# **KAUFMAN ROSSIN** cpa + advisors

GRANT CARDONE FOUNDATION INC. 18909 NE 29TH AVENUE AVENTURA, FL 33180

ENCLOSED IS THE ORGANIZATION'S 2022 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-TE TO US BY NOVEMBER 15, 2023.

WE PREPARED RETURN FROM INFORMATION YOU FURNISHED US WITHOUT VERIFICATION. UPON EXAMINATION OF THE RETURN BY TAX AUTHORITIES, REQUESTS MAY BE MADE FOR UNDERLYING DATA. WE THEREFORE RECOMMEND THAT YOU PRESERVE ALL RECORDS WHICH YOU MAY BE CALLED UPON TO PRODUCE IN CONNECTION WITH SUCH POSSIBLE EXAMINATIONS.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

KAUFMAN, ROSSIN & CO., P.A.

Q	879-TE		IR	S e-file Signatu for a Tax Ex	ire Autho	orization	I		OMB No. 1545-0047	
Form <b>O</b>	079-1E	E			-	-				
		For calendar ye	ear 2022, or	fiscal year beginning Do not send to the IRS.			,2	20	2022	
	ent of the Treasury evenue Service		Go	to www.irs.gov/Form8879						
Name o								EIN or SSN		
	GRANT	CARDONE	FOUI	NDATION INC.				82-324	4679	
Name a	nd title of officer or pe	erson subject to		HERI HAMILTON						
				IRECTOR						
Part				n Information						
Form 5 or <b>10a</b> whiche	330 filers may ente below, and the amo	r dollars and o ount on that li	cents. For ne for the	sing this Form 8879-TE and or r all other forms, enter whole e return being filed with this But, if you entered -0- on the	e dollars only. If form was blank,	you check the then leave line	box on lin <b>1b, 2b,</b> 3	ie 1a, 2a, 3a 3b, 4b, 5b, 6	a, 4a, 5a, 6a, 7a, 8a, 9a, 3b, 7b, 8b, 9b, or 10b,	
1a	Form 990 check h	nere	Хb	<b>Total revenue,</b> if any (For	m 990, Part VIII	, column (A), lin	ne 12)		в <u>846,501.</u>	
2a	Form 990-EZ che	eck here		Total revenue, if any (For					2b	
3a	Form 1120-POL	check here		Total tax (Form 1120-POL					Bb	
4a	Form 990-PF che	ck here	b	Tax based on investmen	t income (Form	n 990-PF, Part \	V, line 5)		lb	
5a	Form 8868 check			Balance due (Form 8868,					jp	
6a	Form 990-T chec			<b>Total tax</b> (Form 990-T, Pa					ib	
7a	Form 4720 check			Total tax (Form 4720, Par					′b	
8a	Form 5227 check				assets at end of tax year (Form 5227, Item D) 8b					
9a 10a	Form 5330 check Form 8038-CP ch			<ul> <li>b Tax due (Form 5330, Part II, line 19)</li> <li>b Amount of credit payment requested (Form 8038-CP, Part III, line 22)</li> </ul>					9b 10b	
Part			anature	e Authorization of Off	icer or Pers	on Subject	to Tax	ie 22) I	do	
of any i entry to financia later th paymen person <b>PIN: ch</b>	refund. If applicable o the financial institu al institution to debi an 2 business days nt of taxes to receiv al identification num neck one box only ∑ I authorize KA as my signature with a state age	o, I authorize ti ution account it the entry to prior to the p re confidential nber (PIN) as r UFMAN R On the tax year ncy(ies) regula	he U.S. T indicated this acco ayment ( informat my signat COSSII ar 2022 e ating char	on of the transmission, <b>(b)</b> the reasury and its designated for a in the tax preparation software but. To revoke a payment, I settlement) date. I also author ion necessary to answer ing ture for the electronic return N & CO., P.A, ERO firm name electronically filed return. If I rities as part of the IRS Fed/	Financial Agent ware for paymer must contact the orize the financi juiries and resol and, if applicat	to initiate an elu to f the federal ne U.S. Treasur al institutions i ve issues relate ole, the consent within this retur	ectronic fu I taxes ow y Financia nvolved in ed to the p t to electro to electro to electro	unds withdra ved on this re al Agent at 1- i the process bayment. I ha bonic funds wi enter my PIN copy of the re	awal (direct debit) sturn, and the -888-353-4537 no ing of the electronic ave selected a ithdrawal. I <u>44679</u> Enter five numbers, but do not enter all zeros eturn is being filed	
Signature	return. If I have i	person subjec indicated with rogram, I will e	t to tax w in this ret	en. vith respect to the entity, I w curn that a copy of the returr PIN on the return's disclosu	n is being filed v	vith a state age				
Part		ition and A	uthent	ication				σαισ		
ERO's	EFIN/PIN. Enter yo	our six-digit ele	ectronic f	iling identification						
numbe	r (EFIN) followed by	your five-digi	t self-sele	cted PIN.		6507111 Do not enter a				
submit		-		which is my signature on the uirements of <b>Pub. 4163,</b> Mo		cally filed returr	n indicate			
ERO's s	ignature KAU	FMAN RO	SSIN	& CO.,P.A.		Date	11/1	15/23		
		D - 11		O Must Retain This F				-		
				nit This Form to the I		nequested	10 00 5		Form 8879-TE (2022)	
LHA F	or Privacy Act and	a Paperwork	Reductio	on Act Notice, see instructi	0/15.				FUTHI <b>UUT 3</b> -TE (2022)	
202521 1	12-16-22									

Form <b>99</b>	0
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#### EXTENDED TO NOVEMBER 15, 2023 **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047 **Open to Public** . Inspection

						Open to Public Inspection
			ar year, or tax year beginning and e	ending		
В	Check if applicat	ole: C Name of	organization		D Employer identificati	on number
	Addr chan	ge GRAN	T CARDONE FOUNDATION INC.			
	chan	ge Doing bi	usiness as		82-3244679	
Ľ	returi	n Number		Room/suite		
	Final returi termi		9 NE 29TH AVENUE		(310) 777-	
_	ated Amer	City or to	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	846,501.
Ļ	returi		TURA, FL 33180		H(a) Is this a group retur	
	tion pend	ing 10000	nd address of principal officer: SHERI HAMILTON	~ ~		Yes X No
		10909	NE 29TH AVENUE, AVENTURA, FL 3318		H(b) Are all subordinates includ	
		empt status:		r 52	- ,	
	Webs		S: //CARDONEFOUNDATION.COM		H(c) Group exemption n	
	Form c art l	Summary	X Corporation Trust Association Other	L Yea	r of formation: 2017 M Si	tate of legal domicile: F L
	T	-		ימעדיסי		
e.	1	Briefly describ	e the organization's mission or most significant activities: SEE S			
and					a them OFO( of its not access	
Governance	2	Check this bo			1 1	. 4
j U			ing members of the governing body (Part VI, line 1a) ependent voting members of the governing body (Part VI, line 1b)			4
			of individuals employed in calendar year 2022 (Part V, line 2a)			<u>+</u> 0
ties	6		of volunteers (estimate if necessary)			0
Activities &	7 2		d business revenue from Part VIII, column (C), line 12			0.
Ā			business taxable income from Form 990-T, Part I, line 11			0.
	1				Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)		3,361,259.	826,751.
nue	9		ce revenue (Part VIII, line 2g)		830,000.	0.
Revenue	10	•	come (Part VIII, column (A), lines 3, 4, and 7d)		1,328.	19,750.
ă	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,469.	0.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,198,056.	846,501.
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)		215,452.	142,926.
	14	Benefits paid	o or for members (Part IX, column (A), line 4)		0.	0.
<i>v</i>	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)		142,764.	176,691.
Exnenses	16a	Professional fu	undraising fees (Part IX, column (A), line 11e)		0.	0.
ADe	ž b	Total fundraisi	ng expenses (Part IX, column (D), line 25)	0.		
ú	<sup>i</sup> 17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		97,258.	166,951.
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		455,474.	486,568.
	19	Revenue less	expenses. Subtract line 18 from line 12		3,742,582.	359,933.
Net Assets or	ICES			В	eginning of Current Year	End of Year
sset	<b>20</b>	Total assets (F			5,477,416.	5,865,091.
3t As	21		(Part X, line 26)			27,742.
ž	<u>22</u>	Net assets or	fund balances. Subtract line 21 from line 20		5,477,416.	5,837,349.
	art II				and a subtrate to the term	and a data and the Port Math
	•		declare that I have examined this return, including accompanying schedules			owledge and belief, it is
true	e, corre	ct, and complete.	Declaration of preparer (other than officer) is based on all information of white	cn prepare	er nas any knowledge.	

Sign	Signature of officer			Date		
Here	SHERI HAMILTON, DIRECTOR					
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN	
Paid	LOUIS BALBIRER	LOUIS BALBIRER	11/15	/23 self-employed	P0008206	3
Preparer	Firm's name KAUFMAN ROSSIN &	CO., P.A,		Firm's EIN 59-	-1818353	
Use Only	Firm's address 3310 MARY STREEET	, SUITE 501				
	MIAMI, FL 33133			Phone no. 305	858-5600	
May the I	RS discuss this return with the preparer shown abo	ove? See instructions			X Yes	No
232001 12-1	3-22 LHA For Paperwork Reduction Act Noti	ce, see the separate instructions.			Form <b>990</b> (	2022)

Par	990 (2022) GRANT CARDONE FOUNDATION INC.	82-3244679 Page 2
	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: NONE	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
8	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes X No
Ļ	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	• •
	revenue, if any, for each program service reported.	
	(Code:) (Expenses \$142,926. including grants of \$142,926. (Reven	ue \$
	GRANTS WERE MADE TO MULTIPLE EXEMPT ORGANIZATIONS WITH M	
	TO CARE AND DEVELOPMENT OF CHILDREN INCLDING FOSTER CHIL	DREN.
		<u></u>
	THE ORGANIZATION ALSO PAID RENTS FOR TEMPORARY HOUSING F	
	WHO LOST THEIR HOMES DUE TO THE COLLAPSE OF THIER BUILDI	NG.
b	(Code:) (Expenses \$ 80,000. including grants of \$) (Reven	ue \$
	THE ORGANIZATION CONTINUED ITS 10X HUB PROJECT IN SOUTH	
	PROJECT HELPED TO DEVELOP NEW BUSINESSES AND TRAIN ENTRE	
	ALSO SERVES AS A MENTORSHIP HUB FOR ADOLESCENTS WITHOUT	FATHERS IN AN
	AREA THAT HAS A HIGH PERCENTAGE OF CHILDREN GROWING UP W	ΤΤΗΟΟΤ Α
	FATHER.	
c	(Code: ) (Expenses \$ including grants of \$ ) (Reven	
c	(Code:) (Expenses \$ including grants of \$) (Reven	
c	(Code:) (Expenses \$ including grants of \$ ) (Reven	
c	(Code:) (Expenses \$ including grants of \$) (Reven	
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c	(Code:) (Expenses \$ including grants of \$) (Reven	
c	(Code:) (Expenses \$ including grants of \$) (Rever	
c		
c	(Code:) (Expenses \$) (Rever	
	Other program services (Describe on Schedule O.)	
ŀd	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$	
ŀd	Other program services (Describe on Schedule O.)	

Form	990	(2022)

 Form 990 (2022)
 GRANT
 CARDONE
 FOUNDATION
 INC.

 Part IV
 Checklist of Required Schedules
 Checklist
 Checklist

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	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		X
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, assessments, or			77
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
-	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,	7		х
8	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			- 23
0		8		х
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
Ū	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			77
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in		v	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u>л</u>
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12u	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		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		~
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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	Х	
232003	9 12-13-22	Form	990	(2022)

232003 12-13-22

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Form	aan	(2022)
FUIII	990	(2022)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key 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		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? 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		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			77
	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			v
	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Par	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
' u				
	Check if Schedule O contains a response or note to any line in this Part V			
1.0	Enter the number reported in box 3 of Ferm 1006. Enter 0, if not explicitly $ _{10}$		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a0Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b0			
u c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C		1c		
23200/	(gambing) winnings to prize winners?		990	(2022)
202002	5	1 0111		(-022)

#### 15081115 756350 64603000

2022.05000 GRANT CARDONE FOUNDATION 64603001

Form	990 (2022) GRANT CARDONE FOUNDATION INC.		82-3244	679	P	age <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns? .		2b		<b> </b>
				3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο		3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	nt)?	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	e orga	inization solicit			37
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi					
_	were not tax deductible?			6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).					37
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	provided to the payor?	7a		X
				7b		<u> </u>
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired	_		v
_	to file Form 8282?			7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	_7d		_		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		ť?	7e		<u> </u>
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		<u> </u>
-	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		<u> </u>
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	•		•		
~				8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:			9b		
10 а	Initiation fees and capital contributions included on Part VIII, line 12	10a	1			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders	11a				
	Gross income from other sources. (Do not net amounts due or paid to other sources against	110				
D.	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		2	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		u		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		1			
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
с	Enter the amount of reserves on hand	13c				
				14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incor	ne?	16		Х
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities	5			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					
232005	12-13-22			Form	990	(2022)

6

15081115 756350 64603000

<sup>2022.05000</sup> GRANT CARDONE FOUNDATION 64603001

Form 990 (2022)
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82-3244679 Page 6

X

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

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	4		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other			
	officer, director, trustee, or key employee?		2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the				
	of officers, directors, trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99				X
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ts?	5		X
6	Did the organization have members or stockholders?				X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app more members of the governing body?	point one or			x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto		· //a		
5	persons other than the governing body?	·	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		. 15		
a	The governing body?	, ,	8a	х	
b	Each committee with authority to act on behalf of the governing body?			X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reacl				
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev		9		- 23
	tion 211 onoioo (This Section & requests information about policies not required by the internal Rev	enue Coae.)		Yes	No
102	Did the organization have local chapters, branches, or affiliates?		10a	165	X
	If "Yes," did the organization have written policies and procedures governing the activities of such cha				
U	and branches to ensure their operations are consistent with the organization's exempt purposes?	• • •	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body				x
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	belore ming the form:	11a		- 23
	Did the organization have a written conflict of interest policy? If "No," go to line 13		. 12a		x
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise t				- 23
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If " $\gamma_e$		120		
C	on Schedule O how this was done	-,	12c		
13	Did the organization have a written whistleblower policy?				x
13 14	Did the organization have a written document retention and destruction policy?				X
14 15			. 14		- 11
15	Did the process for determining compensation of the following persons include a review and approval persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	by independent			
•	The organization's CEO, Executive Director, or top management official		15a		x
			. 15a 15b		X
D	Other officers or key employees of the organization		. 150		- 11
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	opt with a			
	taxable entity during the year?		. <u>16a</u>		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organiz				
2	exempt status with respect to such arrangements?		.   16b		
	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed FL		(2)		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 990-T (section 501(c	(3)s only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.				
	Own website Another's website X Upon request Other (explain a	,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	flict of interest policy,	and finan	cial	
• •	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 book MARK FAJACK – (310) 777–0255	ks and records			
	18909 NE 29TH AVENUE, AVENTURA, FL 33180				
	5 12-13-22		Form	1 <b>990</b>	(202

Form	990	(2022)	
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Part VII	Со	mpensatior	n of Officers,	, Directors,	, Trustees,	Key Empl	oyees,	Highest	Compen	sated
	Em	nployees, ar	nd Independ	ent Contra	ctors					

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	not c	Pos	ition	l than d	ane	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar I	nd a d I	irecto	r/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	upens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual ti	itiona		nploy	st cor	-	1000 1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizatione
(1) GRANT CARDONE	10.00	_								
DIRECTOR		x		x				0.	0.	0.
(2) JARROD GLANDT	2.00									
PRESIDENT/DIRECTOR		х		X				0.	0.	Ο.
(3) ELENA CARDONE	2.00									
VP/DIRECTOR		Х		Х				0.	0.	0.
(4) SHERI HAMILTON	2.00									
SECRETARY/DIRECTOR		Х		Х				0.	0.	0.
		1								
		1								
		1								
		1								
000007 40 40 00										Earm 990 (2022)

8

Form 990 (2022)

	990 (2022) GRANT CAP	RDONE FO	UN	DA	TI	ON	I	NC		82-32	2446	579	Pa	age <b>8</b>
Par	Section A. Onicers, Directors, Trus		ploye	ees,			ghes	t C		, ,	<u> </u>			
	(A) Name and title	<b>(B)</b> Average hours per week (list any	box, offic	not c unles	ss per	ition more son is	than c s both r/trust	an	(D) Reportable compensation from the	<b>(E)</b> Reportable compensatio from related organization	on J	an	(F) timate nount o other pensa	of
		hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MIS 1099-NEC)		fr org and	om the anizati d relate inizatio	e on ed
											_			
1b	Subtotal								0.		0.			0.
с  2	Total from continuation sheets to Part VI	, Section A	·····			 			0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 •	000 of reportable	0.			0.
2	compensation from the organization		056	IISLE	u au	love	) 101		ceived more than \$100,		;		<u> </u>	0
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for si	-		-	•	-		Ŭ	• •			3	Yes	No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl 0,000? <i>If</i> "Yes,	e co " co	mpe mple	ensat ete S	tion Sche	and dule	oth J f	ner compensation from t	he organization		4		X
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i>										<u></u>	5		Х
<u>Sec</u> 1	tion B. Independent Contractors Complete this table for your five highest con	-	-								oensati	ion fro	m	
	the organization. Report compensation for t (A) Name and business	<b>,</b>		nair DNE	0		or wi	nin	(B) Description of s		Co	<b>(C</b> omper	;) nsatior	ו
2	Total number of independent contractors (ir	•	ot lin	nited	l to f	thos		ted	above) who received me	ore than				
	\$100,000 of compensation from the organiz	allUll					,					Form	<b>990</b> (2	2022)

232008 12-13-22

				ARDON	NE F	OUNDATI	ION INC.		82-3244	679 Page <b>9</b>
Pa	rt \	/111	Statement of Revenue							
			Check if Schedule O contains	a respon	ise or r	note to any line		(B)	(C)	
							<b>(A)</b> Total revenue	Related or exempt	Unrelated business revenue	
										sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1		Federated campaigns							
DoL DoL			Membership dues	·						
fts, r Ar			Fundraising events Related organizations	·						
, Gi nila			Government grants (contributions							
ons Sin			All other contributions, gifts, grants, a							
her		•	similar amounts not included above		82	26,751.				
l Ot		g	Noncash contributions included in lines 1a-1f							
Cor anc		-					826,751.			
						usiness Code				
e	2	а								
Program Service Revenue		b			_					
i Se		с								
ram Seve		d								
rog		е								
đ			All other program service revenue							
			Total. Add lines 2a-2f							
	3		Investment income (including divid				19,750.			19,750.
		<ul><li>other similar amounts)</li><li>Income from investment of tax-exempt bond pro</li></ul>					19,750.			19,750.
	4 5			-	-	1				
	5		Royalties	(i) Real		ii) Personal				
	6	•	Gross rents 6a	(i) Hour	(	in reiseriai				
	0	b	Gross rents   6a     Less: rental expenses   6b							
		c	Rental income or (loss) 6c							
			Net rental income or (loss)							
	7			) Securitie		(ii) Other				
			assets other than inventory <b>7a</b>							
		b	Less: cost or other basis							
ne			and sales expenses							
venue		с	Gain or (loss)							
Re		d	Net gain or (loss)	······						
Other	8	а	Gross income from fundraising events	· 1						
đ			including \$							
			contributions reported on line 1c).							
			Part IV, line 18		8a					
			Less: direct expenses		8b					
	ļ .		Net income or (loss) from fundrais		.s					
	9	a	Gross income from gaming activit		9a					
		h	Part IV, line 19 Less: direct expenses		9a 9b					
			Net income or (loss) from gaming							
	10		Gross sales of inventory, less retu	Г						
		-	and allowances		10a					
		b	Less: cost of goods sold		10b					
			Net income or (loss) from sales of							
						usiness Code				
sno	11	а			$-\Box$					
ane		b								
iscellaneous Revenue		с			_ [_					
Misc			All other revenue							
-		е	Total. Add lines 11a-11d				046 501			10 550
	12		Total revenue. See instructions				846,501.	0.	0.	19,750.
23200	9 12	-13-	-22							Form <b>990</b> (2022)

232009 12-13-22

GRANT CARDONE FOUNDATION INC. Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

3001	ion 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations		·		·
	and domestic governments. See Part IV, line 21	137,223.	137,223.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	5,703.	5,703.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	142,053.		142,053.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	3,185.		3,185.	
9	Other employee benefits	<u> </u>			
10	Payroll taxes	31,453.		31,453.	
11	Fees for services (nonemployees):				
а	Management				
b	Legal	13,636.		13,636.	
С	Accounting	10,000.		10,000.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	· · · ·				
	column (A), amount, list line 11g expenses on Sch 0.)	57,489.		57,489.	
12	Advertising and promotion	1,000.		1,000.	
13	Office expenses	2,965.		2,965.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	1,560.		1,560.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	0.0			
а	PROJECT 10X HUB	80,000.	80,000.		
b	PAYROLL EXPENSES	301.		301.	
С					
d					
	All other expenses				^
25	Total functional expenses. Add lines 1 through 24e	486,568.	222,926.	263,642.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				000
23201	0 12-13-22	11			Form <b>990</b> (2022)

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2022.05000 GRANT CARDONE FOUNDATION

				(A)		
				Beginning of year		
1	Cash - non-interest-bearing			600.	1	
2	Savings and temporary cash investments			2,922,825.	2	(r.)
3	Pledges and grants receivable, net				3	
4				4		
5	Loans and other receivables from any current or	officer, director,				
	trustee, key employee, creator or founder, substa					
	controlled entity or family member of any of these	ons		5		
6	Loans and other receivables from other disqualifi	ed per	sons (as defined			
	under section 4958(f)(1)), and persons described	in sec	tion 4958(c)(3)(B)		6	
7	Notes and loans receivable, net			406,847.	7	
8	Inventories for sale or use			2,754.	8	
9	Prepaid expenses and deferred charges		9			
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a				

X

Check if Schedule O contains a response or note to any line in this Part X (B) End of year

,000,152.

719,254.

2,145,685.

5,865,091.

27,742.

27,742.

5,837,349.

10c

11

12

13

14

15

16

17

18

19

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21

22

23

24

25

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28

29

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31

32

33

0.

5,477,416.

5,477,416.

5,477,416.

2,144,390.

5,477,416.

Form 990 (2022)

Net	32	Total net assets or fund balances	
_	33	Total liabilities and net assets/fund balances	

Assets or Fund Balances

Form 990 (2022)

Assets

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

Liabilities

Part X | Balance Sheet

b Less: accumulated depreciation 10b

Total assets. Add lines 1 through 15 (must equal line 33)

Investments - publicly traded securities

Investments - other securities. See Part IV, line 11

Investments - program-related. See Part IV, line 11

Intangible assets

Other assets. See Part IV, line 11

Accounts payable and accrued expenses

Grants payable

Deferred revenue

Tax-exempt bond liabilities

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Net assets without donor restrictions Net assets with donor restrictions

Capital stock or trust principal, or current funds

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

Retained earnings, endowment, accumulated income, or other funds

Loans and other payables to any current or former officer, director,

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

Total liabilities. Add lines 17 through 25

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

and complete lines 29 through 33.

Organizations that follow FASB ASC 958, check here

Organizations that do not follow FASB ASC 958, check here

trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons

15081115 756350 64603000

5,865,091.

5,837,349.

Form	990 (2022) GRANT CARDONE FOUNDATION INC.	<u>82-32</u>	44679	Pag	<sub>je</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	846		
2	Total expenses (must equal Part IX, column (A), line 25)	2	486		
3	Revenue less expenses. Subtract line 2 from line 1	3	359		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,477	,41	<u>L6.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	<u>5,837</u>	,34	<u>19.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Cash Corual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	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		<u> </u>
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	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 Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
				200	

Form **990** (2022)

232012 12-13-22

Department of the Treasury Internal Revenue Service

(Form 990)

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022
Open to Public Inspection

#### Name of the organization

Nam	me of the organization Employer identification number of the organization								
De	41	GRAN	T CARDONE	FOUNDATION I	NC.				2-3244679
Par	τι	Reason for Public (	Sharity Status.	(All organizations must o	complete th	nis part.) S	ee instruction	S.	
The c	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2		A school described in section	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990).)				
3		A hospital or a cooperative							
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for		lege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C							
6		A federal, state, or local gov	•				• •		
7	X	An organization that norma	lly receives a substar	ntial part of its support f	rom a gove	ernmental	unit or from th	ne general j	oublic described in
		section 170(b)(1)(A)(vi). (C							
8		A community trust describe	ed in <b>section 170(b)(</b>	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or
		university:							
10		An organization that norma							
		activities related to its exem		-					-
		income and unrelated busir		(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	ifter June 30, 1975.
		See section 509(a)(2). (Cor							
11		An organization organized a							
12		An organization organized a	-	-	-			•	
		more publicly supported or	-						Sheck the box on
-		lines 12a through 12d that						-	aivin a
а		<b>Type I.</b> A supporting orga	-	-	• • • •	-			
		the supported organization			i majonty d	or the alrea	tors or truste	es or the st	ipporting
h		organization. <b>You must c</b> <b>Type II.</b> A supporting org			tion with it	oupporto	d organizatio	n(n) hy hay	ing
b		control or management o							
		organization(s). You mus			ame perso	113 11121 001		je trie supp	Joned
с		Type III functionally inte	-		in connect	tion with	and functional	lv integrate	od with
U	L	its supported organization						ly integrate	a with,
d		<b>Type III non-functionally</b>		-				ted organiz	zation(s)
	L	that is not functionally int						-	
		requirement (see instructi	с с	• •	•		•		
е		Check this box if the orga	,	•				II. Type III	
		functionally integrated, or					, , <u>,</u>	<i>,</i> <b>,</b>	
f	Ente	er the number of supported c		, , , , , , , , , , , , , , , , , , , ,					
g	Pro	vide the following information	about the supporte	d organization(s).					-
	(	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	anization listed ng document?	(v) Amount of		(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)
Tota									

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	361,198.	630,976.	617,763.	3361258.	826,751.	5797946.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	361,198.	630,976.	617,763.	3361258.	826,751.	5797946.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						3272242.
	Public support. Subtract line 5 from line 4.						2525704.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	361,198.	630,976.	617,763.	3361258.	826,751.	5797946.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,			F10	465		00 704
_	and income from similar sources			519.	465.	19,750.	20,734.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	927.					927.
	assets (Explain in Part VI.)	927.					5819607.
11	Total support. Add lines 7 through 10		20)			12	5019007.
12	Gross receipts from related activities, <b>First 5 years.</b> If the Form 990 is for th			iourth or fifth tox y			
13	organization, check this box and stop	-		-			
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2022 (I			olumn (f))		14	43.40 %
	Public support percentage from 2021					15	32.46 %
	<b>33 1/3% support test - 2022.</b> If the o						
	stop here. The organization qualifies					,	V
b	<b>33 1/3% support test - 2021.</b> If the o						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test		•••				
	and if the organization meets the fact						
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	0 10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th						
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	on did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	
						Schedule A	(Form 990) 2022

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Schedule A					FOUNDATION	
Part III	Support	: Schedule f	or Organiza	ations Desc	ribed in Section	509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	in one under continu 510						
4	Tax revenues levied for the organ-						
-	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support			-	•	•	•
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section §	501(c)(3) organiz	ation,
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2022 (I	ine 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2021					16	%
Sec	ction D. Computation of Invest	stment Income	e Percentage				
17	Investment income percentage for 20	<b>)22</b> (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from	2021 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2022. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and line	e 17 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	e organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2021. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%	%, and
	line 18 is not more than 33 1/3%, che	ck this box and <b>s</b>	<b>top here.</b> The orga	anization qualifies	as a publicly supp	orted organizatio	on
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	structions	
23202	3 12-09-22					Schedu	le A (Form 990) 2022

15081115 756350 64603000

<sup>16</sup> 

1

Yes No

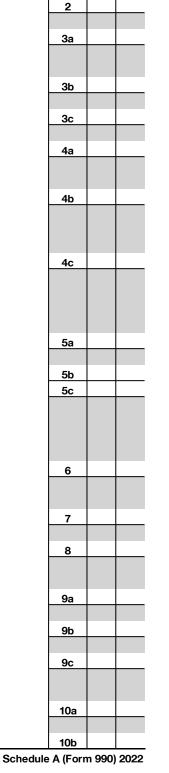
#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

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17

2

Yes No

Yes No

Pa	rt IV Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		
	11c below, the governing body of a supported organization? 11a		
b	A family member of a person described on line 11a above? 11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI. 11c		
Sec	tion B. Type I Supporting Organizations		
		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, or trustees were allocated among the		

supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised	d. or controlled the si	upporting or	ganization.
Section C. T	ype II Supportir	ng Organi	zations

Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed 1 the supported organization(s).

Sec	ction D. All Type III Supporting Organizations		2
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a		
	significant voice in the organization's investment policies and in directing the use of the organization's		

significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's 3 supported organizations played in this regard.

#### Section 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 instructions)	١.
		1000 1100 000000	/-

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

с		The organization supported a governmental entity.	Describe in Part VI how	you supported a governmental entity	y (see instruction <u>s).</u>
---	--	---	-------------------------	-------------------------------------	-------------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 232025 12-09-22

3b Schedule A (Form 990) 2022

2a

2b

3a

Schedule A (Form 990) 2022

18

2022.05000 GRANT CARDONE FOUNDATION 64603001

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

 Schedule A (Form 990) 2022
 GRANT CARDONE FOUNDATION INC.

 Part V
 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

instructions).

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

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 Schedule A (Form 990) 2022
 GRANT CARDONE FOUNDATION INC.
 Foundation
 Continued

 Part V
 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)
 (continued)

			100/11/10		
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	1			
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	3	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	IS	(iii) Distributable Amount for 2022
_1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
с	Excess from 2020				
d	Excess from 2021				
e	Excess from 2022				

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	GRANT	CARDONE	FOUNDATION	I INC.	82-3244679 Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, Section D, lines 5, 6, and	<b>mation.</b> P , 2, 3b, 3c, 4 lines 2 and 3	rovide the expla b, 4c, 5a, 6, 9a, ; Part IV, Sectio	nations required by F 9b, 9c, 11a, 11b, an n E, lines 1c, 2a, 2b,	Part II, line 10; Part II, I d 11c; Part IV, Section 3a, and 3b; Part V, lin	ine 17a or 17b; Part III, line 12; ı B, lines 1 and 2; Part IV, Section C, e 1; Part V, Section B, line 1e; Part V,
	(See instructions.)					
232028 12-09-2	2			21		Schedule A (Form 990) 2022

**Schedule A** 

### Identification of Excess Contributions Included on Part II, Line 5

82-3244679

#### 2022

\*\* Do Not File \*\*
\*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
JOSEPH LAYNE	132,000.	15,608.
GRANT CARDONE	1,077,822.	961,430.
BRANDON DAWSON	250,000.	133,608.
BRIAN CULHANE	250,000.	133,608.
JARROD GLANDT AND SANDRA GLANDT	2,144,380.	2,027,988.
Total Excess Contributions to Schedule A, Part II, Line 5		3,272,242.

### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Organization ty

Name of the organization

### Schedule of Contributors

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

2022

Employer identification number

GRANT	CARDONE	FOUNDATION	INC.	82-3244679
<b>pe</b> (check one):				

Filers of:	Section:
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set of the parts unless totaling the year for an *exclusively* for the parts unless totaling \$5,000 or more during the year for an *exclusively* set is the set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless total set of the parts unless the set of the parts unless total set

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

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

Schedule B (Form 990) (2022)

#### Schedule B (Form 990) (2022)

GRANT CARDONE FOUNDATION INC.

Name of organization

Employer identification number

82-3244679

#### Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 BRIAN BENSTOCK X Person Payroll **170 FEEKS LANCE** 23,900. Noncash (Complete Part II for LOCUST VALLEY, NY 11560 noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 KHALIG ISGANDAROV X Person Payroll 11 19,420. Noncash \$ (Complete Part II for ORCHARD BEACH, MD 21226 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) 223452 11-15-22

Schedule B (Form 990) (2022)

2022.05000 GRANT CARDONE FOUNDATION 64603001

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Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
223453 11-15-	-22		Schedule B (Form 990) (2022

223453 11-15-22

Schedule B (Form 990) (2022)

GRANT CARDONE FOUNDATION INC.

Name of organization

Page 3

Employer identification number

82-3244679

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Schedule E	B (Form 990) (2022)			Page 4		
Name of or	rganization			Employer identification number		
GRANT	CARDONE FOUNDATION INC.			82-3244679		
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a)	ons to organizations described in se				
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or I	ess for the year. (Enter this info. o	nce.) \$		
(a) No.	Use duplicate copies of Part III if additional s	space is needed.				
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held		
		(e) Transfer of gif	t			
	Transferee's name, address, a	and $7IP \pm 4$	Relationship of tra	nsferor to transferee		
		[				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held		
Part I			(0) 2000			
-	(e) Transfer of gift					
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee		
(a) No.						
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held		
		(e) Transfer of gif	t			
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee		
		[				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held		
Part I						
ŀ		e) Transfer of gif	i			
F	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee		

Schedule B (Form 990) (2022)

### $15081115 \ 756350 \ 64603000$

26 2022.05000 GRANT CARDONE FOUNDATION 64603001

SCHEDULE D	

(Form	990)
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Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

Nam	e of the organization GRANT CARDONE FOUN	Ν ΤΝΟ		Employer identification number 82-3244679
Pa		d Funds or Other Simil	ar Funds or Ac	
I U	organization answered "Yes" on Form 990, Part IV, lin			
		(a) Donor advised fur	nds (	<b>b)</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 of grants norm (during year)			
5	Did the organization inform all donors and donor advisors in		donor advised fund	de la companya de la
5	are the organization's property, subject to the organization's	-		
6	Did the organization inform all grantees, donors, and donor a			
U	for charitable purposes and not for the benefit of the donor o			•
Pa				
1	Purpose(s) of conservation easements held by the organization	•	· · · · · · · · · · · · · · · · · · ·	
•	Preservation of land for public use (for example, recrea	· · · · · ·	eservation of a histo	prically important land area
	Protection of natural habitat	·		fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution	in the form of a co	nservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	<b>-</b>			2b
с	Number of conservation easements on a certified historic structure			2c
d	Number of conservation easements included in (c) acquired a			
		• • •		2d
3	Number of conservation easements modified, transferred, rel			zation during the tax
	year			
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, I	handling of	
	violations, and enforcement of the conservation easements it	holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and en	forcing conservatio	n easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforci	ng conservation eas	sements during the year
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of	section 170(h)(4)(B)	
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footr	note to the organization's finar	ncial statements that	at describes the
Da	organization's accounting for conservation easements. TIII Organizations Maintaining Collections of	Art Historical Treasu	res or Other S	imilar Assots
ra	Complete if the organization answered "Yes" on Form			inniai Assets.
			atatamant and half	anaa ahaat waxka
Ia	If the organization elected, as permitted under FASB ASC 95	•		
	of art, historical treasures, or other similar assets held for put service, provide in Part XIII the text of the footnote to its finar			
h	If the organization elected, as permitted under FASB ASC 95			shoot works of
U	art, historical treasures, or other similar assets held for public	· · ·		
		exhibition, education, of rese		of public service,
	provide the following amounts relating to these items:			2
	<ul><li>(i) Revenue included on Form 990, Part VIII, line 1</li><li>(ii) Assets included in Form 990, Part X</li></ul>			
2	If the organization received or held works of art, historical tre	asures or other similar assets		
2	the following amounts required to be reported under FASB A			
	Revenue included on Form 990, Part VIII, line 1	-		<b>P</b>
d h				
<u> </u>	Assets included in Form 990, Part X			Ψ

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 09-01-22

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Sche	dule D (Form 990) 2022 GRANT C.	ARDONE FOU	JNDAT	ION IN	с.				44679		age <b>2</b>
Par	t III Organizations Maintaining C	ollections of A	rt, Hist	orical Tre	easures, o	r Other	Similar	Assets	contin	ued)	
3	Using the organization's acquisition, accessi	on, and other recor	ds, checł	k any of the	following that	t make sig	nificant u	ise of its			
	collection items (check all that apply):										
а	Public exhibition		d 🗌	Loan or exc	change progra	am					
b	Scholarly research		е 🗌	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ain how th	ney further th	he organizatio	on's exem	ot purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations	s of art, hi	storical trea	sures, or othe	er similar a	ssets				
	to be sold to raise funds rather than to be ma	aintained as part of	the orga	nization's co	ollection?				Yes		No
Par	t IV Escrow and Custodial Arran	gements. Comp	plete if the	e organizatio	on answered	"Yes" on F	orm 990	, Part IV, I	line 9, or		
	reported an amount on Form 990, Pa			-					·		
1a	Is the organization an agent, trustee, custodi	ian or other interme	diary for	contribution	s or other as	sets not in	cluded				
	on Form 990, Part X?		•						Yes		No
b	If "Yes," explain the arrangement in Part XIII							······ —			
			5						Amount		
с	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F						·		Yes		No
	If "Yes," explain the arrangement in Part XIII.					-					Ī
Par											2
	·	(a) Current year	(b) F	Prior year	(c) Two yea	rs back (	<b>d)</b> Three y	ears back	(e) Four	years	back
1a	Beginning of year balance									-	
b	Contributions										
c	Net investment earnings, gains, and losses										
b b	Grants or scholarships										
e	Other expenditures for facilities										
Ŭ	and programs										
f	Administrative expenses										
g											
2	End of year balance Provide the estimated percentage of the curr		 ce (line 1)	a column (a	)) held as:						
2	Board designated or quasi-endowment		%	g, column (a							
h	Permanent endowment	%	/0								
		<u> </u>									
U	The percentages on lines 2a, 2b, and 2c sho	-									
20	Are there endowment funds not in the posse		zation the	t are hold a	nd administa	rod for the					
Ja	organization by:			at all filler a					Г	Yes	No
	<b>c</b>								3a(i)		
	(i) Unrelated organizations								3a(ii)		
h	(ii) Related organizations								3b		
4	Describe in Part XIII the intended uses of the								30		
Par	t VI Land, Buildings, and Equipm		ownent	iunus.							
	Complete if the organization answere		0 Part I	/ line 11a S	See Form 990	Part X lii	ne 10				
	Description of property	(a) Cost or	,	Í	t or other	, , 	cumulate	d		volu	
	Description of property	basis (inves			(other)	. ,	reciation	iu	(d) Book	value	3
10	Land			54013	(00101)		colution				
-	Land										
b	Buildings										
	Leasehold improvements										
	Equipment										
	Other			L							0
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Par	<u>t X, colur</u>	<u>nn (B), line 1</u>	0c.)						0.
							:	Schedule	D (Form	990)	2022

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o		e 11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) ARLIN HOLDINGS LLC			2,144,390.
(2) OTHER ASSETS			1,295.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			0 1 4 5 6 0 5
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		2,145,685.
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	a 11e or 11f. See Form 990, Part X, line 25.	
1.         (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line			
2. Liability for uncertain tax positions. In Part XIII, provide			
organization's liability for uncertain tax positions under	FASB ASC 740. Check h	ere if the text of the footnote has been pro	vided in Part XIII

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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Schedule D (Form 990) 2022

Part VII Investments - Other Securities.

Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 GRANT CARDONE FOUNDATIC	N INC.	82-3244679 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Reven	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	)	
Pa	t XII Reconciliation of Expenses per Audited Financial St	atements With Exper	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.	
1	Total expenses and losses per audited financial statements		1
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.)	<b>2</b> d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines <b>4a</b> and <b>4b</b>		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)	
Pa	t XIII Supplemental Information.		

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

#### PART XI, LINE <u>2D - OTHER ADJUSTMENTS:</u>

SPECIAL EVENT EXPENSES REPORTED ON PAGE 9, LINE 8B

#### PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES REPORTED ON PAGE 9, LINE 8B

232054 09-01-22

GRANT CARDONE F	ΟΙΙΝΟΑΨΤΟΙ	N TNC.			82-32446	79
Part I General Infor	mation on A	ctivities Out	side the United States. Compl	ete if the organi		
Form 990, Part IV				5		
1 For grantmakers. Does	the organizatior	n maintain recor	ds to substantiate the amount of its gra	ants and other a	issistance,	
the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	grants or assis	tance?	Yes No
2 For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and oth	ner assistance out	side the
United States.		C		0		
3 Activities per Region. (T	he following Part	I, line 3 table ca	an be duplicated if additional space is r	needed.)		
(a) Region	(b) Number of offices	(c) Number of employees, agents, and	(d) Activities conducted in the region (by type) (such as, fundraising, pro-	is a prog	vity listed in (d) gram service,	(f) Total expenditures for and
	in the region	independent contractors in the region	gram services, investments, grants to recipients located in the region)		specific type s) in the region	investments in the region
			PROMOTION OF EDUCATION,			
			ENTREPRENEUTILA DEVELOPMENT	HELPED TO D	EVELOP NEW	05 500
SUB-SAHARAN AFRICA			AND MENTORHSIP	BUSINESSES		85,703.
						05 500
3 a Subtotal	0	0				85,703.
<b>b</b> Total from continuation	0	0				
sheets to Part I						0.
c Totals (add lines 3a and 3b)	0	0				85,703.
anu 30/	I V	ı v				,,,,,,,

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

232071 10-17-22

Schedule F (Form 990) 2022

## Statement of Activities Outside the United States

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

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

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

## SCHEDULE F (Form 990)

#### Schedule F (Form 990) 2022

# Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
			l ecognized as charities by the f			1	1	<u> </u>
			or counsel has provided a sect					
3 Enter total number of	other organizations of			<u></u>		····· 🕨	Sched	ule F (Form 990) 2022

82-3244679

#### Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	<b>(b)</b> Region	(c) Number of recipients	(d) Amount of cash grant	<b>(e)</b> Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2022

			CARDONE	FOUNDATION	INC.
Part IV	Foreign Form	S			

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		37
	Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may		
	be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and		
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a		
	U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to		
	Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing		
	Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		
	Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2022

	F (Form 990) 2022			FOUNDATION	INC.
Part V	Supplementa	Informat	ion		

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

232075 10-17-22	35	Schedule F (Form 990) 2022

2022.05000 GRANT CARDONE FOUNDATION 64603001

SCHEDULE I (Form 990)	Go	Grants and Oth vernments, an lete if the organization	d Individual	s in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		Go to www.irs	Attach to Form .gov/Form990 for		ation.		Open to Public Inspection
Name of the organization			.90				Employer identification number
GRANT CAR Part I General Information on Grants a		DATION INC.					82-3244679
1 Does the organization maintain records		amount of the grants	or assistance, the	arantees' eligibility	for the grants or assis	tance and the selection	n
criteria used to award the grants or assi					•		
2 Describe in Part IV the organization's pr							
Part II Grants and Other Assistance to recipient that received more than	•				anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
TUMAINI DC 800 MAINE SE							
WASHINGTON, DC 20024	46-0761830	501(C)(3)	9,405.	0.			EDUCATION FOR CHILDREN

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

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

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

#### Schedule I (Form 990) 2022

GRANT CARDONE	FOUNDATION	INC
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82-3244679

Page 2

 Part III
 Grants and Other Assistance to Domestic Individuals.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

 Part III can be duplicated if additional space is needed.
 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
RENTS WERE PAID ON BEHALF OF INDIVIDUALS WHO LOST					
THERI RESIDENTS DUE TO A DISASTER	2	5,703.	٥.		
		l			

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Name of the organization

GRANT CARDONE FOUNDATION INC.

82-3244679

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

TO PROVIDE MENTORING AND FINANCIAL LITERACY EDUCATION, ESPECIALLY

SERVING THE UNDERPRIVILEGED, AT-RISK POPULATION, AND THE ECONOMICALLY

DISADVANTAGED.

FORM 990, PART VI, SECTION A, LINE 2:

GRANT CARDONE AND ELENA CARDONE ARE HUSBAND AND WIFE.

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

NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, SECTION C, LINE 19:

NO OTHER DOCUMENTS ARE AVAILABLE TO THE PUBLIC UNLESS REQUIRED BY LAW.

FORM 990, PART IX, LINE 11G, OTHER FEES:

PAYROLL FEES:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	12,043.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	12,043.

MERCHANT FEES:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	16 241.

### FUNDRAISING EXPENSES

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22 Schedule O (Form 990) 2022

0.

15081115 756350 64603000

38

Schedule O (Form 990) 2022 Name of the organization	011 7170		Employer identificati	
GRANT CARDONE FOUNDATIO	ON INC.		82-324467	9
TOTAL EXPENSES			16	,241.
CONTRACT SERVICES:				
PROGRAM SERVICE EXPENSES				0.
MANAGEMENT AND GENERAL EXPENSES			29	,205.
FUNDRAISING EXPENSES				0.
TOTAL EXPENSES			29	,205.
TOTAL OTHER FEES ON FORM 990, PART IX	K, LINE 11G	, COL A	57	,489.
232212 10-28-22	39		Schedule O (For	m 990) 20:
31115 756350 64603000 20		ANT CARDONE	FOUNDATION	6460

15081115 756350 64603000