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Form **990-EZ**

**Short Form
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 1545-1150

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning _____, and ending _____

B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

C Name of organization: **The Good Night Foundation**

D Employer identification number: **26-0424174**

Number and street (or P O box, if mail is not delivered to street address): **1283 Coast Village Circle**

Room/suite: _____

E Telephone number: **805-565-7550**

City or town, state or province, country, and ZIP or foreign postal code: **Santa Barbara CA 93108**

F Group Exemption Number: ▶ _____

G Accounting Method: Cash Accrual Other (specify) ▶ _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ **www.goodnightfoundation.org**

J Tax-exempt status (check only one) — 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **135,618**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

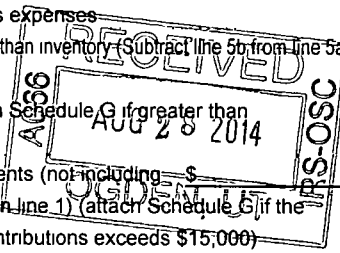
Check if the organization used Schedule O to respond to any question in this Part I

| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | |
|------------|--|--|---|---|---|---|---|---|---|---|---------|----|----|----|----|----|----|----|----|----|----|---------|---------|
| Revenue | 1 | Contributions, gifts, grants, and similar amounts received | | | | | | | | | 135,618 | | | | | | | | | | | | |
| | 2 | Program service revenue including government fees and contracts | | | | | | | | | | | | | | | | | | | | | |
| | 3 | Membership dues and assessments | | | | | | | | | | | | | | | | | | | | | |
| | 4 | Investment income | | | | | | | | | | | | | | | | | | | | 5 | |
| | 5a | Gross amount from sale of assets other than inventory | | | | | | | | | | | | | | | | | | | | | |
| | 5b | Less cost or other basis and sales expenses | | | | | | | | | | | | | | | | | | | | | |
| | 5c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | | | | | | | | | | | | | | | | | | | | | |
| | 6 | Gaming and fundraising events | | | | | | | | | | | | | | | | | | | | | |
| | 6a | Gross income from gaming (attach Schedule G if greater than \$15,000) | | | | | | | | | | | | | | | | | | | | | |
| | 6b | Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | | | | | | | | | | | | | | | | | | | | | |
| 6c | Less direct expenses from gaming and fundraising events | | | | | | | | | | | | | | | | | | | | | | |
| 6d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | | | | | | | | | | | | | | | | | | | | | | |
| 7a | Gross sales of inventory, less returns and allowances | | | | | | | | | | | | | | | | | | | | | | |
| 7b | Less cost of goods sold | | | | | | | | | | | | | | | | | | | | | | |
| 7c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | | | | | | | | | | | | | | | | | | | | | | |
| 8 | Other revenue (describe in Schedule O) | | | | | | | | | | | | | | | | | | | | | | |
| 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | | | | | | | | | | | | | | | | | | | | | 135,618 | |
| Expenses | 10 | Grants and similar amounts paid (list in Schedule O) | | | | | | | | | | | | | | | | | | | | 85,200 | |
| | 11 | Benefits paid to or for members | | | | | | | | | | | | | | | | | | | | | |
| | 12 | Salaries, other compensation, and employee benefits | | | | | | | | | | | | | | | | | | | | | |
| | 13 | Professional fees and other payments to independent contractors | | | | | | | | | | | | | | | | | | | | | 100,552 |
| | 14 | Occupancy, rent, utilities, and maintenance | | | | | | | | | | | | | | | | | | | | | |
| | 15 | Printing, publications, postage, and shipping | | | | | | | | | | | | | | | | | | | | | 1,143 |
| | 16 | Other expenses (describe in Schedule O) | | | | | | | | | | | | | | | | | | | | | 3,898 |
| 17 | Total expenses. Add lines 10 through 16 | | | | | | | | | | | | | | | | | | | | | 190,793 | |
| Net Assets | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | | | | | | | | | | | | | | | | | | | | -55,175 | |
| | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | | | | | | | | | | | | | | | | | | | | | 73,079 |
| | 20 | Other changes in net assets or fund balances (explain in Schedule O) | | | | | | | | | | | | | | | | | | | | | |
| | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 | | | | | | | | | | | | | | | | | | | | | 17,904 |

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2013)

SCANNED SEP 17 2014



Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

X

| | Yes | No |
|---|-----|----|
| 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O | | X |
| 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) | X | |
| 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? | | X |
| b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | | |
| 35b | | |
| c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | | X |
| 35c | | |
| 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N | | X |
| 36 | | |
| 37a Enter amount of political expenditures, direct or indirect, as described in the instructions | | |
| 37a | | |
| b Did the organization file Form 1120-POL for this year? | | X |
| 37b | | |
| 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | | X |
| 38a | | |
| b If "Yes," complete Schedule L, Part II and enter the total amount involved | | |
| 38b | | |
| 39 Section 501(c)(7) organizations Enter | | |
| a Initiation fees and capital contributions included on line 9 | | |
| 39a | | |
| b Gross receipts, included on line 9, for public use of club facilities | | |
| 39b | | |
| 40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955 | | |
| b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | | X |
| 40b | | |
| c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | |
| d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization | | |
| e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | | X |
| 40e | | |
| 41 List the states with which a copy of this return is filed | | |
| 41 | | |
| 42a The organization's books are in care of | | |
| 42a | | |
| 1283 Coast Village Circle | | |
| Located at | | |
| Santa Barbara | | |
| CA | | |
| ZIP + 4 | | |
| 93108 | | |
| b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country | | X |
| 42b | | |
| See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | |
| c At any time during the calendar year, did the organization maintain an office outside the U S? If "Yes," enter the name of the foreign country | | X |
| 42c | | |
| 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year | | |
| 43 | | |
| 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | | X |
| 44a | | |
| b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | | X |
| 44b | | |
| c Did the organization receive any payments for indoor tanning services during the year? | | X |
| 44c | | |
| d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | |
| 44d | | |
| 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| 45a | | |
| 45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) | | X |
| 45b | | |

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

| | Yes | No |
|-----------|-----|----------|
| 46 | | X |

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 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

| | Yes | No |
|-----------|-----|----------|
| 47 | | X |

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

| | | |
|-----------|--|----------|
| 48 | | X |
|-----------|--|----------|

49a Did the organization make any transfers to an exempt non-charitable related organization?

| | | |
|------------|--|----------|
| 49a | | X |
|------------|--|----------|

b If "Yes," was the related organization a section 527 organization?

| | | |
|------------|--|--|
| 49b | | |
|------------|--|--|

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

| (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|--|---|---|--|
| None | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| None | | |
| | | |
| | | |
| | | |
| | | |

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ Yes No

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.

Sign Here 8/11/14
 Signature of officer: Lois Mitchell Date: _____
 Type or print name and title: **Treasurer**

Paid Preparer Use Only

| | | | | |
|---|---|-------------------------|--|--------------------------|
| Print/Type preparer's name Melissa R. Petersen, CPA | Preparer's signature <i>Melissa Petersen</i> | Date 08/08/14 | Check <input checked="" type="checkbox"/> if self-employed | PTIN P01072423 |
| Firm's name ▶ Melissa Petersen & Co. | Firm's EIN ▶ 27-2087941 | | | |
| Firm's address ▶ PO Box 92202 Santa Barbara, CA 93190-2202 | Phone no 805-694-8331 | | | |

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

SCHEDULE A
(Form 990 or 990-EZ)

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.

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

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

The Good Night Foundation

Employer identification number

26-0424174

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 11, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 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
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 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)
- 9 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 33 1/3% 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)
- 10 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 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 that describes the type of supporting organization and complete lines 11e through 11h
 - a Type I b Type II c Type III—Functionally integrated d Type III—Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

| | Yes | No |
|----------|-----|----|
| 11g(i) | | |
| 11g(ii) | | |
| 11g(iii) | | |

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1–9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? | | (v) Did you notify the organization in col (i) of your support? | | (vi) Is the organization in col (i) organized in the U S ? | | (vii) Amount of monetary support |
|------------------------------------|----------|---|--|----|---|----|--|----|----------------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| (A) | | | | | | | | | |
| (B) | | | | | | | | | |
| (C) | | | | | | | | | |
| (D) | | | | | | | | | |
| (E) | | | | | | | | | |
| Total | | | | | | | | | |

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

Schedule A (Form 990 or 990-EZ) 2013

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.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | 102,799 | 90,646 | 88,961 | 122,683 | 135,613 | 540,702 |
| 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 | 102,799 | 90,646 | 88,961 | 122,683 | 135,613 | 540,702 |
| 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 | | | | | | 540,702 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4 | 102,799 | 90,646 | 88,961 | 122,683 | 135,613 | 540,702 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 8 | 16 | 15 | 23 | 5 | 67 |
| 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 IV) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | 540,769 |

12 Gross receipts from related activities, etc (see instructions) 12

13 First five 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

| | | |
|--|-----------|--------|
| 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) | 14 | 99.99% |
| 15 Public support percentage from 2012 Schedule A, Part II, line 14 | 15 | 99.99% |

16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ►

b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ►

17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►

b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►

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

(Complete only if you checked the box on line 9 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) ► | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support (Subtract line 7c from line 6) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12) | | | | | | |

14 First five 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 2013 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2012 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2012 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests—2013. 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

b 33 1/3% support tests—2012. 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

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12. Also complete this part for any additional information. (See instructions).

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013
**Open to Public
Inspection**

Name of the organization

Employer identification number
26-0424174

Part I The Good Night Foundation
General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 | (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-----|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) | Action Network Post Office Box 1163 Gualala CA 95445 | 45-0479312 | 501 (c) | 1,000 | | FMV | | community improvement |
| (2) | Alliance for a Healthier Generation 55 West 125th Street New York NY 10027 | 27-2028308 | 501 (c) | 1,000 | | FMV | | community improvement |
| (3) | Arlington Academy of Hope Post Office Box 7694 Arlington VA 22207 | 20-2089837 | 501 (c) | 1,000 | | FMV | | community improvement |
| (4) | Bay Area Discovery Museum 557 McReynolds Road Sausalito CA 94965-2614 | 68-0033227 | 501 (c) | 6,600 | | FMV | | community improvement |
| (5) | Big Sur Health Center 46896 Highway One Big Sur CA 93920 | 77-0077112 | 501 (c) | 9,300 | | FMV | | community improvement |
| (6) | Big Sur Volunteer Fire Brigade Post Office Box 520 Big Sur CA 93920 | 94-2840361 | 501 (c) | 4,200 | | FMV | | community improvement |
| (7) | Clinton Global Initiative 610 President Clinton Ave Little Rock AR 72201 | 27-1551550 | 501 (c) | 20,000 | | FMV | | community improvement |
| (8) | Clinton HIV AIDS Initiative 383 Dorchester Avenue Boston MA 02127 | 27-1414646 | 501 (c) | 1,000 | | FMV | | community improvement |
| (9) | Environmental Traveling Companions 204 Bay Street San Francisco CA 94133 | 51-0158789 | 501 (c) | 6,600 | | FMV | | community improvement |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 20**

3 Enter total number of other organizations listed in the line 1 table **▶**

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

Schedule I (Form 990) (2013)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2013
Open to Public Inspection

Name of the organization
The Good Night Foundation
Employer identification number
26-0424174

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. **Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.**

| 1 | (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-----|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) | Golden Gate National Parks Conserva Building 201 Fort Mason San Francisco CA 94965 | 94-2781708 | 501 (c) | 3,800 | | FMV | | community improvement |
| (2) | Gualala Arts Center P.O. Box 244 Gualala CA 95445 | 94-6121872 | 501 (c) | 1,000 | | FMV | | community improvement |
| (3) | Institute at the Golden Gate 546 Seidler Road Fort Baker Sausalito CA 94965 | 94-2781708 | 501 (c) | 2,800 | | FMV | | community improvement |
| (4) | Little Bit Therapeutic Riding Centre 19802 N.E. 148th Street Woodinville WA 98077 | 91-1012131 | 501 (c) | 1,000 | | FMV | | community improvement |
| (5) | Marine Mammal Center 2000 Bunker Rd Sausalito CA 94965 | 51-0144434 | 501 (c) | 6,600 | | FMV | | community improvement |
| (6) | Monterey Bay Soccer League 1732 Fremont Boulevard Suite 200E Seaside CA 93955 | 27-4414908 | 501 (c) | 9,300 | | FMV | | community improvement |
| (7) | Oceana 1350 Connecticut Ave. NW 5th Floor Washington DC 20036 | 31-1814181 | 501 (c) | 1,000 | | FMV | | community improvement |
| (8) | Redwood Coast Humane Society Post Office Box 1072 Gualala CA 95445 | 68-0451469 | 501 (c) | 1,000 | | FMV | | community improvement |
| (9) | Teens Turning Green 2330 Marinship Way Suite 200A Sausalito CA 94965 | 75-3106659 | 501 (c) | 6,000 | | FMV | | community improvement |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2013)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2013
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

The Good Night Foundation

26-0424174

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 | (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-----|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) | UC Regents 2430 Bren Hall - Science & Management Santa Barbara CA 93106 | 95-6006145 | 501 (c) | 2,500 | | FMV | | community improvement |
| (2) | Endeavor 900 Broadway New York NY 10003 | 13-3931449 | 501 (c) | -500 | | FMV | | community improvement |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| (5) | | | | | | | | |
| (6) | | | | | | | | |
| (7) | | | | | | | | |
| (8) | | | | | | | | |
| (9) | | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▲

3 Enter total number of other organizations listed in the line 1 table ▲

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

Schedule I (Form 990) (2013)

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

2013Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

The Good Night Foundation**26-0424174****Form 990-EZ, Part I, Line 10 - Grants/Similar Amts Paid to Organizations**

| Name and Address | Class of Activity | Date of Gift | Desc. of Property | |
|---|-------------------|--------------|-------------------|------------------|
| | | | Cash Contrib. | Noncash Contrib. |
| | Book Value | BV Expl. | FMV Expl. | |
| Bay Area Discovery Museum 557 McReynolds Road Sausalito, CA 94965-2614 | | 09/18/2013 | \$ 6,600 | \$ 0 |
| Big Sur Health Center 46896 Highway One Big Sur, CA 93920 | | 03/20/2013 | \$ 9,300 | \$ 0 |
| Clinton Global Initiative 610 President Clinton Ave Little Rock, AR 72201 | | 03/31/2013 | \$ 20,000 | \$ 0 |
| Environmental Traveling Companions 204 Bay Street San Francisco, CA 94133 | | 09/18/2013 | \$ 6,600 | \$ 0 |
| Marine Mammal Center 2000 Bunker Rd Sausalito, CA 94965 | | 09/18/2013 | \$ 6,600 | \$ 0 |

Name of the organization

Employer identification number

The Good Night Foundation**26-0424174****Monterey Bay Soccer League****09/18/2013****1732 Fremont Boulevard Suite 200E****Seaside, CA 93955****\$ 9,300 \$****0****\$ 0****Teens Turning Green****11/12/2013****2330 Marinship Way Suite 200A****Sausalito, CA 94965****\$ 6,000 \$****0****\$ 0****Form 990-EZ, Part I, Line 16 - Other Expenses****Description****Amount****Expenses****Advertising and Promotion****\$ 321****Office****\$ 443****Travel****\$ 1,525****Conferences/Meetings****\$ 1,118****Operating supplies****\$ 491****Total \$ 3,898****Form 990-EZ, Part II, Line 24 - Other Assets****Description****Beg. of Year****End of Year****\$ 775 \$ 0****Total \$ 775 \$ 0****Form 990-EZ, Part II, Line 26 - Other Liabilities****Description****Beg. of Year****End of Year****Accounts Payable and Accrued Expenses****\$ 1,928 \$****40,862**

Name of the organization

The Good Night Foundation

Employer identification number

26-0424174

Form 990-EZ, Part III - Primary Exempt Purpose

The Good Night Foundation partners with leading hoteliers, through the generosity of their caring guests, to raise funds to support local and national non-profit organizations.

Form 990-EZ, Part III, Line 28 - First Accomplishment

The Foundation partners with leading hoteliers, through the generosity of their caring guests, to address global challenges by funding programs focused on health, education, poverty alleviation and the environment. The Foundation is funded by individual \$2-\$4 contributions from travelers staying at various hotels and resorts throughout the United States who elect an additional charge on their accommodations bill to give to the Foundation. Fifty percent of the proceeds remain in the community in which they are collected, supporting an organization(s) selected by the hotel staff.

Form 990-EZ, Part V, Line 34 - Changes to Organizational Documents

In August, 2013 the organization made amendments to its by-laws, including a change of principal address, updates to meeting methods and procedures to allow Directors to participate in regular meetings via telephone or video conference and permitting the scheduling of meetings electronically, the appointment of new officers, the length of term of officers and increasing regular meetings from annual to biannual.