

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

| | | | |
|--|--|--|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization GREATER GOOD CHARITIES | | D Employer identification number 20-4846675 |
| | Doing business as | | E Telephone number 520-441-9067 |
| | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | G Gross receipts \$ 80,684,706. |
| | 600 UNIVERSITY STREET | 1000 | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ |
| City or town, state or province, country, and ZIP or foreign postal code SEATTLE, WA 98101 | | F Name and address of principal officer: LIZ BAKER 6262 N SWAN ROAD, SUITE 165, TUCSON, AZ 857 | |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | | |
| J Website: ▶ WWW.GREATERGOOD.ORG | | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | | L Year of formation: 2006 M State of legal domicile: WA |

Part I Summary

| | | | |
|---|---|--|------------------------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: GREATER GOOD CHARITIES IS DEVOTED TO ADDRESSING HEALTH AND WELL-BEING OF PEOPLE, ANIMALS, AND | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 12 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 12 |
| | 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) | 5 | 52 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 12 |
| | 7 a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| b Net unrelated business taxable income from Form 990-T, line 39 | 7b | 0. | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year 61,061,274. | Current Year 73,643,664. |
| | 9 Program service revenue (Part VIII, line 2g) | 954,668. | 1,005,965. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | -38,259. | 60,659. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 314,507. | 683,823. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 62,292,190. | 75,394,111. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 55,820,865. | 65,057,408. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 3,567,051. | 4,340,591. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,504,728. | | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 3,529,312. | 3,519,564. |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 62,917,228. | 72,917,563. | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | -625,038. | 2,476,548. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year 6,608,260. | End of Year 9,977,818. |
| | 21 Total liabilities (Part X, line 26) | 544,379. | 1,448,587. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 6,063,881. | 8,529,231. |

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| | | | | | |
|-------------------------------|---|--|--------------------------------|---|--------------------------|
| Sign Here | Signature of officer | | Date | | |
| | LIZ BAKER, CHIEF EXECUTIVE OFFICER Type or print name and title | | | | |
| Paid Preparer Use Only | Print/Type preparer's name COLLEEN RAMIRES | Preparer's signature COLLEEN RAMIRES | Date 03/15/21 | Check if self-employed <input type="checkbox"/> | PTIN P01251320 |
| | Firm's name ▶ MOSS ADAMS LLP | Firm's address ▶ 999 THIRD AVENUE, SUITE 2800 SEATTLE, WA 98104 | Firm's EIN ▶ 91-0189318 | Phone no. 206-302-6500 | |

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: GREATER GOOD CHARITIES IS DEVOTED TO ADDRESSING HEALTH AND WELL-BEING OF PEOPLE (PARTICULARLY WOMEN AND CHILDREN), ANIMALS, AND THE PLANET. THE ORGANIZATION WILL MAKE EDUCATIONAL MATERIALS AVAILABLE TO THE GENERAL PUBLIC AND PROVIDE FUNDING TO (CONTINUED ON SCHEDULE O)

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.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 66,090,436. including grants of \$ 62,430,042.) (Revenue \$ 1,005,965.) ANIMAL WELFARE (RESCUED ANIMALS): \$62,430,042 WAS GRANTED TO ANIMAL WELFARE ORGANIZATIONS FOR ITEMS LIKE FOOD, VACCINATIONS, SHELTER RENOVATIONS, ENRICHMENT, SPAY/NEUTER, EDUCATION AND TRAINING, AND DISASTER PREPAREDNESS AND RESPONSE. GREATER GOOD CHARITIES' RESCUE BANK PROGRAM IS OUR LOGISTICS SERVICES COMPONENT, RESPONSIBLE FOR SECURING, TRANSPORTING, STORING AND DISTRIBUTING IN-KIND DONATIONS TO APPROVED ANIMAL WELFARE NON-PROFIT RECIPIENTS. THE PROGRAM CONFORMS TO OUR INTERNAL GUIDELINES FOR EVALUATING AND RESPONDING TO GRANT APPLICATIONS, DELIVERING PRODUCTS SUCH AS PET FOOD, VACCINES, LITTER AND OTHER SUPPLIES INSTEAD OF FINANCIAL GRANTS. THE NATIONAL RESCUE BANK NETWORK SERVES BOTH ONGOING NEEDS OF ANIMAL WELFARE ORGANIZATIONS AS WELL AS MAKING PRODUCTS

4b (Code:) (Expenses \$ 1,241,864. including grants of \$ 824,290.) (Revenue \$ 0.) HUNGER & POVERTY: \$824,290 WAS DISTRIBUTED TO CHARITIES ADDRESSING HUNGER AND POVERTY IN THE U.S. AND INTERNATIONALLY. FUNDS SUPPORTED PROGRAMS TO DISTRIBUTE FOOD, PROVIDE STOVES FOR DISPLACED PEOPLE IN DARFUR, PROVIDE HIGH YIELD SEEDS IN AGRICULTURAL AREAS IN AFRICA, PROVIDE CLEAN WATER IN AFRICAN COMMUNITIES, HIGH-CALORIE, NUTRITIOUS FOOD FOR INFANTS AND MOTHERS IN NIGER AND BASIC SURVIVAL SUPPLIES IN AREAS AFFECTED BY DISASTERS.

4c (Code:) (Expenses \$ 1,369,370. including grants of \$ 1,162,028.) (Revenue \$ 0.) LITERACY & CHILDREN'S EDUCATION AND HEALTH: \$1,162,028 WAS GRANTED TO VARIOUS NON-PROFIT GROUPS PROVIDING PROGRAMS THAT SUPPORT CHILDREN'S LITERACY, EDUCATION AND BASIC HEALTH IN THE U.S. AND ABROAD. FUNDS WERE USED TO DISTRIBUTE BOOKS TO UNDERPRIVILEGED CHILDREN DOMESTICALLY AND SUPPLY LOCAL LANGUAGE BOOKS IN SCHOOLS OVERSEAS, IN ADDITION TO PROVIDING SHOES, SUPPLIES AND UNIFORMS TO SCHOOL AGED GIRLS IN AFRICA AND SOUTH ASIA. FUNDS WERE ALSO USED TO PROVIDE BASIC HEALTH SERVICES, SUCH AS THE ADMINISTRATION OF VITAMIN A TO PREVENT CHILDHOOD ILLNESS AND DISEASE, PROVIDE HIV TESTING TO NEWBORNS, FUND AMPUTEE AND MOBILE HEALTH SERVICES TO CHILDREN IN HAITI, AND SUPPLY CLEAN CHILDBIRTH KITS TO THIRD WORLD MOTHERS. A PARTNERSHIP WITH A PUBLISHER HAS ALLOWED FOR THE DIRECT DISTRIBUTION OF BOOKS.

4d Other program services (Describe on Schedule O.) (Expenses \$ 1,634,480. including grants of \$ 641,048.) (Revenue \$ 0.)

4e Total program service expenses 70,336,150.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

| | 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? <i>If "Yes," complete Schedule I, Parts I and III</i> | 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? <i>If "Yes," complete Schedule J</i> | 23 X | |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | 24a | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | |
| c 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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i> | 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? <i>If "Yes," complete Schedule L, Part III</i> | 27 | X |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> | 28a X | |
| b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | X |
| c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 X | |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 32 | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | 34 | X |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 35b | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | 37 | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | 38 X | |

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

| | Yes | No |
|---|-------------|----|
| 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 28 |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c X | |

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 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?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, CO, DC, FL, GA, GU, HI, IL, KS, KY
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records JEMIMAH OKANTEY - 206-268-5477 600 UNIVERSITY AVE, #1000, SEATTLE, WA 98101

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

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

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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) DAVID YASKULKA BOARD CHAIR | 2.00 | X | | X | | | | 0. | 0. | 0. |
| (2) DAVID SAMUELSON BOARD VICE CHAIR | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (3) JOHN GEHRT BOARD TREASURER | 3.00 | X | | X | | | | 0. | 0. | 0. |
| (4) JULIA CHRISTOPHERSEN BOARD SECRETARY | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (5) EVE HIGGS BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (6) GREG HESTERBERG BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (7) KIMBERLY KLINTWORTH BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (8) JACKSON GALAXY BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (9) JAM STEWART BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (10) JULIE RYAN BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (11) JANIS ROSENTHAL BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (12) JEFF ZUBA BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (13) LIZ BAKER CHIEF EXECUTIVE OFFICER | 50.00 | | | X | | | | 218,811. | 0. | 18,574. |
| (14) STEPHEN MINTER COO (UNTIL 5/20), GENERAL COUNSEL | 50.00 | | | X | | | | 155,627. | 0. | 9,197. |
| (15) NOAH HORTON CHIEF MARKETING OFFICER | 50.00 | | | X | | | | 150,439. | 0. | 11,604. |
| (16) JEMIMAH OKANTEY CHIEF FINANCIAL OFFICER | 50.00 | | | X | | | | 141,021. | 0. | 13,022. |
| (17) CHRIS BALASKI CHIEF OPERATING OFFICER (AS OF 5/20) | 50.00 | | | X | | | | 0. | 0. | 0. |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|------------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) ELIZABETH ASHER PROGRAM DIRECTOR | 50.00 | | | | | X | 159,031. | 0. | 14,261. | |
| (19) JOHN KANE PROGRAM DEVELOPMENT DIRECTOR | 50.00 | | | | | X | 148,559. | 0. | 4,566. | |
| (20) DENISE BINGLER PROGRAM DIRECTOR | 50.00 | | | | | X | 115,655. | 0. | 12,081. | |
| (21) BRYNA DONNELLY PROGRAM DIRECTOR | 50.00 | | | | | X | 116,970. | 0. | 9,394. | |
| (22) SUSAN ROSENBERG PROGRAM DIRECTOR | 50.00 | | | | | X | 115,372. | 0. | 10,192. | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1b Subtotal | | | | | | | 1,321,485. | 0. | 102,891. | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | 0. | 0. | 0. | |
| d Total (add lines 1b and 1c) | | | | | | | 1,321,485. | 0. | 102,891. | |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **11**

| | Yes | No |
|---|-----|----|
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | X | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | X |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

| | | | (A) | (B) | (C) | (D) | |
|--|--|--|----------------------|------------------------------------|----------------------------|--|--|
| | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a | Federated campaigns | 1a | | | | |
| | b | Membership dues | 1b | | | | |
| | c | Fundraising events | 1c | | | | |
| | d | Related organizations | 1d | | | | |
| | e | Government grants (contributions) | 1e | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 73,643,664. | | | |
| | g | Noncash contributions included in lines 1a-1f | 1g | \$ 63,982,330. | | | |
| | h | Total. Add lines 1a-1f | | 73,643,664. | | | |
| Program Service Revenue | 2 a | PET FOOD STORAGE/HANDLING | Business Code | | | | |
| | | | 493000 | 1,005,965. | 1,005,965. | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f | All other program service revenue | | | | | |
| g | Total. Add lines 2a-2f | | 1,005,965. | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 36,254. | | 36,254. | |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 | Royalties | | 683,823. | | 683,823. | |
| | 6 a | Gross rents | (i) Real | | | | |
| | | | (ii) Personal | | | | |
| | | | | | | | |
| | b | Less: rental expenses | 6b | | | | |
| | c | Rental income or (loss) | 6c | | | | |
| | d | Net rental income or (loss) | | | | | |
| | 7 a | Gross amount from sales of assets other than inventory | (i) Securities | | | | |
| | | | (ii) Other | | | | |
| | | | | 5,315,000. | | | |
| | b | Less: cost or other basis and sales expenses | 7b | 5,288,797. | 1,798. | | |
| | c | Gain or (loss) | 7c | 26,203. | -1,798. | | |
| d | Net gain or (loss) | | 24,405. | | 24,405. | | |
| 8 a | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | 8a | | | | | |
| b | Less: direct expenses | 8b | | | | | |
| c | Net income or (loss) from fundraising events | | | | | | |
| 9 a | Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | |
| b | Less: direct expenses | 9b | | | | | |
| c | Net income or (loss) from gaming activities | | | | | | |
| 10 a | Gross sales of inventory, less returns and allowances | 10a | | | | | |
| b | Less: cost of goods sold | 10b | | | | | |
| c | Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | 11 a | | Business Code | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | All other revenue | | | | | |
| | e | Total. Add lines 11a-11d | | | | | |
| 12 | Total revenue. See instructions | | 75,394,111. | 1,005,965. | 0. | 744,482. | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 61,352,598. | 61,352,598. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 1,399,514. | 1,399,514. | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 2,305,296. | 2,305,296. | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 744,421. | 223,659. | 408,445. | 112,317. |
| 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 | 2,920,017. | 2,304,455. | 120,351. | 495,211. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 13,602. | 11,482. | | 2,120. |
| 9 Other employee benefits | 384,823. | 288,898. | 31,386. | 64,539. |
| 10 Payroll taxes | 277,728. | 193,349. | 38,293. | 46,086. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | 87,650. | 1,496. | 86,154. | |
| c Accounting | 57,807. | | 57,807. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.) | 300,351. | 217,477. | | 82,874. |
| 12 Advertising and promotion | 669,946. | 60,477. | 24,417. | 585,052. |
| 13 Office expenses | 579,231. | 476,788. | 91,377. | 11,066. |
| 14 Information technology | 75,769. | 17,991. | 29,778. | 28,000. |
| 15 Royalties | | | | |
| 16 Occupancy | 117,122. | | 95,142. | 21,980. |
| 17 Travel | 254,722. | 228,563. | 19,470. | 6,689. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 2,352. | 2,352. | | |
| 20 Interest | 1,161. | | 1,161. | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 51,797. | 25,186. | 24,931. | 1,680. |
| 23 Insurance | 44,096. | 84. | 37,654. | 6,358. |
| 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 O.) | | | | |
| a LOGISTICS | 1,040,273. | 1,040,273. | | |
| b DUES & SUBSCRIPTIONS | 229,358. | 185,743. | 2,859. | 40,756. |
| c | | | | |
| d | | | | |
| e All other expenses | 7,929. | 469. | 7,460. | |
| 25 Total functional expenses. Add lines 1 through 24e | 72,917,563. | 70,336,150. | 1,076,685. | 1,504,728. |
| 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)

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|--|--|--------------------------|------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 657,785. | 1 | 1,799,057. |
| | 2 Savings and temporary cash investments | 259,317. | 2 | 3,742,822. |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 2,299,017. | 4 | 1,021,096. |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | 447,393. | 8 | 2,653,294. |
| | 9 Prepaid expenses and deferred charges | 143,839. | 9 | 299,106. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 259,016. | | |
| | b Less: accumulated depreciation | 10b 112,018. | | |
| | 11 Investments - publicly traded securities | 163,479. | 10c | 146,998. |
| | 12 Investments - other securities. See Part IV, line 11 | 2,637,430. | 11 | 315,445. |
| | 13 Investments - program-related. See Part IV, line 11 | | 12 | |
| | 14 Intangible assets | | 13 | |
| | 15 Other assets. See Part IV, line 11 | | 14 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 6,608,260. | 15 | | |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 6,608,260. | 16 | 9,977,818. | |
| Liabilities | 17 Accounts payable and accrued expenses | 305,396. | 17 | 357,178. |
| | 18 Grants payable | 238,983. | 18 | 134,815. |
| | 19 Deferred revenue | 0. | 19 | 269,644. |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | 0. | 24 | 686,950. |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | | 25 | |
| | 26 Total liabilities. Add lines 17 through 25 | 544,379. | 26 | 1,448,587. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 1,731,502. | 27 | 1,853,765. |
| | 28 Net assets with donor restrictions | 4,332,379. | 28 | 6,675,466. |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 6,063,881. | 32 | 8,529,231. |
| | 33 Total liabilities and net assets/fund balances | 6,608,260. | 33 | 9,977,818. |

Part 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 | 75,394,111. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 72,917,563. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 2,476,548. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 6,063,881. |
| 5 | Net unrealized gains (losses) on investments | 5 | -11,198. |
| 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 | 8,529,231. |

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| b Were the organization's financial statements audited by an independent accountant? _____ 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | X | |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | X | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____ | | X |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____ | | |

Form 990 (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2019

Open to Public Inspection

Name of the organization **GREATER GOOD CHARITIES** Employer identification number **20-4846675**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
| | | | Yes | No | | |
| | | | | | | |
| | | | | | | |
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| | | | | | | |
| Total | | | | | | |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 33242159. | 49965059. | 48080930. | 61061274. | 73643664. | 265993086 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 33242159. | 49965059. | 48080930. | 61061274. | 73643664. | 265993086 |
| 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) | | | | | | 129571169 |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 136421917 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|--------------------------|
| 7 Amounts from line 4 | 33242159. | 49965059. | 48080930. | 61061274. | 73643664. | 265993086 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 2775137. | 410,527. | 1450358. | 332,082. | 720,077. | 5688181. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | 271681267 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 4,024,952. |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | | |
|---|-----------|-------|-------------------------------------|
| 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) | 14 | 50.21 | % |
| 15 Public support percentage from 2018 Schedule A, Part II, line 14 | 15 | 52.00 | % |
| 16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | | <input type="checkbox"/> |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---|
| 15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2018 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2018 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i> | | |
| 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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i> | | |
| 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)? <i>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.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 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))? <i>If "Yes," provide detail in Part VI.</i> | | |
| b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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)? <i>If "Yes," answer 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

| | Yes | No |
|--|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | | |
| b A family member of a person described in (a) above? | | |
| c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i> | | |

Section B. Type I Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | | |
| 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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i> | | |

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |

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). | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | |
| 2 Activities Test. Answer (a) and (b) 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? <i>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.</i> | | |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i> | | |
| 3 Parent of Supported Organizations. Answer (a) and (b) below. | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section 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 | |

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|---|---|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% 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 .035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | (A) Prior Year | Current Year |
|---|---|----------------|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

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

| Section D - Distributions | Current Year |
|---|---------------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI). See instructions. | |
| 7 Total annual distributions. Add lines 1 through 6. | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | |
| 9 Distributable amount for 2019 from Section C, line 6 | |
| 10 Line 8 amount divided by line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 |
|--|-------------------------------------|---|--|
| 1 Distributable amount for 2019 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2019 | | | |
| a From 2014 | | | |
| b From 2015 | | | |
| c From 2016 | | | |
| d From 2017 | | | |
| e From 2018 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2019 distributable amount | | | |
| i Carryover from 2014 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2019 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2019 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions. | | | |
| 6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions. | | | |
| 7 Excess distributions carryover to 2020. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2015 | | | |
| b Excess from 2016 | | | |
| c Excess from 2017 | | | |
| d Excess from 2018 | | | |
| e Excess from 2019 | | | |

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

GREATER GOOD CHARITIES

Employer identification number

20-4846675

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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 or 990-EZ), 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, 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 ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

| | |
|---|---|
| Name of organization GREATER GOOD CHARITIES | Employer identification number 20-4846675 |
|---|---|

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|--|
| 1 | _____ _____ _____ | \$ <u>3,344,525.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | _____ _____ _____ | \$ <u>3,971,676.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | _____ _____ _____ | \$ <u>8,237,583.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | _____ _____ _____ | \$ <u>4,987,534.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | _____ _____ _____ | \$ <u>6,698,559.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | _____ _____ _____ | \$ <u>18,240,450.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization GREATER GOOD CHARITIES | Employer identification number 20-4846675 |
|---|---|

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|--|
| 7 | <hr/> <hr/> <hr/> | \$ <u>12,188,775.</u> | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | <hr/> <hr/> <hr/> | \$ <u>1,621,965.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization GREATER GOOD CHARITIES | Employer identification number 20-4846675 |
|---|---|

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 |
|------------------------------|---|---|----------------------|
| 1 | APPAREL, HOUSEWARE, BOOKS, CHILDREN'S TOYS, PET PRODUCTS _____ _____ _____ | \$ <u>3,265,698.</u> | <u>06/30/20</u> |
| 2 | PET MEDICATION _____ _____ _____ | \$ <u>3,871,676.</u> | <u>06/30/20</u> |
| 3 | PET FOOD _____ _____ _____ | \$ <u>8,199,288.</u> | <u>06/30/20</u> |
| 4 | PET FOOD AND PET PRODUCTS _____ _____ _____ | \$ <u>4,627,533.</u> | <u>06/30/20</u> |
| 5 | PET FOOD AND PET PRODUCTS _____ _____ _____ | \$ <u>6,598,559.</u> | <u>06/30/20</u> |
| 6 | PET FOOD AND PET PRODUCTS _____ _____ _____ | \$ <u>18,190,450.</u> | <u>06/30/20</u> |

| | |
|---|---|
| Name of organization GREATER GOOD CHARITIES | Employer identification number 20-4846675 |
|---|---|

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 |
|------------------------------|--|---|----------------------|
| 7 | PET FOOD AND PET PRODUCTS _____ _____ _____ | \$ <u>12,188,775.</u> | <u>06/30/20</u> |
| 8 | PET FOOD _____ _____ _____ | \$ <u>1,566,965.</u> | <u>06/30/20</u> |
| | _____ _____ _____ | \$ _____ | _____ |
| | _____ _____ _____ | \$ _____ | _____ |
| | _____ _____ _____ | \$ _____ | _____ |
| | _____ _____ _____ | \$ _____ | _____ |

| | |
|---|---|
| Name of organization GREATER GOOD CHARITIES | Employer identification number 20-4846675 |
|---|---|

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---------------------|--|-------------------------------------|
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization GREATER GOOD CHARITIES **Employer identification number** 20-4846675

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|--|------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate value of contributions to (during year) | | |
| 3 Aggregate value of grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|-----------------|
| 1a Land | | 23,000. | | 23,000. |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | 236,016. | 112,018. | 123,998. |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 146,998. |

Part VII Investments - Other Securities.

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

| (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" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost 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" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | |

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 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 25.) ▶ | |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | |
|----------|--|-----------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 75,836,124. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | -11,198. |
| b | Donated services and use of facilities | 2b | 453,211. |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| e | Add lines 2a through 2d | 2e | 442,013. |
| 3 | Subtract line 2e from line 1 | 3 | 75,394,111. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | 0. |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 75,394,111. |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | |
|----------|---|-----------|-------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 73,370,774. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | 453,211. |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| e | Add lines 2a through 2d | 2e | 453,211. |
| 3 | Subtract line 2e from line 1 | 3 | 72,917,563. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | 0. |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 72,917,563. |

Part XIII Supplemental Information.

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

PART X, LINE 2:

FEDERAL INCOME TAXES THE INTERNAL REVENUE SERVICE HAS RECOGNIZED THE ORGANIZATION AS EXEMPT FROM FEDERAL INCOME TAXES UNDER PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) EXCEPT TO THE EXTENT OF UNRELATED BUSINESS TAXABLE INCOME AS DEFINED UNDER IRC SECTIONS 511 THROUGH 515. ANY UNRELATED BUSINESS INCOME GENERATED IS NOT SIGNIFICANT; THEREFORE, NO PROVISION FOR INCOME TAXES HAS BEEN RECORDED. THE COMPANY FOLLOWS FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC) 740-10, INCOME TAXES, RELATING TO ACCOUNTING FOR UNCERTAIN TAX POSITIONS. ASC 740-10 PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT PROCESS FOR ACCOUNTING FOR UNCERTAIN TAX POSITIONS AND ALSO PROVIDES GUIDANCE ON VARIOUS RELATED MATTERS SUCH AS DERECOGNITION,

Part XIII Supplemental Information *(continued)*

INTEREST, PENALTIES AND DISCLOSURES REQUIRED. MANAGEMENT DOES NOT BELIEVE THE ORGANIZATION HAS AN UNCERTAIN TAX POSITION AS OF AND FOR THE YEARS ENDED JUNE 30, 2020 AND 2019.

Multiple horizontal lines for supplemental information.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

2019

Open to Public
Inspection

| | |
|---|---|
| Name of the organization GREATER GOOD CHARITIES | Employer identification number 20-4846675 |
|---|---|

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS, | 0 | 0 | GRANTMAKING | | 582,646. |
| EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA, | 0 | 0 | GRANTMAKING | | 922,145. |
| EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM | 0 | 0 | GRANTMAKING | | 5,357. |
| MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, | 0 | 0 | GRANTMAKING | | 8,101. |
| NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES | 0 | 4 | GRANTMAKING AND PROGRAM SERVICE | EXPLORATION, STUDY, AND PROTECTING BIODIVERSITY | 412,259. |
| RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN, BELARUS, | 0 | 0 | GRANTMAKING | | 15,706. |
| SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR, | 0 | 0 | GRANTMAKING | | 89,472. |
| SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, | 0 | 0 | GRANTMAKING | | 51,964. |
| 3 a Subtotal | 0 | 4 | | | 2,087,650. |
| b Total from continuation sheets to Part I | 0 | 0 | | | 217,647. |
| c Totals (add lines 3a and 3b) | 0 | 4 | | | 2,305,297. |

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Schedule F (Form 990) 2019

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|---|-------------------------------------|---|--|--|-----------------------------------|
| SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | 0 | 0 | GRANTMAKING | | 217,647. |
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| | | | | | |
| Totals | | | | | 217,647. |

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) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|---|---|-----------------------------------|--|---------------------------------|--|---|--|--|
| | | SOUTH ASIA | SUPPORT LITERACY & CHILDREN'S EDUCATION | 15,343. | WIRE | 0. | | |
| | | SOUTH AMERICA | SUPPORT RESCUED ANIMALS | 6,000. | WIRE | 0. | | |
| | | SUB-SAHARAN AFRICA | SUPPORT RESCUED ANIMALS | 86,974. | CHECK | 0. | | |
| | | EAST ASIA AND THE PACIFIC | SUPPORT RESCUED ANIMALS | 5,000. | WIRE | 0. | | |
| | | CENTRAL AMERICA AND THE CARIBBEAN | SUPPORT RESCUED ANIMALS | 37,000. | WIRE | 0. | | |
| | | CENTRAL AMERICA AND THE CARIBBEAN | SUPPORT RESCUED ANIMALS | 10,000. | WIRE | 0. | | |
| | | NORTH AMERICA (CANADA AND MEXICO) | SUPPORT PROTECTING/RESTORING ENVIRONMENT | 12,967. | CHECK | 0. | | |
| | | NORTH AMERICA (CANADA AND MEXICO) | SUPPORT RESCUED ANIMALS | 0. | | 238,138. | PET FOOD | FMV |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **38**

3 Enter total number of other organizations or entities **1**

SEE PART V FOR COLUMN (D) DESCRIPTIONS

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|---|---|-----------------------------------|---|---------------------------------|--|--|---|--|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | SUB-SAHARAN AFRICA | SUPPORT BREAST CANCER & WOMEN'S HEALTH, HUNGER & POVERTY, LITERACY & CHILDREN'S | 6,291. | CHECK | 0. | | |
| | | NORTH AMERICA (CANADA AND MEXICO) | SUPPORT RESCUED ANIMALS | 0. | | 22,317. | PET SUPPLIES | FMV |
| | | SUB-SAHARAN AFRICA | SUPPORT LITERACY & CHILDREN'S EDUCATION | 9,416. | CHECK | 0. | | |
| | | CENTRAL AMERICA AND THE CARIBBEAN | SUPPORT LITERACY & CHILDREN'S EDUCATION | 39,420. | CHECK | 0. | | |
| | | RUSSIA AND NEIGHBORING STATES | SUPPORT RESCUED ANIMALS | 11,078. | CHECK | 0. | | |
| | | SOUTH ASIA | SUPPORT RESCUED ANIMALS | 7,033. | CHECK | 0. | | |
| | | EAST ASIA AND THE PACIFIC | SUPPORT RESCUED ANIMALS | 25,000. | WIRE | 0. | | |
| | | SUB-SAHARAN AFRICA | SUPPORT LITERACY & CHILDREN'S EDUCATION | 6,700. | WIRE | 300. | COMPUTER TABLET | FMV |
| | | EAST ASIA AND THE PACIFIC | SUPPORT RESCUED ANIMALS | 50,030. | CHECK | 0. | | |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|---|---|-----------------------------------|---|---------------------------------|--|--|---|--|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | EAST ASIA AND THE PACIFIC | SUPPORT PROTECTING/RESTORING ENVIRONMENT | 5,784. | CHECK | 0. | | |
| | | EAST ASIA AND THE PACIFIC | SUPPORT BREAST CANCER & WOMEN'S HEALTH, HUNGER & POVERTY, LITERACY & CHILDREN'S | 294,095. | WIRE | 0. | | |
| | | SUB-SAHARAN AFRICA | SUPPORT LITERACY & CHILDREN'S EDUCATION | 8,155. | WIRE | 1,200. | COMPUTER TABLETS | FMV |
| | | EAST ASIA AND THE PACIFIC | SUPPORT PROTECTING/RESTORING ENVIRONMENT | 5,677. | CHECK | 0. | | |
| | | NORTH AMERICA (CANADA AND MEXICO) | SUPPORT PROTECTING/RESTORING ENVIRONMENT | 62,423. | CHECK | 0. | | |
| | | NORTH AMERICA (CANADA AND MEXICO) | SUPPORT HUNGER & POVERTY | 940. | CHECK | 8,222. | CLOTHING | FMV |
| | | EAST ASIA AND THE PACIFIC | SUPPORT RESCUED ANIMALS | 76,000. | WIRE | 0. | | |
| | | EAST ASIA AND THE PACIFIC | SUPPORT RESCUED ANIMALS | 52,000. | WIRE | 0. | | |
| | | EAST ASIA AND THE PACIFIC | SUPPORT RESCUED ANIMALS | 35,000. | WIRE | 0. | | |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|--|--|-----------------------------------|--|--------------------------|---------------------------------|-----------------------------------|--|---|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | SOUTH ASIA | SUPPORT LITERACY & CHILDREN'S EDUCATION | 6,232. | WIRE | 0. | | |
| | | EAST ASIA AND THE PACIFIC | SUPPORT RESCUED ANIMALS | 201,000. | WIRE | 0. | | |
| | | EAST ASIA AND THE PACIFIC | SUPPORT RESCUED ANIMALS | 72,836. | CHECK | 0. | | |
| | | CENTRAL AMERICA AND THE CARIBBEAN | SUPPORT HUNGER & POVERTY | 16,526. | CHECK | 0. | | |
| | | MIDDLE EAST AND NORTH AFRICA | SUPPORT RESCUED ANIMALS | 6,301. | CHECK | 0. | | |
| | | EAST ASIA AND THE PACIFIC | SUPPORT PROTECTING/RESTORING ENVIRONMENT, RESCUED ANIMALS | 45,000. | WIRE | 0. | | |
| | | EAST ASIA AND THE PACIFIC | SUPPORT RESCUED ANIMALS | 20,403. | CHECK | 0. | | |
| | | CENTRAL AMERICA AND THE CARIBBEAN | SUPPORT HUNGER & POVERTY | 5,000. | CHECK | 0. | | |
| | | CENTRAL AMERICA AND THE CARIBBEAN | SUPPORT LITERACY & CHILDREN'S EDUCATION AND HEALTH, PROTECTING/RESTORING | 30,761. | WIRE | 0. | | |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|---|---|-----------------------------------|---|---------------------------------|--|--|---|--|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | SUB-SAHARAN AFRICA | SUPPORT HUNGER & POVERTY, LITERACY & CHILDREN'S EDUCATION AND HEALTH, | 7,483. | CHECK | 0. | | |
| | | CENTRAL AMERICA AND THE CARIBBEAN | SUPPORT HUNGER & POVERTY, LITERACY & CHILDREN'S EDUCATION AND HEALTH | 20,000. | CHECK | 473,617. | CHILDREN'S BOOKS AND TOYS | FMV |
| | | EAST ASIA AND THE PACIFIC | SUPPORT HUNGER & POVERTY | 25,000. | CHECK | 0. | | |
| | | SOUTH AMERICA | SUPPORT PROTECTING/RESTORING ENVIRONMENT | 81,202. | CHECK | 0. | | |
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Part IV Foreign Forms

- 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 Corporation (see Instructions for Form 926)* Yes 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 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 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 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 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 No

Schedule F (Form 990) 2019

Part V 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.

PART I, LINE 2:

EACH NON-PROFIT THAT RECEIVES GRANTS FROM GREATER GOOD CHARITIES IS REQUIRED TO SUPPLY PROOF OF THEIR NON-PROFIT STATUS UNDER THE LAWS OF THE COUNTRY IN WHICH IT WAS FORMED PRIOR TO RECEIVING FUNDS. THEY MUST ALSO SIGN A MEMO OF UNDERSTANDING THAT OUTLINES OUR INTENTIONS FOR USE OF FUNDS AND THAT THEY AGREE TO USE THE FUNDS AS SPECIFIED. THROUGHOUT THE YEAR, WE REQUIRE REPORTS FROM EACH CHARITY THAT RECAPS HOW FUNDS WERE USED. IF FUNDS ARE NOT USED PROPERLY OR DOCUMENTATION FOR HOW FUNDS WERE USED IS NOT PROVIDED, FUTURE FUNDS CAN BE WITHHELD. WHEN POSSIBLE, ACTUAL SITE VISITS ARE CONDUCTED TO SEE ACTUAL EVIDENCE OF THE USE OF FUNDS.

PART II, COLUMN (D):

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: SUPPORT BREAST CANCER & WOMEN'S HEALTH, HUNGER & POVERTY, LITERACY & CHILDREN'S EDUCATION AND HEALTH

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: SUPPORT BREAST CANCER & WOMEN'S HEALTH, HUNGER & POVERTY, LITERACY & CHILDREN'S EDUCATION AND HEALTH

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: SUPPORT LITERACY & CHILDREN'S EDUCATION AND HEALTH, PROTECTING/RESTORING ENVIRONMENT

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: SUPPORT HUNGER & POVERTY, LITERACY & CHILDREN'S EDUCATION AND HEALTH, PROTECTING/RESTORING ENVIRONMENT

Part V 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.

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization **GREATER GOOD CHARITIES** Employer identification number **20-4846675**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|----------------|--|---------------------------------|--|--|--|---|
| 4 PAWS ANIMAL RESCUE PO BOX 735 WILLIS, MI 48191 | 27-3741642 | 501(C)(3) | 0. | 3,380,383. | FMV | PET FOOD, PET MEDICATION, PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| A BETTER LIFE - PEACE, LOVE & ANIMALS - 19135 NUCLEAR PLANT RD - TANNER, AL 35671 | 27-0977892 | 501(C)(3) | 7,150. | 0. | | | SUPPORT FOR RESCUED ANIMALS |
| ACADIANA ANIMAL AID 142 LE MEDECINE RD CARENCRO, LA 70520 | 23-7414337 | 501(C)(3) | 0. | 192,016. | FMV | PET FOOD, PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| ADA HOWE KENT MEMORIAL SHELTER 2259 RIVER RD. CALVERTON, NY 11933 | 23-7007068 | 501(C)(3) | 7,500. | 0. | | | SUPPORT FOR RESCUED ANIMALS |
| ADORABLE MUTTS ANIMAL RESCUE 13547 ANDREW WAY HOUSTON, TX 77082 | 46-4761200 | 501(C)(3) | 0. | 5,990. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| AGEE MEMORIAL WILDLIFE FUND, INC. 2059 SWEET VALLEY ROAD EL DORADO HILLS, CA 95762 | 88-0545331 | 501(C)(3) | 0. | 1,085,397. | FMV | PET FOOD, PET MEDICATION | SUPPORT FOR RESCUED ANIMALS |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **326.**

3 Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2019)

SEE PART IV FOR COLUMN (G) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| ALAQUA ANIMAL REFUGE 914 WHITFIELD ROAD FREEPORT, FL 32439 | 02-0806313 | 501(C)(3) | 5,000. | 155,584. | FMV | PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| ALASKA NATIVE RURAL VETERINARY, INC. - 3875 GEIST ROAD, BOX 301 - FAIRBANKS, AK 99709 | 45-5167681 | 501(C)(3) | 0. | 44,136. | FMV | PET FOOD, PET FOOD VOUCHERS | SUPPORT FOR RESCUED ANIMALS |
| ALL HANDS AND HEARTS 6 COUNTY RD, SUITE 6 MATTAPoisETT, MA 02739 | 20-3414952 | 501(C)(3) | 11,000. | 0. | | | SUPPORT FOR HUNGER & POVERTY |
| ALLEN COUNTY SPCA 4914 SOUTH HANNA STREET FORT WAYNE, IN 46806 | 35-6042135 | 501(C)(3) | 0. | 8,371. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| ALMOST HOME SHELTER PET RESCUE 794 HIGHWAY 28 HAZARD, KY 41701 | 46-0886370 | 501(C)(3) | 0. | 137,606. | FMV | PET FOOD, PET MEDICATION, PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| AMERICAN BELGIAN MALINOIS RESCUE PO BOX 847 STEVENS POINT, WI 54481 | 81-6099454 | 501(C)(3) | 1,000. | 4,522. | FMV | PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS (ASPCA) - 520 EIGHTH AVENUE, 7TH FLOOR - NEW YORK, NY 10018 | 13-1623829 | 501(C)(3) | 0. | 32,670. | FMV | PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| ANDERSON COUNTY PAWS 1320 HIGHWAY 29 S ANDERSON, SC 29626 | 57-6000303 | GOVT | 0. | 19,110. | FMV | PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| ANGEL FLIGHT WEST 3161 DONALD DOUGLAS LOOP SOUTH SANTA MONICA, CA 90405 | 95-3956297 | 501(C)(3) | 4,770. | 13,466. | FMV | APPAREL | SUPPORT FOR HUNGER & POVERTY |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| ANGELICO CAT RESCUE, INC. 7451 NW 34TH ST LAUDERHILL, FL 33319 | 27-4621513 | 501(C)(3) | 21,840. | 0. | | | SUPPORT FOR RESCUED ANIMALS |
| ANIMAL AID FOR VERMILLION AREA 5937 VETERANS MEMORIAL DRIVE ABBEVILLE, LA 70510 | 72-1213047 | 501(C)(3) | 0. | 5,001. | FMV | PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| ANIMAL FOOD BANK OF THE LEHIGH VALLEY - 860 BROAD ST STE 115 - EMMAUS, PA 18049 | 80-0311057 | 501(C)(3) | 0. | 41,600. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| ANIMAL FOUNDATION & PET PANTRY OF WISCONSIN - W1157 OLD SEYMOUR RD - ONEIDA, WI 54155 | 27-1602015 | 501(C)(3) | 0. | 53,991. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| ANIMAL HUMANE SOCIETY 845 MEADOW LANE N. GOLDEN VALLEY, MN 55422 | 41-0693842 | 501(C)(3) | 0. | 176,106. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| ANIMAL INVESTIGATION & RESPONSE PO BOX 100383 FORT WORTH, TX 76185 | 47-4394007 | 501(C)(3) | 0. | 14,372. | FMV | PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| ANIMAL LIFELINE 1111 EASTON ROAD, #24 WARRINGTON, PA 18976 | 20-4444813 | 501(C)(3) | 100. | 306,432. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| ANIMAL RESCUE FOUNDATION (ARF) PO BOX 72 GRANGEVILLE, ID 83530 | 47-0991943 | 501(C)(3) | 0. | 6,693. | FMV | PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| ANIMAL RESCUE LEAGUE OF IOWA 5452 NE 22ND ST. DES MOINES, IA 50313 | 42-0680427 | 501(C)(3) | 0. | 56,955. | FMV | PET FOOD, PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| ANIMAL RESCUE RHODE ISLAND 506B CURTIS CORNER RD PEACE DALE, RI 02883 | 05-0282432 | 501(C)(3) | 0. | 13,344. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| ANIMAL RESOURCE FOUNDATION, IOWA PO BOX 723 PALO, IA 52324 | 94-3471348 | 501(C)(3) | 0. | 307,557. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| ANIMAL WELFARE LEAGUE OF QUEEN ANNE'S COUNTY - 201 CLAY DRIVE - QUEENSTOWN, MD 21658 | 46-0900907 | 501(C)(3) | 0. | 17,387. | FMV | PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| ANIMEALS 1700 RANKIN ST. MISSOULA, MT 59808 | 20-4694132 | 501(C)(3) | 0. | 53,863. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| ARIZONA ANIMAL RESCUE MISSION INC 939 S 48TH ST STE 212 TEMPE, AZ 85281 | 47-3498605 | 501(C)(3) | 0. | 57,600. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| ARIZONA ANIMAL WELFARE LEAGUE & SPCA - 25 NORTH 40TH STREET - PHOENIX, AZ 85034 | 23-7149453 | 501(C)(3) | 0. | 135,539. | FMV | PET FOOD, PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| ATLANTA HUMANE SOCIETY 981 HOWELL MILL ROAD NW ATLANTA, GA 30318 | 58-0685900 | 501(C)(3) | 0. | 284,157. | FMV | PET FOOD, PET MEDICATION | SUPPORT FOR RESCUED ANIMALS |
| AUSTIN ANIMAL CENTER 7201 LEVANDER LOOP, BLDG A AUSTIN, TX 78702 | 74-6000085 | 501(C)(3) | 0. | 65,911. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| AUSTIN PETS ALIVE! 1156 W. CESAR CHAVEZ ST AUSTIN, TX 78703 | 74-2893360 | 501(C)(3) | 0. | 41,689. | FMV | PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| BAILEY ANIMAL RESCUE TRUST 1610 WINDING CANYON CT KATY, TX 77493 | 47-6842847 | 501(C)(3) | 0. | 6,791. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| BAKERSFIELD SPCA 3000 GIBSON STREET BAKERSFIELD, CA 93308 | 95-2141790 | 501(C)(3) | 0. | 93,363. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| BALTIMORE ANIMAL RESCUE AND CARE SHELTER - 301 STOCKHOLM STREET - BALTIMORE, MD 21230 | 86-1130456 | 501(C)(3) | 3,000. | 23,554. | FMV | PET MEDICATION, PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| BALTIMORE HUMANE SOCIETY 1601 NICODEMUS ROAD REISTERSTOWN, MD 21136 | 52-0623165 | 501(C)(3) | 0. | 5,754. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| BARROW COUNTY ANIMAL CONTROL 616 BARROW PARK DRIVE WINDER, GA 30680 | 58-6000783 | GOVT | 0. | 6,955. | FMV | PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| BEAVER COUNTY HUMANE SOCIETY 3394 BRODHEAD RD ALIQUIPPA, PA 15001 | 25-1064313 | 501(C)(3) | 0. | 164,214. | FMV | PET FOOD, PET FOOD COUPONS | SUPPORT FOR RESCUED ANIMALS |
| BERKELEY-EAST BAY HUMANE SOCIETY 2700 NINTH STREET BERKELEY, CA 94710 | 94-1347069 | 501(C)(3) | 0. | 71,070. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| BERNIE'S BOOK BANK 917 NORTH SHORE DR LAKE BLUFF, IL 60044 | 27-0914453 | 501(C)(3) | 677. | 169,686. | FMV | BOOKS | SUPPORT FOR LITERACY & CHILDREN'S EDUCATION |
| BLAZE'S TRIBUTE EQUINE RESCUE, INC. - 21701 EAST BRITTON ROAD - HARRAH, OK 73045 | 43-2024364 | 501(C)(3) | 0. | 37,800. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| BLIND CAT RESCUE & SANCTUARY, INC. 3101 E. GREAT MARSH CHURCH ROAD ST. PAULS, NC 28384 | 20-3410498 | 501(C)(3) | 1,283. | 32,046. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| BOYS & GIRLS CLUBS OF THE NORTH VALLEY - 601 WALL STREET - CHICO, CA 95928 | 68-0294846 | 501(C)(3) | 10,000. | 18,693. | FMV | CHILDREN'S TOYS | SUPPORT FOR CHILDREN'S HEALTH & WELL BEING |
| BRANDYWINE VALLEY SPCA 1212 PHOENIXVILLE PIKE WEST CHESTER, PA 19380 | 23-1381030 | 501(C)(3) | 0. | 124,972. | FMV | PET FOOD, PET MEDICATION, PET PRODUCTS, PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| BRAZORIA COUNTY SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS (SPCA) - 141 CANNA LANE - LAKE JACKSON, TX 77566 | 23-7404451 | 501(C)(3) | 0. | 81,896. | FMV | PET FOOD, PET MEDICATION, PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| BROOKHAVEN ANIMAL RESCUE LEAGUE P.O. BOX 3477 BROOKHAVEN, MS 39601 | 64-0659454 | 501(C)(3) | 0. | 14,726. | FMV | PET FOOD, PET MEDICATION, PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| BUTTE COUNTY HUMANE SOCIETY 2580 FAIR STREET CHICO, CA 95928 | 94-1580621 | 501(C)(3) | 0. | 86,174. | FMV | PET FOOD, PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| CALIFORNIA VETERINARY MEDICAL FOUNDATION - 1400 RIVER PARK DRIVE, SUITE 100 - SACRAMENTO, CA 95815 | 68-0356619 | 501(C)(3) | 2,500. | 8,057. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| CAMO CITIZENS FOR THE ANIMALS OF MIDLAND ODESSA - 15014 MYSTIC BLUE TRAIL - CYPRESS, TX 77433 | 46-5486022 | 501(C)(3) | 0. | 8,126. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| CARVER SCOTT HUMANE SOCIETY 210 N. CHESTNUT STREET CHASKA, MN 55318 | 41-1638325 | 501(C)(3) | 0. | 8,371. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| CAT TALES INC PO BOX 165 WARMINSTER, PA 18974 | 35-2182828 | 501(C)(3) | 0. | 105,180. | FMV | PET FOOD, PET PRODUCTS, HOUSEWARE | SUPPORT FOR RESCUED ANIMALS |
| CATNIP FOUNDATION 15442 JACK FORK RD FOLSOM, LA 70437 | 47-4528787 | 501(C)(3) | 5,000. | 231,729. | FMV | PET FOOD, PET MEDICATION, PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| CENTRAL CALIFORNIA ANIMAL DISASTER TEAM - 5132 N PALM AVE., #113 - FRESNO, CA 93704 | 45-1686477 | 501(C)(3) | 0. | 21,371. | FMV | PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| CENTRAL MISSOURI HUMANE SOCIETY 616 BIG BEAR BLVD COLUMBIA, MO 65202 | 43-0666742 | 501(C)(3) | 0. | 86,170. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| CENTRAL TEXAS VETERANS HEALTH CARE SYSTEM - 1901 VETERANS MEMORIAL DRIVE - TEMPLE, TX 76504 | 74-2790692 | 501(C)(3) | 0. | 7,747. | FMV | APPAREL | SUPPORT FOR HUNGER & POVERTY |
| CHARLES GEORGE VA MEDICAL CENTER 1100 TUNNEL ROAD ASHEVILLE, NC 28805 | 56-1853237 | 501(C)(3) | 0. | 9,563. | FMV | APPAREL, HOUSEWARE | SUPPORT FOR HUNGER & POVERTY |
| CHARLESTON ANIMAL SOCIETY 2455 REMOUNT ROAD NORTH CHARLESTON, SC 29406 | 57-6021863 | 501(C)(3) | 0. | 24,383. | FMV | PET FOOD, PET MEDICATION | SUPPORT FOR RESCUED ANIMALS |
| CHARLOTTE-MECKLENBURG POLICE DEPARTMENT: ANIMAL CARE AND CONTROL DIVISION - 8315 BYRUM DRIVE - CHARLOTTE, NC 28217 | 52-1333483 | GOVT | 0. | 32,126. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| CHAR-WILLS GERMAN SHEPHERD RESCUE 5700 EAST BELKNAP, 2 EAST RAILROAD NEW RINGGOLD, PA 17960 | 47-4295233 | 501(C)(3) | 0. | 449,424. | FMV | PET FOOD, PET MEDICATION | SUPPORT FOR RESCUED ANIMALS |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| CHIHUAHUA RESCUE OF SAN DIEGO 521 ALPINE TRAIL ROAD ALPINE, CA 91901 | 33-0832378 | 501(C)(3) | 2,200. | 3,349. | FMV | PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| CHILDREN'S HOME SOCIETY OF SOUTH DAKOTA (CHS) - 801 N. SYCAMORE AVENUE - SIOUX FALLS, SD 57103 | 46-0224542 | 501(C)(3) | 0. | 20,667. | FMV | CHILDREN'S TOYS | SUPPORT FOR CHILDREN'S HEALTH & WELL BEING |
| CITY OF CHARLESTON WV 501 VIRGINIA EAST CHARLESTON, WV 25301 | 55-6000160 | 501(C)(3) | 0. | 193,665. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| CITY OF ELDERLY LOVE PO BOX 359 SKIPPACK, PA 19474 | 46-4923885 | 501(C)(3) | 5,000. | 9,431. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| CITY OF LYONS 161 NE BROAD STREET LYONS, GA 30436 | 58-6000611 | GOVT | 0. | 177,627. | FMV | PET FOOD, PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| CITY OF WEST MEMPHIS ANIMAL SERVICES - 500 SOUTH LOOP - WEST MEMPHIS, AR 72301 | 71-6012481 | 501(C)(3) | 0. | 139,003. | FMV | PET FOOD, PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| CLARKSDALE ANIMAL RESCUE EFFORT & SHELTER (CARES) - 1645 DESOTO AVENUE - CLARKSDALE, MS 38614 | 45-3765360 | 501(C)(3) | 0. | 30,674. | FMV | PET FOOD, PET MEDICATION, PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| CLEVELAND ANIMAL PROTECTIVE LEAGUE 1729 WILLEY AVE CLEVELAND, OH 44113 | 34-0714644 | 501(C)(3) | 0. | 41,600. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| CLIPPED EAR CAT SANCTUARY 206A SOUTH LOOP 336 CONROE, TX 77304 | 26-2968977 | 501(C)(3) | 0. | 11,291. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|---|------------------------------------|
| CODY'S FRIENDS P.O. BOX 36502 TUCSON, AZ 85704 | 47-4052727 | 501(C)(3) | 1,000. | 1,451,811. | FMV | PET FOOD, PET MEDICATION, PET PRODUCTS, HOUSEWARE | SUPPORT FOR RESCUED ANIMALS |
| COLORADO HORSE RESCUE 10386 N. 65TH STREET LONGMONT, CO 80503 | 84-1095741 | 501(C)(3) | 0. | 58,800. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| COLORADO PET PANTRY P.O. BOX 323 BOULDER, CO 80306 | 45-4210185 | 501(C)(3) | 0. | 222,429. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| COLUMBUS HUMANE 3015 SCIOTO DARBY EXECUTIVE COURT HILLIARD, OH 43026 | 31-4379492 | 501(C)(3) | 0. | 111,888. | FMV | PET FOOD, PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| COMMUNITY ACTION NORTH BAY 416 UNION AVE. FAIRFIELD, CA 94533 | 68-0041385 | 501(C)(3) | 0. | 47,371. | FMV | APPAREL, HOUSEWARE | SUPPORT FOR HUNGER & POVERTY |
| COMMUNITY ACTION PROGRAM REGION VLL - 2105 LEE AVE - BISMARCK, ND 58504 | 20-3916967 | 501(C)(3) | 0. | 23,306. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| COOPERS CHANCE ANIMAL RESCUE 2727 E BOSTON ST GILBERT, AZ 85295 | 26-3634154 | 501(C)(3) | 9,500. | 0. | | | SUPPORT FOR RESCUED ANIMALS |
| COUNTY OF SONOMA 1247 CENTURY COURT SANTA ROSA, CA 94503 | 94-6000539 | GOVT | 0. | 37,294. | FMV | PET FOOD, PET MEDICATION, PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| CROSSING PATHS ANIMAL RESCUE 210 DEAVERS TOWN ROAD CLEVELAND, AL 35049 | 06-1803505 | 501(C)(3) | 0. | 12,409. | FMV | PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| CROSSROADS ANIMAL SHELTER 2800 10TH ST SE BUFFALO, MN 55313 | 41-1963397 | 501(C)(3) | 0. | 8,956. | FMV | PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| DAKIN HUMANE SOCIETY PO BOX 6307 SPRINGFIELD, MA 01101 | 20-5318898 | 501(C)(3) | 900. | 113,324. | FMV | PET FOOD, PET MEDICATION, PET PRODUCTS, PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| DAYS END FARM HORSE RESCUE 1372 WOODBINE ROAD WOODBINE, MD 21797 | 52-1759077 | 501(C)(3) | 0. | 58,800. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| DECATUR ANIMAL SERVICES (COMMUNITY FOUNDATION OF GREATER DECATUR, INC) - 300A BELTLINE RD. SW. - DECATUR, AL 35601 | 63-0864276 | 501(C)(3) | 0. | 11,703. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| DELAWARE HUMANE ASSOCIATION 701 A STREET WILMINGTON, DE 19801 | 51-0082499 | 501(C)(3) | 0. | 77,867. | FMV | PET FOOD, PET FOOD VOUCHERS | SUPPORT FOR RESCUED ANIMALS |
| DENVER ANIMAL PROTECTION 1241 W BAYAUD AVE DENVER, CO 80223 | 84-6000580 | 501(C)(3) | 0. | 8,483. | FMV | PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| DOG AIDE 561 LAKEVIEW DR. WHITE LAKE, MI 48386 | 45-5352922 | 501(C)(3) | 0. | 6,615. | FMV | PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| DOGS & CATS FOREVER INC 4600 SELVITZ RD. FORT PIERCE, FL 34981 | 65-0118134 | 501(C)(3) | 0. | 12,557. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| DUPAGE COUNTY ANIMAL SERVICES 120 N COUNTY FARM RD. WHEATON, IL 60187 | 36-6006551 | GOVT | 0. | 8,227. | FMV | PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |

Schedule I (Form 990)

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| EMANCIPET 7010 EASY WIND DR., SUITE 260 AUSTIN, TX 78756 | 74-2913624 | 501(C)(3) | 5,811. | 0. | | | SUPPORT FOR RESCUED ANIMALS |
| EMANUEL COUNTY ANIMAL SHELTER 343 MARKET STREET SWAINSBORO, GA 30401 | 58-6000672 | GOVT | 0. | 6,615. | FMV | PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| EMILY'S ANIMAL WELFARE 1309 WARSON PLACE ST. LOUIS, MO 63117 | 81-2407036 | 501(C)(3) | 0. | 2,539,641. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| EOVAMC HOMELESS PROGRAM 101509 E 11TH ST, STE 110 TULSA, OK 74128 | 73-0766778 | 501(C)(3) | 0. | 6,009. | FMV | APPAREL, HOUSEWARE | SUPPORT FOR HUNGER & POVERTY |
| EQUINE RESCUE OF AIKEN 532 GLENWOOD DR AIKEN, SC 29803 | 20-5162723 | 501(C)(3) | 0. | 190,400. | FMV | PET FOOD, PET MEDICATION | SUPPORT FOR RESCUED ANIMALS |
| ESPERANZA EN ESCALANTE 3700 S. CALLE POLAR TUCSON, AZ 85730 | 86-0714588 | 501(C)(3) | 0. | 49,368. | FMV | APPAREL, HOUSEWARE | SUPPORT FOR HUNGER & POVERTY |
| FAYETTEVILLE ANIMAL PROTECTION SOCIETY - 3927 BRAGG BLVD - FAYETTEVILLE, NC 28303 | 58-1483982 | 501(C)(3) | 0. | 5,130. | FMV | PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| FELINES & CANINES 6379 N PAULINA STREET CHICAGO, IL 60660 | 36-2922975 | 501(C)(3) | 3,100. | 28,600. | FMV | PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| FERAL CAT CARETAKERS COALITION 11956 DOROTHY STREET, #7 LOS ANGELES, CA 90049 | 95-4781600 | 501(C)(3) | 0. | 1,473,417. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |

Schedule I (Form 990)

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| FLEET OF ANGELS 3226 S NEWCOMBE STREET NO. 101 LAKEWOOD, CO 80227 | 46-3895690 | 501(C)(3) | 5,000. | 0. | | | SUPPORT FOR RESCUED ANIMALS |
| FLORIDA STATE ANIMAL RESPONSE COALITION SARC - 235 APOLLO BEACH BLVD., SUITE 311 - APOLLO BEACH, FL 33572 | 27-2884191 | 501(C)(3) | 5,000. | 286,159. | FMV | PET FOOD, PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| FOR FORGOTTEN FELINES PO BOX 1309 KIHEI, HI 96753 | 46-1022858 | 501(C)(3) | 0. | 215,677. | FMV | PET FOOD, PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| FOR THE LOVE OF DOGS P. O. BOX 1597 SODDY DAISY, TN 37384 | 38-3752113 | 501(C)(3) | 0. | 1,024,403. | FMV | PET FOOD, PET MEDICATION | SUPPORT FOR RESCUED ANIMALS |
| FORCE BLUE P.O. BOX 160 MONTAUK, NY 11954 | 81-2921674 | 501(C)(3) | 10,473. | 0. | | | SUPPORT FOR PROTECTING/RESTORING ENVIRONMENT |
| FOREVER YOURS DOG RESCUE 5208 MEGAN CIRCLE OKLAHOMA, OK 73170 | 45-3851948 | 501(C)(3) | 5,000. | 0. | | | SUPPORT FOR RESCUED ANIMALS |
| FRESNO HUMANE ANIMAL SERVICES 760 W NIELSEN AVE FRESNO, CA 93706 | 47-4798338 | 501(C)(3) | 0. | 360,363. | FMV | PET FOOD, PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| FRIENDLY FERALS INC. ECOPLY PRINTERS 141-A CENTRAL AVEN FARMINGDALE, NY 11735 | 26-2249492 | 501(C)(3) | 0. | 1,487,625. | FMV | PET FOOD, PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| FRIENDS OF ANIMALS IN NEED 105 NARRAGANSETT ST. NORTH KINGSTOWN, RI 02852 | 56-2393798 | 501(C)(3) | 0. | 15,528. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |

Schedule I (Form 990)

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| FRIENDS OF BARC P.O. BOX 70315 HOUSTON, TX 77270 | 75-3096252 | 501(C)(3) | 0. | 7,229. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| FRIENDS OF COUNTY PETS 612 CANINO ROAD HOUSTON, TX 77076 | 27-2208248 | 501(C)(3) | 0. | 9,450. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| FRIENDS OF LEAGUE CITY ANIMAL SHELTER - PO BOX 57069 - WEBSTER, TX 77598 | 26-4034216 | 501(C)(3) | 0. | 10,202. | FMV | PET FOOD, PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| FRIENDS OF PIMA ANIMAL CARE CENTER PO BOX 85370 TUCSON, AZ 85754 | 47-4160770 | 501(C)(3) | 15,000. | 306,637. | FMV | PET FOOD, PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| FRIENDS OF RUSSELL COUNTY ANIMALS 447 DENNISON CHAPEL RD. LEBANON, VA 24266 | 81-0983361 | 501(C)(3) | 0. | 94,449. | FMV | PET FOOD, PET MEDICATION, PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| FRIENDS OF THE PALM SPRINGS ANIMAL SHELTER - 4575 E MESQUITE AVE - PALM SPRINGS, CA 92264 | 33-0731853 | 501(C)(3) | 0. | 28,578. | FMV | PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| FUREVER HOME, INC. 236 W 6TH ST FREMONT, NE 68025 | 81-1518931 | 501(C)(3) | 0. | 22,132. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| FURRY TRACKS URB. METROPOLIS A18 CALL E 3 - CAROLINA, PUERTO RICO, PUERTO RICO 00987 | 66-0903091 | 501(C)(3) | 5,500. | 0. | | | SUPPORT FOR RESCUED ANIMALS |
| GAP MINISTRIES 2861 N FLOWING WELLS RD #161 TUCSON, AZ 85705 | 99-9987861 | 501(C)(3) | 0. | 22,462. | FMV | PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |

Schedule I (Form 990)

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| GATEWAY PET GUARDIANS 725 N 15TH ST. EAST ST. LOUIS, IL 62205 | 26-0096240 | 501(C)(3) | 0. | 255,019. | FMV | PET FOOD, PET MEDICATION, PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| GATEWAY TO LEARNING 4925 N. LINCOLN AVE CHICAGO, IL 60625 | 36-2806595 | 501(C)(3) | 239. | 9,664. | FMV | CHILDREN'S TOYS | SUPPORT FOR CHILDREN'S HEALTH & WELL BEING |
| GIVE A DOG A HOME, GERMAN SHEPHERD DOG RESCUE - 187 DOWNS ROAD - SEBEC, ME 04481 | 27-5241306 | 501(C)(3) | 0. | 167,263. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| GOLDEN RETRIEVER RESCUE OF SW FLORIDA - PO BOX 110987 - NAPLES, FL 34108 | 26-4685452 | 501(C)(3) | 5,300. | 0. | | | SUPPORT FOR RESCUED ANIMALS |
| GOOD MEWS ANIMAL FOUNDATION, INC. 3805 ROBINSON RD. MARIETTA, GA 30068 | 58-1790828 | 501(C)(3) | 0. | 10,443. | FMV | PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| GREAT LAKES BENGAL RESCUE INC. 10720 HITE CREEK RD LOUISVILLE, KY 40241 | 26-1120616 | 501(C)(3) | 0. | 1,260,837. | FMV | PET MEDICATION | SUPPORT FOR RESCUED ANIMALS |
| GREAT PLAINS SPCA 5428 ANTIOCH DR MERRIAM, KS 66202 | 05-0552529 | 501(C)(3) | 0. | 269,857. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| GREATER BIRMINGHAM HUMANE SOCIETY 300 SNOW DRIVE BIRMINGHAM, AL 35209 | 63-0288810 | 501(C)(3) | 0. | 264,651. | FMV | PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| GREENVILLE COUNTY ANIMAL CARE 328 FURMAN HALL ROAD GREENVILLE, SC 29609 | 57-6000356 | GOVT | 0. | 63,157. | FMV | PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |

Schedule I (Form 990)

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| GREYHOUND ADOPTION CENTER 4821 DEHESA RD EL CAJON, CA 92019 | 95-4132021 | 501(C)(3) | 6,799. | 0. | | | SUPPORT FOR RESCUED ANIMALS |
| GUILFORD COUNTY ANIMAL SERVICES 4525 W. WENDOVER AVE. GREENSBORO, NC 27409 | 56-6000305 | GOVT | 0. | 13,781. | FMV | PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| GULF COAST SOUTHERN TEXAS ANIMAL RESCUE SERVICES - 557 MUNSON ST - ANGLETON, TX 77515 | 45-5376905 | 501(C)(3) | 0. | 5,439. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| GWINNETT COUNTY ANIMAL WELFARE 884 WINDER HIGHWAY LAWRENCEVILLE, GA 30045 | 58-6000835 | GOVT | 0. | 101,303. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| HAMPSHIRE COUNTY ANIMAL CONTROL 155 KERR DR AUGUSTA, WV 26704 | 55-8000323 | GOVT | 0. | 61,501. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| HAPPY TALES RANCH AND RESCUE 8235 N 19TH AVE W COLFAX, IA 50054 | 47-1713816 | 501(C)(3) | 0. | 12,557. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| HARBOR HUMANE SOCIETY 14345 BAGLEY ST WEST OLIVE, MI 49460 | 38-1623660 | 501(C)(3) | 0. | 16,511. | FMV | PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| HAWAII VETERINARY MEDICAL ASSOCIATION - P.O. BOX 61309 - HONOLULU, HI 96839 | 99-0265672 | 501(C)(3) | 0. | 40,267. | FMV | PET FOOD, PET FOOD COUPSONS | SUPPORT FOR RESCUED ANIMALS |
| HEARTS ALIVE VILLAGE 1750 S RAINBOW BLVD #4 LAS VEGAS, NV 89146 | 46-3622732 | 501(C)(3) | 5,000. | 145,382. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |

Schedule I (Form 990)

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| HELPING ANIMALS LIVE AND OVERCOME (HALO RESCUE) - 710 JACKSON STREET - SEBASTIAN, FL 32958 | 20-8466866 | 501(C)(3) | 10,500. | 17,562. | FMV | PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| HELPING PAWS ACROSS BORDERS 16 CHAMISA RD PLACITAS, NM 87043 | 46-4129178 | 501(C)(3) | 0. | 101,974. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| HENRY'S HOUSE FERAL COMMUNITY 3285 EARHART WAY BUFORD, GA 30519 | 81-2710918 | 501(C)(3) | 0. | 2,472,156. | FMV | PET FOOD, PET MEDICATION, PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| HIGHLANDS SENIOR SERVICE CENTER PO BOX 180, 3245 BOWERS AVE CLEARLAKE, CA 95422 | 68-0010987 | 501(C)(3) | 0. | 28,400. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| HI-TOR ANIMAL CARE CENTER, INC. 65 FIREMENS MEMORIAL DRIVE POMONA, NY 10970 | 23-7148054 | 501(C)(3) | 0. | 90,461. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| HOUSTON FOOD BANK 535 PORTWALL ST HOUSTON, TX 77029 | 74-2181456 | 501(C)(3) | 0. | 34,892. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| HOUSTON HUMANE SOCIETY 14700 ALMEDA ROAD HOUSTON, TX 77053 | 74-1340341 | 501(C)(3) | 0. | 247,227. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| HOUSTON HUTS4MUTTS 119 CABANISS AVE BAYTOWN, TX 77520 | 81-1029436 | 501(C)(3) | 0. | 9,837. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| HOUSTON PETSET 1302 WAUGH DR., NO. 825 HOUSTON, TX 77019 | 20-0800623 | 501(C)(3) | 0. | 18,140. | FMV | PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |

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| HUMANE ANIMAL RESCUE 1101 WESTERN AVE PITTSBURGH, PA 15233 | 25-0325750 | 501(C)(3) | 0. | 94,119. | FMV | PET FOOD, PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| HUMANE ANIMAL WELFARE SOCIETY OF WAUKESHA COUNTY - 701 NORTHVIEW RD - WAUKESHA, WI 53188 | 39-6108644 | 501(C)(3) | 0. | 7,664. | FMV | PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| HUMANE PENNSYLVANIA 1729 N. 11TH STREET READING, PA 19604 | 23-1384936 | 501(C)(3) | 0. | 538,256. | FMV | PET FOOD, PET MEDICATION, PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| HUMANE RESCUE ALLIANCE 71 OGLETHORPE ST NW WASHINGTON, DC 20011 | 53-0219724 | 501(C)(3) | 998. | 218,021. | FMV | PET FOOD, PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| HUMANE SOCIETY OF BROWARD COUNTY 2070 GRIFFIN ROAD FT LAUDERDALE, FL 33312 | 59-6002321 | 501(C)(3) | 24,509. | 295,540. | FMV | PET FOOD, PET MEDICATION, PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| HUMANE SOCIETY OF CARROLL COUNTY 2517 LITTLESTOWN PIKE WESTMINSTER, MD 21158 | 52-0689149 | 501(C)(3) | 0. | 109,879. | FMV | PET FOOD, PET MEDICATION, PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| HUMANE SOCIETY OF CEDAR CREEK LAKE 10200 CR 2403 TOOL, TX 75143 | 75-1889148 | 501(C)(3) | 0. | 6,763. | FMV | PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| HUMANE SOCIETY OF CENTRAL OREGON 61170 SE 27TH ST BEND, OR 97702 | 93-0616957 | 501(C)(3) | 0. | 55,459. | FMV | PET FOOD, PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| HUMANE SOCIETY OF INDIANAPOLIS 7929 N MICHIGAN RD INDIANAPOLIS, IN 46268 | 35-0876385 | 501(C)(3) | 0. | 19,733. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |

Schedule I (Form 990)

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| HUMANE SOCIETY OF MOHAVE COUNTY (HSMC) - 1707 E ANDY DEVINE AVE - KINGMAN, AZ 86401 | 47-5313372 | 501(C)(3) | 0. | 6,045. | FMV | PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| HUMANE SOCIETY OF NORTH CENTRAL FLORIDA (ALACHUA COUNTY HS) - 4205 NW 6TH STREET - GAINESVILLE, FL 32609 | 59-1908492 | 501(C)(3) | 0. | 16,903. | FMV | PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| HUMANE SOCIETY OF NORTH TEXAS 1840 E. LANCASTER AVE. FORT WORTH, TX 76103 | 75-1245911 | 501(C)(3) | 0. | 133,848. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| HUMANE SOCIETY OF SALINE COUNTY 7600 BAUXITE HWY BAUXITE, AR 72011 | 71-0511707 | 501(C)(3) | 0. | 108,527. | FMV | PET PRODUCTS, PET FOOD VOUCHERS | SUPPORT FOR RESCUED ANIMALS |
| HUMANE SOCIETY OF SKAGIT VALLEY 18841 KELLEHER ROAD BURLINGTON, WA 98233 | 91-0903532 | 501(C)(3) | 0. | 20,434. | FMV | PET PRODUCTS, HOUSEWARE | SUPPORT FOR RESCUED ANIMALS |
| HUMANE SOCIETY OF SOUTHWESTERN MICHIGAN - 5400 NILES RD. - SAINT JOSEPH, MI 49085 | 38-1715141 | 501(C)(3) | 0. | 8,074. | FMV | PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| HUMANE SOCIETY OF ST. THOMAS P.O BOX 8150 ST. THOMAS, VI 00801 | 67-0254280 | 501(C)(3) | 0. | 14,573. | FMV | PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| HUMANE SOCIETY OF WEST MICHIGAN 3077 WILSON DR. NW GRAND RAPIDS, MI 49534 | 38-1360926 | 501(C)(3) | 0. | 11,834. | FMV | PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| HUMANE SOCIETY OF WESTERN MONTANA PO BOX 1059, 5930 HWY 93 SOUTH MISSOULA, MT 59806 | 81-0290933 | 501(C)(3) | 0. | 50,976. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |

Schedule I (Form 990)

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| IDAHO HUMANE SOCIETY 1300 S. BIRD ST. BOISE, ID 83709 | 82-0212536 | 501(C)(3) | 0. | 350,865. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| IFAW 290 SUMMER STREET YARMOUTH PORT, MA 02675 | 31-1594197 | 501(C)(3) | 11,084. | 0. | | | SUPPORT FOR RESCUED ANIMALS |
| INDEPENDENT CAT SOCIETY 4061 COUNTY LINE ROAD, PO BOX 735 WESTVILLE, IN 46391 | 31-0902953 | 501(C)(3) | 0. | 8,371. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| INTERFAITH MINISTRIES FOR GREATER HOUSTON - 3202 SAN JACINTO ST. - HOUSTON, TX 77004 | 74-1488102 | 501(C)(3) | 0. | 81,589. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| INTERMOUNTAIN CENTERS 401 N. BONITA AVE TUCSON, AZ 85745 | 85-0254535 | 501(C)(3) | 0. | 28,979. | FMV | CHILDREN'S TOYS | SUPPORT FOR CHILDREN'S HEALTH & WELL BEING |
| IOWA HUMANE ALLIANCE 6540 6TH ST SW CEDAR RAPIDS, IA 52404 | 26-1992986 | 501(C)(3) | 0. | 25,200. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| JACKSON COUNTY ANIMAL SHELTER 86 COUNTY FARM RD. COTTAGEVILLE, WV 25239 | 55-6000331 | GOVT | 0. | 10,318. | FMV | PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| JEFFERSON PARISH ANIMAL SHELTER #1 HUMANE WAY JEFFERSON, LA 70123 | 72-6013920 | 501(C)(3) | 0. | 38,400. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| K9 KARE ANIMAL RESCUE 4958 WICK WILLOW LANE ALVIN, TX 77511 | 47-3294752 | 501(C)(3) | 0. | 7,130. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| K-9 STRAY RESCUE LEAGUE 2120 METAMORA RD OXFORD, MI 48371 | 38-3154967 | 501(C)(3) | 0. | 8,071. | FMV | PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| KANAWHA-CHARLESTON HUMANE ASSOCIATION - 1248 GREENBRIER ST. - CHARLESTON, WV 25311 | 55-0435381 | 501(C)(3) | 0. | 270,413. | FMV | PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| KANSAS CITY PET PROJECT (KC PET PROJECT) - 7077 ELMWOOD AVE - KANSAS CITY, MO 64132 | 45-3067615 | 501(C)(3) | 0. | 12,393. | FMV | PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| KATIE'S ROADSIDE RESCUE 7025 W FM 476 POTEET, TX 78065 | 45-1551568 | 501(C)(3) | 0. | 296,677. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| KEEP OUR PETS FOOD BANK 4764 HIGHWAY 17 BYPASS SOUTH MURRELLS INLET, SC 29576 | 45-4480781 | 501(C)(3) | 0. | 41,600. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| KENTUCKY HUMANE SOCIETY 1000 LYNDON LANE, SUITE B LOUISVILLE, KY 40222 | 61-0463938 | 501(C)(3) | 2,585. | 247,328. | FMV | PET FOOD, PET MEDICATION, PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| KIDS NEED TO READ 2450 W BROADWAY ROAD, SUITE 110 MESA, AZ 85202 | 26-2755631 | 501(C)(3) | 595. | 13,839. | FMV | CHILDREN'S TOYS | SUPPORT FOR CHILDREN'S HEALTH & WELL BEING |
| KITTEN RESCUE 3519 CASITAS AVENUE LOS ANGELES, CA 90039 | 95-4670174 | 501(C)(3) | 0. | 10,556. | FMV | PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| KITTY BUNGALOW CHARM SCHOOL FOR WAYWARD CATS - 2032 W. MLK BLVD - LOS ANGELES, CA 90062 | 27-1297223 | 501(C)(3) | 0. | 7,467. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |

Schedule I (Form 990)

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| KITTY CITY CAT RESCUE, INC 4530 KNIGHT ROAD MACON, GA 31220 | 47-4930666 | 501(C)(3) | 0. | 5,001. | FMV | PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| KITTY CITY, INC./THE PET COMPASSION CENTER - 3780 HOMEWOOD ROAD - MEMPHIS, TN 38118 | 45-3972342 | 501(C)(3) | 500. | 46,662. | FMV | PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| KOOTENAI HUMANE SOCIETY, INC. 11650 N. RAMSEY RD., PO BOX 1005 HAYDEN, ID 83835 | 82-0334845 | 501(C)(3) | 0. | 51,664. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| LA FAMILY HOUSING 7843 LANKERSHIM BLVD NORTH HOLLYWOOD, CA 91605 | 95-3920560 | 501(C)(3) | 10,000. | 0. | | | SUPPORT FOR HUNGER & POVERTY |
| LAB RESCUERS OF SAN DIEGO PO BOX 221038 SAN DIEGO, CA 92192 | 81-0646390 | 501(C)(3) | 8,000. | 0. | | | SUPPORT FOR RESCUED ANIMALS |
| LAURENS COUNTY ANIMAL CONTROL 79 MOUNT VERNON CHURCH RD LAURENS, SC 29360 | 57-6000372 | GOVT | 0. | 5,657. | FMV | PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| LINCOLN ANIMAL AMBASSADORS P.O. BOX 67072 LINCOLN, NE 68506 | 27-3018037 | 501(C)(3) | 0. | 37,857. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| LITTLE ANGELS PROJECT 29348 ROADSIDE DR AGOURA HILLS, CA 91301 | 81-1635505 | 501(C)(3) | 20,000. | 14,078. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| LITTLE ROCK ANIMAL SERVICES 4500 KRAMER ST. LITTLE ROCK, AR 72204 | 71-6014465 | 501(C)(3) | 0. | 49,623. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |

Schedule I (Form 990)

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| LONE STAR PYRS AND PAWS RESCUE PO BOX 128 MERIT, TX 75458 | 80-0190229 | 501(C)(3) | 0. | 1,760,717. | FMV | PET MEDICATION, PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| LOS ANGELES COUNTY DEPARTMENT OF ANIMAL CARE AND CONTROL - 5898 CHERRY AVENUE - LONG BEACH, CA 90805 | 95-9000927 | GOVT | 0. | 125,833. | FMV | PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| LOST FANTASY RESCUE 1237 W BLUE GRASS TRAIL CERES, VA 24318 | 20-0425889 | 501(C)(3) | 5,000. | 0. | | | SUPPORT FOR RESCUED ANIMALS |
| LOUISIANA PET PANTRY 8440 JEFFERSON HWY STE 301 BATON ROUGE, LA 70809 | 47-2729190 | 501(C)(3) | 0. | 336,622. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| LOUISIANA STATE ANIMAL RESPONSE TEAM (LSART) - 8550 UNITED PLAZA BLVD. SUITE 1001 - BATON ROUGE, LA 70809 | 72-1507753 | 501(C)(3) | 5,000. | 20,496. | FMV | PET FOOD, PET MEDICATION | SUPPORT FOR RESCUED ANIMALS |
| M&M FUR-EVER FURBABIES 4529 HILLMON GROVE ROAD CAMERON, NC 28326 | 47-3636348 | 501(C)(3) | 5,400. | 0. | | | SUPPORT FOR RESCUED ANIMALS |
| MARICOPA ANIMAL CARE AND CONTROL 2500 SOUTH 27TH AVENUE PHOENIX, AZ 85007 | 86-6000472 | 501(C)(3) | 0. | 268,669. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| MARYLAND SPCA, INC 3300 FALLS ROAD BALTIMORE, MD 21211 | 52-6001558 | 501(C)(3) | 0. | 112,435. | FMV | PET MEDICATION | SUPPORT FOR RESCUED ANIMALS |
| MCCOMB ANIMAL SHELTER 125 EAST MICHIGAN AVE MCCOMB, MS 39648 | 64-6000684 | 501(C)(3) | 0. | 18,639. | FMV | PET FOOD, PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |

Schedule I (Form 990)

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| MCMINN REGIONAL HUMANE SOCIETY P O BOX 7, 219 ALFORD STREET ATHENS, TN 37371 | 62-1443811 | 501(C)(3) | 0. | 6,609. | FMV | PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| MEMPHIS ANIMAL SERVICES 2350 APPLING CITY COVE MEMPHIS, TN 38133 | 62-6000361 | 501(C)(3) | 0. | 12,130. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| MERCER COUNTY ANIMAL SHELTER 961 SHELTER RD PRINCETON, WV 24740 | 55-6000357 | GOVT | 0. | 20,490. | FMV | PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| METRO NASHVILLE ANIMAL CARE AND CONTROL - 5125 HARDING PLACE - NASHVILLE, TN 37211 | 62-0694743 | 501(C)(3) | 0. | 12,703. | FMV | PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| MICHIGAN HUMANE SOCIETY 30300 TELEGRAPH RD. STE. 220 BINGHAM FARMS, MI 48025 | 38-1358206 | 501(C)(3) | 0. | 304,050. | FMV | PET FOOD, PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| MINN-KOTA PAAWS 2125 1ST AVE S FARGO, ND 58103 | 30-0245020 | 501(C)(3) | 0. | 5,333. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| MOBERLY ANIMAL SHELTER 153 WEST OUTER ROAD MOBERLY, MO 65270 | 43-6002348 | 501(C)(3) | 0. | 14,183. | FMV | PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| MOHAWK HUDSON HUMANE SOCIETY 3 OAKLAND AVE. MENANDS, NY 12204 | 14-1338459 | 501(C)(3) | 0. | 289,874. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| MOUNTAIN HUMANE PO BOX 1496 HAILEY, ID 83333 | 82-0351171 | 501(C)(3) | 0. | 5,226. | FMV | PET FOOD, PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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| MOUNTAINEER FOOD BANK 484 ENTERPRISE DR GASSAWAY, WV 26624 | 55-0611100 | 501(C)(3) | 0. | 108,564. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| MASSACHUSETTS SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS (MSPCA) - 350 SOUTH HUNTINGTON AVE - BOSTON, MA 02130 | 04-2103597 | 501(C)(3) | 0. | 94,524. | FMV | PET FOOD, PET FOOD VOUCHERS | SUPPORT FOR RESCUED ANIMALS |
| NASHVILLE HUMANE ASSOCIATION 213 OCEOLA AVE NASHVILLE, TN 37209 | 62-0672999 | 501(C)(3) | 0. | 274,422. | FMV | PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| NATIVE AMERICA HUMANE SOCIETY 3838 WEST CARSON STREET, SUITE 218 TORRANCE, CA 90503 | 46-5445818 | 501(C)(3) | 0. | 138,779. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| NATIVE AMERICAN ADVANCEMENT FOUNDATION - PO BOX 64877 - TUCSON, AZ 85728 | 45-2725155 | 501(C)(3) | 10,574. | 35,853. | FMV | CHILDREN'S TOYS | SUPPORT FOR CHILDREN'S HEALTH & WELL BEING |
| NEIGHBORS IN NEED FOUNDATION 206 NORTH MAIN OWASSO, OK 74055 | 47-3702348 | 501(C)(3) | 3,000. | 12,569. | FMV | PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| NEVADA HUMANE SOCIETY 2825 LONGLEY LANE RENO, NV 89502 | 88-0072720 | 501(C)(3) | 0. | 116,144. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| NEW HAMPSHIRE SPCA PO BOX 196 STRATHAM, NH 03885 | 02-6000614 | 501(C)(3) | 120. | 21,551. | FMV | PET FOOD, PET PRODUCTS, PET FOOD VOUCHERS | SUPPORT FOR RESCUED ANIMALS |
| NORTH FLORIDA ANIMAL RESCUE 16800 CR 137 WELLBORN, FL 32094 | 27-4195508 | 501(C)(3) | 0. | 29,395. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |

Schedule I (Form 990)

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| NORTH VALLEY ANIMAL DISASTER GROUP PO BOX 441 CHICO, CA 95927 | 06-1672191 | 501(C)(3) | 0. | 57,600. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| NORTHEAST ARKANSAS HUMANE SOCIETY 6111 EAST HIGHLAND DRIVE, PO BOX 10 JONESBORO, AR 72401 | 71-0621263 | 501(C)(3) | 0. | 35,886. | FMV | PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| OKTIBBEHA COUNTY HUMANE SOCIETY P.O. BOX 297 STARKVILLE, MS 39760 | 64-0618170 | 501(C)(3) | 0. | 15,985. | FMV | PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| ONE BY ONE ANIMAL RESCUE TEXAS 431 LEANING OAK LN SOMERVILLE, TX 77879 | 82-3365595 | 501(C)(3) | 0. | 8,185. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| ONE OF A KIND PET RESCUE, INC. 1700 WEST EXCHANGE ST. AKRON, OH 44313 | 20-4631002 | 501(C)(3) | 0. | 5,401. | FMV | PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| OPERATION SUPPORT OUR TROOPS - AMERICA, INC. - 1807 SOUTH WASHINGTON ST, SUITE 110, #359 - NAPERVILLE, IL 60565 | 20-4275756 | 501(C)(3) | 3,099. | 34,338. | FMV | APPAREL, HOUSEWARE | SUPPORT FOR HUNGER & POVERTY |
| OREGON HUMANE SOCIETY 1067 NE COLUMBIA BLVD PORTLAND, OR 97211 | 93-0386880 | 501(C)(3) | 0. | 277,522. | FMV | PET FOOD, PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| PALNV 4155 N. RANCHO DRIVE, SUITE 150 LAS VEGAS, NV 89130 | 95-4516403 | 501(C)(3) | 0. | 203,444. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| PATRIOT PAWS SERVICE DOGS 254 RANCH TRAIL ROCKWALL, TX 75032 | 04-3815107 | 501(C)(3) | 7,059. | 29,101. | FMV | PET FOOD, PET PRODUCTS, HOUSEWARE | SUPPORT FOR RESCUED ANIMALS |

Schedule I (Form 990)

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| PAWS RESCUE POB 13 REDWOOD, MS 39156 | 51-0525725 | 501(C)(3) | 4,000. | 6,281. | FMV | PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| PEARL RIVER COUNTY SPCA 1700 PALESTINE ROAD, PO BOX 191 PICAYUNE, MS 39466 | 64-0798887 | 501(C)(3) | 0. | 19,103. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| PENNSYLVANIA SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS (PSPCA) - 350 EAST ERIE AVENUE - PHILADELPHIA, PA 19134 | 23-1352269 | 501(C)(3) | 15,000. | 127,417. | FMV | PET PRODUCTS, HOUSEWARE | SUPPORT FOR RESCUED ANIMALS |
| PET ALLIANCE OF GREATER ORLANDO 2727 CONROY ROAD ORLANDO, FL 32839 | 59-0637883 | 501(C)(3) | 0. | 26,523. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| PET FOOD PANTRY OF EASTERN NC 408 W. ARLINGTON BLVD. GREENVILLE, NC 27836 | 47-1475565 | 501(C)(3) | 0. | 308,292. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| PET PROJECT FOR PETS INC 2200 NW 9TH AVENUE WILTON MANORS, FL 33311 | 37-1440098 | 501(C)(3) | 20,250. | 3,347,718. | FMV | PET FOOD, PET MEDICATION, PET PRODUCTS, APPAREL, | SUPPORT FOR RESCUED ANIMALS, HUNGER & POVERTY, CHILDREN'S HEALTH & WELL BEING |
| PETS & PEOPLE HUMANE SOCIETY PO BOX 850587 YUKON, OK 73085 | 73-1435577 | 501(C)(3) | 0. | 783,123. | FMV | PET MEDICATION, PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| PHILADELPHIA ANIMAL WELFARE SOCIETY (PAWS) - 100 N. 2ND STREET - PHILADELPHIA, PA 19106 | 26-3862631 | 501(C)(3) | 0. | 7,444. | FMV | PET PRODUCTS, APPAREL | SUPPORT FOR RESCUED ANIMALS |
| PIMA ANIMAL CARE CENTER 4000 N SILVERBELL RD TUCSON, AZ 85745 | 86-6000543 | GOVT | 10,000. | 112,884. | FMV | PET MEDICATION, PET PRODUCTS, APPAREL, | SUPPORT FOR RESCUED ANIMALS, HUNGER & POVERTY |

Schedule I (Form 990)

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| PITTSYLVANIA COUNTY BOARD OF SUPERVISORS FOR THE PITTSYLVANIA PET CENTER - 11880 US HIGHWAY 29 - CHATHAM, VA 24531 | 54-6001508 | 501(C)(3) | 0. | 225,523. | FMV | PET MEDICATION, PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| POODLE RESCUE OF HOUSTON 13302 SCHROEDER ROAD HOUSTON, TX 77070 | 81-0673717 | 501(C)(3) | 0. | 6,462. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| PROTECTIVE ANIMAL WELFARE SOCIETY (PAWS KC) - 7833 WORNALL RD. - KANSAS CITY, MO 64114 | 27-1087517 | 501(C)(3) | 0. | 497,377. | FMV | PET FOOD, PET MEDICATION | SUPPORT FOR RESCUED ANIMALS |
| PROVIDENCE ANIMAL RESCUE LEAGUE 34 ELBOW ST PROVIDENCE, RI 02903 | 05-0262712 | 501(C)(3) | 0. | 23,760. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| PUPPY RESCUE MISSION PO BOX 1516 CELINA, TX 75009 | 27-4295476 | 501(C)(3) | 101,507. | 0. | | | SUPPORT FOR RESCUED ANIMALS |
| PUPS - PREVENT UNWANTED PETS 1884 BOSTIK ROAD CAT SPRING, TX 78933 | 05-0590896 | 501(C)(3) | 0. | 7,728. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| RAINBOW'S EDGE ANIMAL REFUGE 697 PINE HAVEN DR. TILLMAN, SC 29943 | 30-0008001 | 501(C)(3) | 0. | 2,104,291. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| RANCHO COASTAL HUMANE SOCIETY 389 REQUEZA ST ENCINITAS, CA 92024 | 95-2151583 | 501(C)(3) | 3,500. | 274,683. | FMV | PET FOOD, PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| REBELS RESCUE INC 3103 N 18TH STREET TAMPA, FL 33606 | 46-3842112 | 501(C)(3) | 9,500. | 0. | | | SUPPORT FOR RESCUED ANIMALS |

Schedule I (Form 990)

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| HALO LOVE PEACE (RESCUE PACK CHICAGO) - 1306 W NORTHWEST HWY - PALATINE, IL 60067 | 81-1738093 | 501(C)(3) | 0. | 4,741,237. | FMV | PET FOOD, PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| RESCUE PURRFECT, INC. 7149 STUMP ROAD PIPPERSVILLE, PA 18947 | 45-5625172 | 501(C)(3) | 0. | 5,135. | FMV | PET PRODUCTS, HOUSEWARE | SUPPORT FOR RESCUED ANIMALS |
| RESTORE GLOBAL PO BOX 77293 CHARLOTTE, NC 28271 | 26-0745879 | 501(C)(3) | 0. | 243,211. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| SACRAMENTO SPCA 6201 FLORIN PERKINS RD SACRAMENTO, CA 95828 | 94-1312343 | 501(C)(3) | 5,000. | 8,057. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| SAFE VOICES PO BOX 713 AUBURN, ME 04212 | 01-0352658 | 501(C)(3) | 0. | 18,871. | FMV | PET PRODUCTS, HOUSEWARE | SUPPORT FOR RESCUED ANIMALS |
| SAN ANTONIO FOOD BANK 5200 OLD HIGHWAY 90 WEST SAN ANTONIO, TX 78227 | 74-2122979 | 501(C)(3) | 0. | 436,629. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| SAN ANTONIO HUMANE SOCIETY 4804 FREDRICKSBURG SAN ANTONIO, TX 78229 | 74-6024105 | 501(C)(3) | 0. | 5,288. | FMV | PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| SAN DIEGO HUMANE SOCIETY 5500 GAINES ST SAN DIEGO, CA 92110 | 95-1661688 | 501(C)(3) | 5,659. | 476,733. | FMV | PET FOOD, PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| SANTA BARBARA COUNTY ANIMAL SERVICES - 548 W. FOSTER RD., 548 W FOSTER RD. - SANTA MARIA, CA 93455 | 95-6002833 | GOVT | 0. | 9,980. | FMV | PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |

Schedule I (Form 990)

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| SANTA PAULA ANIMAL RESCUE CENTER 705 E SANTA BARBARA ST SANTA PAULA, CA 93060 | 45-4185395 | 501(C)(3) | 10,000. | 15,555. | FMV | PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| SAVE A GATO PO BOX 37694 SAN JUAN, PUERTO RICO, PUERTO RICO 00937 | 66-0550555 | 501(C)(3) | 1,700. | 142,153. | FMV | PET FOOD, PET FOOD VOUCHERS | SUPPORT FOR RESCUED ANIMALS |
| SAVING DOGS 4 PAWS AT A TIME RESCUE - 10184 HWY BB - MOBERLY, MO 65270 | 47-2176662 | 501(C)(3) | 1,500. | 3,868. | FMV | PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| SEATTLE HUMANE 13212 SE EASTGATE WAY BELLEVUE, WA 98005 | 91-0282060 | 501(C)(3) | 0. | 395,750. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| SECOND CHANCE ANIMAL SHELTER 111 YOUNG ROAD EAST BROOKFIELD, MA 01515 | 04-3490671 | 501(C)(3) | 34,349. | 0. | | | SUPPORT FOR RESCUED ANIMALS |
| SECOND CHANCE HUMANE SOCIETY 177 COUNTRY DR 10 RIDGWAY, CO 81432 | 84-1266231 | 501(C)(3) | 0. | 38,400. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| SECOND CHANCE RESCUE NYC DOGS BOX 570701 WHITESTONE, NY 11357 | 26-4835303 | 501(C)(3) | 17,500. | 0. | | | SUPPORT FOR RESCUED ANIMALS |
| SECOND CHANCE SHERIDAN CAT RESCUE PO BOX 7254 SHERIDAN, WY 82801 | 27-1336749 | 501(C)(3) | 0. | 5,001. | FMV | PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| SECOND HARVEST FOOD BANK OF GREATER NO - 700 EDWARDS AVE - NEW ORLEANS, LA 70123 | 72-0956468 | 501(C)(3) | 10,000. | 0. | | | SUPPORT FOR HUNGER & POVERTY |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| SECOND HARVEST OF THE BIG BEND 4446 ENTREPOT BLVD TALLAHASSEE, FL 32310 | 59-2610345 | 501(C)(3) | 0. | 114,498. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| SEDGWICK COUNTY ANIMAL CONTROL 1015 STILLWELL WICHITA, KS 67213 | 48-6000798 | GOVT | 0. | 218,986. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| SHUTT'ER DOWN RANCH 4455 COUNTY ROAD 702 FARMERSVILLE, TX 75442 | 81-4633428 | 501(C)(3) | 0. | 206,616. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| SISTER JOSE WOMEN'S CENTER 1050 S. PARK AVE. TUCSON, AZ 85719 | 46-1290517 | 501(C)(3) | 0. | 37,368. | FMV | APPAREL, HOUSEWARE | SUPPORT FOR HUNGER & POVERTY |
| SONOMA COMMUNITY ANIMAL RESPONSE TEAM - 1415 FULTON RD STE 205-415 - SANTA ROSA, CA 95403 | 83-2039937 | 501(C)(3) | 20,000. | 0. | | | SUPPORT FOR RESCUED ANIMALS |
| SONOMA COUNTY CHANGE PROGRAM 3810 FOWLER ROAD WEST SACRAMENTO, CA 95691 | 26-2135318 | 501(C)(3) | 0. | 180,600. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| SOUTHERN PINES ANIMAL SHELTER 1901 N. 31ST AVE. HATTIESBURG, MS 39401 | 64-0514796 | 501(C)(3) | 0. | 205,227. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| SPCA FLORIDA 5850 BRANNEN RD S LAKELAND, FL 33813 | 59-1939655 | 501(C)(3) | 0. | 13,715. | FMV | PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| SPCA OF TEXAS 2400 LONE STAR DRIVE DALLAS, TX 75212 | 75-1216660 | 501(C)(3) | 0. | 141,137. | FMV | PET FOOD, PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| SPCA OF WAKE COUNTY 200 PETFINDER LANE RALEIGH, NC 27603 | 56-0891732 | 501(C)(3) | 0. | 40,729. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| SPCA OF WESTCHESTER 590 NORTH STATE ROAD BRIARCLIFF MANOR, NY 10510 | 13-1740069 | 501(C)(3) | 10,000. | 26,575. | FMV | PET FOOD, PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| SPOKANIMAL 710 N. NAPA SPOKANE, WA 99202 | 91-1223929 | 501(C)(3) | 0. | 6,495. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| SPREAD THE WORD NEVADA 1065 AMERICAN PACIFIC DRIVE, SUITE HENDERSON, NV 89074 | 22-3829041 | 501(C)(3) | 0. | 46,176. | FMV | BOOKS | SUPPORT FOR LITERACY & CHILDREN'S EDUCATION |
| SREHUP 758 SOUTH FRONT STREET PHILADELPHIA, PA 19147 | 45-2525646 | 501(C)(3) | 50,000. | 0. | | | SUPPORT FOR RESCUED ANIMALS |
| ST. CHARLES PARISH ANIMAL SHELTER 921 RUE LA CANNES LULING, LA 70070 | 72-6001208 | 501(C)(3) | 0. | 199,854. | FMV | PET FOOD, PET MEDICATION, PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| ST. DAVID'S CENTER CHILD & FAMILY DEVELOPMENT - 3395 PLYMOUTH ROAD - MINNETONKA, MN 55305 | 41-1429208 | 501(C)(3) | 0. | 10,015. | FMV | CHILDREN'S TOYS | SUPPORT FOR CHILDREN'S HEALTH & WELL BEING |
| ST. FRANCIS ANIMAL SANCTUARY 97 OBED MAGEE ROAD TYLERTOWN, MS 39667 | 72-1482429 | 501(C)(3) | 0. | 9,160. | FMV | PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| ST. HUBERT'S ANIMAL WELFARE CENTER 575 WOODLAND AVE, PO BOX 159 MADISON, NJ 07940 | 22-1627726 | 501(C)(3) | 10,000. | 291,694. | FMV | PET FOOD, PET MEDICATION, PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| ST. LOUIS AREA FOODBANK 70 CORPORATE WOODS DRIVE BRIDGETON, MO 63044 | 43-1253102 | 501(C)(3) | 0. | 19,733. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| ST. PAWS COLORADO SPRINGS 3275 E. PLATTE, UNIT E COLORADO SPRINGS, CO 80909 | 27-1133755 | 501(C)(3) | 0. | 821,671. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| ST. SOPHIA'S FORGOTTEN FELINES 112 E. CHICAGO AVE WESTMONT, IL 60559 | 36-4696076 | 501(C)(3) | 0. | 12,557. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| ST. TAMMANY HUMANE SOCIETY 20384 HARRISON AVE COVINGTON, LA 70433 | 72-0543369 | 501(C)(3) | 0. | 5,307. | FMV | PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| SUSQUEHANNA SPCA 4841 STATE HIGHWAY 28 COOPERSTOWN, NY 13326 | 15-0544693 | 501(C)(3) | 700. | 4,667. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| SUSTAINABLE COASTLINES HAWAII 2909 WAIALAE AVE #19 HONOLULU, HI 96826 | 45-2596726 | 501(C)(3) | 32,707. | 0. | | | SUPPORT FOR PROTECTING/RESTORING ENVIRONMENT |
| TEAM RUBICON 6171 W CENTURY BLVD, SUITE 310 LOS ANGELES, CA 90045 | 27-1720480 | 501(C)(3) | 10,633. | 0. | | | SUPPORT FOR HUNGER & POVERTY |
| TERREBONNE PARISH ANIMAL SHELTER P. O. BOX 2768 HOUMA, LA 70361 | 72-6001390 | 501(C)(3) | 5,000. | 15,920. | FMV | PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| THE CAT HOUSE ON THE KINGS 7120 SOUTH KINGS RIVER ROAD PARLIER, CA 93648 | 27-0015288 | 501(C)(3) | 0. | 167,676. | FMV | PET FOOD, PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| THE CONNECTICUT HUMANE SOCIETY 701 RUSSELL ROAD NEWINGTON, CT 06111 | 06-0667605 | 501(C)(3) | 0. | 22,269. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| THE FUND FOR ANIMALS 1255 23RD ST NW SUITE 460 WASHINGTON, DC 20037 | 13-6218740 | 501(C)(3) | 2,696. | 4,200. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| THE HUMANE SOCIETY OF BAY COUNTY, INC. - 1600 BAY AVENUE - PANAMA CITY, FL 32405 | 59-2097704 | 501(C)(3) | 0. | 5,907. | FMV | PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| THE HUMANE SOCIETY OF NORTH MYRTLE BEACH - 409 BAY STREET, PO BOX 3369 - NORTH MYRTLE BEACH, SC 29582 | 57-1116175 | 501(C)(3) | 8,918. | 0. | | | SUPPORT FOR RESCUED ANIMALS |
| THE HUMANE SOCIETY OF PUERTO RICO CALLE 16, PO BOX 2387 GUAYNABO, PUERTO RICO, PUERTO RICO 00969 | 66-0329776 | 501(C)(3) | 3,772. | 52,430. | FMV | PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| THE HUMANE SOCIETY OF THE UNITED STATES (HSUS) - 1255 23RD ST. NW, SUITE 450 - WASHINGTON, DC 20037 | 53-0225390 | 501(C)(3) | 120. | 1,136,251. | FMV | PET FOOD, PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| THE HUMANE SOCIETY OF TULSA 9521-B.S. RIVERSIDE DRIVE, BOX 542 TULSA, OK 74137 | 73-1571476 | 501(C)(3) | 5,000. | 605,304. | FMV | PET FOOD, PET MEDICATION, PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| THE HUMANE SOCIETY OF VENTURA COUNTY - 402 BRYANT STREET - OJAI, CA 93023 | 95-2272598 | 501(C)(3) | 5,000. | 0. | | | SUPPORT FOR RESCUED ANIMALS |
| THE LAST RESORT ANIMAL RESCUE 328 US 46 E, BLDG 3 ROCKAWAY, NJ 07866 | 26-2985185 | 501(C)(3) | 0. | 5,865. | FMV | PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|---|---|
| THE LISA NOVAK COMMUNITY LIBRARIES C/O BURKAN & GOLDBERG, 60 CUTTER MILL ROAD, SUITE 511 - GREAT NECK, NY 11021 | 13-3650725 | 501(C)(3) | 0. | 73,000. | FMV | BOOKS | SUPPORT FOR LITERACY & CHILDREN'S EDUCATION |
| THE MARYLAND BOOK BANK INC. 501 N. CALVERT ST. BALTIMORE, MD 21278 | 46-2714742 | 501(C)(3) | 0. | 108,500. | FMV | BOOKS | SUPPORT FOR LITERACY & CHILDREN'S EDUCATION |
| THE NOAH CENTER 31300 BRANDSTROM RD STANWOOD, WA 98292 | 91-1362069 | 501(C)(3) | 0. | 65,012. | FMV | PET FOOD, PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| THE SATO PROJECT 130 WATER STREET BROOKLYN, NY 11201 | 45-3743534 | 501(C)(3) | 0. | 24,474. | FMV | PET PRODUCTS, PET FOOD VOUCHERS | SUPPORT FOR RESCUED ANIMALS |
| THE SEATTLE STAND DOWN 23812 17TH PL W BOTHHELL, WA 98021 | 45-1597766 | 501(C)(3) | 0. | 94,988. | FMV | PET PRODUCTS, APPAREL, HOUSEWARE, CHILDREN'S | SUPPORT HUNGER & POVERTY, LITERACY & CHILDREN'S EDUCATION, RESCUED ANIMALS |
| THE SIMON FOUNDATION 120 RESCUE LANE BLOOMFIELD, CT 06002 | 56-2489875 | 501(C)(3) | 7,225. | 0. | | | SUPPORT FOR RESCUED ANIMALS |
| THE UNIVERSITY OF FLORIDA FOUNDATION - 2015 SW 16TH AVENUE - GAINESVILLE, FL 32608 | 59-2911059 | 501(C)(3) | 0. | 36,237. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| TIGGERTOWN, INC 8430 EAST BRAINERD ROAD CHATTANOOGA, TN 37421 | 81-3743659 | 501(C)(3) | 0. | 880,841. | FMV | PET FOOD, PET MEDICATION, PET FOOD VOUCHERS | SUPPORT FOR RESCUED ANIMALS |
| TRAP NEUTER RETURN RIVERSIDE 8428 WILLIAMSBURG PLACE RIVERSIDE, CA 92504 | 30-0880247 | 501(C)(3) | 500. | 739,982. | FMV | PET MEDICATION, PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| TULSA SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS, INC. (TULSA SPCA) - 2910 MOHAWK BLVD. - TULSA, OK 74110 | 73-0608144 | 501(C)(3) | 0. | 11,422. | FMV | PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| TUPELO LEE HUMANE SOCIETY 2400 S GLOSTER STREET TUPELO, MS 38801 | 64-0646841 | 501(C)(3) | 0. | 84,124. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| TWO LEGS FOUR PAWS, INC. 10901 S.W. 59TH STREET MUSTANG, OK 73064 | 84-2345729 | 501(C)(3) | 0. | 529,987. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| UMOM NEW DAY CENTERS 3333 E VAN BUREN STREET PHOENIX, AZ 85008 | 86-0521062 | 501(C)(3) | 0. | 37,368. | FMV | APPAREL, HOUSEWARE | SUPPORT FOR HUNGER & POVERTY |
| UNIFY SEATTLE 24127 CRYSTAL LAKE ROAD WOODINVILLE, WA 98077 | 83-2653099 | 501(C)(3) | 5,000. | 0. | | | SUPPORT FOR RESCUED ANIMALS |
| UNITED PET FUND 9401 TOWNE SQUARE AVENUE BLUE ASH, OH 45242 | 27-2582105 | 501(C)(3) | 0. | 2,252,267. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| UNIVERSITY OF MICHIGAN 1000 OAKBROOK DRIVE, SUITE 100 ANN ARBOR, MI 48104 | 38-6006309 | 501(C)(3) | 50,000. | 0. | | | SUPPORT FOR BREAST CANCER & WOMEN'S HEALTH |
| UPPER VALLEY HUMANE SOCIETY 300 OLD ROUTE 10 ENFIELD, NH 03748 | 23-7348710 | 501(C)(3) | 0. | 23,526. | FMV | PET FOOD, PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| VA MEDICAL CENTER MEMPHIS 1030 JEFFERSON AVENUE, VOLUNTARY SE MEMPHIS, TN 38104 | 62-0480254 | 501(C)(3) | 0. | 7,628. | FMV | APPAREL, HOUSEWARE | SUPPORT FOR HUNGER & POVERTY |

Schedule I (Form 990)

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| VERMONT DISASTER ANIMAL RESPONSE TEAM, INC. - PO BOX 1423 - WHITE RIVER JUNCTION, VT 05001 | 80-0443426 | 501(C)(3) | 0. | 20,550. | FMV | PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| VERMONT FOOD BANK 33 PARKER ROAD BARRE, VT 05641 | 22-3021942 | 501(C)(3) | 0. | 80,000. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| VETERANS VILLAGE OF SAN DIEGO 4141 PACIFIC HIGHWAY SAN DIEGO, CA 92110 | 95-3649525 | 501(C)(3) | 1,771. | 96,843. | FMV | APPAREL, HOUSEWARE | SUPPORT FOR HUNGER & POVERTY |
| VIDALIA ANIMAL CONTROL 2811 AIRPORT RD VIDALIA, GA 30474 | 58-6000689 | 501(C)(3) | 0. | 6,797. | FMV | PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| VUN VEQ RESCUE 2431 HOLLYHILL DR SAN ANTONIO, TX 78222 | 47-4206121 | 501(C)(3) | 0. | 11,173. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| WAGGLE FOUNDATION, INC. P.O. BOX 153, 12 MAIN ST, STE 5 ESSEX, CT 06426 | 32-0518559 | 501(C)(3) | 13,423. | 0. | | | SUPPORT FOR RESCUED ANIMALS |
| WAGS & WHISKERS ANIMAL RESCUE OF MN - PO BOX 304 - SHAKOPEE, MN 55379 | 36-4641735 | 501(C)(3) | 0. | 741,371. | FMV | PET FOOD, PET MEDICATION | SUPPORT FOR RESCUED ANIMALS |
| WARE COUNTY ANIMAL SERVICES 3030 BROWN DR WAYCROSS, GA 31503 | 58-6021364 | GOVT | 0. | 53,820. | FMV | PET FOOD, PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| WASHINGTON COUNTY JOHNSON CITY ANIMAL SHELTER - 3411 N ROAN ST - JOHNSON CITY, TN 37601 | 58-1661479 | 501(C)(3) | 0. | 15,279. | FMV | PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |

Schedule I (Form 990)

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| WASHINGTON COUNTY SPCA 16620 STATE HIGHWAY 123 BARTLESVILLE, OK 74006 | 73-6107239 | 501(C)(3) | 0. | 8,414. | FMV | PET PRODUCTS | SUPPORT FOR RESCUED ANIMALS |
| WINGS OF RESCUE PO BOX 21747 SEATTLE, WA 98101 | 45-3343408 | 501(C)(3) | 884,673. | 0. | | | SUPPORT FOR RESCUED ANIMALS |
| WISCONSIN HUMANE SOCIETY 4500 W WISCONSIN AVE MILWAUKEE, WI 53208 | 39-0810533 | 501(C)(3) | 0. | 106,580. | FMV | PET FOOD | SUPPORT FOR RESCUED ANIMALS |
| WOMEN'S HUMANE SOCIETY 3839 RICHLIEU ROAD BENSALEM, PA 19020 | 23-1352585 | 501(C)(3) | 0. | 8,475. | FMV | PET FOOD, PET PRODUCTS, APPAREL | SUPPORT FOR RESCUED ANIMALS, HUNGER & POVERTY |
| WORLD CENTRAL KITCHEN 1342 FLORIDA AVE NW WASHINGTON, DC 20009 | 27-3521132 | 501(C)(3) | 90,000. | 360,000. | FMV | PET FOOD VOUCHERS | SUPPORT FOR RESCUED ANIMALS |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| SUPPORT FOR RESCUED ANIMALS | 2640 | 0. | 1,399,514. | FMV | PET FOOD, PET PRODUCTS, PET MEDICATION |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

PART I, LINE 2:

EACH NON-PROFIT THAT RECEIVES GRANTS FROM GREATER GOOD CHARITIES IS
 REQUIRED TO SUPPLY PROOF OF THEIR NON-PROFIT STATUS PRIOR TO RECEIVING
 FUNDS. THEY MUST ALSO SIGN A MEMO OF UNDERSTANDING THAT OUTLINES OUR
 INTENTIONS FOR USE OF FUNDS AND THAT THEY AGREE TO USE THE FUNDS AS
 SPECIFIED. THROUGHOUT THE YEAR, WE REQUIRE REPORTS FROM EACH CHARITY THAT
 RECAPS HOW FUNDS WERE USED. IF FUNDS ARE NOT USED PROPERLY OR DOCUMENTATION
 FOR HOW FUNDS WERE USED IS NOT PROVIDED, FUTURE FUNDS CAN BE WITHHELD.

Part IV Supplemental Information

PART II, LINE 1, COLUMN (G):

NAME OF ORGANIZATION OR GOVERNMENT: BRANDYWINE VALLEY SPCA

(G) DESCRIPTION OF NON-CASH ASSISTANCE: PET FOOD, PET MEDICATION, PET PRODUCTS, PET FOOD VOUCHERS, APPAREL

NAME OF ORGANIZATION OR GOVERNMENT: DAKIN HUMANE SOCIETY

(G) DESCRIPTION OF NON-CASH ASSISTANCE: PET FOOD, PET MEDICATION, PET PRODUCTS, PET FOOD VOUCHERS

NAME OF ORGANIZATION OR GOVERNMENT: PET PROJECT FOR PETS INC

(G) DESCRIPTION OF NON-CASH ASSISTANCE: PET FOOD, PET MEDICATION, PET PRODUCTS, APPAREL, HOUSEWARE, CHILDREN'S TOYS

NAME OF ORGANIZATION OR GOVERNMENT: PIMA ANIMAL CARE CENTER

(G) DESCRIPTION OF NON-CASH ASSISTANCE: PET MEDICATION, PET PRODUCTS, APPAREL, HOUSEWARE

NAME OF ORGANIZATION OR GOVERNMENT: THE SEATTLE STAND DOWN

(G) DESCRIPTION OF NON-CASH ASSISTANCE: PET PRODUCTS, APPAREL, HOUSEWARE, CHILDREN'S TOYS

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2019

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization

GREATER GOOD CHARITIES

Employer identification number

20-4846675

Part I Questions Regarding Compensation

| | Yes | No |
|--|-----------|----------|
| 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) | | |
| b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | |
| 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | 2 | |
| 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee | | |
| 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: | | |
| a Receive a severance payment or change-of-control payment? | 4a | X |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | X |
| c Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | X |
| If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | |
| Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | |
| 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: | | |
| a The organization? | 5a | X |
| b Any related organization? | 5b | X |
| If "Yes" on line 5a or 5b, describe in Part III. | | |
| 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: | | |
| a The organization? | 6a | X |
| b Any related organization? | 6b | X |
| If "Yes" on line 6a or 6b, describe in Part III. | | |
| 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III | 7 | X |
| 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | X |
| 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | 9 | |

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

Schedule J (Form 990) 2019

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) LIZ BAKER CHIEF EXECUTIVE OFFICER | (i) | 218,811. | 0. | 0. | 3,322. | 15,252. | 237,385. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) STEPHEN MINTER COO (UNTIL 5/20), GENERAL COUNSEL | (i) | 155,627. | 0. | 0. | 0. | 9,197. | 164,824. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) NOAH HORTON CHIEF MARKETING OFFICER | (i) | 150,439. | 0. | 0. | 2,257. | 9,347. | 162,043. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) JEMIMAH OKANTEY CHIEF FINANCIAL OFFICER | (i) | 141,021. | 0. | 0. | 2,115. | 10,907. | 154,043. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) ELIZABETH ASHER PROGRAM DIRECTOR | (i) | 159,031. | 0. | 0. | 2,418. | 11,843. | 173,292. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (6) JOHN KANE PROGRAM DEVELOPMENT DIRECTOR | (i) | 148,559. | 0. | 0. | 0. | 4,566. | 153,125. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| CHARITYUSA.COM | CREATOR/FOUNDER | 57,856. | REIMBURSEME | | X |
| CHARITYUSA.COM | CREATOR/FOUNDER | 404,935. | ROYALTIES F | | X |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part V Supplemental Information.

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: CHARITYUSA.COM

(D) DESCRIPTION OF TRANSACTION: REIMBURSEMENT OF EMPLOYEE SALARIES AND BENEFITS, RENT EXPENSES, ACCOUNTING SERVICES AND BANK EXPENSES PAID ON BEHALF OF GREATER GOOD CHARITIES.

(A) NAME OF PERSON: CHARITYUSA.COM

(D) DESCRIPTION OF TRANSACTION: ROYALTIES FROM CHARITYUSA FOR A NONEXCLUSIVE LICENSE TO USE THE NAME AND/OR LOGO OF GREATER GOOD CHARITIES ON WEBSITE ADVERTISING AND IN CONNECTION WITH THE SALE OF CHARITYUSA.COM PRODUCTS.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization: **GREATER GOOD CHARITIES** Employer identification number: **20-4846675**

| Part I Types of Property | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art | | | | |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | X | | 861,612. | FAIR MARKET VALUE |
| 5 Clothing and household goods | X | | 1,139,272. | FAIR MARKET VALUE |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | X | 1 | 10,863. | FAIR MARKET VALUE |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | X | 12 | 58,842,919. | FAIR MARKET VALUE |
| 20 Drugs and medical supplies | X | 12 | 4,355,911. | FAIR MARKET VALUE |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (PET PRODUCTS) | X | 12 | 2,605,398. | FAIR MARKET VALUE |
| 26 Other ▶ (KIDS' TOYS) | X | 12 | 166,355. | FAIR MARKET VALUE |
| 27 Other ▶ () | | | | |
| 28 Other ▶ () | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement: **29** 0

| | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? | | X |
| b If "Yes," describe the arrangement in Part II. | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? | X | |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | | X |
| b If "Yes," describe in Part II. | | |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

SCHEDULE O
(Form 990 or 990-EZ)

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 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

GREATER GOOD CHARITIES

Employer identification number

20-4846675

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

THE PLANET.

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

OTHER REGISTERED CHARITABLE ORGANIZATIONS THAT ALLEVIATE AND ADDRESS
THE ROOT CAUSES OF WORLD HUNGER AND FOOD INSECURITY, EARLY DETECTION &
TREATMENT OF BREAST CANCER, PREVENTION & TREATMENT OF CHILDHOOD ILLNESS
& DISEASE, CHILDREN'S EDUCATION, PROTECTING AND RESTORING THE
ENVIRONMENT, AND PROVIDING FUNDING FOR THE CARE & FEEDING OF RESCUED
ANIMALS.

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

AVAILABLE FOR DISASTER RESPONSE, INCLUDING LARGE SCALE DISASTERS, LOCAL
DISASTERS AND LAW ENFORCEMENT RAIDS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

BREAST CANCER & WOMEN'S HEALTH: \$329,907 WAS GRANTED TO NON-PROFIT
PARTNERS AND VARIOUS HOSPITALS AND CLINICS IN THE U.S. AND ABROAD WHERE
MAMMOGRAM SCREENING SERVICES ARE PROVIDED.
EXPENSES \$844,273. INCLUDING GRANTS OF \$329,907.

PROTECTING/RESTORING THE ENVIRONMENT: \$311,141 WAS GRANTED TO
NON-PROFIT PARTNERS WHO WORK TO PROTECT ENDANGERED ANIMAL SPECIES,
PLANT TREES IN DEFORESTED AREAS TO OFFSET CARBON EMISSIONS AND STUDY
HABITAT FOR CONSERVATION AND RESTORATION PURPOSES. EXPENSES \$790,207.
INCLUDING GRANTS OF \$311,141.

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

| | |
|--|--|
| Name of the organization GREATER GOOD CHARITIES | Employer identification number 20-4846675 |
|--|--|

EXPENSES \$ 1,634,480. INCLUDING GRANTS OF \$ 641,048. REVENUE \$ 0.

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

GREG HESTERBERG IS AN OWNER OF CHARITYUSA, A PRIMARY GREATER GOOD CHARITIES PARTNER. GREG IS ON THE BOARD OF DIRECTORS BUT CANNOT BE AN OFFICER.

JULIA CHRISTOPHERSON IS AN EMPLOYEE OF CHARITYUSA.

FORM 990, PART VI, SECTION A, LINE 4:

BYLAWS WERE REVISED TO CLARIFY THE USE OF COMMITTEES AND THE PROCESS FOR REMOVING BOARD MEMBERS. THE BYLAWS WERE ALSO REVISED TO UPDATE BOARD OFFICER TITLES. THE PRESIDENT AND THE VICE PRESIDENT ARE NOW THE BOARD CHAIR AND BOARD VICE CHAIR, RESPECTIVELY.

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

THE CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER, CHIEF OF OPERATIONS, BOARD CHAIR AND THE FINANCE COMMITTEE REVIEW THE 990 DRAFT PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY APPLIES TO ANY DIRECTOR, PRINCIPAL OFFICER OR MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS, WHO HAS DIRECT OR INDIRECT FINANCIAL INTEREST. WE HAD 17 PEOPLE WHO FELL UNDER THIS DEFINITION DURING THE FISCAL YEAR.

1. DUTY TO DISCLOSE - IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE AND NATURE OF HIS OR HER FINANCIAL INTEREST TO THE BOARD OF DIRECTORS (BOARD) [OR SPECIAL COMMITTEES WITH BOARD DELEGATED POWERS (E.G. CONFLICTS OR COMPENSATION COMMITTEES)] CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT.

| | |
|--|--|
| Name of the organization GREATER GOOD CHARITIES | Employer identification number 20-4846675 |
|--|--|

2. DETERMINING WHETHER A CONFLICT OF INTEREST EXISTS - AFTER DISCLOSURE OF THE FINANCIAL INTEREST, THE INTERESTED PERSON SHALL LEAVE THE BOARD OR COMMITTEE MEETING WHILE THE FINANCIAL INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS.

3. PROCEDURES FOR ADDRESSING THE CONFLICT OF INTEREST -

A. THE CHAIRPERSON OF THE BOARD OR COMMITTEE SHALL, IF APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT.

B. AFTER EXERCISING DUE DILIGENCE, THE BOARD OR COMMITTEE SHALL DETERMINE WHETHER THE CORPORATION CAN OBTAIN A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT WITH REASONABLE EFFORTS FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST.

C. IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY ATTAINABLE UNDER CIRCUMSTANCES THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST, THE BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE CORPORATION'S BEST INTEREST AND FOR ITS OWN BENEFIT AND WHETHER THE TRANSACTION IS FAIR AND REASONABLE TO THE CORPORATION AND SHALL MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT IN CONFORMITY WITH SUCH DETERMINATION.

4. VIOLATIONS OF THE CONFLICT OF INTEREST POLICY -

A. IF THE BOARD OR COMMITTEE HAS REASONABLE CAUSE TO BELIEVE THAT A MEMBER HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT SHALL INFORM THE MEMBER OF THE BASIS FOR SUCH BELIEF AND AFFORD THE MEMBER AN

| | |
|--|--|
| Name of the organization GREATER GOOD CHARITIES | Employer identification number 20-4846675 |
|--|--|

OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE.

B. IF, AFTER HEARING THE RESPONSE OF THE MEMBER AND MAKING SUCH FURTHER INVESTIGATION AS MAY BE WARRANTED IN THE CIRCUMSTANCES, THE BOARD OR COMMITTEE DETERMINES THAT THE MEMBER IS AN INTERESTED PERSON AND HAS FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION COMMITTEE REVIEWS CEO SALARY BASED ON CURRENT DATA FOR SIMILAR SIZED ORGANIZATIONS. COMPENSATION COMMITTEE REVIEWS HIGHLY COMPENSATED EMPLOYEES AFTER EACH REVIEW CYCLE. THE LAST CEO COMPENSATION REVIEW OCCURRED IN SEPTEMBER 2019.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AR, CA, CO, DC, FL, GA, GU, HI, IL, KS, KY, MA, MD, MI, MS, MT, NC, NH, NJ, NM, NY, OR, PA, PR RI, SC, TN, TX, UT, VA, WI, WV

FORM 990, PART VI, SECTION C, LINE 18:

ORGANIZATION PROVIDES FORMS TO GUIDESTAR AND CHARITY NAVIGATOR.

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

THE 990 IS POSTED ON OUR WEBSITE AT WWW.GREATERGOOD.ORG. GOVERNING DOCUMENTS ARE AVAILABLE ON REQUEST. THE FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC THROUGH THE ANNUAL REPORT.

CLAIM FOR REFUND
Exempt Organization Business Income Tax Return
 (and proxy tax under section 6033(e))

2019

For calendar year 2019 or other tax year beginning JUL 1, 2019, and ending JUN 30, 2020

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

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

Department of the Treasury
Internal Revenue Service

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

| | | | |
|--|-----------------------------|--|--|
| <p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3)) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p> | <p>Print or Type</p> | <p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) GREATER GOOD CHARITIES</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 600 UNIVERSITY STREET, NO. 1000</p> <p>City or town, state or province, country, and ZIP or foreign postal code SEATTLE, WA 98101</p> | <p>D Employer identification number (Employees' trust, see instructions.) 20-4846675</p> <p>E Unrelated business activity code (See instructions.)</p> |
|--|-----------------------------|--|--|

| | |
|--|--|
| <p>C Book value of all assets at end of year 9,977,818.</p> | <p>F Group exemption number (See instructions.) ▶</p> <p>G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p> |
|--|--|

H Enter the number of the organization's unrelated trades or businesses. ▶ 1 Describe the only (or first) unrelated trade or business here ▶ _____ . If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
 If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **JEMIMAH OKANTEY** Telephone number ▶ **206-268-5477**

| Part I Unrelated Trade or Business Income | | (A) Income | (B) Expenses | (C) Net |
|--|------------------|--------------|--------------|---------|
| 1a Gross receipts or sales | | | | |
| b Less returns and allowances | c Balance | 1c | | |
| 2 Cost of goods sold (Schedule A, line 7) | | 2 | | |
| 3 Gross profit. Subtract line 2 from line 1c | | 3 | | |
| 4a Capital gain net income (attach Schedule D) | | 4a | | |
| b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) | | 4b | | |
| c Capital loss deduction for trusts | | 4c | | |
| 5 Income (loss) from a partnership or an S corporation (attach statement) | | 5 | | |
| 6 Rent income (Schedule C) | | 6 | | |
| 7 Unrelated debt-financed income (Schedule E) | | 7 | | |
| 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) | | 8 | | |
| 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) | | 9 | | |
| 10 Exploited exempt activity income (Schedule I) | | 10 | | |
| 11 Advertising income (Schedule J) | | 11 | | |
| 12 Other income (See instructions; attach schedule) | | 12 | | |
| 13 Total. Combine lines 3 through 12 | | 13 0. | | |

| Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.) | | | |
|--|--|------------|------------|
| 14 Compensation of officers, directors, and trustees (Schedule K) | | 14 | |
| 15 Salaries and wages | | 15 | |
| 16 Repairs and maintenance | | 16 | |
| 17 Bad debts | | 17 | |
| 18 Interest (attach schedule) (see instructions) | | 18 | |
| 19 Taxes and licenses | | 19 | |
| 20 Depreciation (attach Form 4562) | | 20 | |
| 21 Less depreciation claimed on Schedule A and elsewhere on return | | 21a | 21b |
| 22 Depletion | | 22 | |
| 23 Contributions to deferred compensation plans | | 23 | |
| 24 Employee benefit programs | | 24 | |
| 25 Excess exempt expenses (Schedule I) | | 25 | |
| 26 Excess readership costs (Schedule J) | | 26 | |
| 27 Other deductions (attach schedule) | | 27 | |
| 28 Total deductions. Add lines 14 through 27 | | 28 | 0. |
| 29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 | | 29 | 0. |
| 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) | | 30 | 0. |
| 31 Unrelated business taxable income. Subtract line 30 from line 29 | | 31 | 0. |

Part III Total Unrelated Business Taxable Income

| | | | |
|----|---|----|--------|
| 32 | Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) | 32 | 0. |
| 33 | Amounts paid for disallowed fringes | 33 | |
| 34 | Charitable contributions (see instructions for limitation rules) | 34 | 0. |
| 35 | Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33 | 35 | |
| 36 | Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) | 36 | |
| 37 | Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35 | 37 | |
| 38 | Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions) | 38 | 1,000. |
| 39 | Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37 | 39 | 0. |

Part IV Tax Computation

| | | | |
|----|--|----|----|
| 40 | Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21) | 40 | 0. |
| 41 | Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) | 41 | |
| 42 | Proxy tax. See instructions | 42 | |
| 43 | Alternative minimum tax (trusts only) | 43 | |
| 44 | Tax on Noncompliant Facility Income. See instructions | 44 | |
| 45 | Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies | 45 | 0. |

Part V Tax and Payments

| | | | |
|-----|--|-----|------|
| 46a | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) | 46a | |
| b | Other credits (see instructions) | 46b | |
| c | General business credit. Attach Form 3800 | 46c | |
| d | Credit for prior year minimum tax (attach Form 8801 or 8827) | 46d | |
| e | Total credits. Add lines 46a through 46d | 46e | |
| 47 | Subtract line 46e from line 45 | 47 | 0. |
| 48 | Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) | 48 | |
| 49 | Total tax. Add lines 47 and 48 (see instructions) | 49 | 0. |
| 50 | 2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3 | 50 | 0. |
| 51a | Payments: A 2018 overpayment credited to 2019 | 51a | |
| b | 2019 estimated tax payments | 51b | 800. |
| c | Tax deposited with Form 8868 | 51c | |
| d | Foreign organizations: Tax paid or withheld at source (see instructions) | 51d | |
| e | Backup withholding (see instructions) | 51e | |
| f | Credit for small employer health insurance premiums (attach Form 8941) | 51f | |
| g | Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total | 51g | |
| 52 | Total payments. Add lines 51a through 51g | 52 | 800. |
| 53 | Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> | 53 | |
| 54 | Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed | 54 | |
| 55 | Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid | 55 | 800. |
| 56 | Enter the amount of line 55 you want: Credited to 2020 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/> | 56 | 800. |

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

| | | | |
|----|--|-----|----|
| 57 | At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here | Yes | No |
| 58 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. | | X |
| 59 | Enter the amount of tax-exempt interest received or accrued during the tax year \$ | | |

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: _____ Date: _____ Title: **CHIEF EXECUTIVE OFFICER**

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only
 Print/Type preparer's name: COLLEEN RAMIRES
 Preparer's signature: COLLEEN RAMIRES
 Date: 03/15/21
 Check if self-employed
 PTIN: P01251320
 Firm's name: MOSS ADAMS LLP
 Firm's EIN: 91-0189318
 Firm's address: 999 THIRD AVENUE, SUITE 2800 SEATTLE, WA 98104
 Phone no.: 206-302-6500

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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

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

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

| | | |
|--|--|---|
| Type or print | Name of exempt organization or other filer, see instructions. GREATER GOOD CHARITIES | Taxpayer identification number (TIN) 20-4846675 |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions. 600 UNIVERSITY STREET, NO. 1000 | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. SEATTLE, WA 98101 | |

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 (other than individual) | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

JEMIMAH OKANTEY

- The books are in the care of ▶ **600 UNIVERSITY AVE, #1000 - SEATTLE, WA 98101**
Telephone No. ▶ **206-268-5477** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 17, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2019**, and ending **JUN 30, 2020**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

| | | | |
|---|-----------|----|----|
| 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | 0. |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ | 0. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | 0. |

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.