| | | | ** PUBLIC DISCLOSURE COP | | _ | | | | |
|---|-----------------------|---------------------|--|-----------|---------------------------------------|---------|---|--|--|
| | 0 | 90 | Return of Organization Exempt Fro | om l | ncome Tax | K | OMB No. 1545-0047 | | |
| For | m J | 50 | Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co | - | | tions) | ZUZZ | | |
| Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. | | | | | | | | | |
| A For the 2022 calendar year, or tax year beginning JUL 1, 2022 and ending JUN 30, 2023 | | | | | | | | | |
| _ | | | | aing U | · · · · · · · · · · · · · · · · · · · | | | | |
| B | Check if applicat | ble: | organization | | D Employer iden | uncati | on number | | |
| | Addr chan | ge THE | WILLIAM J. GOULD ASSOCIATES, INC | | | | | | |
| | Nam | e ge Doing bi | usiness as | | 04-2134 | 819 | | | |
| | Initia returi | Number | and street (or P.O. box if mail is not delivered to street address) Roo | om/suite | E Telephone num | | | | |
| | Final | | BOX 157 | | (413)52 | 28-1 | | | |
| _ | termi ated | City or t | own, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | | 6,027,308. | | |
| | | | EREY, MA 01245 | | H(a) Is this a group | | | | |
| | Appli tion pend | ing F Name a | nd address of principal officer: PHILIP MORRISON | | for subordina | | | | |
| | - | SAME | AS C ABOVE | 507 | H(b) Are all subordinate | | | | |
| | | kempt status: | ∑ 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or GOULDFARM • ORG | 527 | | | See instructions | | |
| | Nebs | of organization: | | I Voor | H(c) Group exemp | | umber ate of legal domicile: MA | | |
| | art I | | | | | | ale of legal domicile. HA | | |
| | 1 | | e the organization's mission or most significant activities: SEE SC | HEDU | LE O | | | | |
| Activities & Governance | 1. | Brieffy deserve | $\frac{2}{2}$ | | • | | | | |
| rnal | 2 | Check this bo | x if the organization discontinued its operations or disposed | of more | than 25% of its net | asset | s. | | |
| INC | 3 | | ing members of the governing body (Part VI, line 1a) | | | 3 | 14 | | |
| Ğ | 4 | | ependent voting members of the governing body (Part VI, line 1b) | | | 4 | 14 | | |
| es é | 5 | | of individuals employed in calendar year 2022 (Part V, line 2a) | | | 5 | 93 | | |
| viti | 6 | Total number | of volunteers (estimate if necessary) | | | 6 | 60 | | |
| Acti | 7 a | | d business revenue from Part VIII, column (C), line 12 | | | 7a | 0. | | |
| | b | Net unrelated | business taxable income from Form 990-T, Part I, line 11 | ····· | | 7b | 0. | | |
| | | | | | Prior Year | | Current Year | | |
| ne | 8 | | and grants (Part VIII, line 1h) | | 900,585 | | 968,621. | | |
| Revenue | 9 | • | ce revenue (Part VIII, line 2g) | | 4,037,015 | | 4,698,421. | | |
| Be | 10 | | come (Part VIII, column (A), lines 3, 4, and 7d) | | 169,326 | | 175,877. 74,075. | | |
| | 11 | | (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 5,280,865 | | 5,916,994. | | |
| | 12 | | - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | |). | 0. | | |
| | 13 14 | | nilar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4) | | |). | 0. | | |
| | | - | | | 2,899,758 | | 3,039,878. | | |
| Expenses | 16a | Professional fi | r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) 187,688 | | | | 0. | | |
| per | h | Total fundraisi | ng expenses (Part IX, column (D), line 25) 187,688 | • | | - | • • | | |
| ы | 17 | Other expense | es (Part IX, column (A), lines 11a-11d, 11f-24e) | | 2,131,760 |). | 2,228,340. | | |
| | 18 | | s. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 5,031,518 | | 5,268,218. | | |
| | 19 | | expenses. Subtract line 18 from line 12 | | 249,347 | | 648,776. | | |
| or | | | | | ginning of Current Ye | ar | End of Year | | |
| et Assets or Dalances | 20 | Total assets (F | Part X, line 16) | | 12,826,986 | 5. | 13,420,531. | | |
| t As: d Bé | 21 | | (Part X, line 26) | | 2,058,993 | | 2,004,817. | | |
| Fund | 22 | | fund balances. Subtract line 21 from line 20 | | 10,767,993 | 3. | 11,415,714. | | |
| | art II | | | | | | | | |
| Und | er pen | alties of perjury, | declare that I have examined this return, including accompanying schedules and | d stateme | ents, and to the best o | f my kn | owledge 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 | Signature of officer | Date | | | | | | | | |
|---|---|----------------------------------|--|--|--|--|--|--|--|--|
| | PHILIP MORRISON, TREASURER | | | | | | | | | |
| | Type or print name and title | | | | | | | | | |
| | Print/Type preparer's name Preparer's signature | Date Check PTIN | | | | | | | | |
| Paid | CAROL J LEIBINGER-HEALEY and A Linkinger Healey | 03/05/24 ^{if} P00849882 | | | | | | | | |
| Preparer | Firm's name ADELSON & COMPANY PC | Firm's EIN 20-5711238 | | | | | | | | |
| Use Only | Firm's address 100 NORTH STREET | | | | | | | | | |
| | PITTSFIELD, MA 01201 | Phone no.413-443-6408 | | | | | | | | |
| May the IRS discuss this return with the preparer shown above? See instructions | | | | | | | | | | |
| 232001 12-1 | 232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022) | | | | | | | | | |

| | 990 (2022) THE WILLIAM J. GOULD ASSOCIATES, INC 04-2134819 Pag t III Statement of Program Service Accomplishments |
|----|--|
| | Check if Schedule O contains a response or note to any line in this Part III |
| 1 | Briefly describe the organization's mission: GOULD FARM IS A THERAPEUTIC COMMUNITY THAT PROMOTES RECOVERY FOR PEOPLE WITH MENTAL HEALTH AND RELATED CHALLENGES THROUGH MEANINGFUL |
| | WORK, COMMUNITY LIVING, AND CLINICAL CARE. |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the |
| | prior Form 990 or 990-EZ? Yes X If "Yes," describe these new services on Schedule O. |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and |
| 4a | revenue, if any, for each program service reported. (Code:) (Expenses \$ 4,822,399. including grants of \$) (Revenue \$ 4,698,421 SEE SCHEDULE O |
| | |
| | |
| | |
| | |
| | |
| | |
| 4b | (Code:) (Expenses \$including grants of \$) (Revenue \$) |
| | |
| | |
| | |
| | |
| | |
| | |
| 4c | (Code:) (Expenses \$ including grants of \$) (Revenue \$ |
| τc | (code) (Expenses #) (nevenue #) (nevenue #) |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 4d | Other program services (Describe on Schedule O.) |
| | Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 4,822,399. Form 990 (2 |

| Earm | 000 | (2002) |
|------|-----|--------|
| ⊢orm | 990 | (2022) |

Part IV Checklist of Required Schedules

THE WILLIAM J. GOULD ASSOCIATES, INC

| | | | Yes | No |
|--------|--|-----|--------|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | v | |
| • | If "Yes," complete Schedule A | 1 | X X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | л | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i> | 3 | | x |
| 4 | public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | 3 | | |
| - | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | x |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| Ŭ | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | x |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | x |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | Х | |
| 11 | 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. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | х | |
| h | Part VI | 11a | л | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i> | 11b | | x |
| c | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| Ũ | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | x |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | x |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete | | | |
| | Schedule D, Parts XI and XII | 12a | Х | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, 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 | | | <u> </u> |
| .0 | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | x |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | x |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | Х | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | X |
| | Did the organization operate one or more hospital facilities? <i>If</i> " <i>Yes</i> ," <i>complete Schedule H</i> | 20a | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | 21 | | x |
| 020000 | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | | 990 | (2022) |
| 202000 | 3 12-13-22 | | 550 | (2022) |

4 10360305 759092 5063100000 2022.05060 THE WILLIAM J. GOULD ASSOCI 50631011

| | Form 990 (2 | | | WILLIAM | - | | A |
|---|-------------|----|--------------------|-------------|-------|---------|---|
| ĺ | Part IV | Ch | ecklist of Require | d Schedules | (cont | tinued) | |

| 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 | | x |
|-----|---|------------|-----|------|
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current | 22 | | - 23 |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | | x |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete</i> | | | |
| | Schedule K. If "No," go to line 25a | 24a 24b | | X |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | 240 | | |
| | 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 | | |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | x |
| | 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? <i>If</i> "Yes," <i>complete Schedule L, Part I</i> | 25b | | x |
| | 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% | | | x |
| | controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | 26 | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i> | 27 | | x |
| | 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 | 200 | | x |
| h | "Yes," complete Schedule L, Part IV | 28a 28b | | X |
| | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f "Yes," complete Schedule L, Part IV | 28c | | x |
| 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? <i>If "Yes," complete Schedule M</i> | 30 | | x |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 32 | | x |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | x |
| | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | x |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | x |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> | 37 | | x |
| | 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 | x | |
| 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 | | | |
| | | | Yes | N |
| | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a23Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b0 | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | X | |
| | 12-13-22 | Lorm | 990 | (202 |

| 022) | | | | | ASSOCIATES, | |
|--------------|--------|--------------|-------|------------|-------------------|-----------|
| Statements F | Regard | ing Other IR | S Fil | ings and ' | Tax Compliance (c | ontinued) |

| | | | Yes | No | | | |
|-------|--|------|-----|----------|--|--|--|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | | | |
| | filed for the calendar year ending with or within the year covered by this return 2a 93 | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | Х | | | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | Х | | | |
| b | If "Yes," enter the name of the foreign country | | | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X | | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X | | | |
| с | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | | | | |
| | any contributions that were not tax deductible as charitable contributions? | 6a | | X | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | | | | |
| | were not tax deductible? | 6b | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | | |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | X | | | |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | | | | |
| с | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | | | | |
| | to file Form 8282? | 7c | | X | | | |
| | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | | | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | <u> </u> | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | | | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | <u> </u> | | | |
| - | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | 8 | | | | | |
| 9 | sponsoring organization have excess business holdings at any time during the year? | | | | | | |
| a | Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | | | | |
| | Did the sponsoring organization make any taxable distributions under section 4966? | 9b | | <u> </u> | | | |
| 10 | Section 501(c)(7) organizations. Enter: | 0.5 | | | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | | | |
| а | Gross income from members or shareholders | | | | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | | | | |
| | amounts due or received from them.) | | | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | L | | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | | | | |
| | organization is licensed to issue qualified health plans 13b | | | | | | |
| | Enter the amount of reserves on hand | | | v | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X | | | |
| | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> | 14b | | | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | 4.5 | | x | | | |
| | excess parachute payment(s) during the year? | 15 | | | | | |
| 16 | If "Yes," see the instructions and file Form 4720, Schedule N. | 16 | | x | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | | | | |
| 17 | If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities | | | | | | |
| ., | that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | 17 | | 1 | | | |
| | If "Yes," complete Form 6069. | ., | | | | | |
| 23200 | 5 12-13-22 | Form | 990 | (2022) | | | |

6

10360305 759092 5063100000

Form 990 (2022)

Part V

2022.05060 THE WILLIAM J. GOULD ASSOCI 50631011

| Form 990 |) (2022) |
|----------|----------|
|----------|----------|

THE WILLIAM J. GOULD ASSOCIATES, INC

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

X

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

| | | | | | Yes | N |
|----|---|----------|-----------------------|----------|---------|----------|
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 14 | L | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | 1b | 14 | L | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationsh | ip with | any other | | | |
| | officer, director, trustee, or key employee? | | | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | | | | | <u>.</u> |
| | of officers, directors, trustees, or key employees to a management company or other person? | | | 3 | | X |
| | Did the organization make any significant changes to its governing documents since the prior Form | | | 4 | | X |
| | Did the organization become aware during the year of a significant diversion of the organization's as | | | 5 | v | X |
| 6 | Did the organization have members or stockholders? | | | 6 | X | <u> </u> |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or a more members of the governing body? | | | 7a | x | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | | | | | |
| | persons other than the governing body? | | | 7b | X | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | ar by th | e following: | | | |
| | The governing body? | | | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | | | 8b | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re- | | | | | |
| | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | | 9 | | X |
| ec | tion B. Policies (This Section B requests information about policies not required by the Internal F | levenue | e Code.) | | | · |
| - | | | | | Yes | No X |
| | Did the organization have local chapters, branches, or affiliates? | | | 10a | | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such o | | | | | |
| 4 | and branches to ensure their operations are consistent with the organization's exempt purposes? | | | 10b | x | |
| | Has the organization provided a complete copy of this Form 990 to all members of its governing bod | ay bero | re ming the form? | 11a | | |
| | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | 12a | x | |
| | Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> | | | 12a | X | |
| | Did the organization regularly and consistently monitor and enforce compliance with the policy? If " | | | 120 | - 13 | |
| с | on Schedule O how this was done | | | 12c | | x |
| 3 | Did the organization have a written whistleblower policy? | | | 13 | x | |
| | Did the organization have a written document retention and destruction policy? | | | 14 | | x |
| | Did the process for determining compensation of the following persons include a review and approv | | | | | |
| • | persons, comparability data, and contemporaneous substantiation of the deliberation and decision | | aoponaone | | | |
| а | The organization's CEO, Executive Director, or top management official | | | 15a | x | |
| | Other officers or key employees of the organization | | | 15b | X | |
| - | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | | | |
| 6a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange | ment v | /ith a | | | |
| | taxable entity during the year? | | | 16a | | X |
| | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate | | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga | nizatio | n's | | | |
| | exempt status with respect to such arrangements? | | | 16b | | |
| ec | tion C. Disclosure | | | | | |
| 7 | List the states with which a copy of this Form 990 is required to be filed MA, NY | | | | | |
| | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a | and 990 |)-T (section 501(c)(3 | s)s only |) avail | able |
| | for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain) | n on Sc | hedule () | | | |
| 9 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, c | | | nd fina | ncial | |
| - | statements available to the public during the tax year. | | | | | |
| 0 | State the name, address, and telephone number of the person who possesses the organization's be | ooks ar | id records | | | |
| | CORPORATION - (413)528-1804 | | | | | |
| | GOULD ROAD, MONTEREY, MA 01245 | | | | | |
| | COULD ROAD, MONTHREET, MA 01245 | | | | | |

| Part VII | Co | mpensation | of Officers, | Directors, | Trustees, | Key Employ | yees, Hig | ghest Co | mpensated |
|----------|------|--------------|--------------|------------|-----------|------------|-----------|----------|-----------|
| | ່ Em | ployees, and | d Independe | ent Contra | ctors | | | | |

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

 List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| Name and tille Average hours per week betweek at a stretch value betweek at a stretch val | (A) | (B) | ľ | | _ (0 | C) | | | (D) | (E) | (F) |
|---|-----------------------|-------|--------------|------------------|-----------------|----------------|-------------------|--------------|-----------|-----------|---------------|
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| (13) CATHERINE MENDELSOHN 1.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. (14) STEVEN SCHWARTZ 1.00 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (15) CAROLE NOVICK 1.00 X 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. URECTOR X 0. 0. 0. 0. 0. 0. URECTOR X 0. 0. 0. 0. 0. 0. 0. URECTOR X 0. 0. 0. 0. 0. 0. 0. 0. URECTOR | | 1.00 | x | | | | | | 0. | 0. | 0. |
| DIRECTOR X 0. 0. 0. 0. (14) STEVEN SCHWARTZ 1.00 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (15) CAROLE NOVICK 1.00 X 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. URECTOR X 0. 0. 0. 0. 0. 0. URECTOR X 0. 0. 0. 0. 0. 0. 0. URECTOR X 0. 0. 0. 0. 0. 0. 0. URECTOR 0. 0. 0. 0. 0. 0. 0. 0. | | 1.00 | | | | | | | | | |
| (14) STEVEN SCHWARTZ 1.00 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (15) CAROLE NOVICK 1.00 X 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. URECTOR X 0. 0. 0. 0. 0. 0. URECTOR 0. 0. 0. 0. 0. 0. 0. | | | x | | | | | | 0. | 0. | 0. |
| DIRECTOR X 0. 0. 0. 0. (15) CAROLE NOVICK 1.00 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. Image: Constraint of the second se | (14) STEVEN SCHWARTZ | 1.00 | | | | | | | | | |
| DIRECTOR X O. O. O. | DIRECTOR | | x | | | | | | 0. | 0. | 0. |
| | (15) CAROLE NOVICK | 1.00 | | | | | | | | | |
| | DIRECTOR | | X | | | | | | 0. | 0. | 0. |
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232007 12-13-22

Form 990 (2022)

| | 990 (2022) | THE | WILL | IAM J. | GOI | JTC |) <i>I</i> | 725 | 500 | :IZ | ATES, INC | | 04-21 | 34 | 819 | Pa | age 8 |
|-----|--------------------------|---------------------|--------------|-----------------|--------------------------------------|-----------------------|------------|--------------|---------------------------------|----------|----------------------|--------|--------------------|--------|----------|---------------|--------------|
| Par | t VII Section A. Offi | icers, Direc | tors, Trus | tees, Key En | nploy | /ees, | and | d Hi | ghes | st C | compensated Emp | loye | es (continued) | | | | |
| | (A) | | | (B) | | | (0 | | | | (D) | | (E) | | | (F) | |
| | Name and | title | | Average | | | | ition | | | Reportable | | Reportable | | | imate | bd |
| | | | | hours per | | not ch | | | | | compensation | 1 | compensation | n l | | ount | |
| | | | | week | offi | cer and | d a di | irecto | or/trust | ee) | from | | from related | | c | other | |
| | | | | (list any | ctor | | | | | | the | | organizations | 6 | comp | bensa | tion |
| | | | | hours for | on Individual trustee or director | | | | eq | | organization | | (W-2/1099-MIS | C/ | fro | om th | е |
| | | | | related | tee oi | Institutional trustee | | | ensat | | (W-2/1099-MISC | C/ | 1099-NEC) | | orga | anizat | ion |
| | | | | organization | Itrus | nal tri | | oyee | du o | | 1099-NEC) | | | | and | relat | ed |
| | | | | below | vidua | tutio | er | Key employee | lest c loyee | Former | | | | | orgai | nizati | ons |
| | | | | line) | Indi | Inst | Officer | Key | Highest compensated employee | Forr | | | | | | | |
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| | | | | | | | | | | | 00.00 | | | _ | 4 1 | | ~ ~ |
| 1b | Subtotal | | | | | | | | | | 90,32 | | | 0. | 4 | L,4 | 04. |
| С | Total from continuat | tion sheets | to Part VI | I, Section A | | | | | | | | 0. | | 0. | | | 0. |
| d | Total (add lines 1b a | nd 1c) | | | | | | | | | 90,32 | 22. | | 0. | 41 | L,4 | 04. |
| 2 | Total number of indivi | iduals (inclu | ıding but n | ot limited to t | hose | liste | d at | oove | e) wh | o r | eceived more than | \$100 | ,000 of reportable | е | | | _ |
| | compensation from th | he organiza | tion | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | _ | | Yes | No |
| 3 | Did the organization li | ist any form | ner officer, | director, trus | tee, l | key e | empl | loye | e, or | hig | hest compensated | l emp | loyee on | | | | |
| | line 1a? If "Yes," com | plete Sched | dule J for s | uch individua | Ι | | | | | | | | | | 3 | | Х |
| 4 | For any individual liste | ed on line 1 | a, is the su | im of reportal | ole co | ompe | ensa | ation | n and | ot | her compensation f | from | the organization | ſ | | | |
| | and related organizat | | | | | | | | | | | | - | | 4 | | Х |
| 5 | Did any person listed | on line 1a r | eceive or a | accrue compe | ensat | ion fi | rom | anv | unre | elat | ed organization or i | indivi | dual for services | ···· [| | | |
| | rendered to the organ | | | - | | | | - | | | - | | | | 5 | | Х |
| Sec | ion B. Independent C | | | | | | , | | | | | | | | | | |
| 1 | Complete this table for | or your five | highest co | mpensated ir | ndepe | ende | nt c | ontr | racto | rs t | hat received more | than | \$100,000 of com | pens | ation fr | om | |
| - | the organization. Rep | 2 | ° | • | • | | | | | | | | | | | | |
| | | | (A) | | , | | 3 | | | | | B) | | | (C) |) | |
| | | Name and | d business | address | N | ONE | 2 | | | | Description | | ervices | С | ompen | | n |
| | | | | | - | | | | | + | | | | | | | |
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| | | | | | | | | | | | | | | | | | |
| 2 | Total number of indep | | - | - | not li | mited | d to | | ~ | tec | l above) who receiv | ved m | ore than | | | | |
| | \$100,000 of compens | sation from | the organiz | zation | | | | (|) | | | | | | | | |
| | | | | | | | | | | | | | | | Form 9 | 990 () | 2022) |

232008 12-13-22

| | | (2022) | THE WILLIAM J | . GOULD | ASSOCIATES | , INC | 04-2134 | 819 Page 9 |
|---|-------|---------------------------|----------------------------------|--------------------|-----------------------------|-------------------|---|---|
| Pa | rt V | | of Revenue | | | | | |
| | | Check if Sche | dule O contains a response | or note to any lir | | (B) | (0) | |
| | | | | | (A) Total revenue | Related or exempt | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| ts | 1 | a Federated campai | ians 1a | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | b Membership dues | | | | | | |
| Âŋ C | | c Fundraising event | | | | | | |
| ar Gift | | d Related organizati | | | | | | |
| ns, Simi | | e Government grant | ts (contributions) 1e | 21,561. | | | | |
| er S | | F All other contribution | | | | | | |
| -jë | | similar amounts not | | 947,060. | | | | |
| non | | 9 Noncash contributions i | | 41,465. | 069 621 | | | |
| <u>n O</u> | | h Total. Add lines 1 | a-1f | Business Code | 968,621. | | | |
| đ | 2 | ROOM & CA | RE REVENUE | | 4,694,089. | 4 694 089. | | |
| , vic | | FARM INCO | | 900099 | 4,332. | | | |
| Ser | | - | | 500055 | | | | |
| eve | | | | | | | | |
| Program Service Revenue | | e | | | | | | |
| Ъ | | All other program | service revenue | | | | | |
| | | g Total. Add lines 2 | a-2f | | 4,698,421. | | | |
| | 3 | | e (including dividends, intere | | 150 000 | | | 1 - 0 0 0 0 |
| | | other similar amou | , | | 152,293. | | | 152,293. |
| | 4 | | stment of tax-exempt bond p | | | | | |
| | 5 | Royalties | (i) Real | (ii) Personal | | | | |
| | 6 | a Gross rents | | | | | | |
| | | b Less: rental exper | | | | | | |
| | | c Rental income or (| | | | | | |
| | | | or (loss) | | | | | |
| | | a Gross amount from | sales of (i) Securities | (ii) Other | | | | |
| | | assets other than inv | ventory 7a 132,788. | | | | | |
| • | | b Less: cost or other | | | | | | |
| evenue | | and sales expenses | | | | | | |
| eve | | Gain or (loss) | | | 22 594 | | | 22 504 |
| Other R | | | fundraising avants (net | I | 23,584. | | | 23,584. |
| Oth | 8 | | fundraising events (not of | | | | | |
| Ŭ | | | of orted on line 1c). See | | | | | |
| | | - | 8a | 50,504. | | | | |
| | | | nses 8b | 4 4 4 4 4 | | | | |
| | | c Net income or (los | s) from fundraising events | | 49,394. | | | 49,394. |
| | 9 | | n gaming activities. See | | | | | |
| | | | <u>9a</u> | | | | | |
| | | - | nses 9b | | | | | |
| | | · · | s) from gaming activities | | | | | |
| | 10 | a Gross sales of inve | entory, less returns 10 a | | | | | |
| | | | ds sold 10b | | | | | |
| | | | s) from sales of inventory | | | | | |
| | | | , | Business Code | | | | |
| șou: e | 11 | | | 900099 | 16,564. | | | 16,564. |
| ane | | b CHILDCARE | INCOME | 900099 | 8,117. | | | 8,117. |
| Miscellaneous Revenue | | c | | | | | | |
| Mis | | | | | | | | |
| | | | 1a-11d | | 24,681. | | 0 | |
| | 12 | | instructions | | 5,916,994. | ₩,098,421. | 0. | |
| 23200 | 9 12- | 13-22 | | | | | | Form 990 (2022) |

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10360305 759092 5063100000 2022.05060 THE WILLIAM J. GOULD ASSOCI 50631011

THE WILLIAM J. GOULD ASSOCIATES, INC

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 respon | (A) se or note to any line in | this Part IX | (C) | (D) |
|----|--|-------------------------------|------------------------------------|------------------------------------|-------------------------|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (P) Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| ~ | individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| Ŭ | trustees, and key employees | 127,187. | 50,875. | 50,875. | 25,437 |
| 6 | Compensation not included above to disqualified | | | | |
| • | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 1,942,517. | 1,726,407. | 145,245. | 70,865 |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 797,248. | 742,905. | 32,011. | 22,332 |
| 10 | Payroll taxes | 172,926. | 148,736. | 14,634. | 9,556 |
| 11 | Fees for services (nonemployees): | | | | |
| а | Management | | | | |
| b | Legal | 4,936. | | 4,936. | |
| с | Accounting | 18,150. | 18,150. | | |
| d | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| | column (A), amount, list line 11g expenses on Sch 0.) | 158,456. | 151,052. | 2,281. | <u>5,123</u> 1,363 |
| 12 | Advertising and promotion | 27,268. | 25,905. | | |
| 13 | Office expenses | 41,433. | 29,362. | 243. | 11,828 |
| 14 | Information technology | 29,628. | 26,665. | | 2,963 |
| 15 | Royalties | | | | |
| 16 | Occupancy | 466,585. | 461,783. | | 4,802 |
| 17 | Travel | 17,753. | 17,753. | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 10 50 1 | 10 (0) | | |
| 20 | Interest | 48,634. | 48,634. | | |
| 21 | Payments to affiliates | 470 000 | 470.000 | | |
| 22 | Depreciation, depletion, and amortization | 478,236. | 478,236. | | |
| 23 | Insurance | 130,284. | 130,284. | | |
| 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) | | | | |
| а | FOOD EXPENSE | 284,945. | 284,945. | | |
| b | CONTRACTED SERVICES | 143,369. | 143,369. | | |
| с | SUPPLIES | 81,800. | 66,127. | | 15,673 |
| d | SERVICE CONTRACTS | 53,827. | 53,827. | | |
| е | All other expenses | 243,036. | 217,384. | 7,906. | 17,746 |
| 25 | Total functional expenses. Add lines 1 through 24e | 5,268,218. | 4,822,399. | 258,131. | 187,688 |
| 26 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | advactional compaign and fundraising collectation | | | | |
| | educational campaign and fundraising solicitation. Check here X if following SOP 98-2 (ASC 958-720) | | | I | |

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10360305 759092 5063100000

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2022.05060 THE WILLIAM J. GOULD ASSOCI 50631011

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Net Assets or Fund Balances

Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X

Total liabilities. Add lines 17 through 25

and complete lines 27, 28, 32, and 33.

and complete lines 29 through 33.

Net assets without donor restrictions

Total liabilities and net assets/fund balances

Organizations that follow FASB ASC 958, check here

Net assets with donor restrictions

Organizations that do not follow FASB ASC 958, check here

of Schedule D

Capital stock or trust principal, or current funds

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

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

10360305 759092 5063100000

THE WILLIAM J. GOULD ASSOCIATES, INC

| Form | 990 (| 2022) THE WILLIAM J. | GO | ULD ASSOCIATES | 5, INC | 04- | 2134819 Page 11 |
|-------------|-------|---|---------|-----------------------|---------------------------------|------------|---------------------------|
| Pa | rt X | Balance Sheet | | | | | × · |
| | | Check if Schedule O contains a response or note | e to ar | y line in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 3,057. | | 4,206. |
| | 2 | Savings and temporary cash investments | | | 540,439. | | 97,786. |
| | 3 | Pledges and grants receivable, net | | | 146,043. | 3 | 43,715. |
| | 4 | Accounts receivable, net | | | 202,964. | 4 | 306,777. |
| | 5 | Loans and other receivables from any current or | | | | | |
| | | trustee, key employee, creator or founder, subst | antial | contributor, or 35% | | | |
| | | controlled entity or family member of any of thes | e pers | ons | | 5 | |
| | 6 | Loans and other receivables from other disqualif | ied pe | rsons (as defined | | | |
| | | under section 4958(f)(1)), and persons described | | | | 6 | |
| ets | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | 100.000 | 8 | |
| ◄ | 9 | Prepaid expenses and deferred charges | | | 100,382. | 9 | 87,199. |
| | 10a | Land, buildings, and equipment: cost or other | | 4 | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 15,620,863. | 0 010 014 | | 0 420 120 |
| | | Less: accumulated depreciation | 10b | | 9,017,314. | 10c | 9,438,138. 3,442,710. |
| | 11 | Investments - publicly traded securities | | | 2,783,220. | | 3,442,710. |
| | 12 | Investments - other securities. See Part IV, line 1 | | | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 1 | | | | 13 | |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | | 33,567. 12,826,986. | 15 | 0. |
| | 16 | Total assets. Add lines 1 through 15 (must equa | | | 366. | 16 | 29,068. |
| | 17 | Accounts payable and accrued expenses | | | 300. | 17 | 29,000. |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete F | | | | 21 | |
| Liabilities | 22 | Loans and other payables to any current or form | | | | | |
| bilid | | trustee, key employee, creator or founder, subst | | | | 00 | |
| Lia | 00 | controlled entity or family member of any of thes | F | 1,823,781. | 22 | 1,738,229. | |
| | 23 | Secured mortgages and notes payable to unrela | | F | 1,023,101. | 23 | 1,130,229. |
| | 24 | Unsecured notes and loans payable to unrelated | i third | parties | | 24 | |

X

234,846.

579,898.

2,058,993.

10,188,095.

10,767,993.

12,826,986.

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13,420,531. Form **990** (2022)

11,415,714.

237,520.

400,409.

2,004,817.

11,015,305.

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2022.05060 THE WILLIAM J. GOULD ASSOCI 50631011

| | 1 990 (2022) THE WILLIAM J. GOULD ASSOCIATES, INC | 04-2 | 134819 | Paç | ge 12 |
|----|--|------------|---------|------------|--------------|
| Pa | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | <u></u> | <u></u> | | |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 5,91 | <u>6,9</u> | 94. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 5,26 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 76. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 10,76 | | |
| 5 | Net unrealized gains (losses) on investments | 5 | - | 1,0 | 55. |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | |
| | column (B)) | 10 | 11,41 | <u>5,7</u> | 14. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | _ | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | | | | |
| 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 reviewed | d on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat | e basis, | | | |
| | consolidated basis, or both: | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | | | | |
| | 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 Sch | nedule O. | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ | ired audit | | | 1 |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | | | |
| | | | _ | 000 | |

Form **990** (2022)

232012 12-13-22

| (Form 990) Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. | | | | | | | OMB No. 1545-0047 | | | |
|--|--------|----------------------------|---------------------------|--------------------------|---|---------------------------------------|---------------------------------|-----------------|---------------|------------------------------|
| | | the Treasury ue Service | Go | | tach to Form 990 or Fo Form990 for instructior | | | ormation. | | Open to Public Inspection |
| Namo | e of t | he organizati | | | | | | ormation | Employer | identification number |
| | | Ū | | ILLIAM J. | GOULD ASSOC | IATES | , INC | | | 4-2134819 |
| Par | tl | Reason | | | All organizations must c | | | ee instructior | | |
| The c | rgani | | | | For lines 1 through 12, c | | | | | |
| 1 [| - | | | | on of churches described | | | I)(A)(i). | | |
| 2 | | | | | Attach Schedule E (Form | | | ·/·· | | |
| 3 | | | | | anization described in se | | (b)(1)(A)(ii | i). | | |
| 4 [| | • | • | | njunction with a hospital | | | |)(iii). Enter | the hospital's name. |
| | | city, and stat | | | , , | | | | ~ / | , |
| 5 [| | | | the benefit of a co | llege or university owned | d or operat | ted by a g | overnmental | unit describ | ed in |
| | | | (b)(1)(A)(iv). (Cor | | 5 , | • | , , | | | |
| 6 [| | | | | nental unit described in s | section 17 | 70(b)(1)(A) | (v). | | |
| 7 [| ** | | - | - | ntial part of its support f | | | | he general | public described in |
| | | • | b)(1)(A)(vi). (Con | | | 5 | | | 5 | ! |
| 8 | | | | • • | 1)(A)(vi). (Complete Part | : 11.) | | | | |
| 9 [| | | | | in section 170(b)(1)(A)(i | | ed in coniu | inction with a | land-grant | college |
| | | | | | ulture (see instructions). | | | | | |
| | | university: | 0 | 0 0 | , , , , , , , , , , , , , , , , , , , | | | , | 0 | |
| 10 [| | An organizati | on that normally | receives (1) more | than 33 1/3% of its sup | port from a | contributio | ns, members | hip fees, a | nd gross receipts from |
| | | | | | t to certain exceptions; | | | | | |
| | | | | | (less section 511 tax) fro | | | | | |
| | | | 509(a)(2). (Comp | | . , | | | • | • | · |
| 11 [| | | | - | ively to test for public sa | fety. See s | section 50 |)9(a)(4). | | |
| 12 [| | An organizati | on organized an | d operated exclusi | ively for the benefit of, to | perform t | the functio | ons of, or to c | arry out the | purposes of one or |
| | | more publicly | supported orga | anizations describe | d in section 509(a)(1) of | section & | 509(a)(2). | See section | 509(a)(3). (| heck the box on |
| | | lines 12a thro | ough 12d that de | escribes the type o | f supporting organization | n and com | nplete lines | s 12e, 12f, an | d 12g. | |
| а | | Type I. A s | upporting organi | ization operated, s | upervised, or controlled | by its sup | ported org | anization(s), | typically by | giving |
| | | | | | gularly appoint or elect a | | | | | |
| | | organizatio | n. You must co i | mplete Part IV, Se | ections A and B. | | | | | |
| b | | Type II. A s | supporting organ | nization supervised | or controlled in connect | tion with it | s support | ed organizatio | on(s), by ha | ving |
| | | control or r | nanagement of t | he supporting orga | anization vested in the s | ame perso | ons that co | ontrol or mana | age the sup | ported |
| | | organizatio | n(s). You must o | complete Part IV, | Sections A and C. | | | | | |
| с | | Type III fur | nctionally integr | rated. A supporting | g organization operated | in connect | tion with, a | and functiona | lly integrate | ed with, |
| | | its support | ed organization(| s) (see instructions |). You must complete F | Part IV, Se | ections A, | D, and E. | | |
| d | |] Type III no | n-functionally i | ntegrated. A supp | orting organization oper | ated in cor | nnection v | vith its suppo | rted organi | zation(s) |
| | | that is not f | functionally integ | grated. The organiz | ation generally must sat | isfy a distr | ribution re | quirement an | d an attent | iveness |
| | | requiremen | it (see instruction | ns). You must con | nplete Part IV, Sections | A and D, | and Part | V. | | |
| е | | Check this | box if the organi | ization received a | written determination fro | m the IRS | that it is a | . Туре I, Туре | II, Type III | |
| | | functionally | integrated, or T | ype III non-functio | nally integrated supporti | ng organiz | zation. | | | |
| f | Ente | r the number | of supported org | ganizations | | | | | | |
| g | | | | about the supporte | | | | | | |
| | (i | Name of supp | | (ii) EIN | (iii) Type of organization | (iv) Is the organ in your governin | nization listed ng document? | (v) Amount o | | (vi) Amount of other |
| | | organizatior | 1 | | (described on lines 1-10 above (see instructions)) | Yes | No | support (see ir | nstructions) | support (see instructions) |
| | | | | | | | | | | |
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Total

Schedule A (Form 990) 2022 THE WILLIAM J. GOULD ASSOCIATES, INC 04-2134819 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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.)

| Calendar year (or fixed year beginning in) 1 diffs, grants, controbutions, sorthoutions, and the praduation of the sorthoutions, controbutions, and the praduation of the sorthoution of the sorthoution of the sorthoutions and the praduation of the sorthoutions benefit and ethor paid to or expended on its behalf (g) 2018 (g) 2019 (g) 2020 (g) 2021 (g) 2022 (f) Total 3 The value of services or facilities turnished by a governmental unit to the organization without charge 645, 227. 1304624. 769, 436. 900, 585. 968, 621. 4588493. 6 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 thracedod 256 of the amount shown on line 11. 645, 227. 1304624. 769, 436. 900, 585. 968, 621. 4588493. 6 The portion of total contributions by each person (other than a governmental unit or publicly supports. dometimes the stem text. 645, 227. 1304624. 769, 436. 900, 585. 968, 621. 4588493. 7 Amounts from line 4. 645, 227. 1304624. 769, 436. 900, 585. 968, 621. 4588493. 8 droses income from lines 4. 645, 227. 1304624. 769, 436. 900, 585. 968, 621. 4588493. 9 Me income from unreated buildins acturities incolude and inco | Sec | ction A. Public Support | | | | | | |
|--|------|--|----------------------|---------------------|----------------------|---------------------|-----------|------------------|
| membership fees received. (Do not include any 'unsular grants') 645, 227. 1304624. 769, 436. 900, 585. 968, 621. 4588493. 2 Tax revenues levied for the organ- ization's benefit and ether paid to or expended on its behat turnished by agovernmental unit to the organization without charge 645, 227. 1304624. 769, 436. 900, 585. 968, 621. 4588493. 3 The value of services or facilities turnished by agovernmental unit to the organization without charge 645, 227. 1304624. 769, 436. 900, 585. 968, 621. 4588493. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on lise 1 thracedes 28 of the amount shown on lise 11, column (f) 645, 227. 1304624. 769, 436. 900, 585. 968, 621. 4588493. 6 Public support. Substrutes thm the 4 645, 227. 1304624. 769, 436. 900, 585. 968, 621. 4588493. 6 Cross income from interest, and income from interest, unservices income from interest, and income from interest, and income from interest, and income. Do not include gain or loss from the sale of capital ansets (Epsilan in Part V) 38, 910. 87, 381. 78, 501. 173, 413. 152, 293. 530, 498. 10 Other income. Do not include gain or loss from the sale of capital ansets (Epsilan in Part V) 10, 302. 49, 112. 75, 587. 80, 997. 24, 681. 240, 679. 35437210. 12 Cross received on securitie support. Add lines 7 through 10 Excurs in the sale of capital and income RD not include gain or loss from the sale of capital ansets (Epsilan in Part V) 14 73. 61. 90 5437210. 13 Frest System. If the Form 90 is for the organization first, second, third, fourth, or fi | Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
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| 2 Tar evenues levid for the organization is behalf 3 The value of services or facilities turnished by a governmental unit to the organization without charge 4 Tatal. Add lines 1 through 3 6 45,2,227. 130 The value of services or facilities turnished by a governmental unit to the organization without charge 6 4 6 45,2,227. 130 465,227. 130 462,227. | | membership fees received. (Do not | | | | | | |
| icreation's benefit and either paid to or expended on its behalf | | include any "unusual grants.") | 645,227. | 1304624. | 769,436. | 900,585. | 968,621. | 4588493. |
| are expended on its behalf 3 The value of services or facilities turnishes by governmental unit to the organization without charge 4 Total. Add lines it through a governmental unit to the organization without charge and governmental unit or publicly supported organization included on line 1 that exceeds 29 of the amount shown on line 11, column (n) 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 29 of the amount shown on line 11, column (n) 6 Public support, Solves the 5 too line 4. Section B. Total Support Callend ryser (or fiscal year beginning in 7 amounts from line 4. 6 Gross income from interest, dividends, payments reserved on securities loans, rents, royalies, and income from interest, dividends, payments reserved on securities loans, rents, royalies, and income from interest, dividends, payments reserved on the business is regularly carried on 10, 302. 49, 112. 75, 587. 80, 997. 24, 681. 240, 679. 17, 540. 10 Other income. Do not include gain or loss from the sale of capital sets (Explain in Part VI) 10, 302. 49, 112. 75, 587. 80, 997. 24, 681. 240, 679. 24, 088. 13, 735. 77, 540. 11 Total support. Add lines 7 through 10 543, 722. 11, 10, 402. 149, 112. 75, 587. 80, 997. 24, 681. 240, 679. 24, 088. 13, 735. 77, 540. 10, 302. 49, 112. 75, 587. 80, 997. 24, 681. 240, 679. 32, 615. 10, 302. 49, 112. 75, 587. 80, 997. 24, 681. 240, 679. 32, 615. 10, 302. 49, 112. 75, 587. 80, 997. 24, 681. 240, 679. 32, 615. 10, 302. 22, 108. 10, 302. 22, 008. 13, 735. 77, 540. 10, 303. 22, 49, 112. 14, 73, 613. 50, 50, 73, 73, 50, 100. 50, 73, 73, 50, 100. 50, | 2 | Tax revenues levied for the organ- | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge in the organization included on line 1 that exceeds 2% of the amount shown on line 11, column (i) 645,227.1304624.769,436.900,585.968,621.4588493. 5 The portion of total contributions by each person (other than a governmental unit or public) supported organization included on line 1 that exceeds 2% of the amount shown on line 11, column (i) 585,954. 6 Public support (a) 2018 (b) 2019 (c) 2020 (d) 2021 (f) Total Cellor B. Total Support Caledar year (of fisel year beginning in) Caledar year (of fisel year beginning in) A mounts from line 4 Caledar year (of fisel year beginning in) A mounts from line 4 Caledar year (of fisel year beginning in) A mounts from line 4 Bot income from initrest, dividends, payments received on ecourties to business a inform on urelated business and income from unrelated business as a fist, royalles, and income from unrelated business as a set of apilal assets (Cspan in Part VI) 38, 910.87, 381.78, 501.173, 413.152, 293.530, 498. Section C. Computation of total compton with the year as a section D((c)) Caledar year year (in the section of the part of the organization's first, second, third, fourth, orif th tay year as a section | | ization's benefit and either paid to | | | | | | |
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| 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) 585,954. 6 Public support. Subtrat line 5 from line 1. column (f) 585,954. 6 Public support Call Support 7 Amounts from line 4. 9 Rorss income from interest, dividends, payments received on securities loans, rents, royallies, and income from similar sources 9 Net income from interest, dividends, payments received on the subscript securities loans, rents, royallies, and income from threast, rowallies, and income from interest, dividends, payments received on the business is regularly carried on the business is regularly carried on the business is regularly carried on the sale of capital assets (Explain in Part VI), 10 Other income. On on tinclude gain or loss for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization of the sole of capital assets (Explain in Part VI), 11 Total support factoriate for 2022 (line 6, column (f), divided by line 11, column (f)) 14 73.61 % 16 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 14 73.61 % 16 Public support percentage for 2022 (line 6, column (f), divided by supported organization (f), divided by support deorentage 17 Public support percentage for 2022 (line 6, column (f), divided by supported organization (f), divided by supported organization (f), divided by support deorentage 17 Public support percentage for 2022 (line 6, column (f), divided by supported organization (f), divided by supported organization (f), divided by supported organization (f), fourth, or fifth tax year as a section 501(c)(3) organization did not check ha box on line 13, rd line 14 is 33 1/3% or more, check this box and stop here. Support percentage for 2022 (line 6, column (f), divided by supported organization (f), divided by supported organization (f), fourth, or fifth tax year as a section 501(c)(3) organization did not check ha box on line | 4 | Total. Add lines 1 through 3 | 645,227. | 1304624. | 769,436. | 900,585. | 968,621. | 4588493. |
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| organization meets the facts and circumstances test. The organization qualifies as a publicly supported organization | b | | | | | | | |
| 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 | | · · · | | | | | | |
| | 40 | | | | | | | |
| | 18 | Private foundation. If the organizatio | n dia not check a | box on line 13, 16 | a, 100, 17a, or 17k | D, CHECK THIS DOX 2 | | |

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| | | | | | ASSOCIATES, | INC | 04-2134819 | Page 3 |
|------------------------------|--------|---------------|-------|------------|------------------|-----|------------|---------------|
| Part III Support Schedule fo | r Orga | anizations De | escri | ibed in Se | ection 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.)

| <u>Sec</u> | Stion A. Public Support | | | | | | | |
|------------|--|-----------------------|----------------------|----------------------|-------------------|-----------|----------------|-----------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e | e) 2022 | (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 per- formed, 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 bus- | | | | | | | |
| | iness under section 513 | | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | | |
| | ization'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 | | | | | | | |
| | Amounts included on lines 1, 2, and | | | | | | | |
| | 3 received from disgualified persons | | | | | | | |
| t | 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 | | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | | |
| | ction B. Total Support | | • | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (6 | e) 2022 | (f) Total |
| | Amounts from line 6 | (-) | (-) | (-) = - = - | (-, | | | (1) |
| | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | | |
| k | Unrelated business taxable income | | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | | |
| | acquired after June 30, 1975 | | | | | | | |
| | Add lines 10a and 10b Net income from unrelated business activities not included on 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 VI.) | | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | | |
| 14 | First 5 years. If the Form 990 is for the | ne organization's f | irst, second, third, | fourth, or fifth tax | year as a section | 501(c)(| 3) organizat | on, |
| | | | | | | <u></u> . | <u></u> | |
| Se | ction C. Computation of Publ | lic Support Pe | ercentage | | | | | |
| 15 | Public support percentage for 2022 (| line 8, column (f), d | divided by line 13, | column (f)) | | 15 | | % |
| 16 | Public support percentage from 2021 | I Schedule A, Part | t III, line 15 | | | 16 | | % |
| Se | ction D. Computation of Invest | stment Incom | e Percentage | | | | | |
| 17 | Investment income percentage for 20 | 022 (line 10c, colu | mn (f), divided by I | ine 13, column (f)) | | 17 | | % |
| 18 | Investment income percentage from | | | | | 18 | | % |
| 19a | 33 1/3% support tests - 2022. If the | | | | | 33 1/39 | %, and line 1 | 7 is not |
| | more than 33 1/3%, check this box a | | | | | | , | |
| k | 33 1/3% support tests - 2021. If the | | | | | | n 33 1/3%, | and |
| | line 18 is not more than 33 1/3%, che | | | | | | | |
| 20 | Private foundation. If the organization | | | | | | | |
| | 23 12-09-22 | | | , <u>.</u> , short | | | | (Form 990) 2022 |
| | | | | 16 | | | | (|
| 360 | 305 759092 50631000 | 000 20: | 22.05060 | | AM J. GOU | LD A | ASSOCI | 50631011 |

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "*Yes*," *provide detail in* **Part VI.**
- **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.*
 - **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.)

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10a 10b Schedule A (Form 990) 2022

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

04-2134819 Page 5 THE WILLIAM J. GOULD ASSOCIATES, INC Schedule A (Form 990) 2022 Part IV Supporting Organizations (continued)

| | | Yes | No |
|-----|--|-----|----|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | |
| | 11c below, the governing body of a supported organization? 11a | | |
| b | A family member of a person described on line 11a above? 11b | | |
| с | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | |
| | detail in Part VI. 11c | | |
| Sec | ion B. Type I Supporting Organizations | | |

| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. |
|---|---|
|---|---|

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

| Section C | . туре п | Supporting | Organizations | |
|-----------|----------|------------|---------------|--|
| | | | | |

Section D. All Type III Supporting Organizations

Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 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

| | | | Yes | No |
|---|--|---|-----|----|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 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 | | |

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). 1
- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С
- Activities Test. Answer lines 2a and 2b below. 2
- a 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a 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.
- 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.

232025 12-09-22

3b Schedule A (Form 990) 2022

2a

2b

3a

No

Yes

Yes

1

2

No

18

2022.05060 THE WILLIAM J. GOULD ASSOCI 50631011 10360305 759092 5063100000

| Schedule A (Form 990) 2022 |
|----------------------------|
|----------------------------|

THE WILLIAM J. GOULD ASSOCIATES, INC Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

| 1 | Check here if the organization satisfied the Integral Part Test as a qualifyir | ng trust or | n Nov. 20, 1970 (explain in I | Part VI). See instructions. |
|------|--|----------------|--------------------------------------|--------------------------------|
| | All other Type III non-functionally integrated supporting organizations mus | t complet | e Sections A through E. | |
| Sect | ion A - Adjusted Net Income | (A) Prior Year | (B) Current Year (optional) | |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| с | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors | | | |
| | (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 0.035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions). | 6 | | |
| _ | | | | |

L Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2022

232026 12-09-22

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THE WILLIAM J. GOULD ASSOCIATES, INC

| Par | t V Type III Non-Functionally Integrated 509 | (a)(3) Supporting Org | anizations (continu | ued) | |
|-------|---|-----------------------------------|---------------------------------------|------|---|
| Secti | ion D - Distributions | | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exe | | 1 | | |
| 2 | Amounts paid to perform activity that directly furthers exemption | | | | |
| | organizations, in excess of income from activity | | 2 | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | าร | 3 | | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pro | ovide details in Part VI) | | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | · · · · | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which the | he organization is responsiv | e | | |
| | (provide details in Part VI). See instructions. | • | | 8 | |
| 9 | Distributable amount for 2022 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | |
| Secti | ion E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistribution Pre-2022 | ns | (iii) Distributable Amount for 2022 |
| 1 | Distributable amount for 2022 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2022 (reason- | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2022 | | | | |
| а | From 2017 | | | | |
| b | From 2018 | | | | |
| с | From 2019 | | | | |
| d | From 2020 | | | | |
| е | From 2021 | | | | |
| f | Total of lines 3a through 3e | | | | |
| g | Applied to underdistributions of prior years | | | | |
| h | Applied to 2022 distributable amount | | | | |
| i | Carryover from 2017 not applied (see instructions) | | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2022 from Section D, | | | | |
| | line 7: \$ | | | | |
| а | Applied to underdistributions of prior years | | | | |
| b | Applied to 2022 distributable amount | | | | |
| с | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2022, if | | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | | |
| | than zero, explain in Part VI. See instructions. | | | | |
| 6 | Remaining underdistributions for 2022. Subtract lines 3h | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | |
| | Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2023. Add lines 3j | | | | |
| | and 4c. | | | | |
| 8 | Breakdown of line 7: | | | | |
| а | Excess from 2018 | | | | |
| b | Excess from 2019 | | | | |
| | Excess from 2020 | | | | |
| | Excess from 2021 | | | | |
| | Excess from 2022 | | | | |

Schedule A (Form 990) 2022

232027 12-09-22

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| Part VI | (Form 990) 202 | <u>~</u> stal lafa: | | | | | | | | | | 04-213 | | Р а |
|-------------|------------------------------|------------------------|--------------|------------|--------------|------------------------|----------------------|-----------------------|------------|-------------|--------------------|-----------------------------------|--------------------------|------------|
| | Supplemen Part IV, Sectio | n A linee | 1 2 3h 3c | Provide | the explar | nations re ah ac 11 | quired b a 11h | y Part II, and 11c | Ine 10; F | art II, lin | 17a 0 3 lines 1 | r 1 / b; Part III Land 2: Part | , line 12; IV Section | C |
| | line 1; Part IV, | Section D. | , lines 2 an | d 3; Part | IV, Sectior | n E, lines | a, 110, 1c, 2a, 2 | 2b, 3a, ar | nd 3b; Pa | rt V, line | 1; Part \ | /, Section B, | line 1e; Pa | rt V |
| | Section D, line | s 5, 6, and | 8; and Pa | art V, Sec | tion E, line | s 2, 5, and | d 6. Also | comple | te this pa | rt for any | y additio | nal informatio | on. | |
| | (See instructio | ns.) | | | | | | | | | | | | |
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| 00000 | 122022 | TCODC | 00000 | 2 | 044.0 | 0000 | тпЕ | мтпт | IT HRI (|)• G(| תחטר | ASSOCI | 2003. | тι |

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

nnnn

Employer identification number

| Filers of: | Se | ction: |
|--------------|---|---|
| Form 990 | or 990-EZ | 501(c)(3) (enter number) organization |
| | | 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | | 527 political organization |
| Form 990- | PF 🗌 | 501(c)(3) exempt private foundation |
| | | 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | | 501(c)(3) taxable private foundation |
| | | |
| | | rered by the General Rule or a Special Rule. 3), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. |
| General R | ule | |
| | U U | g Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. |
| Special R | ules | |
| S C | ections 509(a)(1) and ontributor, during the | scribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; 1. Complete Parts I and II. |
| C lit | ontributor, during the terary, or educational | scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering sead of the contributor name and address), II, and III. |
| y is p | ear, contributions exc checked, enter here urpose. Don't comple | scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the <i>usively</i> for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., te any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> c., contributions totaling \$5,000 or more during the year |

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

S (F

Department of the Treasury Internal Revenue Service

Name of the organization

| schedu | le B |
|----------|------|
| orm 990) | |

THE WILLIAM J. GOULD ASSOCIATES, INC Organization type (check one):

04-2134819

| 2 | U | L | 2 |
|---|---|---|---|
| | | | |

Person Payroll

Noncash

(Complete Part II for noncash contributions.)

(d)

Type of contribution

X

(c)

Total contributions

2022.05060 THE WILLIAM J. GOULD ASSOCI 50631011

\$

50,000.

23

10360305 759092 5063100000

(a)

No.

6

Schedule B (Form 990) (2022) Name of organization THE WILLIAM J. GOULD ASSOCIATES, INC Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** 1 105,000. \$ (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** 2 97,162. (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** 3 75,000. (c) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** 4 60,000. \$ (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions**

(b)

Name, address, and ZIP + 4

Noncash (Complete Part II for noncash contributions.) (d) Type of contribution X Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution X Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Х Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution 5 X Person Payroll 55,000. Noncash (Complete Part II for noncash contributions.)

Employer identification number

Person Payroll

(d)

Type of contribution

X

04-2134819

Page 2

10360305 759092 5063100000

Employer identification number

04-2134819

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

THE WILLIAM J. GOULD ASSOCIATES, INC

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|--------------|---------------------------------------|----------------------------|---|
| 7 | | \$50,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 8 | | \$28,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| <u> </u> | Name, address, and ZIP + 4 | \$ 25,000. | Type of contribution Person X Payroll Image: Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$25,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$25,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$21,561. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| 223452 11-15 | ⁵⁻²² 24 | | Schedule B (Form 990) (2022 |
| 360305 | 5 759092 5063100000 2022.05060 THE WI | LLIAM J. GOULD AS | SSOCI 50631011 |

Name of organization

Page 2

THE WILLIAM J. GOULD ASSOCIATES, INC

| Part I | Contributors (see instructions). Use duplicate copies of Part I if add | litional space is needed. | |
|------------|--|----------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 13 | | \$1,072. | Person Payroll Noncash X (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 14 | | \$20,393. | Person Payroll Noncash X (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Occupied Part II for noncash contributions.) |

Name of organization

04-2134819

Page 2 Employer identification number

25

10360305 759092 5063100000 2022.05060 THE WILLIAM J. GOULD ASSOCI 50631011

Name of organization

Employer identification number

04-2134819

THE WILLIAM J. GOULD ASSOCIATES, INC

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

| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|--|---|---|
| AAPL 33 SHARES, COST 3 SHARES, MSFT 14 SHARES, TMO 3 SHARES | | |
| | \$10,756. | 12/19/22 |
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| GOOGLE 60 SHARES, MSFT 8 SHARES | | |
| | \$10,316. | 06/05/23 |
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| MSFT 71 SHARES | | |
| | \$20,393. | 08/09/22 |
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | |
| | \$ | |
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
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| | \$ | |
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | |
| | \$ | |
| | Description of noncash property given AAPL 33 SHARES, COST 3 SHARES, MSFT 14 SHARES, TMO 3 SHARES (b) Description of noncash property given GOOGLE 60 SHARES, MSFT 8 SHARES (b) Description of noncash property given (b) Description of noncash property given | Description of noncash property given FMV (or estimate) (See instructions.) AAPL 33 SHARES, COST 3 SHARES, MSFT 14 SHARES, TMO 3 SHARES s |

10360305 759092 5063100000

| from any one contributor. Complete columns (a) through (e) and the following line arthy. For organizations completing part (i) and the old of exclusive (i) exclusive (i) ends for the year. Ends the info. once.) § | ntification nu | | | | | | | | | | |
|--|----------------|--|--|--|--|--|--|--|--|--|--|
| Part III Exclusively religious, charitable, etc., contributions to granizations described in section 50 (6)77, (6), or (10) that total more the form yone contributions (2) (hours, obtained, etc., contributions of 1,000 or less for they yee, (Ester the left, orong). In the many one contribution, complete cummal space is needed. (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how grant space is needed. (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how grant space is needed. (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how grant space is needed. (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how grant space is needed. (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how grant space is needed. (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how grant space is needed. (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how grant space is needed. (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how grant space is needed. (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how grant space is needed. (a) No. (b) Purpose of gift (c) Use of gift | 34819 | | | | | | | | | | |
| exception part II. under bestad deckuowey regions, charachies, ed., combinations of \$1,000 or less for help your, clinic this into.noc). \$ | | | | | | | | | | | |
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| a) No. from from (b) Purpose of gift Part I (c) Use of gift (d) Description of how g (e) Transfer of gift | | | | | | | | | | | |
| Part I | sferee | | | | | | | | | | |
| Part I | | | | | | | | | | | |
| Part I | | | | | | | | | | | |
| Part I | | | | | | | | | | | |
| (e) Transfer of gift | gift is held | | | | | | | | | | |
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| Transferee's name, address, and ZIP + 4 Relationship of transferor to trans | | | | | | | | | | | |
| Iransteree's name, address, and ZIP + 4 Relationship of transferor to trans | - | | | | | | | | | | |
| | steree | | | | | | | | | | |
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| | | | | | | | | | | | |
| 3454 11-15-22 Schedul | ule B (Form 99 | | | | | | | | | | |

Department of the Treasury

Internal Revenue Service

| (Form | 990) |
|-------|------|
|-------|------|

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

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



Name of the organization

THE WILLIAM J. GOULD ASSOCIATES, INC

Employer identification number 04 - 2134819

| | | (a) Donor advised funds | | (b) Funds and other accour | nts |
|--------|---|---|------------|------------------------------|-------|
| 1 | Total number at end of year | | | | |
| 2 | Aggregate value of contributions to (during year) | | | | |
| 3 | Aggregate value of grants from (during year) | | | | |
| 4 | Aggregate value at end of year | | | | |
| 5 | Did the organization inform all donors and donor advisors in | writing that the assets held in donor ad | lvised fur | nds | |
| | are the organization's property, subject to the organization's | - | | | |
| 6 | Did the organization inform all grantees, donors, and donor a | | | | |
| | for charitable purposes and not for the benefit of the donor of | | | | |
| | | | | Yes | |
| Par | rt II Conservation Easements. Complete if the org | | 0, Part IV | | |
| 1 | Purpose(s) of conservation easements held by the organization | ion (check all that apply). | | | |
| | Preservation of land for public use (for example, recrea | ation or education) | of a hist | orically important land area | |
| | Protection of natural habitat | Preservation | of a cert | tified historic structure | |
| | Preservation of open space | | | | |
| 2 | Complete lines 2a through 2d if the organization held a quality | fied conservation contribution in the for | rm of a co | onservation easement on th | he la |
| | day of the tax year. | | | Held at the End of the | e Tax |
| а | Total number of conservation easements | | | 2a | |
| b | Total acreage restricted by conservation easements | | | 2b | |
| с | Number of conservation easements on a certified historic str | ructure included in (a) | | 2c | |
| d | Number of conservation easements included in (c) acquired a | after July 25,2006, and not on a | | | |
| | historic structure listed in the National Register | | | 2d | |
| 3 | Number of conservation easements modified, transferred, re | | | nization during the tax | |
| | year | | | | |
| 4 | Number of states where property subject to conservation ea | sement is located | _ | | |
| 5 | Does the organization have a written policy regarding the per | riodic monitoring, inspection, handling | of | | |
| | violations, and enforcement of the conservation easements i | t holds? | | Yes | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | handling of violations, and enforcing c | onservat | ion easements during the y | ear |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | dling of violations, and enforcing conse | rvation e | asements during the year | |
| 8 | Does each conservation easement reported on line 2(d) above | ve satisfy the requirements of section 1 | 70(h)(4)(l | B)(i) | |
| | and section 170(h)(4)(B)(ii)? | | | | |
| 9 | In Part XIII, describe how the organization reports conservati | | | | |
| | balance sheet, and include, if applicable, the text of the foot | | | | |
| | organization's accounting for conservation easements. | J. J | | | |
| Par | rt III Organizations Maintaining Collections o | f Art, Historical Treasures, or | Other | Similar Assets. | |
| | Complete if the organization answered "Yes" on Form | | | | |
| 1a | If the organization elected, as permitted under FASB ASC 95 | 58, not to report in its revenue statemer | nt and ba | alance sheet works | |
| | of art, historical treasures, or other similar assets held for pul | | | | |
| | service, provide in Part XIII the text of the footnote to its final | ncial statements that describes these it | tems. | | |
| b | If the organization elected, as permitted under FASB ASC 95 | 58, to report in its revenue statement ar | nd baland | ce sheet works of | |
| | art, historical treasures, or other similar assets held for public | | | | |
| | provide the following amounts relating to these items: | | | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | | \$ | |
| | | | | • | |
| | If the organization received or held works of art, historical tre | | | | |
| 2 | | | 2 , | | |
| 2 | the following amounts required to be reported under FASB A | ASC 958 relating to these items: | | | |
| | the following amounts required to be reported under FASB A Revenue included on Form 990, Part VIII, line 1 | | | \$ | |
| а | Revenue included on Form 990, Part VIII, line 1 | - | | | |
| a b | | - | | | 990 |

| | dule D (Form 990) 2022 THE WIL t III Organizations Maintaining C | LIAM J. GOU | | | | 04-21 | | | ige 2 |
|-------|---|---|--------------------------------|---------------------|---------------|-------------|----------|---------|--------------|
| 3 | Using the organization's acquisition, accessi | | | | | | | ucu) | |
| 5 | collection items (check all that apply): | | , check any of the | tollowing that that | ke signineai | | | | |
| а | Public exhibition | d | L oan or exc | hange program | | | | | |
| b | Scholarly research | e | Other | nango program | | | | | |
| c | Preservation for future generations | - | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explain | how they further t | he organization's | exempt pur | oose in Par | t XIII. | | |
| 5 | During the year, did the organization solicit o | | | | | | | | |
| | to be sold to raise funds rather than to be ma | | • | | | | Yes | | No |
| Par | t IV Escrow and Custodial Arran | | | | | | | | |
| | reported an amount on Form 990, Pa | | Ū | | | | , | | |
| 1a | Is the organization an agent, trustee, custod | an or other intermedia | ary for contributior | s or other assets | not include | d | | | |
| | on Form 990, Part X? | | - | | | | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII | | | | | | | | |
| | | | | | | | Amount | t | |
| с | Beginning balance | | | | 1c | | | | |
| | Additions during the year | | | | | | | | |
| | Distributions during the year | | | | | | | | |
| | Ending balance | | | | | | | | |
| | Did the organization include an amount on F | | | | | C | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII. | Check here if the exp | planation has been | provided on Part | XIII | | | |] |
| Par | | | | | | | | | |
| | | (a) Current year | (b) Prior year | (c) Two years bac | k (d) Three | years back | (e) Four | years | back |
| 1a | Beginning of year balance | 59,243. | 48,925. | 45,06 | 1. | 45,061. | | 45, | 061. |
| | Contributions | 2,120. | 10,318. | 3,86 | 4. | | | | |
| | Net investment earnings, gains, and losses | -3,388. | -3,049. | 3,72 | 3. | 2,084. | | 2, | 666. |
| | Grants or scholarships | | | | | | | | |
| | Other expenditures for facilities | | | | | | | | |
| - | and programs | -3,388. | 3,049. | 3,72 | 3. | 2,084. | | 2. | 666. |
| f | Administrative expenses | , | , | , | | , | | , | |
| | End of year balance | 61,363. | 59,243. | 48,92 | 5. | 45,061. | | 45. | 061. |
| 2 | Provide the estimated percentage of the curr | , | , | , | | , | | , | |
| | Board designated or quasi-endowment | | % | | | | | | |
| | Permanent endowment $10\overline{0}$ | % | | | | | | | |
| | | /~~_/~~/~~ | | | | | | | |
| - | The percentages on lines 2a, 2b, and 2c sho | - | | | | | | | |
| 3a | Are there endowment funds not in the posse | | tion that are held a | nd administered f | or the | | | | |
| | organization by: | eelell et the eliganization | | | | | Γ | Yes | No |
| | (i) Unrelated organizations | | | | | | 3a(i) | | Х |
| | (ii) Related organizations | | | | | | | | X |
| b | If "Yes" on line 3a(ii), are the related organiza | | | | | | | | |
| 4 | Describe in Part XIII the intended uses of the | | | | | | | | |
| | t VI Land, Buildings, and Equipm | | | | | | | | |
| | Complete if the organization answere | | Part IV, line 11a. S | See Form 990, Pa | t X, line 10. | | | | |
| | Description of property | (a) Cost or oth | | |) Accumula | ted | (d) Bool | < value | |
| | becomption of property | basis (investme | | (other) | depreciatio | | () 500 | ··uu | - |
| 19 | Land | | , | 0,706. | | | 40 | 0,7 | 06. |
| | Buildings | | | | 5,360,8 | 314. | 7,73 | | |
| | Leasehold improvements | | | _, | ,, | | .,,, | _,_ | |
| | | | 1 38 | 2,169. | 821,9 | 911. | 56 | 0,2 | 58. |
| | Equipment | | | 5,927. | , | | | 5,92 | |
| | Other | | | | | | 9,43 | | |
| Total | Add miles ta through te. (Column (d) Must e | yuari 01111 990, Fall X | ., column (<i>D</i>), line i | 00.) | | | - | - | |
| | | | | | | Schedule | гогп) ч | ∙ ລລ∩) | 2022 |

232052 09-01-22

29

| Schedule D (Form 990) 2022 THE WILLIAM Part VII Investments - Other Securities. Complete if the organization answered "Yes" of the organization and the organ | | SOCIATES, INC | 04-2134819 Page 3 |
|--|----------------------------|--|---------------------------------------|
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost | |
| (1) Financial derivatives | | | <u> </u> |
| (2) Closely held equity interests | | | |
| (3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) (1) | | | |
| (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| Part VIII Investments - Program Related. Complete if the organization answered "Yes" of | on Form 990. Part IV. line | 11c. See Form 990. Part X. line 13. | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost | |
| (1) | | | · · · · · · · · · · · · · · · · · · · |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. | | | |
| Complete if the organization answered "Yes" of | on Form 990 Part IV line | 11d See Form 990 Part X line 15 | |
| - | Description | | . (b) Book value |
| (1) | • | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | 45) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. | | | |
| Complete if the organization answered "Yes" of 1 . (a) Description of liability | on Form 990, Part IV, line | e The of THT. See Form 990, Part X, I | (b) Book value |
| | | | |
| (1) Federal income taxes (2) ACCRUED LIABILITIES | | | 237,520. |
| <u> </u> | | | 237,520. |
| (3) (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line | 25.) | | 237,520. |
| 2. Liability for uncertain tax positions. In Part XIII, provide | | | |
| organization's liability for uncertain tax positions under | FASB ASC 740. Check h | nere if the text of the footnote has b | een provided in Part XIII X |

Schedule D (Form 990) 2022

232053 09-01-22

| Sche | edule D (Form 990) 2022 THE WILLIAM J. GOULD ASSO | OCIATES, | INC | 04-2 | 2134819 | Page 4 |
|------|--|------------|----------------|------|---------|---------------|
| Pa | rt XI Reconciliation of Revenue per Audited Financial State | ments With | Revenue per R | | | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 1 | 12a. | | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 5,915 | ,940. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | | |
| а | Net unrealized gains (losses) on investments | 2a | -1,054. | | | |
| b | Donated services and use of facilities | 2b | | | | |
| с | Recoveries of prior year grants | 2c | | | | |
| d | Other (Describe in Part XIII.) | 2d | | | | |
| е | Add lines 2a through 2d | | | 2e | | ,054. |
| 3 | Subtract line 2e from line 1 | | | 3 | 5,916 | <u>,994.</u> |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | | |
| b | Other (Describe in Part XIII.) | 4b | | | | _ |
| с | | | | 4c | | 0. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | 5 | 5,916 | ,994. |
| Pa | rt XII Reconciliation of Expenses per Audited Financial State | | n Expenses per | Retu | irn. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 1 | | | | | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 5,268 | ,218. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | | |
| а | Donated services and use of facilities | 2a | | | | |
| b | Prior year adjustments | 2b | | | | |
| С | Other losses | 2c | | | | |
| d | | | | | | • |
| е | ····· | | | 2e | | 0. |
| 3 | Subtract line 2e from line 1 | | | 3 | 5,268 | ,218. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | | |
| b | Other (Describe in Part XIII.) | 4b | | | | • |
| С | | | | 4c | | 0. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | | 5 | 5,268 | ,218. |
| Pa | rt XIII Supplemental Information. | | | | | |

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

232054 09-01-22

FORM 990 SCHEDULE D PART X

UNCERTAIN TAX POSITION FOOTNOTE

PROFESSIONAL ACCOUNTING STANDARDS RELATING TO ACCOUNTING FOR INCOME TAXES

PROVIDE DETAILED GUIDANCE FOR THE FINANCIAL RECOGNITION, MEASUREMENT AND

DISCLOSURE OF UNCERTAIN TAX POSITIONS RECOGNIZED IN AN ORGANIZATION'S

FINANCIAL STATEMENTS. THEY REQUIRE AN ORGANIZATION TO RECOGNIZE THE

FINANCIAL STATEMENT IMPACT OF A TAX POSITION WHEN IT IS MORE LIKELY THAN

NOT THAT THE POSITION WILL NOT BE SUSTAINED ON EXAMINATION BY TAXING

AUTHORITIES BASED ON THE TECHNICAL MERITS OF THE POSITION. EXAMPLES OF

TAX POSITIONS INCLUDE THE TAX-EXEMPT STATUS OF THE FARM AND VARIOUS

Schedule D (Form 990) 2022 THE WILLIAM J. GOULD ASSOCIATES, INC 04-2134819 Page 5 Part XIII Supplemental Information (continued)

POSITIONS RELATED TO THE POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE INCOME (UBIT).

THE FARM IS SUBJECT TO UBIT ON INCOME GENERATED FROM SALES OF GRAVEL FOR WHICH IT FILES THE REQUIRED TAX REPORTING FORMS AND THE ESTIMATED TAX EXPENSE IS RECORDED IN THE FINANCIAL STATEMENTS.

MANAGEMENT HAS EVALUATED THE SIGNIFICANT TAX POSITIONS AND BELIEVES THAT THERE ARE NO SUCH POSITIONS REQUIRING ACCOUNTING RECOGNITION OTHER THAN THOSE DISCLOSED ABOVE.

THE FARM'S TAX RETURNS ARE GENERALLY SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE FOR YEARS ENDING ON OR AFTER JUNE 30, 2020.

Schedule D (Form 990) 2022

232055 09-01-22

| SCHEDULE G | Suppleme | vities c | MB No. 1545-0047 | | | | | | | | | |
|--|---|--|---|--------------------------|--|---------|--|--|--|--|--|--|
| (Form 990) | | e organization answered "Yes" on organization entered more than \$1 | | | | or 19, | or if the | 2022 | | | | |
| | C | | Open to Public | | | | | | | | | |
| Department of the Treasury Internal Revenue Service | Go t | Attach to Form 990 o o www.irs.gov/Form990 for instruc | | | | n. | | Inspection | | | | |
| Name of the organization | e of the organization THE WILLIAM J. GOULD ASSOCIATES, INC 04-2134819 | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | complete this par | Complete if the organization answe t. | red "Y | es" o | n Form 990, Part IV, I | line 1 | 7. Form 990-E2 | filers are not | | | | |
| a Aail solicitat b Internet and c Phone solici d In-person so | tions email solicitations tations licitations | s f ── Solicitat g ── Special | ion of ion of fundra | non-g gover aising | overnment grants nment grants events | | ~ | | | | | |
| • | | or oral agreement with any individual art VII) or entity in connection with p | • | • | | | , or 🗌 Yes | No | | | | |
| , , , | | viduals or entities (fundraisers) pursu | | | • | | | | | | | |
| compensated at le | east \$5,000 by the | organization. | | - | | | | | | | | |
| (i) Name and addres or entity (fund | | (ii) Activity | (iii) fundr have c or cor contrib | trol of | (iv) Gross receipts from activity | tò (c | Amount paid or retained by) fundraiser ted in col. (i) | (vi) Amount paid to (or retained by) organization | | | | |
| | | | Yes | No | | | | | | | | |
| | | | | | | | | | | | | |
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| Total | | | | | | | | | | | | |
| 3 List all states in wh or licensing. | ich the organizatio | n is registered or licensed to solicit o | contrik | oution | s or has been notified | d it is | exempt from re | egistration | | | | |
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990) 2022

232081 10-27-22

THE WILLIAM J. GOULD ASSOCIATES, INC

04-2134819 Page 2

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

| | | | (a) Event #1 | | (b) Event #2 | | (c) Other events | S | (d) Total events |
|-------------------------------|--|----------|----------------------|----------|--|---------|------------------|------|---|
| | | 5K | RACE | | | | | 1 | (add col. (a) through col. (c)) |
| e | | | (event type) | | (event type) | | (total number) | | |
| Bevenue Bevenue Bevenue | ross receipts | | 50,504. | | | | | | 50,504 |
| | | | | | | | | | |
| 2 Le | ess: Contributions | | | | | + | | | |
| 3 Gr | ross income (line 1 minus line 2) | <u> </u> | 50,504. | <u> </u> | | + | | | 50,504 |
| 4 Ca | ash prizes | | | | | | | | |
| | oncash prizes | | | | | | | | |
| sel ensel 6 Re | ent/facility costs | | | | | | | | |
| | ood and beverages | | | | | | | | |
| | ntertainment | | | | | | | | |
| | ther direct expenses | | 1,110. | | | | | | 1,110 |
| | rect expense summary. Add lines 4 through | | | | | | | | 1,110 |
| | et income summary. Subtract line 10 from li | | | | | | | | 49,394 |
| Part III | | answ | /ered "Yes" on Form | ı 990, | Part IV, line 19, o | or repo | orted more than | i - | |
| | \$15,000 on Form 990-EZ, line 6a. | | | | | | | | |
| e | | | (a) Bingo | |) Pull tabs/instant o/progressive bingo | . (| (c) Other gaming | g | (d) Total gaming (add col. (a) through col. (a |
| Kevenue | | | | Diligi | | , | | | |
| | | | ſ | | | | | | |
| 1 Gr | ross revenue | - | | | | + | | | |
| " 2 Ca | ash prizes | | | | | | | l | |
| | · · | | | | | + | | | |
| 3 No | oncash prizes | | | | | | | | |
| 5 | | | | | | | | | |
| 4 Re | ent/facility costs | <u> </u> | | <u> </u> | | | | | |
| | ther direct expenses | | | | | | | l | |
| 3 01 | וופי עוופטו פאשפו ואפא | | Yes % | | Yes 9 | 6 | Yes | % | |
| 6 Vc | blunteer labor | |] No | | No | | No | - ′ | |
| | | | | | | | | | |
| | rect expense summary. Add lines 2 through | | | | | | | | |
| 8 Ne | et gaming income summary. Subtract line 7 | from | n line 1, column (d) | <u></u> | | <u></u> | <u></u> | | |
| - - | | | | | | | | | |
| | the state(s) in which the organization condu | | | | | | | | |
| | organization licensed to conduct gaming ac | | | | | | | | |
| DII NO, | " explain: | | | | | | | | |
| | | | | | | | | | |
| 0a Were a | any of the organization's gaming licenses re | evoke | ed, suspended, or te | ermina | ated during the ta | ax yea | r? | | Yes N |
| b If "Yes | s," explain: | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 32082 10-27- | -22 | | | | | | S | Sche | dule G (Form 990) 202 |
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| Sch | edule G (Form 990) 2022 | THE | WILLIAM (| J. GOULD | ASSOCIATES, | INC 04- | 2134819 | Page 3 |
|------|--|--------------|--------------------|-------------------|---------------------------|----------------|-------------------|---------------|
| | Does the organization conduct g | gaming acti | ivities with nonme | embers? | | | Yes | No |
| 12 | Is the organization a grantor, be | | | | | | Yes | No No |
| 13 | to administer charitable gaming? Indicate the percentage of gamin | | | | | | | |
| | The organization's facility | | | | | | 13a | % |
| | An outside facility | | | | | | | % |
| | Enter the name and address of t | | | | | | | |
| | Name | | | | | | | |
| | Address | | | | | | | |
| 15a | a Does the organization have a co | ntract with | a third party fron | n whom the org | anization receives gamin | g revenue? | Yes | 🗌 No |
| k | If "Yes," enter the amount of gar | mina reven | ue received by th | e organization | \$ | and the amount | | |
| | of gaming revenue retained by th | | | | • | | | |
| c | If "Yes," enter name and addres | | | | | | | |
| | Name | | | | | | | |
| | Address | | | | | | | |
| 16 | Gaming manager information: | | | | | | | |
| | Name | | | | | | | |
| | Gaming manager compensation | \$ | | | | | | |
| | Description of some is a provided | | | | | | | |
| | Description of services provided | | | | | | | |
| | | | | | | | | |
| | Director/officer | Emp | ployee | Indepen | dent contractor | | | |
| | | | | | | | | |
| | Mandatory distributions: | or otato lov | , to make obsrited | olo distributions | from the coming process | de te | | |
| č | a Is the organization required under retain the state gaming license? | | | | | | Yes | |
| k | Enter the amount of distributions | | | | | | | |
| | organization's own exempt activ | ities during | g the tax year | \$ | | - | | |
| Pa | rt IV Supplemental Info | | | | | | art III, lines 9, | 9b, 10b, |
| | 15b, 15c, 16, and 17b, a | as applicab | le. Also provide a | iny additional in | formation. See instructio | ns. | | |
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| Schedule G | (Form 990) Supplemental Info | THE | WILLIAM | J. | GOULD | ASSOCIATE | s, : | INC | 04-213 | 4819 | Page 4 |
|---------------|---------------------------------|---------|-------------|-----|--------|-----------|------|-------|--------|------------|---------|
| Part IV | Supplemental Info | rmation | (continued) | | | | | | | | |
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

. Inspection

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Name of the organization

THE WILLIAM J. GOULD ASSOCIATES, INC

Employer identification number 04 - 2134819

| Par | tl | Types of Property | | | | | | | |
|-----|---|--|---------------|----------------------------|---|------------------|----------|--------|------|
| | | | (a) | (b) | (c) | (d) | | | |
| | | | Check if | Number of contributions or | Noncash contribution amounts reported on | Method of de | | • | _ |
| | | | applicable | | Form 990, Part VIII, line 1g | noncash contribu | ation a | mount | 5 |
| 1 | Art - Works of art | | | | | | | | |
| | Art - Historical treasures | | | | | | | | |
| | Art - Fractional interests | | | | | | | | |
| | Books and publications | | | | | | | | |
| | Clothing and household goods | | | | | | | | |
| 6 | | and other vehicles | | | | | | | |
| 7 | | s and planes | | | | | | | |
| 8 | Intellectual property | | | | | | | | |
| | Securities - Publicly traded | | X | 2 | 41,465. | VALUATION C | F S | TOC | K |
| | | rities - Closely held stock | | | | | | | |
| | | rities - Partnership, LLC, or | | | | | | | |
| | trust | interests | | | | | | | |
| | | rities - Miscellaneous | | | | | | | |
| 13 | | fied conservation contribution - | | | | | | | |
| | Histo | ric structures | | | | | | | |
| 14 | | fied conservation contribution - Other | | | | | | | |
| 15 | Real estate - Residential | | | | | | | | |
| 16 | | estate - Commercial | | | | | | | |
| 17 | | estate - Other | | | | | | | |
| 18 | | ctibles | | | | | | | |
| | Food inventory | | | | | | | | |
| | | s and medical supplies | | | | | | | |
| 21 | Taxidermy | | | | | | | | |
| | | rical artifacts | | | | | | | |
| | Scientific specimens | | | | | | | | |
| | | | | | | | | | |
| 25 | Other | r () | | | | | | | |
| 26 | Other | r () | | | | | | | |
| 27 | Other | r () | | | | | | | |
| 28 | Other | r () | | | | | | | |
| 29 | Numb | per of Forms 8283 received by the organi | zation durin | g the tax year for o | contributions | | | | |
| | for wh | hich the organization completed Form 82 | 83, Part V, I | Donee Acknowledg | jement 29 | | | | |
| | | | | | | | | Yes | No |
| 30a | Durin | During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it | | | | | | | |
| | must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for | | | | | | | | |
| | exem | pt purposes for the entire holding period | ? | | | | 30a | | Х |
| b | lf "Ye | es," describe the arrangement in Part II. | | | | | | | |
| 31 | Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? | | | | | | 31 | Х | |
| 32a | a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash | | | | | | | | |
| | contributions? | | | | | | 32a | | Х |
| b | lf "Ye | es," describe in Part II. | | | | | | | |
| 33 | If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, | | | | | | | | |
| | descr | ribe in Part II. | | | | | | | |
| LHA | For | Paperwork Reduction Act Notice, see | the Instruc | tions for Form 99 | 0. | Schedule M | /I (Forr | n 990) | 2022 |

232141 09-09-22

10360305 759092 5063100000 2022.05060 THE WILLIAM J. GOULD ASSOCI 50631011

| Part II | Supplement is reporting in Pa this part for any | tal Information art I, column (b), the additional informat | Provide the i e number of c tion. | information req ontributions, th | uired by l ne numbe | Part I, lines 30k r of items recei | o, 32b, a ived, or a | nd 33, and a combina [.] | d whether the tion of both. A | organization Iso complete |
|---------------|---|--|---|-------------------------------------|------------------------|---------------------------------------|-------------------------|--------------------------------------|-------------------------------|------------------------------|
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Schedule M (Form 990) 2022 THE WILLIAM J. GOULD ASSOCIATES, INC

04-2134819 Page 2

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization 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 Go to www.irs.gov/Form990 for the latest information.



04 - 2134819

INC

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE WILLIAM J. GOULD ASSOCIATES,

GOULD FARM IS A THERAPEUTIC COMMUNITY THAT PROMOTES RECOVERY FOR PEOPLE

WITH MENTAL HEALTH AND RELATED CHALLENGES THROUGH MEANINGFUL WORK.

COMMUNITY LIVING, AND CLINICAL CARE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

GOULD FARM, FOUNDED IN 1913, IS A RESIDENTIAL THERAPEUTIC COMMUNITY

DEDICATED TO HELPING ADULTS WITH MENTAL HEALTH AND RELATED CHALLENGES

MOVE TOWARD RECOVERY AND INDEPENDENCE THROUGH COMMUNITY LIVING,

MEANINGFUL WORK, AND CLINICAL CARE. WE REFER TO OUR RESIDENTS AS

"GUESTS" AND WELCOME THEM INTO A SUPPORTIVE COMMUNITY ENVIRONMENT MADE

UP OF STAFF AND THEIR FAMILIES, MOST OF WHOM LIVE ON THE 700-ACRE

CAMPUS. WE HELP ADULTS WITH DEPRESSION, BIPOLAR DISORDER,

SCHIZOAFFECTIVE DISORDER, SCHIZOPHRENIA AND OTHER CHALLENGES REBUILD

AND REGAIN THEIR LIVES. GOULD FARM OFFERS A FULL CONTINUUM OF SERVICES

INCLUDES INDIVIDUAL AND GROUP THERAPY, WORK THERAPY AND COMMUNITY THAT

RE-INTEGRATION SUPPORT. PROGRAMS IN BOTH BOSTON AND THE BERKSHIRES

PROVIDE TRANSITIONAL SUPPORT FOR GUESTS READY TO LIVE MORE

INDEPENDENTLY. VOCATIONAL COUNSELING IS AVAILABLE FOR THOSE PREPARING

TO RETURN TO SCHOOL OR WORK. ACCOMPLISHMENTS THIS YEAR INCLUDED

PROVIDING INTEGRATED TREATMENT TO 86 UNDUPLICATED PEOPLE INCLUDING 56

PEOPLE IN MONTEREY, MA AT THE FARM, 30 PEOPLE IN BOTH OUR RESIDENTIAL

AND NON-RESIDENTIAL PROGRAMS AT FELLSIDE OUR BOSTON TRANSITION PROGRAM.

IN ADDITION, WE HAVE BEEN WORKING TO REBUILD OUR ROADSIDE CAFE LOCATED

IN MONTEREY, MA WHICH SERVES AS AN IMPORTANT BRIDGE BETWEEN OUR WORK

THERAPY PROGRAM AND THE LOCAL COMMUNITY.

10360305 759092 5063100000

Name of the organization

Page 2

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

THE ORGANIZATION HAS ASSOCIATES WHO ARE MEMBERS WHO ELECT MEMBERS OF THE

GOVERNING BODY AND APPROVE SIGNIFICANT DECISIONS OF THE GOVERNING BODY.

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

THE ORGANIZATION'S ASSOCIATES ELECT MEMBERS OF THE GOVERNING BODY.

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

IF THE GOVERNING BODY MAKES CHANGES TO THE BYLAWS, THE ASSOCIATES HAVE TO

VOTE AND APPROVE THE CHANGES.

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

THE FINANCE COMMITTEE MEETS WITH THE INDEPENDENT AUDITORS TO REVIEW THE AUDIT RESULTS. AN OFFICER OF THE BOARD REVIEWS AND SIGNS THE FORM 990. A COPY OF THE FORM 990 IS MADE AVAILABLE TO THE BOARD MEMBERS PRIOR TO SUBMISSION.

FORM 990, PART VI, SECTION B, LINE 15: THE HUMAN RESOURCES COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS AND APPROVES SALARY RANGES FOR ALL POSITIONS, INCLUDING ED EVERY 3 YEARS. THE COMMITTEE CONDUCTS A MARKET REVIEW INCLUDING SALARY SURVEYS FROM 2-3 KEY NONPROFIT NETWORKS. ALL ANNUAL COMPENSATION ADJUSTMENTS ARE MADE WITHIN THESE ESTABLISHED RANGES AND ALIGNED WITH ANNUAL PERFORMANCE REVIEW/FEEDBACK. THE EXECUTIVE DIRECTOR IS REVIEWED BY THE BOARD VIA A 360 REVIEW PROCESS INCLUDING FEEDBACK FROM ALL BOARD AND STAFF. THE EXECUTIVE COMMITTEE VOTES ON ED COMPENSATION ANNUALLY.

232212 10-28-22

10360305 759092 5063100000 2022.05060 THE WILLIAM J. GOULD ASSOCI 50631011

| Name of th | | 990) 20: zation | | WILI | LIAM | [J. | GOU | LD A | sso | CIA | TES, | INC | | | Emp (| loyer ider) 4 – 2 1 | ntificatio | n numl |
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UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2023

| Name THE WILLIAM J. GOULD ASSOCIATES, INC | Employer Identification 04-21348 | tion Number 3 19 |
|--|----------------------------------|----------------------------|
| Based on the information provided with this return, the following are possible carryover amounts to next year. | | |
| FEDERAL POST-2017 NET OPERATING LOSS - SALE OF GRAVE | EL ON GOU | 1,04 |
| A NET OPERATING LOSS | | 1,04 |
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| Nam | e: 1 | THE WILLIAM J | . GOULD ASSOC | IATES, INC | | | | | | | FEIN: | 04-2134819 |
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| Typ | e and on 382 | d Entity: SAL | E OF GRAVEL O | N GOUL POST-20 Section 382 Carryover | 17 NO | DETAIL C | ARRYOVER SCH | EDULE | | | | |
| Yea Orio nate | ji- ed | Original Carryover Amount | Total Amount Used | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for |
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Name: THE WILLIAM J. GOULD ASSOCIATES, INC

| Name: | THE WILLIAM J | . GOULD ASSOC | IATES INC | | | | | | | FEIN: | 04-2134819 |
|-------------------------------|--|-------------------------|-----------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| Type | and Entity: NOL 382 Annual Limitation | MA | Section 382 Carryover | | DETAIL C | ARRYOVER SCH | IEDULE | | | | |
| Year Origi- nated | Original Carryover Amount | Total Amount Used | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for |
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212571 04-01-22

(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

| - | Eilo o | conorato | application | for oach | roturn |
|---|--------|----------|-------------|----------|---------|
| - | гие а | Sevarate | application | TOF Each | return. |

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

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| Type or print | or Name of exempt organization or other filer, see instructions. Taxpayer identification | | | | | | | |
|---|--|--|---|-----------------------------------|--|-----------------------------------|--|--|
| | THE WILLIAM J. GOULD ASSOC | IATES | , INC | | 04-213 | 34819 | | |
| File by the due date f filing your | Number, street, and room or suite no. If a P.O. box, s | see instruc | tions. | | | | | |
| return. See instruction | | oreign add | lress, see instructions. | | | | | |
| Enter th | e Return Code for the return that this application is for (fi | le a separa | te application for each return) | | | 07 | | |
| Applica | tion | Return | Application | | 1 | | | |
| ls For | | Code | Is For | Code | | | | |
| Form 99 | 00 or Form 990-EZ | Form 1041-A | | | 08 | | | |
| Form 47 | '20 (individual) | 03 | Form 4720 (other than individual) | Form 4720 (other than individual) | | | | |
| Form 99 | 00-PF | 04 | Form 5227 | | | 10 | | |
| Form 99 | n 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 | | | | | 11 | | |
| Form 99 | 090-T (trust other than above) 06 Form 8870 | | | | | 12 | | |
| Form 99 | 00-T (corporation) CORPORATION | 07 | | | | | | |
| • If this box 1 In the second secon | equest an automatic 6-month extension of time until e organization named above. The extension is for the org calendar year or X tax year beginning JUL 1, 2022 the tax year entered in line 1 is for less than 12 months, o Change in accounting period | Group Exe and atta MAX ganization's , an check reas | emption Number (GEN) I ich a list with the names and TINs of Y 15, 2024 , to file s return for: d ending JUN 30, 2023 on: Initial return | f this is fo all memb | r the whole g ers the exter npt organizati | roup, check this Ision is for. | | |
| | this application is for Forms 990-PF, 990-T, 4720, or 6069 | 9, enter the | e tentative tax, less | | | 0. | | |
| _ | ny nonrefundable credits. See instructions. | 0 onto:: -: | | 3a | \$ | 0. | | |
| | this application is for Forms 990-PF, 990-T, 4720, or 6069 | | | 0 | ^ | 0. | | |
| - | estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$ | | | | | 0. | | |
| | Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by | | | | | 0. | | |
| | sing EFTPS (Electronic Federal Tax Payment System). Se | | | 452 TE or | Did Form 0070 | | | |
| instruct | If you are going to make an electronic funds withdrawa ions. | i (airect de | DIU WITH THIS FORTH 8868, SEE FORM 8 | 433-1E ar | iu Form 8879 | r ⊨ for payment | | |
| LHA | For Privacy Act and Paperwork Reduction Act Notice | , see instr | uctions. | | Form 8 | 868 (Rev. 1-2022) | | |

10360305 759092 5063100000

| Form | 990-T | Exempt Organization Business Income Tax Return | ו ו | OMB No. 1545-0047 |
|-------------|--|--|-----------------|--|
| | | (and proxy tax under section 6033(e)) | 2 | 2022 |
| | | For calendar year 2022 or other tax year beginning JUL 1, 2022, and ending JUN 30, 202 | <u></u> | LULL |
| | ment of the Treasury I Revenue Service | Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). | | Open to Public Inspection for 501(c)(3) Organizations Only |
| Α | Check box if address changed. | Name of organization (Check box if name changed and see instructions.) | DEmbl | loyer identification number |
| B Ex | empt under section | Print THE WILLIAM J. GOULD ASSOCIATES, INC | | 4-2134819 |
| X | 501(c)(3) 408(e) 220(e) | or Number, street, and room or suite no. If a P.O. box, see instructions. Type P.O. BOX 157 | EGrou (see i | p exemption number instructions) |
| | | | - | |
| | 408A 530(a) 529(a) 529A | City or town, state or province, country, and ZIP or foreign postal code MONTEREY, MA 01245 | | Oha a la hava if |
| | 1529(a) []529A | | ╏╸└─ | Check box if |
| | | | Stata | an amended return. college/university |
| | heck organization | | State | college/university |
| | Check if filing only to | | | |
| - | | organization filing a consolidated return with a 501(c)(2) titleholding corporation | <u></u> | <u></u> 1 |
| - | | f attached Schedules A (Form 990-T) was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? | | Yes X No |
| | | ame and identifying number of the parent corporation. | | |
| | he books are in car | | 413 |)528-1804 |
| | | related Business Taxable Income | | , |
| 1 | Total of unrelated | business taxable income computed from all unrelated trades or businesses (see | | |
| • | | | 1 | 0. |
| 2 | , | | 2 | |
| 3 | Add lines 1 and 2 | | 3 | |
| 4 | Charitable contrib | outions (see instructions for limitation rules) | 4 | 0. |
| 5 | | usiness taxable income before net operating losses. Subtract line 4 from line 3 | 5 | |
| 6 | | operating loss. See instructions | 6 | |
| 7 | Total of unrelated | business taxable income before specific deduction and section 199A deduction. | | |
| | Subtract line 6 fro | om line 5 | 7 | |
| 8 | Specific deduction | n (generally \$1,000, but see instructions for exceptions) | 8 | 1,000. |
| 9 | | 99A deduction. See instructions | 9 | |
| 10 | | Add lines 8 and 9 | 10 | 1,000. |
| 11 | Unrelated busine | ess taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, | | |
| | enter zero | | 11 | 0. |
| Par | t II Tax Com | putation | | |
| 1 | Organizations tax | xable as corporations. Multiply Part I, line 11 by 21% (0.21) | 1 | 0. |
| 2 | Trusts taxable at | trust rates. See instructions for tax computation. Income tax on the amount on | | |
| | Part I, line 11 from | n: L Tax rate schedule or Schedule D (Form 1041) | 2 | |
| 3 | Proxy tax. See ins | structions | 3 | |
| 4 | Other tax amounts | s. See instructions | 4 | |
| 5 | Alternative minimu | um tax (trusts only) | 5 | |
| 6 | Tax on noncompl | liant facility income. See instructions | 6 | _ |
| 7 | | through 6 to line 1 or 2, whichever applies | 7 | 0. |
| LHA | For Paperwork F | Reduction Act Notice, see instructions. | | Form 990-T (2022) |

223701 01-16-23

2022.05060 THE WILLIAM J. GOULD ASSOCI 50631011

| | 90-T (2022) | | F | ² age 2 |
|------|---|---------------|-----|---------------------------|
| Part | III Tax and Payments | | | |
| 1a | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 1a | | | |
| b | Other credits (see instructions) 1b | | | |
| с | General business credit. Attach Form 3800 (see instructions) | | | |
| d | Credit for prior year minimum tax (attach Form 8801 or 8827) 1d | | | |
| е | Total credits. Add lines 1a through 1d | 1e | | |
| 2 | Subtract line 1e from Part II, line 7 | 2 | | 0. |
| 3 | Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 | 3 | | |
| 4 | Total tax. Add lines 2 and 3 (see instructions). | | | |
| | section 1294. Enter tax amount here | 4 | | 0. |
| 5 | Current net 965 tax liability paid from Form 965-A, Part II, column (k) | 5 | | 0. |
| 6a | Payments: A 2021 overpayment credited to 2022 | | | |
| b | 2022 estimated tax payments. Check if section 643(g) election applies 6b | | | |
| с | Tax deposited with Form 8868 6 | | | |
| d | Foreign organizations: Tax paid or withheld at source (see instructions) 6d | | | |
| е | Backup withholding (see instructions) 6e | | | |
| f | Credit for small employer health insurance premiums (attach Form 8941) 6f | | | |
| g | Other credits, adjustments, and payments: Form 2439 Total 6g | | | |
| 7 | Total payments. Add lines 6a through 6g | 7 | | |
| 8 | Estimated tax penalty (see instructions). Check if Form 2220 is attached | 8 | | |
| 9 | Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed | 9 | | |
| 10 | Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid | 10 | | |
| 11 | Enter the amount of line 10 you want: Credited to 2023 estimated tax Refunded | 11 | | |
| Part | IV Statements Regarding Certain Activities and Other Information (see instructions) | | | |
| 1 | At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority | | Yes | No |
| | over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file | | | |
| | FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country | | | |
| | here | | | X |
| 2 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a | | | |
| | foreign trust? | | | X |
| | If "Yes," see instructions for other forms the organization may have to file. | | | |
| 3 | Enter the amount of tax-exempt interest received or accrued during the tax year \$ | | _ | |
| 4 | Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL car | ryover | | |
| | shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Par | rt I, line 6. | | |
| 5 | Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce | | | |
| | the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions | 5. | | |
| | Business Activity Code Available post-2017 NOL c | | | |
| | 212000 \$ | 1,040. | · | |
| | \$ | | | |
| 6a | Did the organization change its method of accounting? (see instructions) | | | X |
| b | If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," | | | |
| | explain in Part V | | | |

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

| Sign Here | Signature of officer | Date | TREASURER | | May the IRS discuss this return with the preparer shown below (see |
|----------------|-------------------------------|----------------------|-----------------|---------------|--|
| | | Dale | | | instructions)? X Yes No |
| | Print/Type preparer's name | Preparer's signature | Date | Check | if PTIN |
| Paid | CAROL J | CAROL J | | self- employe | d |
| Preparer | LEIBINGER-HEALEY (| CP LEIBINGER-H | EALEY C03/05/24 | | P00849882 |
| Use Only | Firm's name ADELSON & | COMPANY PC | | Firm's EIN | 20-5711238 |
| Ose only | 100 NOR: | TH STREET | | | |
| | Firm's address PITTSFI | ELD, MA 01201 | | Phone no. | 413-443-6408 |
| 223711 01-16-2 | 23 | | | | Form 990-T (2022 |

| SCHE | DULE | ΞA |
|-------|------|----|
| (Form | 990- | T) |

Department of the Treasury

Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

| 2022 |
|------|
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Open to Public Inspection for 501(c)(3) Organizations Only

1

 $\begin{array}{c} \text{B} \quad \text{Employer identification number} \\ 04-2134819 \end{array}$

D Sequence:

1

of

| A | Name of the | organization | | | | | |
|---|-------------|--------------|----|-------|-------------|-----|--|
| | THE | WILLIAM | J. | GOULD | ASSOCIATES, | INC | |
| | | | | | | | |

c Unrelated business activity code (see instructions) 212000

| E | Describe the unrelated trade or business SALE OF GRAV | ΈL | ON GOU | LD 🗄 | FARM. | | | | |
|----------------|---|------|--------|------|-------|-----------|------|-----------|----|
| Ра | rt I Unrelated Trade or Business Income | | (A) In | come | | (B) Exper | ises | (C) Net | |
| 1a | Gross receipts or sales | | | | | | | | |
| b | | 1c | | | | | | | |
| 2 | Cost of goods sold (Part III, line 8) | 2 | | | | | | | |
| 3 | Gross profit. Subtract line 2 from line 1c | 3 | | | | | | | |
| 4a | Capital gain net income (attach Schedule D (Form 1041 or Form | | | | | | | | |
| | 1120)). See instructions | 4a | | | | | | | |
| b | Net gain (loss) (Form 4797) (attach Form 4797). See instructions) | 4b | | | | | | | |
| с | | 4c | | | | | | | |
| 5 | Income (loss) from a partnership or an S corporation (attach | | | | | | | | |
| | statement) | 5 | | | | | | | |
| 6 | Rent income (Part IV) | 6 | | | | | | | |
| 7 | Unrelated debt-financed income (Part V) | 7 | | | | | | | |
| 8 | Interest, annuities, royalties, and rents from a controlled | | | | | | | | |
| | organization (Part VI) | 8 | | | | | | | |
| 9 | Investment income of section 501(c)(7), (9), or (17) | | | | | | | | |
| | organizations (Part VII) | 9 | | | | | | | |
| 10 | Exploited exempt activity income (Part VIII) | 10 | | | | | | | |
| 11 | Advertising income (Part IX) | 11 | | | | | | | |
| 12 | Other income (see instructions; attach statement) | 12 | | | | | | | |
| 13 | Total. Combine lines 3 through 12 | 13 | | | 0. | | | | |
| <u>Ра</u> 1 | Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) | ncom | е | | | | | s must be | |
| 2 | Salaries and wages | | | | | | | | |
| 3 | Repairs and maintenance | | | | | | | | |
| 4 | Bad debts | | | | | | | | |
| 5 | Interest (attach statement). See instructions | | | | | | | | |
| 6 | Taxes and licenses | | | | | | | | |
| 7 | Depreciation (attach Form 4562). See instructions | | | | | | | | |
| 8 | Less depreciation claimed in Part III and elsewhere on return | | | | | | 8b | | |
| 9 | Depletion | | | | | | 9 | | |
| 10 | Contributions to deferred compensation plans | | | | | | | | |
| 11 | Employee benefit programs | | | | | | | | |
| 12 | Excess exempt expenses (Part VIII) | | | | | | | | |
| 13 | Excess readership costs (Part IX) | | | | | | | | |
| 14 | Other deductions (attach statement) | | | | | | | | |
| 15 | Total deductions. Add lines 1 through 14 | | | | | | | | 0. |
| 16 | Unrelated business income before net operating loss deduction. S | | | | | | | | |
| | column (C) | | | | | | . 16 | | 0. |
| 17 | Deduction for net operating loss. See instructions | | | | | | 17 | | 0. |
| 18 | Unrelated business taxable income. Subtract line 17 from line 16 | | | | | | | | |
| | | | | | | | | | |

Schedule A (Form 990-T) 2022

223741 01-16-23

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| _ | III Cost of Goods Sold Enter method | od of inventory valu | lation | | |
|--|---|---|---|--------------|-----|
| 1 | Inventory at beginning of year | | | 1 | |
| 2 | Purchases | | | | |
| 3 | Cost of labor | | | | |
| 4 | Additional section 263A costs (attach statement) | | | 4 | |
| 5 | | | | | |
| | Other costs (attach statement) | | | | |
| 6 | Total. Add lines 1 through 5 | | | | |
| 7 | Inventory at end of year | | | | |
| 8 | Cost of goods sold. Subtract line 7 from line 6. Enter he | | | | |
| 9 | Do the rules of section 263A (with respect to property p | | | | Yes |
| art | IV Rent Income (From Real Property and | Personal Prop | perty Leased with Re | al Property) | |
| 1 | Description of property (property street address, city, st | ate, ZIP code). Che | eck if a dual-use. See instruc | ctions. | |
| | A 🛄 | | | | |
| | в | | | | |
| | c 🗌 | | | | |
| | D | | | | |
| | | Α | В | С | D |
| 2 | Rent received or accrued | <i>, ,</i> | | | |
| | | | | | |
| а | From personal property (if the percentage of | | | | |
| | rent for personal property is more than 10% | | | | |
| | but not more than 50%) | | | | |
| b | From real and personal property (if the | | | | |
| | percentage of rent for personal property exceeds | | | | |
| | 50% or if the rent is based on profit or income) | | | | |
| с | Total rents received or accrued by property. | | | | |
| | Add lines 2a and 2b, columns A through D | | | | |
| 4 <u>5</u> art | Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Entre V Unrelated Debt-Financed Income (see Description of debt-financed property (street address, c | er here and on Part ∋ instructions) | | | |
| 5 art | in lines 2(a) and 2(b) (attach statement) | er here and on Part ∋ instructions) | : I, line 6, column (B) | | |
| 5 art | in lines 2(a) and 2(b) (attach statement) | er here and on Part ∋ instructions) | : I, line 6, column (B) | | |
| 5 art | in lines 2(a) and 2(b) (attach statement) | er here and on Part ∋ instructions) | : I, line 6, column (B) | | |
| 5 art | in lines 2(a) and 2(b) (attach statement) | er here and on Part ∋ instructions) | : I, line 6, column (B) | | |
| 5 art | in lines 2(a) and 2(b) (attach statement) | er here and on Part ∋ instructions) | : I, line 6, column (B) | | |
| 5 art | in lines 2(a) and 2(b) (attach statement) | er here and on Part instructions) ty, state, ZIP code; | : I, line 6, column (B)). Check if a dual-use. See in | nstructions. | |
| 5 art 1 | in lines 2(a) and 2(b) (attach statement) | er here and on Part instructions) ty, state, ZIP code; | : I, line 6, column (B)). Check if a dual-use. See in | nstructions. | |
| 5 art 1 | in lines 2(a) and 2(b) (attach statement) | er here and on Part instructions) ty, state, ZIP code; | : I, line 6, column (B)). Check if a dual-use. See in | nstructions. | |
| 5 art 1 | in lines 2(a) and 2(b) (attach statement) | er here and on Part instructions) ty, state, ZIP code; | : I, line 6, column (B)). Check if a dual-use. See in | nstructions. | |
| 5 art 1 2 3 | in lines 2(a) and 2(b) (attach statement) | er here and on Part instructions) ty, state, ZIP code; | : I, line 6, column (B)). Check if a dual-use. See in | nstructions. | |
| 5 art 1 2 3 a | in lines 2(a) and 2(b) (attach statement) | er here and on Part instructions) ty, state, ZIP code; | : I, line 6, column (B)). Check if a dual-use. See in | nstructions. | |
| 5 art 1 2 3 a b | in lines 2(a) and 2(b) (attach statement) | er here and on Part instructions) ty, state, ZIP code; | : I, line 6, column (B)). Check if a dual-use. See in | nstructions. | |
| 5 art 1 2 3 a | in lines 2(a) and 2(b) (attach statement) | er here and on Part instructions) ty, state, ZIP code; | : I, line 6, column (B)). Check if a dual-use. See in | nstructions. | |
| 5 art 1 2 3 a b c | in lines 2(a) and 2(b) (attach statement) | er here and on Part instructions) ty, state, ZIP code; | : I, line 6, column (B)). Check if a dual-use. See in | nstructions. | D |
| 5 art 1 2 3 a b | in lines 2(a) and 2(b) (attach statement) | er here and on Part instructions) ty, state, ZIP code; | : I, line 6, column (B)). Check if a dual-use. See in | nstructions. | D |
| 5 art 1 2 3 a b c | in lines 2(a) and 2(b) (attach statement) | er here and on Part instructions) ty, state, ZIP code; | : I, line 6, column (B)). Check if a dual-use. See in | nstructions. | D |
| 5 art 1 2 3 a b c | in lines 2(a) and 2(b) (attach statement) | er here and on Part instructions) ty, state, ZIP code; | : I, line 6, column (B)). Check if a dual-use. See in | nstructions. | D |
| 5 art 1 2 3 a b c 4 | in lines 2(a) and 2(b) (attach statement) | er here and on Part instructions) ty, state, ZIP code; | : I, line 6, column (B)). Check if a dual-use. See in | nstructions. | D |
| 5 art 1 2 3 a b c 4 | in lines 2(a) and 2(b) (attach statement) | er here and on Part e instructions) ty, state, ZIP code; A | : I, line 6, column (B)). Check if a dual-use. See in | nstructions. | |
| 5 art 1 2 3 a b c 4 5 | in lines 2(a) and 2(b) (attach statement) | er here and on Part e instructions) ty, state, ZIP code; A | B B | C | |
| 5 art 1 2 3 a b c 4 5 6 7 | in lines 2(a) and 2(b) (attach statement) | er here and on Part e instructions) ty, state, ZIP code; A | I, line 6, column (B)). Check if a dual-use. See in B <td>C C</td> <td></td> | C C | |
| 5 art 1 2 3 a b c 4 5 6 | in lines 2(a) and 2(b) (attach statement) | er here and on Part e instructions) ty, state, ZIP code; A | I, line 6, column (B)). Check if a dual-use. See in B <td>C C</td> <td></td> | C C | |
| 5 art 1 2 3 a b c 4 5 6 7 8 | in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Entretorial deductions. Add line 4 columns A through D. Entretorial deductions. Add line 4 columns A through D. Entretorial deductions of debt-financed property (street address, columns a through D and columns | er here and on Part e instructions) ty, state, ZIP code; A | I, line 6, column (B)). Check if a dual-use. See in B <td>C C</td> <td></td> | C C | |
| 5 art 1 2 3 a b c 4 5 6 7 8 9 | in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Entree Unrelated Debt-Financed Income (see Description of debt-financed property (street address, c A B C C Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (atdach statement) Total deductions (atdach statement) Total deductions (atdach statement) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-financed property (attach statement) Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6 Total gross income (add line 7, columns A through D). Allocable deductions. Multiply line 3c by line 6 | A | B B B B B B B B B B B B B B Check if a dual-use. See in Set in the set in | C C | |
| 5 art 1 2 3 a b c 4 5 6 7 8 900 | in lines 2(a) and 2(b) (attach statement) | A Enter here and on Part instructions) ty, state, ZIP code; A Enter here and on F ugh D. Enter here a | Image: I, line 6, column (B)). Check if a dual-use. See in B | C | |
| 5 art 1 2 3 a b c 4 5 6 7 8 9 10 | in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Entree Unrelated Debt-Financed Income (see Description of debt-financed property (street address, c A B C C Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (atdach statement) Total deductions (atdach statement) Total deductions (atdach statement) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-financed property (attach statement) Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6 Total gross income (add line 7, columns A through D). Allocable deductions. Multiply line 3c by line 6 | A Enter here and on Part instructions) ty, state, ZIP code; A Enter here and on F ugh D. Enter here a | B B B B B B B B B B B B B B Check if a dual-use. See in Set in the set in | C | |

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| | ule A (Form 990-T) 2022 VI Interest, Annu | | ovalties and P | onte fro | m Contro | | raanizatio | | a instruction | tional | Page 3 |
|---------------------------------------|--|--|---|-------------|--|----------------------|--|---------|-----------------------------------|---|--|
| Fart | VI Interest, Annu | ullies, n | byanies, and n | | in contro | | Exempt Contro | (| | , | |
| 1. Name of controlled organization | | 2. Employer identification number | 3. Net unrelated income (loss) (see instructions) | | 4. Total of specified payments made | | 5. Part of column 4 that is included in the controlling organiza- tion's gross income | | mn 4 6 in the aniza- | Deductions directly connected with income in column 5 | |
| (1) | | | | | | | | | groot in | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | | | | | | | |
| | | | No | nexempt (| Controlled O | rganizati | ions | | | | |
| 7 | in | | | | otal of specified ayments made | | 10. Part of column 9 that is included in the controlling organization's gross income | | in the zation's | 11. Deductions directly connected with income in column 10 | |
| (1) | | | | | | | Ŭ | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | | | | | | | |
| | | | | | | | Add colum Enter here line 8, c | and or | n Part I, | Enter | columns 6 and 11. here and on Part I, ne 8, column (B) |
| Totals | | | | | | | | | 0. | | 0. |
| Part | VII Investment | Income | of a Section 50 |)1(c)(7), | (9), or (17 |) Orga | nization (s | ee inst | ructions) | | |
| | 1. Desc | cription of | income | | 2. Amou incor | | 3. Deduction directly conn (attach states) | ected | 4. Set (attach s | asides tatement | 5. Total deductions and set-asides (add cols 3 and 4) |
| (1) | | | | | | | | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | Add amo | unto in | | | | | Add amounts in |
| Totals | | | | | column 2 here and o line 9, colu | . Enter n Part I, | | | | | column 5. Enter here and on Part I, line 9, column (B) |
| Part | | xempt A | Activity Income | . Other | - Than Adv | ertisir | na Income (| see in | structions |) | |
| 1 | Description of exploite | | | , | | | 0 | | | Í | |
| 2 | Gross unrelated busin | iess incom | e from trade or bus | iness. Ente | er here and o | on Part I | , line 10, colun | nn (A) | | 2 | |
| 3 | Expenses directly con | | | | | | | | | | |
| | | | | | | | | | | 3 | |
| 4 | Net income (loss) from | | | | | | | | | | |
| | lines 5 through 7 | | | | | | | | | 4 | |
| 5 | Gross income from ac | | | | | | | | | 5 | |
| 6 | Expenses attributable | | | | | | | | | 6 | |
| 7 | Excess exempt expen | | | | | | | | | | |
| | 4. Enter here and on F | Part II, line | 12 | | | | | | | 7 | |

Schedule A (Form 990-T) 2022

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223731 01-16-22

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10360305 759092 5063100000 2022.05060 THE WILLIAM J. GOULD ASSOCI 50631011

| Sched | ule A (Form 990-T) 2022 | | | | Page 4 |
|----------------------------------|--|------------------------------------|--------------------|-----------------|--------------------|
| Part | | | | | |
| 1 | Name(s) of periodical(s). Check box if report | ing two or more periodicals on a d | consolidated basi | S. | |
| | A [| | | | |
| | B | | | | |
| | | | | | |
| _ | D | | | | |
| nter a | amounts for each periodical listed above in the | | | | |
| • | | A | В | C | D |
| 2 | Gross advertising income | | | | 0. |
| - | Add columns A through D. Enter here and or | n Part I, line I I, column (A) | | | |
| a ว | Direct advertising costs by periodical | | | 1 | 1 |
| 3 | Direct advertising costs by periodical Add columns A through D. Enter here and or | | | | 0. |
| а | Add columns A through D. Enter here and o | | | | |
| 4 | Advertising asin (loss) Subtract line 2 from l | lino | | | |
| 4 | Advertising gain (loss). Subtract line 3 from I 2. For any column in line 4 showing a gain, | | | | |
| | complete lines 5 through 8. For any column | in | | | |
| | line 4 showing a loss or zero, do not comple | | | | |
| | lines 5 through 7, and enter zero on line 8 | | | | |
| 5 | Readership costs | | | | |
| 6 | Circulation income | | | | |
| 7 | Excess readership costs. If line 6 is less than | | | | |
| - | line 5, subtract line 6 from line 5. If line 5 is le | | | | |
| | than line 6, enter zero | | | | |
| 8 | Excess readership costs allowed as a | | | | |
| | deduction. For each column showing a gain | on | | | |
| | line 4, enter the lesser of line 4 or line 7 | | | | |
| а | Add line 8, columns A through D. Enter the g | | al or zero here an | d on | |
| | Part II, line 13 | | | | 0. |
| Part | | irectors, and Trustees (se | e instructions) | | |
| | | | | 3. Percentage | 4. Compensation |
| | 1. Name | 2. Title | | of time devoted | attributable to |
| | | | | to business | unrelated business |
| (1) | | | | % | |
| | | | | % | |
| | | | | | |
| 3) | | | | % | |
| 3) | | | | % | |
| (3) (4) | | | | | 0 |
| 3) 4) Total | Enter here and on Part II, line 1 | | | | 0. |
| 3) 4) Total | | see instructions) | | | 0. |
| 3) 4) Total | | see instructions) | | | 0. |
| (3) (4) Total | | see instructions) | | | 0. |
| 3) 4) Total | | see instructions) | | | 0. |
| 3) 4) Total | | see instructions) | | | 0 |
| 3) 4) Total | | see instructions) | | | 0 |
| 3) 4) Total | | see instructions) | | | 0 |
| 3) 4) Total | | see instructions) | | | 0 |
| 3) 4) Total | | see instructions) | | | 0 |
| 3) 4) Total | | see instructions) | | | 0 |
| 3) 4) Total | | see instructions) | | | 0 |
| 3) 4) Total | | see instructions) | | | 0 |
| (3) (4) Total | | see instructions) | | | 0 |
| 3) 4) Total | | see instructions) | | | 0 |
| 3) 4) Total | | see instructions) | | | 0 |
| 3) 4) Total | | see instructions) | | | 0 |
| 3) 4) Total | | xee instructions) | | | |
| 3) 4) Total | | see instructions) | | | 0 |
| 2) 3) (4) Total Part | | see instructions) | | % | 0 |

10360305 759092 5063100000 2022.05060 THE WILLIAM J. GOULD ASSOCI 50631011

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| 990-T SCH 2 | A POST-201 | L7 NET OPERATING | LOSS DEDUCTION | STATEMENT 1 |
|-------------|--------------------|-------------------------------|-------------------|------------------------|
| TAX YEAR | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR |
| 06/30/21 | 1,040. | 0. | 1,040. | 1,040. |
| NOL CARRYON | VER AVAILABLE THIS | YEAR | 1,040. | 1,040. |

49 STATEMENT(S) 1 10360305 759092 5063100000 2022.05060 THE WILLIAM J. GOULD ASSOCI 50631011