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Form 990 (Rev January 2020)

Department of the Treasury

Return of Organization Exempt From Income Tax

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

2019

OMB No 1545-0047

Do not enter social security numbers on this form as it may be made public Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

		the Treasury ue Service	► Go to www.irs.gov/Form990 for instructions and the latest	inform	ation.	٠ سرر	Inspection
A	For the	e 2019 cal	endar year, or tax year beginning 7/1/2019 , and e	nding		3/30/202	20
В	Check if a	applicable	C Name of organization Golden Gate Development Corporation		D Emplo	yer identi	ification number
П	Address	change	Doing business as Star Academy				
二		Ť	Number and street (or PO box if mail is not delivered to street address) Room/suite		62-1671	347	
Ш	Name ch	ange	3260 James Road		E Teleph	one numb	er
П	Initial retu	um	City or town State ZIP code		004 272	7222	
			Memphis TN 38128		901 372	-1222	
Ш	Final return	n/terminated	Foreign country name Foreign province/state/county Foreign postal	code			
	Amended	return			G Gross	receipts \$	3,131,778
$\overline{\Box}$	Annlinatio	on pending	F Name and address of principal officer	H(a) la	- this a group ref	um for cubo	rdinates? Yes X No
ш	Аррисанс	on pending	• •	l ''	• •		= =
			David Middleton 3225 James Road, Memphis, TN 38138	1 '	re all subordi		
1	Tax-exer	mpt status	X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 37	P #	"No," attach	a list (see	instructions)
J	Website	: ► www	v Staracademy org	H(c) G	roup exempt	on numbe	r ▶
к	Form of	organization	Corporation Trust Association Other ▶ L Yea	r of form	ation 40	00 M	State of legal domicile TN
_				01 101111	ation 19	90 ""	State of legal domicile TN
}	Part I		nmary				
•	1	Briefly d	escribe the organization's mission or most significant activities SCH	OOL F	OR EDU	CATION	
ĕ			•••••••••••				
Ē							
Š	2	Check th	nis box 🕨 🗌 if the organization discontinued its operations or disposed	of mor	e than 25	% of its	net assets
ő	3	Number	of voting members of the governing body (Part VI, line 1a) .			3	8
త	4		of independent voting members of the governing body (Part VI, line 1b)			4	8
E E	5		mber of individuals employed in calendar year 2019 (Part V, line 2a)			5	35
Activitles & Governance	6		mber of volunteers (estimate if necessary)		_	6	
Ş	7a	Total uni	related business revenue from Part VIII. column (C), line 12	•	•	7a	0
-	b	Net upre	elated business taxable income from Form 990 Person 12.		•	7b	0
_	 	14Ct dilit			Prior Year		Current Year
	8	Contribu	tions and grants (Part VIII, line 1h) service revenue (Part VIII, line 2g) ent income (Part VIII, column (A), lines 3 4, and 7d)			27,483	ļ
2	9		tions and grants (Part VIII, line 1h) service revenue (Part VIII, line 2g) FEB 1 6 2021	2	682,783		
Revenue	140	_	ent income (Part VIII, column (A), lines 3 4, and 7d)				0,000,100
æ	10	Otherre	venue (Part VIII, column (A), lines 5, 6d, 8c, 90 100 110 17		83		
		Total ray	83,703				
	12		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	l		793,978	·
	13		and similar amounts paid (Part IX, column (A), lines 1–3)			0	
	14		paid to or for members (Part IX, column (A), line 4)		 -	0	
es	15		other compensation, employee benefits (Part IX, column (A), lines 5–10)		1,	836,815 0	
Expenses	16a		onal fundraising fees (Part IX, column (A), line 11e)			0	
ž	b		draising expenses (Part IX, column (D), line 25) ▶0				
Щ	''		penses (Part IX, column (A), lines 11a–11d, 11f–24e)			767,069	
	18		penses Add lines 13–17 (must equal Part IX, column (A), line 25)		2,	603,884	2,727,392
	19	Revenue	e less expenses Subtract line 18 from line 12			<u> 190,094</u>	404,386
Net Assets or				Begin	ning of Cun		End of Year
288	20	Total ass	sets (Part X, line 16)		1,	176,749	1,981,196
Ä	21	Total liab	ollities (Part X, line 26)			<u> 295,648</u>	991,958
ž	22	Net asse	ets or fund balances Subtract line 21 from line 20	<u>l</u>		881,101	989,238
	art li	Sig	nature Block				
			, I declare that I have examined this return, including accompanying schedules and statements			-	ge
and	belief, it i	s true, corre	ct, and complete Declaration of preparer (other than officer) is based on all information of which	n prepare	r has any kr		, , , , , , , , , , , , , , , , , , , ,
Sig	an		Dand Milden			1121	એ/
He	_	7	Signature of officer		Da	te	
110			David Middleton				
			Type or pnnt name and trile				
		Print	/Type preparer's name Preparer's signature	Da	te		PTIN
Pa	id		A TI	.	40/0004		X if
Pr	eparer	R00	ker T Camper Booker T Camper Stoke T. Lay		12/2021	self-em	
	e Only		s name ► Booker T Camper, Jr CPA, CGMA		Firm's EIN	▶ 62-1	111798
			s address ▶ 1067 E Raines Road, Memphis, TN 38116		Phone no	901	398-3210
Ma	v the IS		s this return with the preparer shown above? (see instructions).		-		X Yes No
	<u> </u>		untion Act Notice see the constate instructions	<u> </u>	·		Form 990 (2019)
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Form **990** (2019)

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	90 (2019)	Golden Gate Development Corporation	02-10/134/	Page 4
Pa	rt 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		
	SCHOO	DL FOR EDUCATION		
				· -
				·
2	Did the	organization undertake any significant program services during the year which were not listed on		
		r Form 990 or 990-EZ?	. Yes	X No
	If "Yes,	describe these new services on Schedule O		
3		organization cease conducting, or make significant changes in how it conducts, any program		
	service		Yes	X No
		describe these changes on Schedule O.	as massured by	
4	expens	e the organization's program service accomplishments for each of its three largest program services, es. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allo lexpenses, and revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$ 2,235,617 including grants of \$) (Revenue	→ 3,13 ²	1,778)
		onEducation		
			<u> </u>	
4b	(Code) (Expenses \$ including grants of \$) (Revenue) \$)
				
				· • • • • • • • • • • • • • • • • • • •
				·
4c	(Code) (Expenses \$ including grants of \$) (Revenue	<u> </u>	<u> </u>
	(0020	, (, (/
				·
				·
4d		rogram services (Describe on Schedule O)		
	(Expen		0)	
4e	Total pr	ogram service expenses 2.235.617		

			162	MO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
6	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5	-	X
_	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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt		- 1	
	negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
0	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, Part VI	11a	X	
D	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	446		V
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	11b	-	<u>X</u>
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e	Х	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
	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		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		<u> </u>
U	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		Χ
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
6	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		<u> </u>
7	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		<u> </u>
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		<u> </u>
9	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		<u> </u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		X
		_		

Par	Checklist of Required Schedules (Continued)		·	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		ŀ	1
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
04-	employees? If "Yes," complete Schedule J	23	┼	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		 ^
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	1	1	\vdash
	to defease any tax-exempt bonds?	24c	<u> </u>	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		i	
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	ļ	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a		İ	
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	256	1	
26	990-EZ? If "Yes," complete Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b	-	X
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	1	†	1
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27	ļ. <u>.</u>	X
28	Was the organization a party to a business transaction with one of the following parties (see 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		
b	If"Yes," complete Schedule L, Part IV	28a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	100	\vdash	 ^
•	If"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? If "Yes," complete Schedule M	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?		ļ	
22	If "Yes," complete Schedule N, Part II	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
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	133	 	 ^-
	III, or IV, and Part V, line 1	34	ļ	x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
	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		ļ
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36	-	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	-	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	x	
Par	· · · · · · · · · · · · · · · · · · ·	1 20		
للناهي	Check if Schedule O contains a response or note to any line in this Part V			
		<u> </u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	- I		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Х	<u></u>
		Form	990	(2019)

Par	Statements Regarding Other IRS Fillings and Tax Compliance (continued)		···	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	Γ	Yes	No
20	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 35			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
U	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20	 ^	 -
20	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
3a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	<u> </u>	┝
b	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	130	-	╁
4a	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
	If "Yes," enter the name of the foreign country	-+a		┝╌
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			ł
.	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
5a	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		x
C	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		┝
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
.	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- ba		├-
b	gifts were not tax deductible?	6b		×
7	-	90		├ ^
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			1
а	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		 ^
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1.5		
·	required to file Form 8282?	7c		x
ď	If "Yes," indicate the number of Forms 8282 filed during the year	<u> </u>		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	-	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8	X	
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966? .	9a	X	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			ĺ
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
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		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year]		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
	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	1		
C	Enter the amount of reserves on hand	<u> </u>		L
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	L	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	L	X
15	is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1		-
	excess parachute payment(s) during the year	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes." complete Form 4720. Schedule O			

Part VI

	Check if Schedule of Contains a response of hote to any line in this rant vi	<u> </u>		<u> </u>
Sect	tion A. Governing Body and Management		1	
_	The state of the second		Yes	No
та	Enter the number of voting members of the governing body at the end of the tax year If these are meteral differences in voting rights among members of the governing body or	읙		
	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	1		
	committee, explain on Schedule O	-		
b	Enter the number of voting members included on line 1a, above, who are independent .	8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	픡		
4	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 direct	 	1	 ^`
9	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	<u> </u>	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		X
6	Did the organization have members or stockholders?	6	 	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	-	1	
	one or more members of the governing body?	7a		x
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
_	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following	l	1	
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	Ĺ
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	<u> </u>	<u> </u>
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	,
		F	Yes	No
10a		10a	 	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	+	\vdash
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990	400	 	ļJ
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12a 12b		
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	 ^	
С	describe in Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	x	\vdash
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by	1	 ^`	
.5	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		1	
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	+	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a				
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard	<u> </u>	<u> </u>	
	the organization's exempt status with respect to such arrangements?	16b	<u> </u>	
Sect	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section	n 501(d	;)	
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website	•		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest process of the conflict of interest process.	policy		
	and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records	,		
	David Middleton 901-372-7222	<u> </u>	-	
	AZDUJAINES KORO (VIEMDOIS IN 18178			

Form 990 (2019)	Golden	Gate	Development	: Comoratio

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

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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations See instructions for the order in which to list the persons above

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

(A) Name and title	(B) Average hours	Ďох,	unles	Pos neck ss pe	rson	than o	an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) CARON WATKINS	10 00									
BOARD MEMBER	10 00	X	l	Ĺ						
(2) WILLIE BROOKS	10 00							,		
CHAIRMAN	10 00	X		X						<u> </u>
(3) DAVID MIDDLETON	10 00									
VICE CHAIRMAN	10 00	X		Х						
(4) DACRY HARYY	10 00							,		
TREASURER	10 00	Х		Х						
(5) DELLWYN TURNIPSEED	10 00									
BOARD MEMBER	10 00	Х								
(6) FLORENCE ROACH	10 00		<u> </u>							
BOARD MEMBER	10 00	Х								
(7) CHARLES ETTA BROWN	10 00									
BOARD MEMBER	10 00	X								
(8) CARON D WATKINS	10 00									
BOARD MEMBER	10 00	X								
(9) STANLEY LIPFORD	10 00									
BOARD MEMBER	10.00	X					L			
(10) LEROY H COPERIDGE	10.00									
BOARD MEMBER	10 00	X					L			
(11) ROBERT HARVEY	45.00									
HEAD OF SCHOOL	45 00	X	<u> </u>		Х					
(12) KIESHA DAVIS	10 00									
BOARD MEMBER	10 00	Х	L	L			L			
(13) LINDA THARP	10 00									
BOARD MEMBER	10 00	Χ	L							
(14) SHAKIA CLARK	10 00						Γ			
BOARD MEMBER	10 00	X	<u> </u>	L	L	<u> </u>	L			

L P	Section A. Officers, Directors, Tru	stees, Key Em	ploye	es,	and	HI C	gnes	t C	ompensated En	ipioyees (co	ontin	ued)	
						C) atton			-	(E) Reportable compensation			
	(A)	(B)			heck	more	than		(D)			(F	
	Name and title	Average hours	offic	er an	d a d	irect	ıs bott or/trusi	tee\	Reportable compensation			Estimated of ot	
		per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from relate organization (W-2/1099-MI	ns	comper from organiza related org	the ton and
(15)	MENDELL GRINTER	10 00		 	 		<u> </u>	1					
	RD MEMBER	10 00	X					L					
(16)	BRANDON ARRINDELL	10 00	•		l				i				
	RD MEMBER	10.00	_	<u> </u>		L	ļ .	<u> </u>					
	PAUL STEPHENS	10 00			Ì			1					
	RD MEMBER	10 00	_	-	-		ļ	-					-
	MAX RUBENSTEIN		1		1	İ							
	RD MEMBER	10 00	1	├	├	-	├	├		<u> </u>			
(19)	GERALD FANION	10 00 10 00	1					1	1				
	RD MEMBER JAMES W. JOHNSON		_	\vdash	-	├	 						
		45 00	1			x					1		
(21)			-	 	 	⇈		\vdash		,			
.\=:1			1		1								
(22)													
(23)							ļ						
(24)												•	
(25)													
1b	Subtotal .	L		<u> </u>		<u> </u>		<u> </u>	0		0		0
C	Total from continuation sheets to Part VII, So	ection A .	•					•	0		- 0		0
d							•	•	0		0	•	0
2	Total number of individuals (including but not lir				_	vho	recei	vec	<u> </u>	.000 of			
	reportable compensation from the organization				•					•			0
												Ye	s No
3	Did the organization list any former officer, dire	ctor, trustee, key	y em	ploy	ee,	or h	iighes	st c	ompensated				
	employee on line 1a? If "Yes," complete Sched	ule J for such in	dividu	ual					•		.	3	X
4	For any individual listed on line 1a, is the sum of	of reportable con	npen	satio	on a	nd (other	cor	npensation from				
	the organization and related organizations great	ter than \$150,00	00? li	f "Ye	es, "	con	nplete	Sc	hedule J for suc	h			
	ındıvıdual	•									-	4	<u> </u>
5	Did any person listed on line 1a receive or accr for services rendered to the organization? If "Ye	•			-			_		/idual		5	X
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest compecompensation from the organization Report co	•										ax year.	
	(A) Name and business add	ress							(B) Description of ser	vices	c	(C) ompensati	on
													0
													0
													0
		_						L					0
		<u> </u>						_	·	<u></u> _			0
2	Total number of independent contractors (including than \$100,000 of compensation from the	•		tho	se I	ste	d abo	ve) n	who received				

Part VIII. Statement of Revenue

		Check if Schedule O co	ntains	a respons	se or	note to any line	e in	this Part VIII .			
	_				·		-	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
	1a	Federated campaigns .			1a	1	0			t.	sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .		히							
Gra	c	Fundraising events		히							
ts,	d	Related organizations	•		1c 1d	<u> </u>	ð				
Gif	ē	Government grants (contrib	oution	ε) (ε	1e	<u> </u>	히				
ns,	f	All other contributions, gifts				····	Ť			•	
utio er S		similar amounts not include	_		1f	46,59	90				
현환	g	Noncash contributions included in									
ont od (lines 1a-1f			1g	\$	0				
o e	h	Total. Add lines 1a-1f		•			▶	46,590			
			•			Business Code					
Program Service Revenue	2a	Title 1				616000		2,738,508			
<u>S</u> <u>S</u>	b	BASIC EDUCATION PROC	SRAM		. . .	621110		76,893			
Se	с	STATE TN				621110	[161,548			
jram Sen Revenue	d	MEMPHIS EDUCATION F	JND			621110		108,239			
Pa	e							0			
Pro	f	All other program service re	evenu	е			_	0			
	9	Total. Add lines 2a-2f.					▶	3,085,188			
	3	Investment income (includi	ng div	idends, int	eres	t, and					
	l .	other similar amounts)				. 1	▶	0			
	4	Income from investment of	ceeds 1	▶	0						
	5	Royalties (i) Real				. (3) Dansard	▶	0			
		Orace rente		(I) Rea	1	(II) Personal					
	6a	Gross rents	6a								
	b	Less rental expenses	6b				닊				
	C	Rental income or (loss) Net rental income or (loss)	6c	<u></u>	0		의			······	
	d 7a	Gross amount from		(ı) Securi	ies.	(II) Other		0			
	'*	sales of assets			(, 02.6.	\dashv					
		other than inventory	7a		0		0				
9	Ь	Less: cost or other basis	<u>. ۳</u>				Ť				
JL.	~	and sales expenses	7b		0		ol				
Revenue	c	Gain or (loss)	7c		0		1				
_	ď	Net gain or (loss)	<u></u>		<u>-</u>		<u> </u>	0			
Othe	8a	Gross income from fundrai	sing	ĺ		T	寸				
Ò		events (not including \$		0			- 1				
		of contributions reported or	line	(c)		•	- 1				
		See Part IV, line 18			8a		이				
	b	Less direct expenses			8b	<u> </u>	0				
	С	Net income or (loss) from f		- 1	<u>ts</u>	<u> </u>		0			
	9a	Gross income from gaming	activ	ties							
		See Part IV, line 19			9a		의				
	ı	Less direct expenses			9b	<u></u>	의				
		Net income or (loss) from g		activities	• •	, <u></u>		0			
	10a	Gross sales of inventory, le	SS								
		returns and allowances .	•		10a		0				
	l .	Less cost of goods sold		,	10b	<u> </u>	의				
	С	Net income or (loss) from s	ales c	inventor		Bunnan Oct		0			
Snc	44-					Business Code	-				
cellaneo Revenue	11a						\dashv	0			
llar ver	b						\dashv	0			
Re	C	All other revenue .					-	0			
Miscellaneous Revenue	d	Total. Add lines 11a-11d.		•	•			0			
	12	Total revenue See instruc			••		\exists	3 131 778	0	0	

Form **990** (2019)

Form 990 (2019)

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must complete all	columns All other or	ganizations must c	omplete column (A)	
	Check if Schedule O contains a response or note	to any line in this Pa	rt IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	domestic governments See Part IV, line 21 .	0			
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	0			· · · · · · · · · · · · · · · · · · ·
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	461,988	358,522	103,466	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and			İ	
	persons described in section 4958(c)(3)(B)	1,495,032	1,319,760	175,272	
7	Other salaries and wages	36,914	36,914		
8	Pension plan accruals and contributions (include		-		
	section 401(k) and 403(b) employer contributions)	-59,398	-59,398		
9	Other employee benefits	0			
10	Payroll taxes	0			•
11	Fees for services (nonemployees)				
а	Management	l ol			
b	Legal	0			•
С	Accounting	0			
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column				
•	(A) amount, list line 11g expenses on Schedule O)	l ol		ol	
12	Advertising and promotion	o			
13	Office expenses	o			
14	Information technology .	o	· · · · · · · · · · · · · · · · · · ·	<u>-</u>	
15	Royalties	0	· · · · · · · · · · · · · · · · · · ·		
16	Occupancy	450,000	450,000	·····	
17	Travel	0			· · · · · · · · · · · · · · · · · · ·
18	Payments of travel or entertainment expenses				
. •	for any federal, state, or local public officials	o			
19	Conferences, conventions, and meetings	ol			
20	Interest	o			
21	Payments to affiliates .	0			
22	Depreciation, depletion, and amortization	45,321	45,321	0	
23	Insurance	0	.0,02.		
24	Other expenses Itemize expenses not covered			<u>+</u>	
	above (List miscellaneous expenses on line 24e If				
	line 24e amount exceeds 10% of line 25, column	1		1	
	(A) amount, list line 24e expenses on Schedule O)			1	
а	Taubanka	52,955	52,955		
h	Constal Evaporditures	6,061	6,061		
~	Operation and Blant	178,037	5,501	178,037	
d	Food Congo	884	884	170,007	
e	All other expenses	59,598	24,598	35,000	
25	Total functional expenses. Add lines 1 through 24e	2,727,392	2,235,617	491,775	C
26	Joint costs. Complete this line only if the	2,121,032	2,200,017	701,170	
-0	organization reported in column (B) joint costs				
	from a combined educational campaign and			i	
	fundraising solicitation Check here			j	
	following SOP 98-2 (ASC 958-720).				
	10110W11U 00F 30-4 1A00 300-1401	, 1	1		

Form 990 (2019) Golden Gate Development Corporation 62-1671347 Page **11** Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 1 Cash—non-interest-bearing 331.560 741,556 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 0 3 0 4 Accounts receivable, net 315,337 4 333,320 Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 0 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 0 6 Notes and loans receivable, net 0 7 Inventories for sale or use 0 51.000 23,066 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D. 10a 678,094 10b 152,700 10c 474,465 Less accumulated depreciation 204,529 11 11 Investments—publicly traded securities 0 0 0 12 12 Investments-other securties See Part IV, line 11 0 0 0 13 Investments-program-related See Part IV, line 11 13 14 Intangible assets 0 14 0 15 Other assets See Part IV, line 11. 326,152 15 408,789 1,176,749 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 1,981,196 184,679 17 17 Accounts payable and accrued expenses 802,162 18 Grants payable 18 19 Deferred revenue 0 19 20 Tax-exempt bond liabilities 0 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 0 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 0 22 23 0 0 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 0 24 24 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 110,969 25 189,796 Total liabilities. Add lines 17 through 25 295,648 26 991,958 Net Assets or Fund Balances Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33. 474,465 27 Net assets without donor restrictions 95,000 27 28 514,773 Net assets with donor restrictions . 786,101

Organizations that do not follow FASB ASC 958, check here

Retained earnings, endowment, accumulated income, or other funds.

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

and complete lines 29 through 33.

Total net assets or fund balances

31

32

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Form 990 (2019)

989,238

1,981,196

0 29

0

0 31

881,101

1,176,749

30

32

33

077711	Golden Gate Development Corporation	- 02	<u>- 10/ 134/</u>	Pag	Je 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,131	1,778
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,727	7,392
3	Revenue less expenses Subtract line 2 from line 1	3		404	1,386
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		881	1,101
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses .	7			
8	Prior period adjustments	8		-235	5,062
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-61	1,187
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10		989	9,238
Part					
	Check if Schedule O contains a response or note to any line in this Part XII				\square
	<u> </u>			Yes	No
1	Accounting method used to prepare the Form 990				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				}
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				1 1
	X Separate basis				{
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		:		
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2019)

SCHEDULE A (Form 990.or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization **Employer Identification number** Golden Gate Development Corporation 62-1671347

Pai	t I	Reason for Public Char	ity Status (All org	ganizations must co	mplete ti	his part)	See instructions.				
	orga	anization is not a private foundat	•	•		•	•		-		
1		A church, convention of church					(A)(i).)			
2	¥	A school described in section 1					() (
3	\vdash	A hospital or a cooperative hos			•		•				
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state									
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)										
6		A federal, state, or local govern	ment or governmen	ital unit described in se	ection 170)(b)(1)(A)((v).				
7		An organization that normally red described in section 170(b)(1)			m a gove	rnmental ι	unit or from the gene	ral publi	С		
8		A community trust described in	section 170(b)(1)(A)(vi). (Complete Part	II)						
9		An agricultural research organi or university or a non-land-grar university	zation described in a	section 170(b)(1)(A)(ixure (see instructions)	() operate Enter the	d in conjur name, city	nction with a land-gr y, and state of the co	ant colle lilege or	ge		
10		An organization that normally receipts from activities related to support from gross investment acquired by the organization af	to its exempt function income and unrelated	ons—subject to certain ed business taxable in	exception come (les	ns, and (2) s section	no more than 33 1/5511 tax) from busine	3% of its			
11		An organization organized and	operated exclusivel	ly to test for public safe	ety. See s e	ection 509	9(a)(4).				
12		An organization organized and of one or more publicly support Check the box in lines 12a thro	ed organizations de	escribed in section 509	9(a)(1) or	section 50	09(a)(2). See sectio	n 509(a)	(3).		
а		Type I. A supporting organiz the supported organization(sorganization You must con	s) the power to regunder to regular to the power to regular to regular to the power to regular to the power to regular to the power to regular to the power to regular to regular to the power to regular to regular to the power to regular to the power to regular to the power to regular to the power to regular to the power to regular to the power to regular to the power to regular to the power to regular to the power to regular to the power to regular to the power t	llarly appoint or elect a tions A and B.	majority	of the dire	ctors or trustees of t	he suppo			
t		Type II. A supporting organization(s) You must c	e supporting organi	ization vested in the sa					ed		
C		Type III functionally integral its supported organization(s)						rated w	th,		
d		Type III non-functionally in that is not functionally integr	itegrated. A suppor ated The organizat	ting organization operation generally must sati	ated in cor isfy a distr	nnection w	ith its supported org				
_	1	requirement (see instruction						- 101			
е		Check this box if the organiz functionally integrated, or Ty					і турет, туреті, тур	e m			
f		Enter the number of supported		· · · · · · · · · · · · · · · · · · ·					0		
g		Provide the following information		 	Ta're			,			
	(1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	other s	Amount of support (see tructions)		
					Yes	No					
(A)						.,,,,					
(B)											
(C)											
(D)											
(E)											
Tota	_						0		0		

Page 2

Pa	rt II Support Schedule for Orga (Complete only if you checke						der
	Part III. If the organization fa				•	. , , •	
Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants ")				/		0
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf .	<u>.</u>		······································			0
3	The value of services or facilities					1	
	furnished by a governmental unit to the						_
	organization without charge .				_/	-	0
4	Total. Add lines 1 through 3	0	0	0	0	0	0
5	The portion of total contributions by	j		/]	
	each person (other than a					1	
	governmental unit or publicly supported organization) included on	-	i	/		1	
	line 1 that exceeds 2% of the amount			/]	
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4			/			0
	etion B. Total Support	l		/	<u> </u>	<u> </u>	<u>_</u>
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	/(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	0	0	/ 0	0		0
8	Gross income from interest, dividends,		/	,			
_	payments received on securities loans,					1 [
	rents, royalties, and income from		/				
	similar sources		/				0
9	Net income from unrelated business						•
	activities, whether or not the business is					1	
	regularly carried on						0
10	Other income Do not include gain or		/			1	
	loss from the sale of capital assets					[]	
	(Explain in Part VI) .		/				0
11	Total support. Add lines 7 through 10		/			<u> </u>	0
12	Gross receipts from related activities, etc (se					12	
13	First five years. If the Form 990 is for the or organization, check this box and stop here	rganızatıon's first, s	econd, third, fourti	h, or fifth tax year a	is a section 501(c)	(3)	
		<u>·/·</u>		• • •	· · · · · · · · · · · · · · · · · · ·	· · · ·	
	tion C. Computation of Public Sup			- · · · · · · · · · · · · · · · · · · ·		1	0.000/
14	Public support percentage for 2019 (line 6, c			f)) .		14	0 00%
15	Public support percentage from 2018 Schedu					15	0 00%
16a	33 1/3% support test—2019. If the organization and other harm The organization qualifies and			s, and line 14 is 33	1/3% or more, che	ck this box	
	and stop here. The organization qualifies as		•				· · •
D	33 1/3% support test—2018. If the organization and step here. The organization qualific				s 33 1/3% or more	e, check this	
	box and stop here. The organization qualified	1				•	· •
1/a	10%-facts-and-circumstances test—2019 10% or more, and if the organization meets t						
	Part VI how the organization meets the "fact						
	organization .						▶
b	10%-facts-and-circumstances test-2018	. If the organization	n did not check a b	ox on line 13, 16a,	16b, or 17a, and	line	
	15 is 10% or more, and if the organization m	eets the "facts-and	-cırcumstances" te	est, check this box	and stop here.		
	Explain in Part VI how the organization meet	s the "facts-and-cir	cumstances" test.	The organization of	ualifies as a publi	cly	
	supported organization	•	•			•	▶
18	Private foundation. If the organization did r	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		
	instructions .						<u>▶</u>
	/					Schedule A (Form	990 or 990-EZ) 2019

Sche	dule A (Form 990 or 990-EZ) 2019 Golden Ga	ate Development	Corporation			62-16713	47 Page 3
Pai	t III Support Schedule for Orga	anizations Des	cribed in Sec	tion 509(a)(2)			
	(Complete only if you check	ed the box on li	ne 10 of Part I	or if the organi	zation failed to	qualify under ∕P	art II.
	If the organization fails to qu						
Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees		· · · · · · · · · · · · · · · · · · ·				
	received (Do not include any "unusual grants ")						0
2	Gross receipts from admissions, merchandise				/		
	sold or services performed, or facilities						
	furnished in any activity that is related to the						0
•	organization's tax-exempt purpose		•		/		
3	Gross receipts from activities that are not an						^
	unrelated trade or business under section 513						0
4	Tax revenues levied for the				1/		
	organization's benefit and either paid to			,			_
	or expended on its behalf.			/			0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	0	. 0	/ 0	0	0	0
7a	Amounts included on lines 1, 2, and 3	<u>{</u>					
	received from disqualified persons						0
b	Amounts included on lines 2 and 3						
	received from other than disqualified		/	ſ			
	persons that exceed the greater of \$5,000		/				
	or 1% of the amount on line 13 for the year						0
С	Add lines 7a and 7b	0	/ 0	0	0	0	0
8	Public support (Subtract line 7c from						
	line 6)		/ /				0
Sec	tion B. Total Support	<u> </u>			<u> </u>	<u> </u>	
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	0	/ 0	0			0
10a	Gross income from interest, dividends,		7				
	payments received on securities loans, rents,	<i>j</i>	/				
	royalties, and income from similar sources	/					0
h	Unrelated business taxable income (less	/					
U	section 511 taxes) from businesses	/					
	acquired after June 30, 1975 .	/			}		n
_		/ 0	0	0	0	0	0
	Add lines 10a and 10b	- / - 0			-	0	
11	Net income from unrelated business	/					
	activities not included in line 10b, whether	/					•
	or not the business is regularly carried on	 /					0
12	Other income Do not include gain or	/					
	loss from the sale of capital assets	/					_
	(Explain in Part VI)	, ,					0
13	Total support. (Add lines 9, 10c, 11,						
	and 12).	0	0	L <u>.</u>	0		0
14	First five years. If the Form 990 is for the o		second, third, fourt	h, or fifth tax year a	as a section 501(c)	(3)	. —
	organization, check this box and stop here				•		▶
Sec	ction C. Computation of Public Su	pport Percenta	age				
15	Public support percentage for 2019 (line 8,	column (f), divided l	by line 13, column	(f))		15	0 00%
16	Public support percentage from 201/8 Sched	lule A, Part III, line	15			16	0 00%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2019 (line	e 10c, column (f), d	ivided by line 13, o	column (f)) .		17	0 00%
18	Investment income percentage from 2018 S					18	0 00%
	33 1/3% support tests-2019. If the organ			4, and line 15 is m	ore than 33 1/3%,	and line 17 is	
	not more than 33 1/3%, check this box and						▶
b	33 1/3% support tests-2918. If the organ		-			33 1/3%, and	
	line 18 is not more than 33/1/3%, check this						▶ _

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

Part IV Supporting Organizations

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

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete	Part V.)		
Sect	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	1		
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported		i	
	organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	-		
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	- Ja		
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)	30	-	
C	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	1-2-		
40		3c		
44	Was any supported organization not organized in the United States ("foreign supported organization")? If			1
_	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			1
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	<u> </u>		
_	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(III) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			1
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			- 1
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or]
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described		. [
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	"		<u> </u>
•	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section	36		
·va	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below			
L		10a		 7
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	401		
	determine whether the organization had excess business holdings.)	10b	- 1	

Schedule A (Form 990 or 990-E2

Part	V 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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		
þ	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		<u> </u>
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported			
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			İ
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2		
Socti				L
Secu	ion C. Type II Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	110
•	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		
Secti	ion D. All Type III Supporting Organizations			
		•	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	li		
	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 in (2), 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			1
	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		L
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	ction	s)	
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	nstruc	tions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
a	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	1		
	those supported organizations and explain how these activities directly furthered their exempt purposes,			1
	how the organization was responsive to those supported organizations, and how the organization determined			i
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	2 4-22		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C			
1 Check here if the organization satisfied the Integral Part Test as a qualifyin	-		-
instructions. All other Type III non-functionally integrated supporting organ	nizatio	ons must complete Sections	
Section A - Adjusted Net Income		(A) Pnor 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	0	0
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	0	. 0
Section 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)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		•
d Total (add lines 1a, 1b, and 1c)	1d	0	. 0
e 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	0	0
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 035	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		. 0
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3	4		0
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		0
7 Check here if the current year is the organization's first as a non-functional	lly inte	grated Type III supporting of	organization (see
instructions)			

Part '	Type III Non-Functionally Integrated 509(a)(3)) Supporting Organi	zations (continued)				
Section	on D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish exe	empt purposes					
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported					
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiza	ations				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
<u> </u>	Other distributions (describe in Part VI) See instructions						
	Total annual distributions. Add lines 1 through 6			0			
8	Distributions to attentive supported organizations to which the	ne organization is respor	nsive				
	(provide details in Part VI) See instructions						
9	Distributable amount for 2019 from Section C, line 6			0 000			
10	Line 8 amount divided by line 9 amount		(ii)	(iii)			
	Section E - Distribution Allocations (see Instructions)	(i) Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019			
1	Distributable amount for 2019 from Section C, line 6			0			
2	Underdistributions, if any, for years prior to 2019						
	(reasonable cause required—explain in Part VI) See						
	instructions						
3	Excess distributions carryover, if any, to 2019						
a	From 2014 .	[
b	From 2015			!			
	From 2016						
d	From 2017						
<u> </u>	Total of lines 3a through e	0					
<u>_</u>	Applied to underdistributions of prior years	<u> </u>	0				
	Applied to 2019 distributable amount			0			
— <u>:</u>	Carryover from 2014 not applied (see instructions)						
i	Remainder Subtract lines 3g, 3h, and 3i from 3f	0					
4	Distributions for 2019 from						
	Section D, line 7 \$ 0						
а	Applied to underdistributions of prior years		0				
b	Applied to 2019 distributable amount			. 0			
С	Remainder. Subtract lines 4a and 4b from 4	0					
5	Remaining underdistributions for years prior to 2019, if						
	any Subtract lines 3g and 4a from line 2 For result						
	greater than zero, explain in Part VI See instructions		0				
6	Remaining underdistributions for 2019 Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in			_			
	Part VI See instructions			0			
7	Excess distributions carryover to 2020. Add lines 3j						
	and 4c.	0					
8	Breakdown of line 7						
a	Excess from 2015 0 Excess from 2016 0						
<u>b</u>	Excess from 2016 0 Excess from 2017 0						
<u>c</u>	Excess from 2017 Excess from 2018 0						
	Excess from 2019 0						
	EAGGGG HOIRI ZO 13 U	ī					

chedule A (F	om 990 or 990-EZ) 2019 Golden Gate Development Corporation	62-1671347	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17 III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, li 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Par lines 2, 5, and 6. Also complete this part for any additional information (See instructions.)	t IV, Section ines 1c, 2a, 2b,	
		·	
·			
·- -			
-			 -
·			
		·	
-	······································		
		-	
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SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

• Section 501(c)(4), (5), or (6) organizations: Complete Part III

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-B

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Nam	e of organization	Employer identification number					
Gold	Iden Gate Development Corporation					62-1671347	
Pai		he organization is exempt und					
1		he organization's direct and indirect p	oolitical campaign	activities in Part IV	′ (see i	nstructions for	
	definition of "political cam						
2		expenditures (see instructions)	•		▶	\$	
3		al campaign activities (see instruction					
Pai		he organization is exempt und					
1	•	excise tax incurred by the organization				\$	
2	•	excise tax incurred by organization m	•			\$	
3	If the organization incurre	ed a section 4955 tax, did it file Form	4720 for this year?	?		Yes No	
4a	Was a correction made?					Yes No	
b	If "Yes," describe in Part I	IV					
Pai	t I-C Complete if t	he organization is exempt und	ler section 501	(c), except sect	tion 50)1(c)(3).	
1	Enter the amount directly	expended by the filing organization t	for section 527 exe	empt function			
	activities					\$	
2	Enter the amount of the fi	iling organization's funds contributed	to other organizati	ons for section			
	527 exempt function activ	vities .				\$	
3	Total exempt function exp	penditures Add lines 1 and 2. Enter h	ere and on Form 1	1120-POL,			
	line 17b					\$O	
4	Did the filing organization	file Form 1120-POL for this year?				Yes No	
5		ses and employer identification numb					
		ents For each organization listed, en					
		ntributions received that were prompt					
	as a separate segregated	fund or a political action committee	(PAC) If additiona	space is needed,	provia	e information in Part IV	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid		(e) Amount of political	
				filing organizati funds If none, en		contributions received and promptly and directly	
				l initial in money on		delivered to a separate	
						political organization if none, enter -0-	
(1)			ļ				
\\\\\					-		
(2)							
-							
(3)			1				
	······································		 	-			
(4)			1				
<i>(</i> E)							
(5)							
(6)							
(6)							

Ρ	art II-A Complete if the organizatio	n is exempt	under section 5	01(c)(3) and file	form 5768 (elec	ction
	under section 501(h)).	·				
Α	Check ▶ ☐ If the filing organization be	_				up member's
	name, address, EIN, experience of the check ▶ if the filing organization check ▶ if the filing organization check is the check of the check is the check of the	•			•	
<u>B</u>				ioi piovisions ap	<u> </u>	
	Limits on Lobb (The term "expenditures" m	ying Expend eans amount	itures s paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence pub		,			0
b	Total lobbying expenditures to influence a le	-	(direct lobbying).	•		0
C	Total lobbying expenditures (add lines 1a ar	d 1b)			0	0
d	Other exempt purpose expenditures					0
е	Total exempt purpose expenditures (add line			•	0	0
f	Lobbying nontaxable amount Enter the amount	ount from the f	following table in bot	n	ا	•
1	columns	1	4			0
	If the amount on line 1e, column (a) or (b) is:		ing nontaxable amou	int is:		
	Not over \$500,000 Over \$500,000 but not over \$1,000,000		amount on line 1e lus 15% of the excess	over \$500,000		
	Over \$1,000,000 but not over \$1,000,000		lus 10% of the excess			
	Over \$1,500,000 but not over \$17,000,000		lus 5% of the excess of			
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25%	of line 1f)			0	0
h	Subtract line 1g from line 1a If zero or less,				0	0
i	Subtract line 1f from line 1c If zero or less,				0	0
j	If there is an amount other than zero on eith	er line 1h or li	ne 1ı, dıd the organia	zation file Form 472	0 reporting	
_	section 4911 tax for this year?	•			[Yes No
	(Some organizations that made a s	ection 501(h)	g Period Under Sec election do not hav structions for lines	e to complete all	of the five columns	below.
	Lobbyi	ng Expenditu	res During 4-Year A	veraging Period		
	Calendar year (or fiscal year	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
	beginning in)					
2a	Lobbying nontaxable amount				0	0
b	Lobbying ceiling amount (150% of line 2a, column(e))					0
С	Total lobbying expenditures				0	0
d	Grassroots nontaxable amount				0	0
е	Grassroots ceiling amount (150% of line 2d, column (e))					0
f	Grassroots lobbying expenditures				0	0

Schedule C (Form 990 or 990-EZ) 2019

Golden Gate Development Corporation Schedule C (Form 990 or 990-EZ) 2019

Par	t II-B Complete if the organization is exempt under section 501(c)(3) and has No (election under section 501(h)).)T filed	For	m 576	8	
For	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed	(6	9)		(b)	
	cription of the lobbying activity.	Yes	No	A	moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state, or local					
	legislation, including any attempt to influence public opinion on a legislative matter or	1				
	referendum, through the use of.					
а	Volunteers?	ļ				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?					
đ	Mailings to members, legislators, or the public?	 				
e	Publications, or published or broadcast statements?	-				
f	Grants to other organizations for lobbying purposes?					
9	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h :	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?	-				
!						
30	Total Add lines 1c through 1:					0
2a b	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				 -	
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	t III-A Complete if the organization is exempt under section 501(c)(4), section 50	1/0//5/		ootior		
rai	501(c)(6).	1(0)(5),	, OI S	ection	·	
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	•		1		ļ
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less? .		,	2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior			3		ļ
	Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No, answered "Yes.") Pai			3, is
1	Dues, assessments and similar amounts from members .		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
_	Current year		2a			
a	Carryover from last year		2b			
0	Total		2c			0
с 3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the					
~	excess does the organization agree to carryover to the reasonable estimate of nondeductible					
	lobbying and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			0
Pari						
Prov	de the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou	ıp lıst); F	Part II-	A, lines	1 and	i
2 (se	e instructions), and Part II-B, line 1 Also, complete this part for any additional information					
						-
	••••••					
	•••••••••••••••••••••••••••••••••••••••				-	

Golden Gate Development Corporation				62-1671347			
	m 990 or 990-EZ) 2019	A:A				Page 4	
V .	Supplemental information (c	ontinuea)					
- -							
			-		·		
· 							
• • • • • •			·				
		Supplemental Information (c		Supplemental Information (continued)	Supplemental Information (continued)	supplemental Information (continued)	

SCHEDULE D (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.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No 1545-0047

Golden Gate Development Corporation Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 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 advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 1 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (for example, recreation or education) Preservation of a certified historic structure
Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 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 advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 1 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (for example, recreation or education) Preservation of a certified historic structure
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Protection of natural habitat Preservation of a certified histonic structure
Preservation of open space
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation
easement on the last day of the tax year Held at the End of the Tax Year
a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a) 2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register
historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during
the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of
violations, and enforcement of the conservation easements it holds? Yes
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
State and volunteer restricted to monitoring, inspecting, nationing or violations, and emission edeciments during the year.
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
► \$
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)
and section 170(h)(4)(B)(ii)? Yes
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the
organization's accounting for conservation easements
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.
1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet
works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of
public service, provide in Part XIII the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet
works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of
public service, provide the following amounts relating to these items.
(i) Revenue included on Form 990, Part VIII, line 1
(ii) Assets included in Form 990. Part X
(ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the
· · · · · · · · · · · · · · · · · · ·
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Part	III Organizations Maintaining C	ollections of A	rt, Histo	rical Tre	asures, or	Other	Similar Asset	s (continu	ued)	
3	Using the organization's acquisition, ac	cession, and other	records,	check any	of the follow	ing that	make significan	t use of its		
	collection items (check all that apply)									
а	Public exhibition		d	Loan or	exchange pro	ogram				
b	Scholarly research		e	Other						
С	Preservation for future generations	•		-						
4	Provide a description of the organization		l explain h	ow thev fi	urther the ora	anızatıo	n's exempt purp	ose in Par	t	
-	XIII								-	
5	During the year, did the organization so	olicit or receive dor	ations of a	art, histori	cal treasures.	or othe	er sımilar			
	assets to be sold to raise funds rather t							Yes		No
Part	IV Escrow and Custodial Arran	gements.				•				
	Complete if the organization a		n Form 9	90, Part	IV, line 9, o	r repor	ted an amoun	t on Form	1	
	990, Part X, line 21.									
1a	Is the organization an agent, trustee, cu	ıstodıan or other ır	ntermediar	y for cont	ributions or of	ther ass	ets not		_	
	included on Form 990, Part X?		•					Yes		No
b	If "Yes," explain the arrangement in Pai	t XIII and complete	e the follow	wing table	•					
						<u> </u>		Amount		
C	Beginning balance					1c				
d	Additions during the year	-				1d				
e	Distributions during the year .	•	•	•		1e				
f	Ending balance						<u> </u>		Ta l	
2a	Did the organization include an amount	•		•				Yes	· IM	No
b	If "Yes," explain the arrangement in Pai	t XIII. Check here	if the expl	anation h	as been provi	ded on	Part XIII .		<u> </u>	
Part				000 B4						
	Complete if the organization a				7	I	(4) 76			
4	Decimend of week belongs	(a) Current year	(D) Pri	or year	(c) Two years	раск	(d) Three years bac	k (e) Four	years t	Dack
1a	Beginning of year balance		-	-					···-··	
b	Contributions		 		 					
С	Net investment earnings, gains, and losses									
d	Grants or scholarships	· · · · · · · · · · · · · · · · · · ·								
e	Other expenditures for facilities			,			**	<u> </u>		
•	and programs .					ŀ				
f	Administrative expenses	· - · · · · · · · · · · · · · · · · · ·			1					
g	End of year balance	0		0		0		0		0
2	Provide the estimated percentage of the	e current year end	balance (line 1g, co	olumn (a)) hel	d as				
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
C		<u>%</u>								
	The percentages on lines 2a, 2b, and 2									
3a	Are there endowment funds not in the p	possession of the o	organizatio	on that are	e held and adr	minister	ed for the	_		
	organization by								Yes	No_
	(i) Unrelated organizations	•		•			•	3a(i)		
	(ii) Related organizations		•			•		3a(ii)		
b	If "Yes" on line 3a(ii), are the related org							3b	L	
4	Describe in Part XIII the intended uses		is endowr	nent tuna	5					
Part	VI Land, Buildings, and Equipm Complete if the organization a		n Form (OO Dart	: IV line 11a	Soo E	Form 000 Par	t Y line 1	Λ	
		1			or other basis		Accumulated	(d) Boo		
	Description of property	(a) Cost or o			other)		epreciation	(u) 500	v Aqing	
1a	Land .	····	0		0			,		0
b	Buildings		0		0		0			0
С	Leasehold improvements .		0		0		0			0
d	Equipment		0		1,067,298		592,651		474	,465
_е	Other .		0		0		0			0
Total	. Add lines 1a through 1e (Column (d) m	nust equal Form 99	00, Part X,	column (i	B), line 10c)		>		474	,465

Part VII	Investments—Other Securities.	II) (a a II) a a E a a a a a a a a a a a a a a a a	D-+ 1) / E 44 O 5 (200 D-4 V II 40
 -	Complete if the organization answered	"Yes" on Form 990,		
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year	
(1) Financia		0		·
	neld equity interests	0		·
		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
(A)				
(C)		<u> </u>		
(D)				
(E)				
(F) (G)		+		
(H)				
	n (b) must equal Form 990, Part X, col (B) line 12)	0		· · · · · · · · · · · · · · · · · · ·
	Investments—Program Related.	.1. <u>.</u>		
	Complete if the organization answered	"Yes" on Form 990.	Part IV. line 11c. See Form 9	90. Part X. line 13
	(a) Description of investment	(b) Book value	(c) Method of va	
	(a) Description of investment	(b) book value	Cost or end-of-year	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)		ļ., <u>-</u>		
(8)		ļ		
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)	0	1,	a ponter
Part IX	Other Assets.	W/ II 000	Deat N/ Fine 44 d. One France C	000 Dark V. Imaa 45
	Complete if the organization answered		Part IV, line 11d. See Form 9	(b) Book value
/4)	(a) Desc	ripuon		
(1)	· · · · · · · · · · · · · · · · · · ·			408,789
(3)	 			
(4)		· · · · · · · · · · · · · · · · · · ·		
(5)				
(6)				
(7)				
(8)		· · · · · · · · · · · · · · · · · · ·		
(9)				
	mn (b) must equal Form 990, Part X, col (B)	line 15)		408,789
Part X	Other Liabilities.			
	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11e or 11f. See I	Form 990, Part X,
	line 25			
1.	(a) Descrip	otion of liability		(b) Book value
(1) Federal	income taxes	· · · · · · · · · · · · · · · · · · ·		189,796
(2)				
(3)				
(4)				
(5)		,		
(6)				
(7)			# ** · · · · · · · · · · · · · · · · · ·	
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B)		······	189,796
	r uncertain tax positions. In Part XIII, provide the to s liability for uncertain tax positions under FASB A			

Par	Reconciliation of Revenue per Audited Financial Statement		o por recurrin	
	Complete if the organization answered "Yes" on Form 990, Part	i iv, line iza.		2 424 770
1	Total revenue, gains, and other support per audited financial statements		1	3,131,778
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 - 1		
a	Net unrealized gains (losses) on investments .	2a		
þ	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	0
3	Subtract line 2e from line 1		. 3	3,131,778
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		
þ	Other (Describe in Part XIII)	4b		
C	Add lines 4a and 4b		. 4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		. 5	3,131,778
Part	XII Reconciliation of Expenses per Audited Financial Statemen		ses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part	t IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	2,727,392
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	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1 .		. 3	2,727,392
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		
		<u> </u>		
С	Add lines 4a and 4b		4c	0
_	Add lines 4a and 4b).	4c 5	
5 Part	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 XIII Supplemental Information.		. 5	2,727,392
5 Part Provid	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	Part IV, lines 1b a	. 5 nd 2b, Part V, line 4,	2,727,392
5 Part Provid	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4;	Part IV, lines 1b a	. 5 nd 2b, Part V, line 4,	2,727,392
5 Part Provid	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4;	Part IV, lines 1b a	. 5 nd 2b, Part V, line 4,	2,727,392
5 Part Provid	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4;	Part IV, lines 1b a	. 5 nd 2b, Part V, line 4,	2,727,392
5 Part Provid	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4;	Part IV, lines 1b a	. 5 nd 2b, Part V, line 4,	2,727,392
5 Part Provid	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4;	Part IV, lines 1b a	. 5 nd 2b, Part V, line 4,	2,727,392
5 Part Provid	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4;	Part IV, lines 1b a	. 5 nd 2b, Part V, line 4,	2,727,392
5 Part Provid	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4;	Part IV, lines 1b a	. 5 nd 2b, Part V, line 4,	2,727,392
5 Part Provid	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4;	Part IV, lines 1b a	. 5 nd 2b, Part V, line 4,	2,727,392

Schedule D (For		Golden Gate Dev	elopment Corporation	on		62-1671347	Page 5
Part XIII	Suppleme	ntal Informatio	n (continued)				
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SCHEDULE E (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Part I

Schools

 Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
 ► Attach to Form 990 or Form 990-EZ.
 ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

Open to Public Inspection

Name of the organization

Golden Gate Development Corporation

Employer Identification number

62-1671347

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,			
	bylaws, other governing instrument, or in a resolution of its governing body?	1	X	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
	brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	-	 -,-	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media	2	X	
•	during the period of solicitation for students, or during the registration period if it has no solicitation program,		ŀ	
	in a way that makes the policy known to all parts of the general community it serves? If "Yes," please			ŀ
	describe If "No," please explain If you need more space, use Part II	3	X	
	CAMPUS NEWSPAPER PUBLISHES THE SCHOOL NON-DISCRIMINATION POLICY			
			Ì	
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially	··-		
	nondiscriminatory basis?	4b	Х	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
د	with student admissions, programs, and scholarships?	4c	Х	
ď	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II	4d	Х	
5	Does the organization discriminate by race in any way with respect to			
а	Students' rights or privileges?	5a		Х
h	Admissions policies?	 		.,
b	Admissions policies?	5b		Х
С	Employment of faculty or administrative staff?	5c		Х
	, , , , , , , , , , , , , , , , , , ,			
d	Scholarships or other financial assistance?	5d		Х
е	Educational policies?	5e		X
f	Use of facilities?	Ef		v
•		1 21		
g	Athletic programs?	5g		Х
h	Other extracurricular activities?	5h		<u> X</u>
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II			
				1
				Ī
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a		
b	Has the organization's right to such aid ever been revoked or suspended?	6b		X
	If you answered "Yes" on either line 6a or line 6b, explain on Part II			.
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through	<u> </u>		
	4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No." explain on Part II	7	χl	

Schedule	E (Form 990 or 990-EZ) 2019	Golden Gate Development Corp		62-1671347 Page 2
Part II	 Supplemental Info applicable Also pro 	rmation. Provide the explanativide any other additional inform	ons required by Part I, lines 3, 40 nation. See instructions.	d, 5h, 6b, and 7, as
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SCHEDULE O (Form 990 or 990-EZ)

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 990-EZ.

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

OMB No 1545-0047
2019
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Golden Gate Development Corporation	62-1671347
Form 990, Part VI, Section b, Line 11 COPY OF THE 990 IS DISTRIBUTED TO ALL OFFICERS	AND
BOARD FOR REVIEW PRIOR TO FILLING	
Form 990, Part VI, Section b, Line 12C THE ORGANIZATION REGULARLY MONITORS CONFL	ICT OF
INTEREST WITH POLICES AND PROCEDURES AND THIS IS FROWNED UPON BY THE ORG	ANIZATION
Form 990, Part VI, Section B, Line 15 THE ORGANIZATION REGULARLY REVIEWS THE SALA	RIES OF TOP
OFFICERS WITH ORGANIZATION OF SIMILAR SIZE AND REVENUE TO DETERMINE THAT S	ALARIES ARE
COMPARABLE	
Form 990, Part VI, Section c, Line 19 UPON REQUEST THE AUDIT REPORT AND THE 990 IS	MADE
AVAILABLE TO THE PUBLIC AT THE SCHOOL	
Form 990, Part XI, Line 9 Invested in Capital Assets	
	·

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization	Employer identification number
Golden Gate Development Corporation	62-1671347
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