181,271. 58,250. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following Check here SOP 98-2 (ASC 958-720).....

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X..... Beginning of year Cash — non-interest-bearing..... 370,566. 881,154. Savings and temporary cash investments..... 2 Pledges and grants receivable, net..... 3 Accounts receivable, net 4 90,992 181,442. Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons...... 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)..... 6 Notes and loans receivable, net..... 7 Inventories for sale or use..... 8 Prepaid expenses and deferred charges.... 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D..... 100 10c Investments — publicly traded securities. 11 Investments - other securities. See Part IV, line 11..... 12 12 13 Investments - program-related. See Part IV, line 11..... 13 14 Intangible assets.... 14 Other assets. See Part IV, line 11..... 15 15,593. 16 Total assets. Add lines 1 through 15 (must equal line 33)..... 461,558. 16 1,078,189. 17 Accounts payable and accrued expenses. 17 82,816 160,079. Grants payable 18 18 19 19 20 Tax-exempt bond liabilities..... 20 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Unsecured notes and loans payable to unrelated third parties..... 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 Total liabilities. Add lines 17 through 25. 82,816. 26 160,079 Organizations that follow FASB ASC 958, check here X or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 36,919. 59,358. 28 Net assets with donor restrictions..... 341,823. 28 858,752. Organizations that do not follow FASB ASC 95B, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds..... 29 **Net Assets** Paid-in or capital surplus, or land, building, or equipment fund..... Retained earnings, endowment, accumulated income, or other funds..... 31 Total net assets or fund balances..... 32 32 378,742. 918,110. Total liabilities and net assets/fund balances..... 33 461,558. 33 1,078,189.

		446261		Pa	age 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.				. X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1.5	97.9	944.
2	Total expenses (must equal Part IX, column (A), line 25)	2		58,5	
3	Revenue less expenses. Subtract line 2 from line 1	3			367.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			742.
5	Net unrealized gains (losses) on investments.	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O). See Schedule O	9			1.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
Town the same		10	9	18,1	10.
Par	Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. П
			\neg	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	1		10/2 A 10 10 A 10	4,470.7
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewer separate basis, consolidated basis, or both: Separate basis Both consolidated and separate basis	d on a			
Ь	Were the organization's financial statements audited by an independent accountant?		2ь	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat basis, consolidated basis, or both:	be .			
		100			萨里斯
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		х
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the U Guidance, 2 C.F.R Part 200, Subpart F?	Iniform	За		х
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	ı		\neg	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
BAA	TEEA0112L 09/01/22	-	Form	990 (2022)
				•	•

SCHEDULE A (Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 591(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

Go to www.irs.gowForm980 for instructions and the latest information.

2022

Open to Public

Name of the organization					Employer Identific	ation number
GVNGorg					81-244626	51
Part Reason for Public C						ctions.
The organization is not a private for		,		,		· · · · · · · · · · · · · · · · · · ·
1 A church, convention of ch			•	PX1XVX	D .	
2 A school described in se		•				
3 A hospital or a cooperation						
4 A medical research organiame, city, and state:	ization operated in con	junction with a hospital	describe	d in sec	tion 1 70(b)(1)(A)(iii). E	Enter the hospital's
An organization operated section 170(b)(1)(A)(iv).	for the benefit of a coll (Complete Part II.)	ege or university owner	i or open	ated by	a governmental unit d	escribed in
6 A federal, state, or local	government or governm	ental unit described in	section 1	70(b)(1)	(A)(v).	
7 An organization that norma in section 170(b)(1)(A)(vi)	lly receives a substantial . (Complete Part II.)	part of its support from a	governm	ental uni	t or from the general pu	blic described
8 A community trust descrii	oed in section 170(b) (1)	(A)(vi). (Complete Part	II.)			
An agricultural research orgor university or a non-land-university:	janization described in se	ction 170(b)(1)(A)(b) ope	rated in c	onjunctione, city, a	on with a land-grant college of the college of	age or
An organization that norm from activities related to i investment income and u June 30, 1975. See section	ts exempt functions, su nrelated business taxab	bject to certain exception le income (less section	port from ons; and 511 tax)	contrib (2) no r from b	utions, membership fe nore than 33-1/3% of i usinesses acquired by	es, and gross receipts ts support from gross the organization after
11 An organization organized	d and operated exclusive	ely to test for public sar	ety. See	section	509(a)(4).	
12 An organization organizer or more publicly supporte lines 12a through 12d tha	d and operated exclusive d organizations describes the type of a	ely for the benefit of, to ed in section 509(a)(1)	perform or sectio	the fun n 509(a)	ctions of, or to carry o	ut the purposes of one
a Type I. A supporting organization(s) the power k complete Part IV, Section	zation operated, supervise	ed, or controlled by its su	poorted o	roanizati	on(s), typically by niving	the supported
b Type ii. A supporting organization organization Type iii. A supporting organization organizati	ing organization vested in	controlled in connection the same persons that o	with its control or	support manage	ed organization(s), by the supported organizat	having control or ion(s). You
Type III functionally integra organization(s) (see instru	ted. A supporting organiza	tion operated in connection	n with, ar	nd function	nally integrated with, its	supported
d Type III non-functionally in	legrated. A supporting on	ganization operated in co	nnection v	with its o	upported organization(s) t and an attentiveness) that is not requirement (see
instructions). You must come instructions.	nization received a writi	ten determination from	the IRS t	that it is	a Type I, Type II, Typ	e III functionally
f Enter the number of supports		supporting organization			• • • • • • • • • • • • • • • • • • • •	
g Provide the following informa	ition about the supporte	d organization(s).				
(i) Name of supported organization	(A) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(by) is organizati in your go docum	the on listed overning nent?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
·			Yes	No		
(A)						
					18000	
(B)						
(C)						
(D)						
(E)						
Total						

BAA

	edule A (Form 990) 2022	GVNGorg				81-2446261	Page 2
Par	**Support Schedule for (Complete only if you checked organization fails to qualify	the box on line 5.	7. or 8 of Part I or	if the organization	failed to qualify und	d 170(b)(1)(A)(v der Part III. If the	ri)
Sec	tion A. Public Support						
Calc	endar year (or fiscal year inning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.")						-
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.	900 HT 100 HT 10					yant and
3	The value of services or facilities furnished by a governmental unit to the organization without charge				-80h		
4	Total. Add lines 1 through 3			9800			20 1900 - 1900
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						
Sec	tion B. Total Support	W-5					
	indar year (or fiscal year inning in)	(a) 2018	(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						
12	Gross receipts from related activ	ities, etc. (see ins	structions)	******		12	
13	First 5 years. If the Form 990 is organization, check this box and	for the organization stop here	on's first, second,	third, fourth, or f	ifth tax year as a s	section 501(c)(3)	
Sec	tion C. Computation of Pul	olic Support P	ercentage				
14	Public support percentage for 20	22 (line 6, column	(f), divided by li	ne 11, column (f))	14	%
15	Public support percentage from 2	2021 Schedule A,	Part II, line 14	• • • • • • • • • • • • • • • • • • • •			%
16a	33-1/3% support test-2022. If the and stop here. The organization	ne organization di qualifies as a pub	d not check the b	ox on line 13, and	d line 14 is 33-1/39	% or more, check t	his box
b	33-1/3% support test-2021. If the and stop here. The organization	e organization did qualifies as a put	I not check a box plicly supported o	on line 13 or 16a	, and line 15 is 33	-1/3% or more, che	eck this box
1 7 a	10%-facts-and-circumstances te or more, and if the organization in the organization meets the facts-	neets the facts-ar	nd-circumstances	test, check this t	yox and stop bere.	Explain in Part VI	how
	10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and Private foundation. If the organiz	meets the facts-ai -circumstances te	nd-circumstances ist. The organizat	itest, check this to ion qualifies as a	oox and stop here. publicly supported	Explain in Part VI 	how the
BAA		LEGION UNI NOT CHE	LA S DOX OU HUG !	, 102, 100, 1/8,	, or 170, check this		
						ochedule A	(Form 990) 2022

Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning in)

1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")...... (c) 2020 (a) 2018 **(b)** 2019 **(d)** 2021 (e) 2022 (f) Total 1,708,139. 4,557,092. 2,125,677. 999,268. 1,597,944, 10,988,120. 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.... 710 710. Gross receipts from activities that are not an unrelated trade or business under section 513. 0. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. 0. The value of services or facilities furnished by a governmental unit to the organization without charge. 6 Total. Add lines 1 through 5... 1,708,849 4,557,092. 2,125,677 999, 268 1,597,944 10,988,830. 7a Amounts included on lines 1, 2, and 3 received from disqualified persons.... 0 0 0 0 0 0. 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 vear..... c Add lines 7a and 7b..... 0 0. 0 0. 0 0. Public support. (Subtract line 7c from line 6.)..... 10,988,830. Section B. Total Support **(a)** 2018 **(b)** 2019 Calendar year (or fiscal year beginning in) (c) 2020 (4) 2021 (e) 2022 (f) Total 9 Amounts from line 6..... 1,708,849 4,557,092. 2,125,677 999,268. 1,597,944. 10,988,830. 10a Gross income from interest, divide payments received on securities loans, rents, royalties, and income from similar sources 0. **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . c Add lines 10a and 10b 0 0. 0 0. 0. 0. 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 0. 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 0. 13 Total support. (Add lines 9, 10c, 11, and 12.) ... <u>, 708, 849. | 4, 557, 092. | 2, 125, 677.</u> 999, 268. 1, 597, 944. 10,988,830. First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.... Section C. Computation of Public Support Percentage 15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))...... 15 100.00 % 16 Public support percentage from 2021 Schedule A, Part III, line 15...... 16 100.00 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))...... 0.00 % 17 18 Investment income percentage from 2021 Schedule A, Part III, line 17..... 0.00 % 19a 33-1/3% support tests-2022. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization X b 33-1/3% support tests-2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.....

Part IV Supporting Organizations

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

Section A.	All Supp	orting Org	anizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3:	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer tines 3b and 3c below.	3a	11 STV	
1	b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
•	c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4:	a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	40	2011	33/fe1
•	b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part W how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	46		
•	c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(8) purposes.	4c		
58	a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5 a		
ŧ	b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
•	C Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L. (Form 990).	8	X4.5	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	Maria P	APPENS.
	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	1 0 b	and o	

	edule A (Form 990) 2022 GVNGorg 81-24462 It N Supporting Organizations (continued)	61	!	Page !
Fai	(Continued)		Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?	100		The state of
8	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		5,2
ŧ	A family member of a person described on line 11a above?	11b		\vdash
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
	Diddha assania bada mada a shi a sa s		Yes	No
•	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
-	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
		est entre se	Yes	No
1 	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Yes	No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If TNo," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see Instructions). The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instru	ıctions	;).
2	Activities Test. Answer lines 2n and 2b below.	ı	V [- N-
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	24	Yes	No
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	26		
3	Parent of Supported Organizations. Answer lines 3s and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	39		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3 b	10x 9 23 2 2 3 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3	

	Suite A (Form 990) 2022 GVNGOIG		81-24	46261 Page 6
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	aniza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on f	lov. 20, 1970 (explain in est complete Sections A	Part VI). See through E.
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		(
_2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		122
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7	3:	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a		
Ŀ	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
•	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from tine 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of time 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6	37. 3000000	
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		No.550 (A.T. 1851)
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally integrated (see instructions).	grated	Type III supporting org	anization
BAA			Sche	dule A (Form 990) 2022

Schedule J (Form 990) 2022 GVNGorg

Page 2

Schedule J (Form 990) 2022 GVNGorg

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (I) and from related organizations, described in the instructions, on row (II). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(I)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

Schedule J (Form 990) 2022	Schedule J			23	TEEM102L 07/25/22			BAA
1 1 1 1 1 1			1 1 1	1 1 1 1 1 1 1 1			95	-
							3	3
			1	 	1 1 1 1 1 1 1	 	9	•
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1	1	1 1 1	1	(I)	14
							9	
		1					(A)	13
							0)	
							(9)	12
							9	
							(0)	11
							9	
1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1		(II)	10
							0	
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		QI)	9
							9	
1				3 3 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			(J)	CD
							9	
 	!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1	39	7
				-			9	•
_							9	5 1
		-		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		9	4
							99	•
1							9	
-			-				9	2
	0.	0.	010	0.	0.0	0.	SAL	1 CHAIRMAN/CEO
	165 000	2		>	>	165 000		AZSURNOL LEZGOS
(F) Compensation in column (B) reported as deferred on prior Form 990	(E) Total of columns(B)(I)-(D)	(D) Nontaxable benefits	(C) Retirement and other deferred compensation	(III) Other reportable compensation	(B) Bresidown of W-2 and/or 1099-MEC compensation (I) Base (II) Bonus & (III) Other reportable compensation compensation	(B) Breikdown of W-2 at (I) Base compensation	(A) Name and Title	

Part III Supplemental Information

81-2446261

Page 3

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

TEEA4103L 07/25/22

SCHEDULE L (Form 990)

(10)

Transactions With Interested Persons

CMB No. 1545-0047

2022

			28a, 28b,	or 28c,	or Form	990-EZ	, Part V, line	38a or 40b.	بالبت رجان	, 20, 2	,		24		1
Departme Internal R	nt of the Treasury evenue Service	Go	to www.ks.g	Attach poForm	to Ferm 990 for i	990 or	Form 990-E tions and the	Z. e latest infor	mation.			•	pen 1 Insp	o Pub ection	dic
Name of t	he organization								£2	ployer	dentific	ation n	umsber	merchan	ACCOMMISSION
GVNG	org								8:	L-24	4626	51			
Part I	Excess E	enefit Trans	actions (sec	tion 501	(c)(3)_ s	ection !	01(c)(4), and	section 501) Con	mlete	if the
	organization	Renefit Trans answered "Yes"	on Form 990,	Part IV,	line 25a	or 25b	, or Form 990	I-EZ, Part V,	line 40b	•		- L	<i>,.</i> ••••	ipioto i	
1	(a) Name of disq	ualified person	(b) Relatio		ween disquarganization	alified per	son and	(4)	Description	of trans	saction			(d) Cor Yes	No
(1)														100	100
(2)														1	┰
(3)															
(4)															
(5)															
(6)															\vdash
SE	nter the amount ection 4958 nter the amount			<i></i>							\$				
Part I	Complete if organization	and/or From the organization reported an am	answered "Ye ount on Form	s" on Fo 990, Par	rm 990-E t X, line	Z, Parl 5, 6, or	V, line 38a o 22.	r Form 990,	Part IV,	line 26); or if	the			
(a) Nam	e of interested persor	(b) Relationship with organization	(c) Purpose of loan	fro	oan to or m the nization?	prin	e) Original cipal amount	(f) Balanc	ce due	(g) In	default?	by b com	pproved pard or mittee?		ritten ment?
				То	From					Yes	No	Yes	No	Yes	No
<u>(1)</u>															
(2)															
(3)															
(4)					<u> </u>										
(5)															
(6)															
<u>_(7)</u>															
(8)				_						1		<u> </u>			
(9)				-	_			ļ		<u> </u>					
(10)					<u> </u>	<u> </u>					<u> </u>		<u> </u>		
Total							\$								4 50
Part II	Grants of Complete if	Assistance the organization	Benefiting answered "Yes	intere: s" on Fo	sted Pe rm 990, I	erson: Part IV,	5. line 27.								
	(a) Name of inten	ested person	(b) Relation person	ship betweend the or	en interest ganization	ad	(c) Amount o	f assistance	(d) Typ	o of ass	sistance	(10)	Purposi	o of assi	stance
(1)			<u> </u>						1			+			
(2)		· · · · · · · · · · · · · · · · · · ·	·						1			+			
(3)									1			- -			
(4)					·				1		_	+		_	
(5)	·				-				1			+			
(6)		,							1			+			
n									1			+			
(8)			1					• • • • • • • • • • • • • • • • • • • •				+			
(9)												\top			

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 998 or 998-EZ.

Schedule L (Form 990) 2022

Schedule L (Form 990) 2022

GVNGorg

81-2446261

Page 2

	7110019		01_544050T	:	raye z
Part IV Business Transactions I Complete if the organization and	nvolving Interested Perso swered "Yes" on Form 990, Part I	ons. V, line 28a, 28b, or 28c			
(a) Name of interested person	(h) Relationship between interested person and the organization	(c) Amount of transaction	(ii) Description of transaction	(e) Sha organiz rever	ering of zation's nues?
				Yes	No
(1) BRADLEY GALLO	BUSINESS		SEE PART V BELOW		X
(2)					
(3)					-
(4)					
(5)					_
(6)				_	
(7)					_
(8)				+	\vdash
(9)					_
rim.				 	

Part V Supplemental Information.

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

Supplemental Information

BRADLEY GALLO, A DIRECTOR AND OFFICER OF THIS ORGANIZATION, IS ALSO A DIRECTOR AND OFFICER OF A CORPORATION THAT LICENSES AND MANAGES THE PLATFORM USED BY GVNGorg.

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.

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

Name of the organization

Go to www.irs.gowForm990 for the latest information.

2022

Open to Public

GVNGorg

Employer Identification num
81-2446261

Form 990, Part I, Line 1 - Organization Mission or Significant Activities

GVNG.org is a national public charity with the mission of democratizing philanthropy through cultivating new philanthropists and supporting charitable projects with similar activity as defined in, or under, section 501(c)3 via either programs conducted or by means of distributions to other organizations so defined as permissible and in alignment with the charitable mandate and mission of GVNG.org.

Form 990, Part III, Line 1 - Organization Mission

GVNG.org is a national public charity with the mission of democratizing philanthropy through cultivating new philanthropists and supporting charitable projects with similar activity as defined in, or under, section 501(c)3 via either programs conducted or by means of distributions to other organizations so defined as permissible and in alignment with the charitable mandate and mission of GVNG.org.

Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Directors, Etc.

ONE OF THE DIRECTORS OF THE ORGANIZATION IS ALSO A RELATED PERSON TO, AND A BOARD OBSERVER OF, A COMPANY THAT LICENSES AND MANAGES THE PLATFORM USED BY GVNGorg.

Form 990. Part VI. Line 11b - Form 990 Review Process

A DRAFT OF THE FORM 990 IS PROVIDED TO THE BOARD PRESIDENT. BOARD PRESIDENT REVIEWS WITH THE BOARD AND COMMENTS BACK TO TAX PREPARER WITH ANY CHANGES OR CORRECTIONS.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

CEO IS COMPENSATED AS A 1099 INDEPENDENT CONTRACTOR. COMPENSATION OF CEO IS REVIEWED AND SET ANNUALLY BY THE CEO COMPENSATION AND SUPPORT COMMITTEE OF THE BOARD OF DIRECTORS AS A MATTER OF FISCAL RESPONSIBILITY AND TO ENSURE THAT EXECUTIVE COMPENSATION IS REASONABLE AND NOT EXCESSIVE PER IRS GUIDELINES.

Form 990, Part VI, Line 17 - List of States which this Return is Filed

CA AL AK AR CO CT DC FL GA HI IL KS KY LA ME MD MA MI MN MS NH NJ NM NY NC ND OH

Schedule O (Form 990) 2022	Page 2
Name of the organization	Employer identification number
GVNGorg	81-2446261
Form 990, Part VI, Line 19 - Other Organization Documents P	ublicly Available
ITEMS ARE PROVIDED UPON REQUEST.	
Form 990, Part XI, Line 9 Other Changes In Net Assets Or Fund Balances	
ROUNDING	Total \$ 1.

BAA

DocuSign Envelope ID: BA292AA1-BFEF-499B-84AF-BC32BFAA5A42

Olrect controlling entity Sec 512(b)(13) controlled entity? Yes No Schedule R (Form 990) 2022 Open to Public Inspection OMB No. 1545-0047 2022 Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Employer identification number Oirect controlling entity 81-2446261 (e) End-of-year assets Public charify status (if section 501(c)(3)) Part [Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990. (d) Total income Related Organizations and Unrelated Partnerships Go to www.irs.gov/Form990 for instructions and the latest information. (d) Exempt Code section TEEA5001L 07/21/22 (c) Legal domicile (state or foreign country) (c) Legal domicile (state or foreign country) (b) Primary activity (b) Primary activity BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a) Name, address, and EIN (if applicable) of disregarded entity Name, address, and EIN of related organization Department of the Tressury Internal Revenue Service SCHEDULE R (Form 990) ame of the organization GVNGorg

Schedule R (Form 990) 2022

Page 2 Sec 512(bX13) (t) Percentage ownership Yes No Schedule R (Form 990) 2022 × Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. General or managing partner? 운 81-2446261 (h) Percentage ownership Yes Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) (g) Share of end-of-year assets ö (h)
Disproportionate
allocations? £ ö Υœ Share of total income (g)
Share of
end-of-year
assets Type of entity (C corp, S corp, or trust) CORP (f) Share of total income ບ Direct controlling entity TEEA5002L 07/21/22 N/A (e)
Predominant income
(related, unrelated,
excluded from tax
under sections
512-514) Legal domicile (state or foreign country) 5 Direct controlling entity (b) Primary activity INVESTING SOCIAL Legal domicile (state or foreign country) Name, address, and EIN of related organization (b) Primary activity GVNG TECHNOLOGY, INC. 907 WESTWOOD BLVD STE 413 LOS ANGELES, CA 90024 GVNGorg 1 1 1 1 (a)
Name, address, and EIN of related organization 81-2177247 ----1111 PIRTY M € 1 8 €;

Schedule R (Form 990) 2022 GVNGorg

Page 3

81-2446261

			^	Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ted in Parts II-IV?			
a Neceipt of (i) interest, (ii) annuites, (iii) royaltes, or (iv) rent from a controlled entity.				×
B Girt, grant, or capital contribution to related organization(s)			1 b	×
e Giff, grant, or capital contribution from related organization(s).			1c	×
d Loans or loan guarantees to or for related organization(s)			10	×
e Loans or loan guarantees by related organization(s)			•	×
f Dividends from related organization(s)				×
Purchase of assets from related organization(s)				×:
			= -	× >
Lease of facilities, equipment, or other assets to related ordenization(s)			- - - -	+
				4
k Lease of facilities, equipment, or other assets from related organization(s).			1	
Performance of services or membership or fundralising solicitations for related organization(s)				< ×
m Performance of services or membership or fundralising solicitations by related organization(s)			=-	×
			- T	×
e Sharing of paid employees with related organization(s)			10	×
			100	
p Kelmbursement paid to related organization(s) for expenses.			_1	×
q Neimpursement paid by related organization(s) for expenses.			5	×
r Other transfer of cesh or property to related organization(s)			AF.	
Chher transfer of cash or property from related organization(s).				×>
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	ad relationships and tra	nsaction thresholds.		‹
(I)	9	3	47	
Name of related organization	Transaction type (a-s)	Amount Involved	Method of determining amount involved	termining volved
(1) GVNG TECHNOLOGY, INC.	บ	285,557.	CASH	
(2) GVNG TECHNOLOGY, INC.	4	מיני מיני	משטת	
		20/200	2000	
(3)				
(%)				
6				
(9)				
BAA TEEASOGGI 07/21/22		Sched	Schedule R (Form 990) 2022	90) 2022

Schedule R (Form 990) 2022 GVNGorg

81-2446261

Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Schedule R (Form 990) 2022	Schedule				TEEA5004L 07/21/22	TEE			BAA
									(8)
									9
									(6)
		-							
									9
									(4)
								•	
								•	
									(3)
									(2)
								•	
									0)
Yes No		Yes No	×		Yes No	sections 512-514)			
General or Percentage managing ownership partner?	Code V-UBI C amount in box r 20 of Schedule K-1	Dispropor- tionate allocations?	Share of Dend-of-year assets all	Share of total income	Are all partners section 501(c)(3) organizations?	Predominant income (related, unre-lated, excluded from tax under	Legal domicile (state or foreign country)	Primary activity	Name, address, and EIN of entity
9	Э	3		3	•			8	(a) (b)

Schedule R (Form 990) 2022 GVNGorg 81-2446261

Part VII Provide additional information for responses to questions on Schedule R. See instructions.

BAA