

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the **2018** calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

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 GREATERGOOD.ORG		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 600 UNIVERSITY STREET 1000		G Gross receipts \$ 66,366,119.	
	City or town, state or province, country, and ZIP or foreign postal code SEATTLE, WA 98101		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	F Name and address of principal officer: LIZ BAKER 6262 N SWAN ROAD, SUITE 150, TUCSON, AZ 857		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.GREATERGOOD.ORG**

K Form of organization: Corporation Trust Association 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: GREATERGOOD.ORG IS DEVOTED TO ADDRESSING HEALTH AND WELL-BEING OF PEOPLE, ANIMALS, AND THE PLANET.		
	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 2018 (Part V, line 2a)	5	43
	6 Total number of volunteers (estimate if necessary)	6	14
	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 38	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	48,080,930.	61,061,274.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,037,817.	954,668.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,784.	-38,259.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,450,013.	314,507.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	50,571,544.	62,292,190.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	43,589,721.	55,820,865.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	2,731,033.	3,567,051.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,148,723.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,345,244.	3,529,312.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	51,665,998.	62,917,228.	
19 Revenue less expenses. Subtract line 18 from line 12	-1,094,454.	-625,038.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	7,424,875.	6,608,260.
	22 Net assets or fund balances. Subtract line 21 from line 20	759,670.	544,379.

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	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	COLLEEN RAMIRES	COLLEEN RAMIRES	06/10/20		P01251320
Preparer Use Only	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	

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: GREATERGOOD.ORG 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 \$ 57,246,369. including grants of \$ 53,627,798.) (Revenue \$ 954,668.)

ANIMAL WELFARE (RESCUED ANIMALS): \$53,627,798 WAS GRANTED TO ANIMAL WELFARE ORGANIZATIONS FOR ITEMS LIKE FOOD, VACCINATIONS, SHELTER RENOVATIONS, ENRICHMENT, SPAY/NEUTER, EDUCATION AND TRAINING, AND DISASTER PREPAREDNESS AND RESPONSE. GREATERGOOD.ORG'S 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 \$ 1,240,593. including grants of \$ 686,795.) (Revenue \$)

HUNGER & POVERTY: \$686,795 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 \$ 1,166,664. including grants of \$ 969,316.) (Revenue \$)

LITERACY & CHILDREN'S EDUCATION AND HEALTH: \$969,316 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 in Schedule O.) (Expenses \$ 1,093,840. including grants of \$ 536,957.) (Revenue \$)

4e Total program service expenses 60,747,466.

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 temporarily restricted endowments, permanent endowments, or 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, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity 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, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a X	
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <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? Note. All Form 990 filers are required to complete Schedule O	38 X	

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 25	
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 in 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 in 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, or 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 in 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 in Schedule O)
19 Describe in 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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 PRESIDENT	2.00	X		X				0.	0.	0.
(2) DAVID SAMUELSON BOARD VICE PRESIDENT	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) TIM KUNIN BOARD MEMBER (THROUGH 10/18)	1.00	X						0.	0.	0.
(9) CYNTHIA NESSER BOARD MEMBER (THROUGH 10/18)	1.00	X						0.	0.	0.
(10) JACKSON GALAXY BOARD MEMBER	1.00	X						0.	0.	0.
(11) JAM STEWART BOARD MEMBER	1.00	X						0.	0.	0.
(12) JULIE RYAN BOARD MEMBER	1.00	X						0.	0.	0.
(13) JANIS ROSENTHAL BOARD MEMBER	1.00	X						0.	0.	0.
(14) JEFF ZUBA BOARD MEMBER	1.00	X						0.	0.	0.
(15) LIZ BAKER CHIEF EXECUTIVE OFFICER	50.00			X				198,722.	0.	13,681.
(16) STEPHEN MINTER CHIEF OPERATIONS OFFICER	50.00			X				123,726.	0.	5,164.
(17) JEMIMAH OKANTEY CHIEF FINANCIAL OFFICER	50.00			X				127,750.	0.	9,906.

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) NOAH HORTON CHIEF MARKETING OFFICER	50.00			X				139,240.	0.	10,125.
(19) ELIZABETH ASHER PROGRAM DIRECTOR	50.00					X		148,125.	0.	10,258.
(20) JOHN KANE PROGRAM DEVELOPMENT DIRECTOR	50.00					X		138,125.	0.	10,081.
(21) SUSAN ROSENBERG PROGRAM DIRECTOR	50.00					X		111,694.	0.	9,345.
(22) ELIZABETH MULLIGAN DIRECTOR OF CORPORATE SPONSORSHIPS	50.00					X		108,784.	0.	6,842.
(23) JENNIFER FERMON DIRECTOR OF IMPACT	50.00					X		102,638.	0.	9,748.
1b Sub-total								1,198,804.	0.	85,150.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,198,804.	0.	85,150.

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 **9**

	Yes	No
3 Did the organization list any former officer, director, or 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	61,061,274.			
	g Noncash contributions included in lines 1a-1f: \$		51,605,422.			
	h Total. Add lines 1a-1f		61,061,274.			
Program Service Revenue	2 a PET FOOD STORAGE/HANDLING	Business Code 493000	954,668.	954,668.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		954,668.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		17,575.		
4 Income from investment of tax-exempt bond proceeds						
5 Royalties			314,507.			314,507.
6 a Gross rents		(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
d Net rental income or (loss)						
7 a Gross amount from sales of assets other than inventory		(i) Securities	4,014,823.			
		(ii) Other	3,272.			
		b Less: cost or other basis and sales expenses	3,992,006.	81,923.		
		c Gain or (loss)	22,817.	-78,651.		
d Net gain or (loss)			-55,834.			-55,834.
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		a				
		b Less: direct expenses	b			
	c Net income or (loss) from fundraising events					
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a						
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions			62,292,190.	954,668.	0.	276,248.

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	50,709,650.	50,709,650.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	3,912,335.	3,912,335.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,198,880.	1,198,880.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	712,049.	214,816.	384,753.	112,480.
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	2,311,455.	1,853,582.	126,390.	331,483.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	12,459.	11,905.		554.
9 Other employee benefits	298,786.	230,052.	27,492.	41,242.
10 Payroll taxes	232,302.	164,935.	34,845.	32,522.
11 Fees for services (non-employees):				
a Management				
b Legal	57,216.	6,851.	50,365.	
c Accounting	67,826.		67,826.	
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.)	198,118.	191,081.	4,129.	2,908.
12 Advertising and promotion	564,353.	60,065.	55,601.	448,687.
13 Office expenses	588,912.	449,297.	40,028.	99,587.
14 Information technology	55,848.	36,668.	19,180.	
15 Royalties				
16 Occupancy	127,559.	36,030.	80,888.	10,641.
17 Travel	348,903.	266,948.	69,518.	12,437.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,386.	4,568.		818.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	37,534.	18,310.	18,868.	356.
23 Insurance	33,373.	59.	29,208.	4,106.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a LOGISTICS	1,061,556.	1,061,556.		
b BAD DEBT	195,874.	195,874.		
c DUES & SUBSCRIPTIONS	171,538.	122,203.	1,720.	47,615.
d _____				
e All other expenses _____	15,316.	1,801.	10,228.	3,287.
25 Total functional expenses. Add lines 1 through 24e	62,917,228.	60,747,466.	1,021,039.	1,148,723.
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	4,309,047.	1	657,785.
	2 Savings and temporary cash investments	1,974.	2	259,317.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,428,159.	4	2,299,017.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	433,608.	8	447,393.
	9 Prepaid expenses and deferred charges	66,688.	9	143,839.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 226,410.		
	b Less: accumulated depreciation	10b 62,931.	157,227.	10c 163,479.
	11 Investments - publicly traded securities	1,028,172.	11	2,637,430.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	7,424,875.	16	6,608,260.	
Liabilities	17 Accounts payable and accrued expenses	369,002.	17	305,396.
	18 Grants payable	375,668.	18	238,983.
	19 Deferred revenue	15,000.	19	0.
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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	759,670.	26	544,379.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,881,156.	27	1,731,502.
	28 Temporarily restricted net assets	4,784,049.	28	4,332,379.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	6,665,205.	33	6,063,881.	
34 Total liabilities and net assets/fund balances	7,424,875.	34	6,608,260.	

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	62,292,190.
2	Total expenses (must equal Part IX, column (A), line 25)	2	62,917,228.
3	Revenue less expenses. Subtract line 2 from line 1	3	-625,038.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,665,205.
5	Net unrealized gains (losses) on investments	5	23,714.
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 in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,063,881.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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 in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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 in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2018)

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

2018

Open to Public Inspection

Name of the organization **GREATERGOOD.ORG** 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		
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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15336272.	33242159.	49965059.	48080930.	61061274.	207685694
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	15336272.	33242159.	49965059.	48080930.	61061274.	207685694
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)						95937066.
6 Public support. Subtract line 5 from line 4.						111748628

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	15336272.	33242159.	49965059.	48080930.	61061274.	207685694
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2264761.	2775137.	410,527.	1450358.	332,082.	7232865.
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						214918559
12 Gross receipts from related activities, etc. (see instructions)					12	3,018,987.
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 2018 (line 6, column (f) divided by line 11, column (f))	14	52.00	%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	45.70	%
16a 33 1/3% support test - 2018. 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 - 2017. 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 - 2018. 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 - 2017. 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. 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 - 2017. 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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

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

2018

Name of the organization

GREATERGOOD.ORG

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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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 GREATERGOOD.ORG	Employer identification number 20-4846675
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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
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>2,942,911.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>2,434,349.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>2,389,918.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>5,083,419.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>4,030,259.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>3,680,675.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GREATERGOOD.ORG	Employer identification number 20-4846675
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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>1,411,510.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>4,706,614.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>1,325,068.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ <u>5,282,500.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ <u>6,352,757.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ <u>2,248,702.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GREATERGOOD.ORG	Employer identification number 20-4846675
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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
13	<hr/> <hr/> <hr/>	\$ <u>3,867,043.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GREATERGOOD.ORG	Employer identification number 20-4846675
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>1</u>	PET FOOD AND SUPPLIES _____ _____ _____	\$ <u>2,907,911.</u>	<u>06/30/19</u>
<u>2</u>	PET SUPPLIES _____ _____ _____	\$ <u>2,344,349.</u>	<u>06/30/19</u>
<u>3</u>	PET FOOD _____ _____ _____	\$ <u>2,377,418.</u>	<u>06/30/19</u>
<u>4</u>	PET FOOD _____ _____ _____	\$ <u>5,027,951.</u>	<u>06/30/19</u>
<u>5</u>	PET FOOD AND SUPPLIES _____ _____ _____	\$ <u>3,995,259.</u>	<u>06/30/19</u>
<u>6</u>	PET FOOD _____ _____ _____	\$ <u>3,461,339.</u>	<u>06/30/19</u>

Name of organization GREATERGOOD.ORG	Employer identification number 20-4846675
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	PET FOOD _____ _____ _____	\$ <u>1,381,510.</u>	<u>06/30/19</u>
8	PET FOOD _____ _____ _____	\$ <u>4,655,614.</u>	<u>06/30/19</u>
9	PET FOOD _____ _____ _____	\$ <u>1,325,068.</u>	<u>06/30/19</u>
10	PET FOOD AND SUPPLIES _____ _____ _____	\$ <u>5,282,500.</u>	<u>06/30/19</u>
11	PET SUPPLIES _____ _____ _____	\$ <u>6,352,757.</u>	<u>06/30/19</u>
12	PET FOOD _____ _____ _____	\$ <u>2,248,702.</u>	<u>06/30/19</u>

Name of organization GREATERGOOD.ORG	Employer identification number 20-4846675
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
13	PET FOOD _____ _____ _____	\$ 3,867,043.	06/30/19
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization GREATERGOOD.ORG	Employer identification number 20-4846675
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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	
(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	
(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	
(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	

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

2018 Open to Public Inspection

Name of the organization GREATERGOOD.ORG 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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor property and grant fund usage.

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

Form with multiple questions (1-9) about conservation easements, including checkboxes for various purposes, a table for held easements at the end of the tax year, and questions about monitoring and expenses.

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.

Form with questions (1a, 1b, 2) about reporting collections of art and historical treasures, including checkboxes and dollar amounts.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2018

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 are a 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 programs
 - 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 Temporarily restricted 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? | 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.		
b Buildings				
c Leasehold improvements				
d Equipment		203,410.	62,931.	163,479.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				163,479.

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 FIN 48 (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	62,434,337.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	23,714.
b	Donated services and use of facilities	2b	118,433.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	142,147.
3	Subtract line 2e from line 1	3	62,292,190.
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	62,292,190.

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	63,035,661.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	118,433.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	118,433.
3	Subtract line 2e from line 1	3	62,917,228.
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	62,917,228.

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, 2019 AND 2018.

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

2018

Open to Public Inspection

Name of the organization GREATERGOOD.ORG	Employer identification number 20-4846675
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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		333,746.
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	0	0	GRANTMAKING		414,037.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	GRANTMAKING		6,593.
MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	0	0	GRANTMAKING		31,579.
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	7	GRANTMAKING AND PROGRAM SERVICE	EXPLORATION, STUDY, AND PROTECTING BIODIVERSITY	169,684.
RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN, BELARUS,	0	0	GRANTMAKING		5,074.
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,	0	0	GRANTMAKING		72,433.
SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES,	0	0	GRANTMAKING		91,892.
3 a Subtotal	0	7			1,125,038.
b Total from continuation sheets to Part I	0	0			73,842.
c Totals (add lines 3a and 3b)	0	7			1,198,880.

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

Schedule F (Form 990) 2018

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		73,842.
Totals					73,842.

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)
		EAST ASIA AND THE PACIFIC	SUPPORT BREAST CANCER & WOMEN'S HEALTH, HUNGER & POVERTY, LITERACY & CHILDREN'S	193,232.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	SUPPORT RESCUED ANIMALS	155,450.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	SUPPORT RESCUED ANIMALS	115,094.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	SUPPORT LITERACY & CHILDREN'S EDUCATION	55,018.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	SUPPORT HUNGER & POVERTY, LITERACY & CHILDREN'S EDUCATION AND HEALTH,	53,900.	CHECK	0.		
		SOUTH AMERICA	SUPPORT PROTECTING/RESTORING ENVIRONMENT	51,345.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	SUPPORT RESCUED ANIMALS	33,798.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	SUPPORT HUNGER & POVERTY	33,705.	CHECK	0.		

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 **28**

3 Enter total number of other organizations or entities **0**

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	32,684.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	SUPPORT RESCUED ANIMALS	30,790.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	SUPPORT LITERACY & CHILDREN'S EDUCATION	29,867.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	SUPPORT HUNGER & POVERTY	25,195.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUPPORT LITERACY & CHILDREN'S EDUCATION AND HEALTH, PROTECTING/RESTORING	15,990.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	SUPPORT RESCUED ANIMALS	15,049.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUPPORT LITERACY & CHILDREN'S EDUCATION	12,500.	WIRE	0.		
		NORTH AMERICA (CANADA AND MEXICO)	SUPPORT PROTECTING/RESTORING ENVIRONMENT	11,500.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	SUPPORT RESCUED ANIMALS	10,080.	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)
		SOUTH ASIA	SUPPORT HUNGER & POVERTY	10,033.	CHECK	0.		
		SOUTH ASIA	SUPPORT RESCUED ANIMALS	9,659.	WIRE	0.		
		NORTH AMERICA (CANADA AND MEXICO)	SUPPORT PROTECTING/RESTORING ENVIRONMENT	9,330.	CHECK	0.		
		SOUTH ASIA	SUPPORT HUNGER & POVERTY	7,049.	WIRE	0.		
		SOUTH ASIA	SUPPORT RESCUED ANIMALS	6,656.	CHECK	0.		
		SOUTH ASIA	SUPPORT RESCUED ANIMALS	5,716.	WIRE	0.		
		SUB-SAHARAN AFRICA	SUPPORT PROTECTING/RESTORING ENVIRONMENT	5,178.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	SUPPORT HUNGER & POVERTY	5,097.	CHECK	0.		
		SOUTH ASIA	SUPPORT LITERACY & CHILDREN'S EDUCATION	5,089.	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 PROTECTING/RESTORING ENVIRONMENT	3,473.	CHECK	12,955.	WILDLIFE CAMERAS	FMV
		SOUTH AMERICA	SUPPORT PROTECTING / RESTORING	723.	CHECK	13,515.	WILDLIFE CAMERAS	FMV

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

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 GREATERGOOD.ORG 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: 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 HUNGER & POVERTY, LITERACY & CHILDREN'S EDUCATION AND HEALTH, PROTECTING/RESTORING ENVIRONMENT

REGION: SUB-SAHARAN AFRICA

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

REGION: SUB-SAHARAN AFRICA

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

**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

2018

**Open to Public
Inspection**

Name of the organization **GREATERGOOD.ORG** 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 1057 EMERICK ST YPSILANTI, MI 48198	27-3741642	501(C)(3)	0.	1,587,355.	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)	13,640.	0.			SUPPORT FOR RESCUED ANIMALS
ACADIANA ANIMAL AID 142 LE MEDECINE RD CARENCRO, LA 70520	23-7414337	501(C)(3)	10,000.	95,925.	FMV	PET FOOD, PET MEDICATION, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
ADOPTABLE COMPANION ANIMALS OF NC 515 S. PEMBROKE AVE AHOSKIE, NC 27910	82-0690131	501(C)(3)	0.	16,324.	FMV	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS
ADOPT-AN-ANGEL 140 MIDWAY ROAD SE BOLIVIA, NC 28422	20-0576752	501(C)(3)	0.	18,257.	FMV	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS
ADORABLE MUTTS RESCUE 13547 ANDREW WAY HOUSTON, TX 77082	46-4761200	501(C)(3)	0.	7,350.	FMV	PET FOOD	SUPPORT FOR RESCUED ANIMALS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 328.

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) (2018)

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
AGEE MEMORIAL WILDLIFE FUND, INC. 2059 SWEET VALLEY ROAD EL DORADO HILLS, CA 95762	88-0545331	501(C)(3)	0.	437,387.	FMV	PET FOOD, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
ALACHUA COUNTY HUMANE SOCIETY 4205 NW 6TH STREET GAINESVILLE, FL 32609	59-1908492	501(C)(3)	10,000.	63,090.	FMV	PET FOOD, PET MEDICATION, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
ALAQUA ANIMAL REFUGE 914 WHITFIELD ROAD FREEPORT, FL 32439	02-0806313	501(C)(3)	10,000.	37,779.	FMV	PET FOOD, PET MEDICATION, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
ALL ABOUT ANIMALS RESCUE (MI) 23451 PINWOOD ST. WARREN, MI 48091	20-3006686	501(C)(3)	10,000.	0.			SUPPORT FOR RESCUED ANIMALS
ALL HANDS AND HEARTS 6 COUNTY RD, SUITE 6 MATTAPOISETT, MA 02739	20-3414952	501(C)(3)	5,070.	0.			SUPPORT FOR HUNGER & POVERTY
ALLEN COUNTY SPCA 4914 SOUTH HANNA STREET FORT WAYNE, IN 46806	35-6042135	501(C)(3)	0.	15,340.	FMV	PET FOOD	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)	1,359.	30,810.	FMV	PET MEDICATION, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
AMERICAN-ITALIAN CANCER FOUNDATION 112 EAST 71 STREET, SUITE 2B NEW YORK, NY 10021	13-3035711	501(C)(3)	50,000.	2,474.	FMV	APPAREL	SUPPORT FOR BREAST CANCER & WOMEN'S HEALTH
ANGEL FLIGHT WEST 3161 DONALD DOUGLAS LOOP SOUTH SANTA MONICA, CA 90405	95-3956297	501(C)(3)	13,268.	0.			SUPPORT FOR BREAST CANCER & WOMEN'S HEALTH

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)	16,800.	2,537.	FMV	PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
ANGELS AMONG US PET RESCUE, INC PO BOX 821 ALPHARETTA, GA 30009	27-1228232	501(C)(3)	0.	11,007.	FMV	PET FOOD	SUPPORT FOR RESCUED ANIMALS
ANGELS OF ASSISI 415 CAMPBELL AVE ROANOKE, VA 24016	54-2021941	501(C)(3)	13,435.	134,208.	FMV	PET FOOD, PET MEDICATION	SUPPORT FOR RESCUED ANIMALS
ANICIRA VETERINARY CENTER 1991 MEDICAL AVENUE HARRISONBURG, VA 22801	20-8358468	501(C)(3)	0.	23,629.	FMV	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS
ANIMAL ALLIANCE OF BELLE MEAD 1432 RT 179, LAMBERTVILLE, NJ 08530	77-0632827	501(C)(3)	0.	77,454.	FMV	PET FOOD, PET MEDICATION	SUPPORT FOR RESCUED ANIMALS
ANIMAL FOOD BANK SERVICES, INC. 860 BROAD STREET, SUITE 115 EMMAUS, PA 18049	80-0311057	501(C)(3)	0.	52,861.	FMV	PET FOOD	SUPPORT FOR RESCUED ANIMALS
ANIMAL FRIENDS 562 CAMP HORNE RD PITTSBURGH, PA 15237	25-0951565	501(C)(3)	0.	115,136.	FMV	PET FOOD, PET MEDICATION	SUPPORT FOR RESCUED ANIMALS
ANIMAL LIFELINE 1111 EASTON ROAD #24 WARRINGTON, PA 18976	20-4444813	501(C)(3)	10,695.	680,745.	FMV	PET FOOD, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
ANIMAL PROTECTION SOCIETY OF ORANGE COUNTY, INC. DBA PAWS4EVER - 6311 NICKS ROAD - MEBANE, NC 27302	23-7181780	501(C)(3)	0.	7,269.	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
ANIMAL RESCUE LEAGUE OF IOWA 5452 NE 22ND ST. DES MOINES, IA 50313	42-0680427	501(C)(3)	0.	18,545.	FMV	PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
ANIMAL RESCUE NEW ORLEANS 1219 COLISEUM STREET NEW ORLEANS, LA 70123	51-0569173	501(C)(3)	850.	18,140.	FMV	PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
ANIMAL RESOURCE FOUNDATION IOWA PO BOX 723 PALO, IA 52324	94-3471348	501(C)(3)	1,000.	933,230.	FMV	PET FOOD, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
ANIMAL SERVICES, CITY OF EL PASO 5001 FRED WILSON EL PASO, TX 79906	74-6000749	501(C)(3)	0.	7,229.	FMV	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS
ANIMEALS 1700 RANKIN ST. MISSOULA, MT 59808	20-4694132	501(C)(3)	0.	5,120.	FMV	PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
ARIZONA ANIMAL WELFARE LEAGUE & SPCA - 25 NORTH 40TH STREET - PHOENIX, AZ 85034	23-7149453	501(C)(3)	0.	149,170.	FMV	PET FOOD	SUPPORT FOR RESCUED ANIMALS
ATLANTA HUMANE SOCIETY 981 HOWELL MILL RD NW ATLANTA, GA 30318	58-0685900	501(C)(3)	0.	28,981.	FMV	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS
AUTISM SPEAKS 1060 STATE ROAD, 2ND FLOOR PRINCETON, NJ 08540	20-2329938	501(C)(3)	10,193.	0.			SUPPORT FOR CHILDREN'S HEALTH & WELL BEING
BAINBRIDGE DECATUR COUNTY HUMANE SOCIETY - 1250 COX AVE. - BAINBRIDGE, GA 39819	36-4512832	501(C)(3)	0.	34,533.	FMV	PET FOOD, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS

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BAKERSFIELD SPCA 3000 GIBSON STREET BAKERSFIELD, CA 93308	95-2141790	501(C)(3)	0.	6,832.	FMV	PET FOOD	SUPPORT FOR RESCUED ANIMALS
BALTIMORE ANIMAL RESCUE AND CARE SHELTER - 301 STOCKHOLM STREET - BALTIMORE, MD 21230	86-1130456	501(C)(3)	1,000.	12,638.	FMV	PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
BARRIO DOGS 7742 BROADVIEW HOUSTON, TX 77061	27-2233574	501(C)(3)	0.	7,457.	FMV	PET FOOD, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
BERNARD P. FLORIANI FOUNDATION DBA BERNIE'S BOOK BANK - 917 NORTH SHORE DR. - LAKE BLUFF, IL 60044	27-0914453	501(C)(3)	369.	374,000.	FMV	BOOKS	SUPPORT FOR LITERACY & CHILDREN'S EDUCATION
BLIND CAT RESCUE & SANCTUARY, INC 3101 E. GREAT MARSH CHURCH ROAD ST. PAULS, NC 28384	20-3410498	501(C)(3)	34,359.	9,658.	FMV	PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
BOYS & GIRLS CLUBS OF THE NORTH VALLEY - 601 WALL STREET - CHICO, CA 95928	68-0294846	501(C)(3)	40,000.	0.			SUPPORT FOR HUNGER & POVERTY
BRANDYWINE VALLEY SPCA 1212 PHOENIXVILLE PIKE WEST CHESTER, PA 19380	23-1381030	501(C)(3)	15,055.	66,587.	FMV	PET FOOD, PET MEDICATION, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
BRAZORIA COUNTY SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS - 141 CANNA LANE - LAKE JACKSON, TX 77566	23-7404451	501(C)(3)	0.	20,984.	FMV	PET MEDICATION, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
BREAST CARE FOR WASHINGTON 4 ATLANTIC STREET SW WASHINGTON, DC 20032	45-4474713	501(C)(3)	40,000.	2,474.	FMV	APPAREL	SUPPORT FOR BREAST CANCER & WOMEN'S HEALTH

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BRIDGES ANIMAL HOSPITAL 214 COMMERCE AVENUE MOREHEAD CITY, NC 28557	83-0759947	501(C)(3)	0.	29,653.	FMV	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS
BRUNSWICK COUNTY SHERIFF ANIMAL PROTECTIVE SERVICES - 429 GREEN SWAMP RD - SUPPLY, NC 28461	56-6000278	501(C)(3)	0.	45,388.	FMV	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS
BRUNSWICK FOREST VET HOSPITAL 1513 BRUNSWICK VILLAGE BLV LELAND, NC 28451	80-0523726	501(C)(3)	0.	33,538.	FMV	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS
BUCKS COUNTY SPCA PO BOX 277 LAHASKA, PA 18931	23-1365196	501(C)(3)	0.	13,982.	FMV	PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
BURLINGTON COUNTY ANIMAL SHELTER 49 RANOCAS ROAD MOUNT HOLLY, NJ 08060	56-6001189	GOVT	0.	18,443.	FMV	PET FOOD	SUPPORT FOR RESCUED ANIMALS
BUTTE COUNTY HUMANE SOCIETY 2580 FAIR STREET CHICO, CA 95928	94-1580621	501(C)(3)	35,000.	72,255.	FMV	PET FOOD, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
CABARRUS COUNTY ANIMAL SHELTER 244 BETSY CARPENTER PL SW CONCORD, AR 28025	56-2016594	501(C)(3)	0.	8,796.	FMV	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS
CALIFORNIA VETERINARY MEDICAL FOUNDATION - 1400 RIVER PARK DRIVE, SUITE 100 - SACRAMENTO, CA 95815-4505	68-0356619	501(C)(3)	30,000.	55,164.	FMV	PET FOOD, PET MEDICATION, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
CANINES FOR SERVICE PO BOX 12643 WILMINGTON, NC 28405	56-2118747	501(C)(3)	21,819.	2,142.	FMV	PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS

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CARTHAGE HUMANE SOCIETY 13860 DOG KENNEL LANE CARTHAGE, MO 64836	43-6064526	501(C)(3)	0.	8,680.	FMV	PET FOOD	SUPPORT FOR RESCUED ANIMALS
CARVER SCOTT HUMANE SOCIETY 210 N. CHESTNUT STREET CHASKA, MN 55318	41-1638325	501(C)(3)	0.	6,832.	FMV	PET FOOD	SUPPORT FOR RESCUED ANIMALS
CAT TALES INC PO BOX 165 WARMINSTER, PA 18974	35-2182828	501(C)(3)	0.	70,247.	FMV	PET FOOD, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
CATNIP FOUNDATION 15442 JACK FORK RD FOLSOM, LA 70437	47-4528787	501(C)(3)	0.	205,882.	FMV	PET FOOD, PET MEDICATION, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
CATS FOR LIFE 12723 STILLINGTON DR HOUSTON, TX 77015	26-2538970	501(C)(3)	0.	5,616.	FMV	PET FOOD	SUPPORT FOR RESCUED ANIMALS
CHAPMANS DACHSHUND RESCUE 1200 CHAMBERS RD YORK, SC 29745	46-2650515	501(C)(3)	0.	10,067.	FMV	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS
CHARLESTON ANIMAL SOCIETY 2455 REMOUNT ROAD NORTH CHARLESTON, SC 29406	57-6021863	501(C)(3)	10,000.	737,712.	FMV	PET FOOD, PET MEDICATION, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
CHARLESTON POLICE DEPARTMENT TRAFFIC DIVISION - PO BOX 2749 - CHARLESTON, WV 25330	55-6000160	GOVT	0.	11,120.	FMV	PET FOOD	SUPPORT FOR RESCUED ANIMALS
CHARLOTTE-MECKLENBURG POLICE DEPARTMENT: ANIMAL CARE AND CONTROL DIVISION - 8315 BYRUM DRIVE - CHARLOTTE, NC 28217	52-1333483	GOVT	0.	401,060.	FMV	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS

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CHAR-WILLS GERMAN SHEPHERD RESCUE 5700 EAST BELKNAP NEW RINGGOLD, PA 17960	47-4295233	501(C)(3)	0.	157,698.	FMV	PET FOOD, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
CHATTANEUTER SPAY NEUTER CLINIC 5950 BRAINERD ROAD CHATTANOOGA, TN 37421	81-1072918	501(C)(3)	0.	9,967.	FMV	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS
CHEWS HARNETT COUNTY ANIMAL SHELTER - 3140 MARANKA DRIVE - ANGIER, NC 27501	83-1522273	501(C)(3)	10,000.	0.			SUPPORT FOR RESCUED ANIMALS
CHICO COMMUNITY SHELTER PARTNERSHIP - 101 SILVER DOLLAR WAY - CHICO, CA 95928	68-0440819	501(C)(3)	20,000.	0.			SUPPORT FOR HUNGER & POVERTY
CITIZENS FOR A NO-KILL PHILADELPHIA - 2107 FITZWATER STREET - PHILADELPHIA, PA 19146	26-4607514	501(C)(3)	0.	12,247.	FMV	PET FOOD	SUPPORT FOR RESCUED ANIMALS
CITIZENS FOR ANIMAL PROTECTION/MAITLAND - 17555 KATY FREEWAY - HOUSTON, TX 77094	23-7296260	501(C)(3)	0.	5,687.	FMV	PET FOOD	SUPPORT FOR RESCUED ANIMALS
CITRUS COUNTY ANIMAL SERVICES 4030 S. AIRPORT RD INVERNESS, FL 34450	59-6000548	501(C)(3)	0.	8,267.	FMV	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS
CITY OF ELDERLY LOVE 2180 OLD FORTY FOOT RD HARLEYSVILLE, PA 19438	46-4923885	501(C)(3)	0.	27,583.	FMV	PET FOOD	SUPPORT FOR RESCUED ANIMALS
CITY OF WEST MEMPHIS ANIMAL SERVICES - 500 SOUTH LOOP - WEST MEMPHIS, AR 72301	71-6012481	501(C)(3)	0.	41,485.	FMV	PET MEDICATION, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS

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CLARKSDALE ANIMAL RESCUE EFFORT & SHELTER (CARES) - 1645 DESOTO AVENUE - CLARKSDALE, MS 38614	45-3765360	501(C)(3)	0.	37,867.	FMV	PET MEDICATION, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
COASTAL ANIMAL RESCUE EFFORT 1808 SIR TYLER DR WILMINGTON, NC 28405	45-2798086	501(C)(3)	0.	13,425.	FMV	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS
CODE 3 ASSOCIATES 1456 SKYWAY DRIVE LONGMONT, CO 80504	84-1461821	501(C)(3)	17,000.	0.			SUPPORT FOR RESCUED ANIMALS
CODY'S FRIENDS P.O. BOX 36502 TUCSON, AZ 85704	47-4052727	501(C)(3)	240.	1,742,188.	FMV	PET FOOD, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
COFFEE COUNTY HUMANE SOCIETY PO BOX 252 MANCHESTER, TN 37349	62-1543154	501(C)(3)	0.	26,656.	FMV	PET FOOD	SUPPORT FOR RESCUED ANIMALS
COLONIAL CAPITAL HUMANE SOCIETY PO BOX 326 NEW BERN, NC 28563	58-1314712	501(C)(3)	0.	8,701.	FMV	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS
COLUMBIA ANIMAL SERVICES 127 HUMANE LANE COLUMBIA, SC 29209	57-6000229	501(C)(3)	0.	675,862.	FMV	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS
COLUMBIA HUMANE SOCIETY PO BOX 845 SAINT HELENS, OR 97051	93-0919021	501(C)(3)	0.	10,471.	FMV	PET FOOD, PET MEDICATION	SUPPORT FOR RESCUED ANIMALS
COMPASSIONATE ANIMAL RESCUE EFFORTS - PO BOX 72 - CATOOSA, OK 74015	81-2575185	501(C)(3)	5,447.	0.			SUPPORT FOR RESCUED ANIMALS

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COOPER'S CHANCE ANIMAL RESCUE 2727 E. BOSTON ST. GILBERT, AZ 85295	26-3634154	501(C)(3)	16,500.	478.	FMV	PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
COUNTRY K-9 RESCUE, INC. 116 ROCKY ROAD LEBANON, TN 37087	43-1966006	501(C)(3)	0.	22,992.	FMV	PET FOOD	SUPPORT FOR RESCUED ANIMALS
CROSSING PATHS ANIMAL RESCUE 210 DEAVERS TOWN ROAD CLEVELAND, AL 35049	06-1803505	501(C)(3)	0.	68,865.	FMV	PET FOOD	SUPPORT FOR RESCUED ANIMALS
CT ANIMAL HOUSE 8 HALEY RD GROTON, CT 06340	26-4028219	501(C)(3)	6,000.	0.			SUPPORT FOR RESCUED ANIMALS
CUMBERLAND COUNTY ANIMAL CONTROL 4704 CORPORATION DR FAYETTEVILLE, NC 28306	56-6000291	501(C)(3)	0.	184,150.	FMV	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS
CVH FOUNDATION PO BOX 3571 NEWTWON, CT 06470	46-1967347	501(C)(3)	25,000.	0.			SUPPORT FOR RESCUED ANIMALS
DAKIN HUMANE SOCIETY PO BOX 6307 SPRINGFIELD, MA 01101	20-5318898	501(C)(3)	0.	22,290.	FMV	PET FOOD, PET MEDICATION, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
DOTHAN ANIMAL SERVICES 210 N. ANDREWS ST DOTHAN, AL 36303	63-6001243	GOVT	0.	12,918.	FMV	PET FOOD	SUPPORT FOR RESCUED ANIMALS
EAST TEXAS PAWS 2881 FM 326 LUFKIN, TX 75901	26-0073773	501(C)(3)	0.	17,140.	FMV	PET FOOD	SUPPORT FOR RESCUED ANIMALS

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ELSA'S PRIDE 4912 LEBARON ST CHARLOTTE, NC 28270	46-5706535	501(C)(3)	0.	237,825.	FMV	PET FOOD	SUPPORT FOR RESCUED ANIMALS
EMANICPET 7010 EASY WIND DR., SUITE 260 AUSTIN, TX 78756	74-2913624	501(C)(3)	7,455.	0.			SUPPORT FOR RESCUED ANIMALS
EMANUEL COUNTY ANIMAL SHELTER 343 MARKET STREET SWAINSBORO, GA 30401	58-6000672	501(C)(3)	0.	14,947.	FMV	PET FOOD, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
EMILY'S ANIMAL WELFARE 1309 WARSON PLACE ST. LOUIS, MO 63117	81-2407036	501(C)(3)	1,075.	1,835,348.	FMV	PET FOOD, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
EQUINE RESCUE OF AIKEN 532 GLENWOOD DR AIKEN, SC 29803	20-5162723	501(C)(3)	5,000.	447,171.	FMV	PET FOOD, PET MEDICATION	SUPPORT FOR RESCUED ANIMALS
ESCAMBIA COUNTY ANIMAL SERVICES 200 W. FAIRFIELD DR. PENSACOLA, FL 32501	59-6000598	501(C)(3)	0.	19,105.	FMV	PET MEDICATION, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
FAYETTEVILLE ANIMAL PROTECTION SOCIETY - 3927 BRAGG BLVD - FAYETTEVILLE, NC 28303	58-1483982	501(C)(3)	0.	164,796.	FMV	PET MEDICATION, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
FEARLESS KITTY RESCUE P.O. BOX 19601 FOUNTAIN HILLS, AZ 85268	46-0993077	501(C)(3)	0.	7,269.	FMV	PET FOOD	SUPPORT FOR RESCUED ANIMALS
FELINES & CANINES P.O. BOX 60616 CHICAGO, IL 60660	36-2922975	501(C)(3)	5,000.	28,428.	FMV	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS

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FENCES FOR FIDO PO BOX 42265 PORTLAND, OR 97242	30-0554675	501(C)(3)	12,393.	0.			SUPPORT FOR RESCUED ANIMALS
FERAL CAT CARETAKERS COALITION 11956 DOROTHY STREET, #7 LOS ANGELES, CA 90049	95-4781600	501(C)(3)	1,575.	1,170,994.	FMV	PET FOOD, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
FERNDALE CAT SHELTER 821 LIVERNOIS FERNDALE, MI 48220	47-0979290	501(C)(3)	75.	5,955.	FMV	PET FOOD	SUPPORT FOR RESCUED ANIMALS
FIRST STATE ANIMAL CENTER & SPCA 32 SHELTER CIR CAMDEN WYOMING, DE 19934	51-6018851	501(C)(3)	0.	6,842.	FMV	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS
FIVE ACRES ANIMAL SHELTER 1099 PRALLE LANE ST. CHARLES, MO 63303	01-0756138	501(C)(3)	0.	7,757.	FMV	PET FOOD	SUPPORT FOR RESCUED ANIMALS
FIXNATION P.O. BOX 26 WOODLAND HILLS, CA 91367	83-0452460	501(C)(3)	5,590.	0.			SUPPORT FOR RESCUED ANIMALS
FLEET OF ANGELS 3226 S NEWCOMBE STREET NO. 101 LAKEWOOD, CO 80227	46-3895690	501(C)(3)	10,000.	0.			SUPPORT FOR RESCUED ANIMALS
FLINT HUMANE SOCIETY 3759 SLOSHEYE TRAIL RD VIENNA, GA 31092	11-3826403	501(C)(3)	0.	28,118.	FMV	PET FOOD, PET MEDICATION, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
FLORENCE COUNTY EMERGENCY MANAGEMENT - 1221 JUSTICE WAY - EFFINGHAM, SC 29541	57-6000351	501(C)(3)	0.	50,214.	FMV	PET FOOD, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS

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FLORIDA KEYS SOCIETY FOR PREVENTION OF CRUELTY TO ANIMALS - 5230 COLLEGE RD - KEY WEST, FL 33040	65-0891564	501(C)(3)	0.	18,192.	FMV	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS
FLORIDA STATE ANIMAL RESPONSE COALITION - 235 APOLLO BEACH BOULEVARD, SUITE #311 - APOLLO BEACH, FL 33572	27-2884191	501(C)(3)	0.	31,800.	FMV	PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
FLORIDA STATE BEEKEEPERS ASSOCIATION - 6526 SOUTH KANNER HWY #124 - STUART, FL 34997	35-2440224	501(C)(3)	0.	42,450.	FMV	PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
FOOD BANK OF SOUTH EASTERN VIRGINIA & THE EASTERN SHORE - P.O. BOX 518 - ONLEY, VA 23418	52-1219783	501(C)(3)	0.	41,600.	FMV	PET FOOD	SUPPORT FOR RESCUED ANIMALS
FOOD BANK OF THE ALBEMARLE IN NC 109 TIDEWATER WAY ELIZABETH CITY, NC 27909	56-1341658	501(C)(3)	0.	41,600.	FMV	PET FOOD	SUPPORT FOR RESCUED ANIMALS
FOOD RECOVERY NETWORK 4321 HARTWICK ROAD, SUITE 316 COLLEGE PARK, MD 20740	45-3836775	501(C)(3)	81,101.	0.			SUPPORT FOR HUNGER & POVERTY
FOOD4KIDZ 22811 PANAMA CITY BEACH, UNIT #26 PANAMA CITY BEACH, FL 32413	45-3070614	501(C)(3)	10,000.	0.			SUPPORT FOR HUNGER & POVERTY
FOR FORGOTTEN FELINES PO BOX 1309 KIHEI, HI 96753	46-1022858	501(C)(3)	1,625.	100,999.	FMV	PET FOOD, PET MEDICATION, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
FOR THE LOVE OF DOGS P. O. BOX 1597 SODDY DAISY, TN 37384	38-3752113	501(C)(3)	2,000.	1,270,818.	FMV	PET FOOD, PET MEDICATION, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS

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FOREVER YOURS DOG RESCUE 5208 MEGAN CIRCLE OKLAHOMA, OK 73170	45-3851948	501(C)(3)	7,000.	0.			SUPPORT FOR RESCUED ANIMALS
FRIENDLY FERALS INC. ECOPY PRINTERS 141-A CENTRAL AVEN FARMINGDALE, NY 11735	26-2249492	501(C)(3)	0.	1,360,250.	FMV	PET FOOD, PET MEDICATION, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
FRIENDS OF BARC P.O. BOX 70315 HOUSTON, TX 77270	75-3096252	501(C)(3)	10,000.	6,740.	FMV	PET FOOD	SUPPORT FOR RESCUED ANIMALS
FRIENDS OF FELINES HATTERA ISLAND PO BOX 310 AVON, NC 27915	02-0565190	501(C)(3)	0.	9,793.	FMV	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS
FRIENDS OF LEAGUE CITY ANIMAL SHELTER - PO BOX 57069 - WEBSTER, TX 77598	26-4034216	501(C)(3)	0.	9,266.	FMV	PET FOOD	SUPPORT FOR RESCUED ANIMALS
FRIENDS OF PIMA ANIMAL CARE CENTER PO BOX 85370 TUCSON, AZ 85754	47-4160770	501(C)(3)	15,959.	0.			SUPPORT FOR RESCUED ANIMALS
FRIENDS OF RUSSELL COUNTY ANIMALS 447 DENNISON CHAPEL RD. LEBANON, VA 24266	81-0983361	501(C)(3)	0.	18,192.	FMV	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS
FRIENDS OF THE MONTCLAIR TOWNSHIP ANIMAL SHELTER - 101 COOPER AVENUE - MONTCLAIR, NJ 07043	45-4506433	501(C)(3)	10,000.	26,277.	FMV	PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
FRIENDS OF THE SHELTER PO BOX 4923 CLIFTON, NJ 07015	22-3215493	501(C)(3)	0.	6,832.	FMV	PET FOOD	SUPPORT FOR RESCUED ANIMALS

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FROM FORGOTTEN TO FOREVER RESCUE & TRANSPORT - 3704 INDIANPIPE CIRCLE - COLORADO SPRINGS, CO 80918	47-2190205	501(C)(3)	0.	71,520.	FMV	PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
FUREVER HOME 1045 N WILLIAM AVE FREMONT, NE 68025	81-1518931	501(C)(3)	0.	101,349.	FMV	PET FOOD	SUPPORT FOR RESCUED ANIMALS
GALAX CARROLL GRAYSON ANIMAL SHELTER DBA TWIN COUNTY HUMANE SOCIETY - 200 FAIR ST - GALAX, VA 24333	54-2031424	501(C)(3)	0.	12,191.	FMV	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS
GALVESTON COUNTY ANIMAL RESOURCE CENTER - 3412 25TH AVE. N - TEXAS CITY, TX 77590	76-0521474	501(C)(3)	0.	7,229.	FMV	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS
GATEWAY TO LEARNING 4925 N. LINCOLN AVE CHICAGO, IL 60625	36-2806595	501(C)(3)	9,098.	23,309.	FMV	TOYS	SUPPORT FOR CHILDREN'S HEALTH & WELL BEING
GIRTY'S PLACE ANIMAL RESCUE & SANCTUARY - 4455 COUNTY ROAD 702 - FARMERSVILLE, TX 75442	81-4633428	501(C)(3)	0.	5,702.	FMV	PET FOOD	SUPPORT FOR RESCUED ANIMALS
GRAND STRAND HUMANE SOCIETY 3241 MR. JOE WHITE AVE. MYRTLE BEACH, SC 29577	57-0641207	501(C)(3)	0.	41,690.	FMV	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS
GRANVILLE COUNTY ANIMAL SHELTER 5650 CORNWALL ROAD OXFORD, NC 27565	56-6000303	501(C)(3)	0.	33,031.	FMV	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS
GREAT LAKES BENGAL RESCUE 10720 HITE CREEK ROAD LOUISVILLE, KY 40241	26-1120616	501(C)(3)	0.	1,068,324.	FMV	PET FOOD, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS

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GREATER BIRMINGHAM HUMANE SOCIETY 300 SNOW DRIVE BIRMINGHAM, AL 35209-6301	63-0288810	501(C)(3)	5,000.	12,637.	FMV	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS
GREENVILLE COUNTY ANIMAL CARE 328 FURMAN HALL ROAD GREENVILLE, SC 29609	57-6000356	501(C)(3)	0.	99,760.	FMV	PET MEDICATION, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
GREY2K USA EDUCATION FUND P.O. BOX 122 ARLINGTON, MA 02476	04-3553133	501(C)(3)	8,301.	0.			SUPPORT FOR RESCUED ANIMALS
GREYHOUND ADOPTION CENTER 4821 DEHESA RD EL CAJON, CA 92019	95-4132021	501(C)(3)	12,594.	0.			SUPPORT FOR RESCUED ANIMALS
GUAM ANIMALS IN NEED 464 CHALAN SETBISIO RD, BOX 12013 YIGO, GU 96929	66-0457503	501(C)(3)	0.	14,992.	FMV	PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
GUILFORD COUNTY ANIMAL SERVICES 4525 W. WENDOVER AVE. GREENSBORO, NC 27409	56-6000305	501(C)(3)	10,000.	205,976.	FMV	PET MEDICATION, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
HABITAT FOR HORSES POBOX 213 HITCHCOCK, TX 77563	76-0586024	501(C)(3)	0.	60,840.	FMV	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS
HALO LOVE PEACE 8 AVON LANE S BARRINGTON, IL 60010	81-1738093	501(C)(3)	0.	3,015,539.	FMV	PET FOOD, PET MEDICATION, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
HARNETT COUNTY ANIMAL SHELTER PO BOX 940, 1100 MCKAY PLACE LILLINGTON, NC 27546	56-6000306	501(C)(3)	0.	126,401.	FMV	PET FOOD, PET MEDICATION	SUPPORT FOR RESCUED ANIMALS

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HARRIS COUNTY VETERINARY PUBLIC HEALTH - ANIMAL SHELTER - 612 CANINO RD - HOUSTON, TX 77076	74-6019451	501(C)(3)	0.	9,476.	FMV	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS
HAVEN HUMANE SOCIETY 7449 EASTSIDE ROAD ANDERSON, CA 96007	94-1634752	501(C)(3)	5,000.	16,814.	FMV	PET FOOD, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
HENRY'S HOUSE FERAL COMMUNITY 3285 EARHART WAY BUFORD, GA 30519	81-2710918	501(C)(3)	0.	977,212.	FMV	PET FOOD, PET MEDICATION, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
HILLSBOROUGH COUNTY PET RESOURCES 440 FALKENBURG ROAD TAMPA, FL 33619	59-6000661	501(C)(3)	0.	5,458.	FMV	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS
HOMeward BOUND ADOPTIONS CT INC HOUSTON, TX 77277 CHESTER, CT 06412	47-5085802	501(C)(3)	5,100.	0.			SUPPORT FOR RESCUED ANIMALS
HOPE HUMANE SOCIETY 3800 KELLEY HWY FORT SMITH, AR 72904	71-0285192	501(C)(3)	0.	10,506.	FMV	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS
HOUSTON HUMANE SOCIETY CYPRESS, TX 77429 HOUSTON, TX 77053	74-1340341	501(C)(3)	0.	49,379.	FMV	PET FOOD, PET MEDICATION	SUPPORT FOR RESCUED ANIMALS
HUMANE ANIMAL WELFARE SOCIETY OF WAUKESHA COUNTY - 701 NORTHVIEW RD - WAUKESHA, WI 53188	39-6108644	501(C)(3)	0.	17,879.	FMV	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS
HUMANE PENNSYLVANIA 1729 N. 11TH STREET READING, PA 19604	23-1384936	501(C)(3)	0.	34,748.	FMV	PET FOOD	SUPPORT FOR RESCUED ANIMALS

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HUMANE RESCUE ALLIANCE 71 OGLETHORPE ST., NW WASHINGTON, DC 20011	53-0219724	501(C)(3)	0.	50,189.	FMV	PET FOOD	SUPPORT FOR RESCUED ANIMALS
HUMANE SOCIETY OF BROWARD COUNTY 2070 GRIFFIN ROAD FT LAUDERDALE, FL 33312	59-6002321	501(C)(3)	0.	10,680.	FMV	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS
HUMANE SOCIETY OF CEDAR CREEK LAKE 10200 CR 2403 TOOL, TX 75143	75-1889148	501(C)(3)	0.	6,425.	FMV	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS
HUMANE SOCIETY OF CENTRAL OREGON 61170 SE 27TH ST BEND, OR 97702-9694	93-0616957	501(C)(3)	0.	110,617.	FMV	PET FOOD, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
HUMANE SOCIETY OF CHARLOTTE 2700 TOOMEY AVENUE CHARLOTTE, NC 28203	58-1342479	501(C)(3)	0.	67,611.	FMV	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS
HUMANE SOCIETY OF FORSYTH COUNTY, GA - 4440 KEITH BRIDGE ROAD - CUMMING, GA 30041	58-1375502	501(C)(3)	0.	10,003.	FMV	PET FOOD	SUPPORT FOR RESCUED ANIMALS
HUMANE SOCIETY OF MARLBORO COUNTY INC - PO BOX 135 - BENNETTSVILLE, SC 29512	58-2360360	501(C)(3)	0.	11,762.	FMV	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS
HUMANE SOCIETY OF NORTH TEXAS 1840 E. LANCASTER AVE. FORT WORTH, TX 76103	75-1245911	501(C)(3)	0.	26,024.	FMV	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS
HUMANE SOCIETY OF SALINE COUNTY 7600 BAUXITE HWY BAUXITE, AR 72011	71-0511707	501(C)(3)	0.	25,421.	FMV	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS

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HUMANE SOCIETY OF THE PIEDMONT 4527 WEST WENDOVER AVENUE GREENSBORO, NC 27409	56-6030054	501(C)(3)	0.	17,891.	FMV	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS
HUMANE SOCIETY OF VENTURA COUNTY 402 BRYANT STREET OJAI, CA 93023	95-2272598	501(C)(3)	0.	51,945.	FMV	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS
HUMANITY FOR HORSES 11208 HARRY CASH ROAD MONTAGUE, CA 96064	27-4116043	501(C)(3)	0.	60,840.	FMV	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS
IFAW 290 SUMMER STREET YARMOUTH PORT, MA 02675	31-1594197	501(C)(3)	49,117.	0.			SUPPORT FOR RESCUED ANIMALS
INTERFAITH MINISTRIES FOR GREATER HOUSTON - 3202 SAN JACINTO ST. - HOUSTON, TX 77004	74-1488102	501(C)(3)	0.	881,325.	FMV	PET FOOD, PET MEDICATION	SUPPORT FOR RESCUED ANIMALS
JACKSONVILLE HUMANE SOCIETY 8464 BEACH BLVD JACKSONVILLE, FL 32216	59-0624410	501(C)(3)	0.	53,164.	FMV	PET MEDICATION, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
JOHNSTON COUNTY ANIMAL SHELTER 115 SHELTER WAY SMITHFIELD, NC 27577	56-6000311	501(C)(3)	0.	9,216.	FMV	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS
K9KASTLE CORP 170 2ND AVE. NEW YORK, NY 10003	20-4473642	501(C)(3)	0.	6,832.	FMV	PET FOOD	SUPPORT FOR RESCUED ANIMALS
K9S FOR WARRIORS, INC. 114 CAMP K9 ROAD PONTE VEDRA, FL 32081	27-5219467	501(C)(3)	11,602.	0.			SUPPORT FOR RESCUED ANIMALS

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KATIE'S ROADSIDE RESCUE 7025 W FM 476 POTEET, TX 78065	45-1551568	501(C)(3)	0.	240,071.	FMV	PET FOOD	SUPPORT FOR RESCUED ANIMALS
KELLEN RESCUE PO BOX 3496 OAKHURST, CA 93644	20-8127504	501(C)(3)	0.	179,985.	FMV	PET FOOD	SUPPORT FOR RESCUED ANIMALS
KENTUCKY HUMANE SOCIETY 1000 LYNDON LANE, SUITE B LOUISVILLE, KY 40222	61-0463938	501(C)(3)	24,937.	9,168.	FMV	PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
KIDS NEED TO READ 2450 W BROADWAY ROAD, SUITE 110 MESA, AZ 85202	26-2755631	501(C)(3)	560.	374,000.	FMV	BOOKS	SUPPORT FOR LITERACY & CHILDREN'S EDUCATION
KITTEN RESCUE 3519 CASITAS AVE LOS ANGELES, CA 90039	95-4670174	501(C)(3)	0.	5,950.	FMV	PET FOOD	SUPPORT FOR RESCUED ANIMALS
LA LUZ BILINGUAL CENTER 17560 GREGER ST. SONOMA, CA 95476	68-0228235	501(C)(3)	8,000.	0.			SUPPORT FOR HUNGER & POVERTY
LABRADORS AND FRIENDS DOG RESCUE GROUP - 2307 FENTON PARKWAY #107-160 - SAN DIEGO, CA 92108	32-0195297	501(C)(3)	10,630.	0.			SUPPORT FOR RESCUED ANIMALS
LELAND VETERINARY HOSPITAL 508 VILLAGE RD LELAND, NC 28451	56-2063433	501(C)(3)	0.	15,011.	FMV	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS
LENOIR COUNTY SPCA INC 2455 ROUSE ROAD EXTENSION KINSTON, NC 28503	51-0185521	501(C)(3)	0.	13,932.	FMV	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS

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LEXINGTON ANIMAL SERVICE 321 BALLPARK RD LEXINGTON, SC 29072	57-6000379	501(C)(3)	0.	34,828.	FMV	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS
LIBERTY HUMANE SOCIETY 235 JERSEY CITY BLVD JERSEY CITY, NJ 07305	22-3585263	501(C)(3)	70,000.	62,441.	FMV	PET FOOD, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
LIONS TIGERS & BEARS 24402 MARTIN WAY ALPINE, CA 91901	33-0938499	501(C)(3)	0.	60,840.	FMV	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS
LITTLE ANGELS PROJECT 29348 ROADSIDE DR AGOURA HILLS, CA 91301	81-1635505	501(C)(3)	20,000.	12,920.	FMV	PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
LITTLE SHELTER ANIMAL RESCUE AND ADOPTION CENTER - 33 WARNER ROAD - HUNTINGTON, NY 11743	11-6000821	501(C)(3)	0.	88,753.	FMV	PET FOOD	SUPPORT FOR RESCUED ANIMALS
LONE STAR PYRS AND PAWS RESCUE PO BOX 128 MERIT, TX 75458	80-0190229	501(C)(3)	0.	2,022,282.	FMV	PET FOOD, PET MEDICATION, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
LOST DOG & CAT RESCUE FOUNDATION PO BOX 50037 ARLINGTON, VA 22205	31-1789600	501(C)(3)	0.	5,140.	FMV	PET FOOD	SUPPORT FOR RESCUED ANIMALS
LOUISIANA PET PANTRY 8440 JEFFERSON HWY STE 301 BATON ROUGE, LA 70809	47-2729190	501(C)(3)	0.	248,009.	FMV	PET FOOD, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
MAGNOLIA EXOTIC BIRD SANCTUARY 19703 TURTLE CREEK LANE MAGNOLIA, TX 77355	27-4734382	501(C)(3)	7,047.	0.			SUPPORT FOR RESCUED ANIMALS

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MAMOU POUND (EPAR) 2801 OBERLIN RD MAMOU, LA 70554	47-4100874	501(C)(3)	0.	7,436.	FMV	PET MEDICATION, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
MARICOPA ANIMAL CARE AND CONTROL 2500 SOUTH 27TH AVENUE PHOENIX, AZ 85007	86-6000472	501(C)(3)	0.	28,524.	FMV	PET FOOD, PET MEDICATION, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
MARYLAND SPCA 3300 FALLS RD BALTIMORE, MD 21211	52-6001558	501(C)(3)	0.	55,642.	FMV	PET FOOD, PET MEDICATION	SUPPORT FOR RESCUED ANIMALS
MCCOMB ANIMAL SHELTER 125 EAST MICHIGAN AVE MCCOMB, MS 39648	64-6000684	501(C)(3)	0.	30,959.	FMV	PET FOOD, PET MEDICATION	SUPPORT FOR RESCUED ANIMALS
MCKAMEY ANIMAL CENTER 4500 NORTH ACCESS RD. CHATTANOOGA, TN 37415	01-0824858	501(C)(3)	0.	15,273.	FMV	PET FOOD	SUPPORT FOR RESCUED ANIMALS
MCMINN REGIONAL HUMANE SOCIETY P O BOX 7, 219 ALFORD STREET ATHENS, TN 37371	62-1443811	501(C)(3)	0.	7,537.	FMV	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS
MENIFEE COUNTY ANIMAL SHELTER 381 LITTLE LEAGUE LANE, P.O. BOX 75 FRENCHBURG, KY 40322	41-2103531	501(C)(3)	0.	10,600.	FMV	PET FOOD	SUPPORT FOR RESCUED ANIMALS
MEOOWZRESQ 960 N TUSTIN ST SUITE 200 ORANGE, CA 92867	26-3035880	501(C)(3)	14,415.	28,480.	FMV	PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
MERLIN'S KIDS PO BOX 21 MIDLAND PARK, NJ 07432	26-3493804	501(C)(3)	11,950.	0.			SUPPORT FOR RESCUED ANIMALS

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METRO ANIMAL CARE AND CONTROL 5125 HARDING PLACE NASHVILLE, TN 37211	62-0694743	501(C)(3)	0.	32,363.	FMV	PET MEDICATION, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
MIGHTY MUTTS 430 EAST 9TH STREET NEW YORK, NY 10009	11-3260202	501(C)(3)	0.	8,306.	FMV	PET FOOD	SUPPORT FOR RESCUED ANIMALS
MILO'S SANCTUARY & SPECIAL NEEDS CAT RESCUE, INC. - 827 HOLLYWOOD WAY #520 - BURBANK, CA 91505	20-1461577	501(C)(3)	0.	6,198.	FMV	PET FOOD	SUPPORT FOR RESCUED ANIMALS
MISSISSIPPI BOARD OF ANIMAL HEALTH 121 N. JEFFERSON ST. JACKSON, MS 39201	64-6000793	501(C)(3)	0.	15,563.	FMV	PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
MOORE COUNTY SHERIFF'S OFFICE ANIMAL SERVICES - 5235 US HIGHWAY 15-501 - CARTHAGE, NC 28327	56-6000322	501(C)(3)	0.	10,581.	FMV	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS
MUTT MISFITS SOCIETY 2701 NW 41ST OKLAHOMA CITY, OK 73112	82-1372780	501(C)(3)	17,100.	0.			SUPPORT FOR RESCUED ANIMALS
NASHVILLE HUMANE ASSOCIATION 213 OCEOLA AVE NASHVILLE, TN 37209	62-0672999	501(C)(3)	5,000.	283,564.	FMV	PET FOOD, PET MEDICATION, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
NATIONAL AUTISM ASSOCIATION ONE PARK AVENUE, SUITE 1 PORTSMOUTH, RI 02871	20-0032380	501(C)(3)	11,649.	0.			SUPPORT FOR CHILDREN'S HEALTH & WELL BEING
NATIONAL CRISIS RESPONSE CANINES 1991 NE OCEAN BLVD STUART, FL 34996	20-1850981	501(C)(3)	5,838.	0.			SUPPORT FOR RESCUED ANIMALS

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NCDOGRESCUE.ORG 221 TIMBER TRAILS LANE MOCKSVILLE, NC 27028	46-4534823	501(C)(3)	0.	159,825.	FMV	PET MEDICATION, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
NEBRASKA HUMANE SOCIETY 8929 FORT ST OMAHA, NE 68131	47-0378997	501(C)(3)	0.	8,984.	FMV	PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
NEVADA HEALTH CENTER 3325 RESEARCH WAY CARSON CITY, NV 89706	94-3199117	501(C)(3)	20,000.	0.			SUPPORT FOR BREAST CANCER & WOMEN'S HEALTH
NEW HAMPSHIRE SPCA PO BOX 196 STRATHAM, NH 03885	02-6000614	501(C)(3)	28,980.	15,132.	FMV	PET FOOD	SUPPORT FOR RESCUED ANIMALS
NO NONSENSE NEUTERING 1044 N QUEBEC ST ALLENTOWN, PA 18109	26-3430346	501(C)(3)	0.	87,160.	FMV	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS
NORTH COAST OPPORTUNITIES, INC 413 N STATE STREET UKIAH, CA 95482-4421	94-1671958	501(C)(3)	10,000.	0.			SUPPORT FOR HUNGER & POVERTY
NORTH TEXAS FOOD BANK 4500 S. COCKRELL HILL RD DALLAS, TX 75237	75-1785357	501(C)(3)	0.	36,948.	FMV	PET FOOD	SUPPORT FOR RESCUED ANIMALS
NORTH VALLEY ANIMAL DISASTER GROUP (NVADG) - PO BOX 441 - CHICO, CA 95927	06-1672191	501(C)(3)	0.	37,539.	FMV	PET FOOD, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
NORTHEAST ARKANSAS HUMANE SOCIETY 6111 EAST HIGHLAND DRIVE JONESBORO, AR 72401	71-0621263	501(C)(3)	0.	5,458.	FMV	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS

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NORTHEAST OHIO SPCA 9555 BROOKPARK ROAD PARMA, OH 44129	04-3767472	501(C)(3)	5,000.	2,136.	FMV	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS
OKTIBBEHA COUNTY HUMANE SOCIETY P.O. BOX 297 STARKVILLE, MS 39760	64-0618170	501(C)(3)	0.	17,337.	FMV	PET MEDICATION, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
OLD FRIENDS SENIOR DOG SANCTUARY 422 BEACON HILL DRIVE MOUNT JULIET, TN 37122	45-5084188	501(C)(3)	0.	7,986.	FMV	PET FOOD	SUPPORT FOR RESCUED ANIMALS
OPERATION PETS ALIVE 175 N TAYLOR POINT DR WOODLANDS, TX 77383	27-4226307	501(C)(3)	0.	7,337.	FMV	PET FOOD, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
OPERATION SUPPORT OUR TROOPS - AMERICA - 1807 S WASHINGTON SUITE 110 #359 - NAPERVILLE, IL 60565	20-4275756	501(C)(3)	13,555.	0.			SUPPORT FOR HUNGER & POVERTY
OREGON HUMANE SOCIETY 1067 NE COLUMBIA BLVD PORTLAND, OR 97211	93-0386880	501(C)(3)	0.	57,718.	FMV	PET FOOD, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
ORPHANS OF THE STORM 11878 ST RT 85, PO BOX 838 KITTANNING, PA 16201	25-1250895	501(C)(3)	0.	10,408.	FMV	PET FOOD	SUPPORT FOR RESCUED ANIMALS
OUACHITA PARISH ANIMAL CONTROL 417 WELL ROAD WEST MONROE, LA 71292	72-6001064	501(C)(3)	0.	5,164.	FMV	PET FOOD	SUPPORT FOR RESCUED ANIMALS
OZARK HAVEN RESCUE 1433 CESSNA RD, PO BOX 383 CABOOL, MO 65689	20-8891982	501(C)(3)	0.	43,815.	FMV	PET FOOD, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS

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PALNV 4155 N. RANCHO DRIVE, SUITE 150 LAS VEGAS, NV 89130	95-4516403	501(C)(3)	0.	198,857.	FMV	PET FOOD, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
PARADISE ANIMAL CONTROL & SHELTER 925 AMERICAN WAY PARADISE, CA 95969	94-2621899	501(C)(3)	0.	35,512.	FMV	PET FOOD	SUPPORT FOR RESCUED ANIMALS
PARIS ANIMAL WELFARE SOCIETY, INC. 6 LEGION ROAD PARIS, KY 40361	61-1224933	501(C)(3)	0.	5,929.	FMV	PET MEDICATION, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
PATRIOTIC SERVICE DOG FOUNDATION PO BOX 323 MURRIETA, CA 92564	95-2021700	501(C)(3)	20,000.	0.			SUPPORT FOR RESCUED ANIMALS
PATRIOTS PAWS SERVICE DOGS 254 RANCH TRAIL ROCKWALL, TX 75032	04-3815107	501(C)(3)	40,462.	0.			SUPPORT FOR RESCUED ANIMALS
PAW WORKS 79 E DAILY DRIVE CAMARILLO, CA 93010	46-4484336	501(C)(3)	10,000.	1,720.	FMV	PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
PAWS CROSSED ANIMAL RESCUE INC 100 WAREHOUSE LANE SOUTH ELMSFORD, NY 10523	47-4712475	501(C)(3)	0.	6,146.	FMV	PET FOOD	SUPPORT FOR RESCUED ANIMALS
PAWS LA 1150 S. HOPE STREET - A LOS ANGELES, CA 90015	95-4178092	501(C)(3)	0.	12,402.	FMV	PET FOOD	SUPPORT FOR RESCUED ANIMALS
PEAK LAB RESCUE PO BOX 2184 APEX, NC 27502	46-2915387	501(C)(3)	0.	5,387.	FMV	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS

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PET FOOD PANTRY OF EASTERN NC PO BOX 2492 GREENVILLE, NC 27836	47-1475565	501(C)(3)	0.	25,281.	FMV	PET FOOD	SUPPORT FOR RESCUED ANIMALS
PETS & PEOPLE HUMANE SOCIETY PO BOX 850587 YUKON, OK 73085	73-1435577	501(C)(3)	675.	1,744,427.	FMV	PET FOOD, PET MEDICATION, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
PETS FOR PATRIOTS 218 E PARK AVE, SUITE 543 LONG BEACH, NY 11561	27-1082210	501(C)(3)	12,855.	0.			SUPPORT FOR RESCUED ANIMALS
PETS FOR VETS P.O. BOX 10860 WILMINGTON, NC 28404	27-1250302	501(C)(3)	42,545.	0.			SUPPORT FOR RESCUED ANIMALS
PHILADELPHIA ANIMAL WELFARE SOCIETY (PAWS) - 100 N. 2ND STREET - PHILADELPHIA, PA 19106	26-3862631	501(C)(3)	0.	11,852.	FMV	PET MEDICATION, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
PIMA ANIMAL CARE CENTER 4000 N SILVERBELL RD TUCSON, AZ 85745	86-6000543	501(C)(3)	0.	32,678.	FMV	PET FOOD, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
PITTSYLVANIA COUNTY BOARD OF SUPERVISORS FOR THE PITTSYLVANIA PET CENTER - 11880 US HIGHWAY 29 - CHATHAM, VA 24531	54-6001508	GOVT	0.	32,248.	FMV	PET FOOD, PET MEDICATION, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
PRESBYTERIAN HOSPITAL FOUNDATION D/B/A NOVANT HEALTH FOUNDATION PRESBYTERIAN MED - 200 HAWTHORNE LANE - CHARLOTTE, NC 28204	58-1413074	501(C)(3)	25,000.	2,474.	FMV	APPAREL	SUPPORT FOR BREAST CANCER & WOMEN'S HEALTH
PROGRESSIVE ANIMAL WELFARE SOCIETY (PAWS) - 15305 44TH AVE W - LYNNWOOD, WA 98087	91-6073154	501(C)(3)	0.	17,557.	FMV	PET FOOD	SUPPORT FOR RESCUED ANIMALS

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PROTECTIVE ANIMAL WELFARE SOCIETY 7833 WORNALL ROAD KANSAS CITY, MO 64114	27-1087517	501(C)(3)	1,660.	571,734.	FMV	PET FOOD, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
PROTECTORS OF HOMELESS PETS OF CARTERET COUNTY - 7209 ARCHERS CREEK DRIVE - EMERALD ISLE, NC 28594	46-0585892	501(C)(3)	0.	35,470.	FMV	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS
PUPPY RESCUE MISSION PO BOX 1516 CELINA, TX 75009	27-4295476	501(C)(3)	197,477.	0.			SUPPORT FOR RESCUED ANIMALS
PUPS - PREVENT UNWANTED PETS 1884 BOSTIK ROAD CAT SPRING, TX 78933	05-0590896	501(C)(3)	0.	6,589.	FMV	PET FOOD	SUPPORT FOR RESCUED ANIMALS
RAINBOW ANIMAL RESCUE, INC PO BOX 971 ROANOKE RAPIDS,, NC 27870	20-0241166	501(C)(3)	0.	16,324.	FMV	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS
RAINBOW'S EDGE ANIMAL REFUGE 697 PINE HAVEN DR. TILLMAN, SC 29943	30-0008001	501(C)(3)	2,000.	1,097,003.	FMV	PET FOOD, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
RANCHO COASTAL HUMANE SOCIETY 389 REQUEZA ST ENCINITAS, CA 92024	95-2151583	501(C)(3)	2,625.	240,277.	FMV	PET FOOD, PET MEDICATION, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
RANDOLPH COUNTY SPCA 300 W. BAILEY ST ASHEBORO, NC 27203	46-1682011	501(C)(3)	0.	10,070.	FMV	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS
RESCATE FENIX 10131 SAGE HILL WAY ESCONDIDO, CA 92026	81-3743214	501(C)(3)	14,263.	3,239.	FMV	PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS

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RESCUE + FREEDOM PROJECT 4804 LAUREL CANON BLVD #534 VALLEY VILLAGE, CA 91607	55-0882647	501(C)(3)	27,400.	0.			SUPPORT FOR RESCUED ANIMALS
RESTORE GLOBAL PO BOX 77293 CHARLOTTE, NC 28271	26-0745879	501(C)(3)	0.	267,957.	FMV	APPAREL, SHOES, PET FOOD	SUPPORT FOR HUNGER & POVERTY, RESCUED ANIMALS
RIVER ROAD ANIMAL SOCIETY 8593 RIVER ROAD SOUTHPOINT, NC 28461	20-8016361	501(C)(3)	0.	15,640.	FMV	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS
ROCKINGHAM COUNTY ANIMAL SHELTER 250 CHEROKEE CAMP ROAD REIDSVILLE, NC 27320	56-6001527	501(C)(3)	0.	11,520.	FMV	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS
SAFE HAVEN ANIMAL RESCUE 6710 NW 31ST TERRACE BETHANY, OK 73008	74-3124122	501(C)(3)	0.	12,174.	FMV	PET FOOD	SUPPORT FOR RESCUED ANIMALS
SAN ANTONIO FOOD BANK 5200 OLD HIGHWAY 90 WEST SAN ANTONIO, TX 78227	74-2122979	501(C)(3)	0.	17,136.	FMV	PET FOOD	SUPPORT FOR RESCUED ANIMALS
SAN DIEGO HUMANE SOCIETY 5500 GAINES ST SAN DIEGO, CA 92110	95-1661688	501(C)(3)	2,335.	266,564.	FMV	PET FOOD	SUPPORT FOR RESCUED ANIMALS
SANTA FE ANIMAL SHELTER 100 CAJA DEL RIO RD SANTA FE, NM 87507	85-6000484	501(C)(3)	0.	13,156.	FMV	PET MEDICATION, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
SAVE A GATO P.O. BOX 9021227 SAN JUAN, PR 00901	66-0550555	501(C)(3)	0.	24,341.	FMV	PET MEDICATION, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS

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SAVE-A-PET 31664 NORTH FAIRFIELD ROAD GRAYSLAKE, IL 60030	23-7304570	501(C)(3)	0.	23,314.	FMV	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS
SAVING ANIMALS DURING DISASTERS 205 GEORGIA AVE CAROLINA BCH, NC 28428	20-4259384	501(C)(3)	0.	38,781.	FMV	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS
SAVING DEATH ROW DOGS 6800 SW CRESTWOOD DR TOPEKA, KS 66619	27-2809492	501(C)(3)	0.	5,980.	FMV	PET FOOD	SUPPORT FOR RESCUED ANIMALS
SAVING GRACE ANIMALS FOR ADOPTION 13400 OLD CREEDMOOR RD. WAKE FOREST, NC 27587	92-0186555	501(C)(3)	5,000.	305,694.	FMV	PET MEDICATION, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
SCOTLAND COUNTY HUMANE SOCIETY 1401 W. BLVD LAURINBURG, NC 28353	56-1118065	501(C)(3)	0.	11,762.	FMV	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS
SEATTLE HUMANE 13212 SE EASTGATE WAY BELLEVUE, WA 98005	91-0282060	501(C)(3)	0.	34,411.	FMV	PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
SECOND CHANCE ANIMAL SHELTER 111 YOUNG ROAD EAST BROOKFIELD, MA 01515	04-3490671	501(C)(3)	28,195.	975.	FMV	PET FOOD, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
SHELTER HOPE ENTERPRISES 235 NORTH MOORPARK ROAD SUITE A, PO BOX 1286 - THOUSAND OAKS, CA 91358	46-2376346	501(C)(3)	10,000.	0.			SUPPORT FOR RESCUED ANIMALS
SHELTER TRANSPORT ANIMAL RESCUE TEAM - 12939 BLOOMFIELD ST - STUDIO CITY, CA 91604	45-4258426	501(C)(3)	10,000.	18,373.	FMV	PET FOOD, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS

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SIERRA'S HAVEN FOR NEW AND USED PETS - 80 EASTER DR - PORTSMOUTH, OH 45662	31-1779083	501(C)(3)	0.	7,352.	FMV	PET MEDICATION, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
SOJOURNER CENTER PO BOX 20156 PHOENIX, AZ 85036	94-2465081	501(C)(3)	0.	9,550.	FMV	APPAREL, SHOES	SUPPORT FOR HUNGER & POVERTY
SOLES4SOULS 319 MARTINGALE DRIVE OLD HICKORY, TN 37138	20-4023482	501(C)(3)	0.	11,149.	FMV	SHOES	SUPPORT FOR HUNGER & POVERTY
SOUTHERN ANIMAL VOLUNTEER EFFORT 1582 TAMARACK TRAIL DECATUR, GA 30033	82-3809211	501(C)(3)	12,300.	0.			SUPPORT FOR RESCUED ANIMALS
SOUTHERN CA GERMAN SHEPHEARD RESCUE - 6161 EL CAJON BLVD. #460 - SAN DIEGO, CA 92115	20-5500458	501(C)(3)	6,000.	0.			SUPPORT FOR RESCUED ANIMALS
SOUTHERN PINES ANIMAL SHELTER 1901 N. 31ST AVE. HATTIESBURG, MS 39401	64-0514796	501(C)(3)	0.	36,332.	FMV	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS
SOUTHERN SOULS RESCUE 3902 ADAMS CHAPEL ROAD HARLEM, GA 30814	45-5465934	501(C)(3)	0.	23,174.	FMV	PET FOOD, PET MEDICATION, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
SPAY NEUTER CHARLOTTE DBA STAND FOR ANIMALS - 224 W. 32ND STREET - CHARLOTTE, NC 28206	27-3665227	501(C)(3)	0.	5,796.	FMV	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS
SPCA OF THE TRIAD 3163 HINES CHAPEL ROAD GREENSBORO, NC 27405	56-1875807	501(C)(3)	0.	17,207.	FMV	PET FOOD, PET MEDICATION, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS

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SPCA OF WAKE COUNTY 200 PETFINDER LANE RALEIGH, NC 27603	56-0891732	501(C)(3)	0.	2,130,575.	FMV	PET FOOD, PET MEDICATION, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
SPCA OF WESTCHESTER 590 NORTH STATE ROAD BRIARCLIFF MANOR, NY 10510	13-1740069	501(C)(3)	0.	136,990.	FMV	PET FOOD, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
SPCALA 5026 W JEFFERSON BLVD LOS ANGELES, CA 90016	95-1738153	501(C)(3)	0.	5,049.	FMV	PET FOOD	SUPPORT FOR RESCUED ANIMALS
SPIKE'S K9 FUND 5760 NORTHAMPTON BLVD #118 VIRGINIA BEACH, VA 23455-3728	47-2144242	501(C)(3)	79,000.	0.			SUPPORT FOR RESCUED ANIMALS
ST. ELIZABETH HEALTHCARE 1 MEDICAL VILLAGE DRIVE EDGEWOOD, KY 41017	61-0445850	501(C)(3)	20,423.	0.			SUPPORT FOR BREAST CANCER & WOMEN'S HEALTH
ST. HUBERT'S ANIMAL WELFARE CENTER 575 WOODLAND AVE, PO BOX 159 MADISON, NJ 07940	22-1627726	501(C)(3)	15,000.	205,330.	FMV	PET FOOD, PET MEDICATION, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
ST. TAMMANY HUMANE SOCIETY 20384 HARRISON AVE COVINGTON, LA 70433	72-0543369	501(C)(3)	0.	13,852.	FMV	PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
STRAY RESCUE OF ST. LOUIS 2320 PINE ST. ST. LOUIS, MO 63103	43-1823801	501(C)(3)	10,000.	0.			SUPPORT FOR RESCUED ANIMALS
SURRY COUNTY ANIMAL SHELTER 172 COUNTY HOME RD DOBSON, NC 27017	56-6000341	501(C)(3)	0.	6,739.	FMV	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS

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SUWANNEE PAWS, INC. 1427 NORTH OHIO AVENUE LIVE OAK, FL 32064	46-4923115	501(C)(3)	0.	18,414.	FMV	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS
SWEET PAWS RESCUE 310 MAIN ST. GROVELAND, MA 01834	27-4638058	501(C)(3)	0.	7,718.	FMV	PET FOOD	SUPPORT FOR RESCUED ANIMALS
TAILS FROM THE CITY PO BOX 93514 CLEVELAND, OH 44101	32-0324676	501(C)(3)	0.	13,319.	FMV	PET FOOD	SUPPORT FOR RESCUED ANIMALS
TATTERED TAILS DBA ST. PAWS 3275 E PLATTE AVE COLORADO SPRINGS, CO 80909	27-1133755	501(C)(3)	0.	905,458.	FMV	PET FOOD, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
TEAM RUBICON 6171 W CENTURY BLVD, SUITE 310 LOS ANGELES, CA 90045	27-1720480	501(C)(3)	11,528.	0.			SUPPORT FOR RESCUED ANIMALS
TEDDYROX FOUNDATION PO BOX 30441 RALEIGH, NC 27622-0441	81-3489475	501(C)(3)	0.	198,826.	FMV	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS
TEMPLE CATS 1021 CHERRY STREET, APT. 3R PHILADELPHIA, PA 19107	82-4696343	501(C)(3)	0.	23,966.	FMV	PET FOOD	SUPPORT FOR RESCUED ANIMALS
TERI CRIMSON CENTER FOR SPEECH & LANGUAGE - 9606 TIERRA GRANDE, SUITE 107 - SAN DIEGO, CA 92126	95-3532129	501(C)(3)	8,700.	19,730.	FMV	TOYS	SUPPORT FOR CHILDREN'S HEALTH & WELL BEING
THE BARKING LOT 486 RALEIGH AVE EL CAJON, CA 92020	26-2118543	501(C)(3)	18,805.	0.			SUPPORT FOR RESCUED ANIMALS

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THE CAT HOUSE ON THE KINGS 7120 SOUTH KINGS RIVER ROAD PARLIER, CA 93648	27-0015288	501(C)(3)	11,100.	139,684.	FMV	PET FOOD, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
THE DEVOTED BARN 6227 N DIXIE HWY NEWPORT, MI 48166	27-1796117	501(C)(3)	0.	10,243.	FMV	PET FOOD	SUPPORT FOR RESCUED ANIMALS
THE FELINE FIX 6075 PARKWAY DR., UNIT 185 COMMERCE CITY, CO 80022	26-3781322	501(C)(3)	0.	10,580.	FMV	PET FOOD	SUPPORT FOR RESCUED ANIMALS
THE FUND FOR ANIMALS, INC. 1255 23RD STREET NW, SUITE 460 WASHINGTON, DC 20037	13-6218740	501(C)(3)	40,828.	0.			SUPPORT FOR RESCUED ANIMALS
THE HUMANE SOCIETY FOR TACOMA AND PIERCE COUNTY - 2608 CENTER STREET - TACOMA, WA 98409	91-0577128	501(C)(3)	0.	26,111.	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.	28,342.	FMV	PET MEDICATION	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)	23,050.	3,657,434.	FMV	PET FOOD, PET MEDICATION, 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)	20,010.	354,899.	FMV	PET FOOD, PET MEDICATION, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
THE INNER PUP OF NEW ORLEANS 465 LOWERLING ST NEW ORLEANS, LA 70118	47-1728816	501(C)(3)	0.	19,190.	FMV	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS

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THE NATIVE AMERICA HUMANE SOCIETY 3838 WEST CARSON ST., SUITE 218 TORRANCE, CA 90503	46-5445818	501(C)(3)	3,230.	44,473.	FMV	PET FOOD, PET MEDICATION	SUPPORT FOR RESCUED ANIMALS
THE PET PROJECT FOR PETS 2200 NW 9TH AVENUE WILTON MANORS, FL 33311	37-1440098	501(C)(3)	9,985.	2,635,493.	FMV	PET FOOD, PET MEDICATION, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
THE PURR PROJECT, INC. 4 DEVINE STREET NORTH HAVEN, CT 06473	33-1107336	501(C)(3)	0.	5,896.	FMV	PET FOOD	SUPPORT FOR RESCUED ANIMALS
THE SATO PROJECT 130 WATER STREET BROOKLYN, NY 11201	45-3743534	501(C)(3)	0.	10,121.	FMV	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS
THOMAS J. O'CONNOR ANIMAL CONTROL AND ADOPTION CENTER FOUNDATION INC. - 66 INDUSTRY AVENUE, SUITE 3 - SPRINGFIELD, MA 01104	20-5722841	501(C)(3)	2,665.	6,106.	FMV	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS
TNR RIVERSIDE 8428 WILLIAMSBURG PLACE RIVERSIDE, CA 92504	30-0880247	501(C)(3)	2,500.	896,738.	FMV	PET FOOD, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
TOMBALL SAVE OUR STRAYS 31920 MICHAEL ST MAGNOLIA, TX 77355	75-3257313	501(C)(3)	0.	9,768.	FMV	PET FOOD	SUPPORT FOR RESCUED ANIMALS
TONY LA RUSSA'S ANIMAL RESCUE FOUNDATION - 2890 MITCHELL DR. - WALNUT CREEK, CA 94598	68-0240341	501(C)(3)	12,500.	0.			SUPPORT FOR RESCUED ANIMALS
TRAP NEUTER RETURN RIVERSIDE 8428 WILLIAMSBURG PLACE RIVERSIDE, CA 92504	30-0880247	501(C)(3)	2,200.	13,680.	FMV	PET MEDICATION, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS

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TRI-STATE SPAY AND NEUTER 10699 US ROUTE 60 ASHLAND, KY 41102	81-2169401	501(C)(3)	0.	41,600.	FMV	PET FOOD	SUPPORT FOR RESCUED ANIMALS
TULSA SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS, INC. - 2910 MOHAWK BLVD. - TULSA, OK 74110	73-0608144	501(C)(3)	5,000.	1,716.	FMV	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS
UNITED PET FUND 9401 TOWNE SQUARE AVENUE BLUE ASH, OH 45242	27-2582105	501(C)(3)	0.	873,685.	FMV	PET FOOD, PET MEDICATION, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
UNIVERSITY OF PENNSYLVANIA, SCHOOL OF VETERINARY MEDICINE - 3900 DELANCEY STREET - PHILADELPHIA, PA 19104-6047	23-1352685	501(C)(3)	10,516.	0.			SUPPORT FOR RESCUED ANIMALS
VETERANS VILLAGE OF SAN DIEGO 4141 PACIFIC HIGHWAY SAN DIEGO, CA 92110	95-3649525	501(C)(3)	53,796.	0.			SUPPORT FOR HUNGER & POVERTY
VETERINARIANS FOR PUERTO RICO, CORP - 1114 W WORLEY ST. - COLUMBIA, MO 65203	82-3040280	501(C)(3)	0.	7,711.	FMV	PET FOOD, PET MEDICATION, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
VICTOR VALLEY ANIMAL PROTECTION LEAGUE - 21779 ZUNI ROAD - APPLE VALLEY, CA 92307	95-2161335	501(C)(3)	0.	20,875.	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)	53,577.	0.			SUPPORT FOR RESCUED ANIMALS
WAGS & WALKS 2236 FEDERAL AVE LOS ANGELES, CA 90064	45-3749303	501(C)(3)	0.	11,904.	FMV	PET FOOD	SUPPORT FOR RESCUED ANIMALS

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WAGS & WHISKERS ANIMAL RESCUE OF MN - PO BOX 304 - SHAKOPEE, MN 55379	36-4641735	501(C)(3)	0.	335,991.	FMV	PET FOOD, PET MEDICATION, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
WHISKERS ANIMAL RESCUE AND SANCTUARY - 3336 HWY 366 - LORIS, SC 29569	27-0959807	501(C)(3)	4,000.	7,490.	FMV	PET FOOD, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
WILLAMETTE HUMANE SOCIETY 4246 TURNER RD SE SALEM, OR 97309	93-0577975	501(C)(3)	0.	10,055.	FMV	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS
WINGS OF RESCUE P.O. BOX 6045 LA QUINTA, CA 92248	45-3343408	501(C)(3)	937,363.	27,242.	FMV	PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
WORLD CENTRAL KITCHEN 1342 FLORIDA AVE NW WASHINGTON, DC 20009	27-3521132	501(C)(3)	50,000.	0.			SUPPORT FOR HUNGER & POVERTY
YOUNG-WILLIAMS ANIMAL CENTER 3201 DIVISION STREET KNOXVILLE, TN 37919	45-5326778	501(C)(3)	0.	167,198.	FMV	PET MEDICATION	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	7400	0.	3,912,335.	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 GREATERGOOD.ORG 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.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2018

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

GREATERGOOD.ORG

Employer identification number

20-4846675

Part I Questions Regarding Compensation

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"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <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

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?

3 Indicate which, if any, of the following the filing 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"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <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?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- 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?
- b** Any related organization?
- 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?
- b** Any related organization?
- 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

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2018

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)	198,722.	0.	0.	3,000.	10,681.	212,403.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ELIZABETH ASHER PROGRAM DIRECTOR	(i)	148,125.	0.	0.	2,222.	8,036.	158,383.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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	945,169.	REIMBURSEME		X
CHARITYUSA.COM	CREATOR/FOUNDER	55,653.	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 GREATERGOOD.ORG.

(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 GREATERGOOD.ORG ON WEBSITE ADVERTISING AND IN CONNECTION WITH THE SALE OF CHARITYUSA.COM PRODUCTS.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

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: **GREATERGOOD.ORG** 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		748,000.	FAIR MARKET VALUE
5 Clothing and household goods	X		1,053,597.	FAIR MARKET VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	1	2,524.	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	32,016,079.	FAIR MARKET VALUE
20 Drugs and medical supplies	X	12	11,494,820.	FAIR MARKET VALUE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (PET PRODUCTS)	X	12	6,179,994.	FAIR MARKET VALUE
26 Other (WILDLIFE CAME)	X	1	67,775.	FAIR MARKET VALUE
27 Other (KIDS' TOYS)	X	3	42,634.	FAIR MARKET VALUE
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.		

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER OF ITEMS REPRESENTS THE NUMBER OF CONTRIBUTORS WHO PROVIDED
NUMEROUS NONCASH CONTRIBUTIONS THROUGHOUT THE YEAR.

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

2018

Open to Public
Inspection

Name of the organization

GREATERGOOD.ORG

Employer identification number

20-4846675

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:

\$376,027 WAS GRANTED TO NON-PROFIT PARTNERS AND VARIOUS HOSPITALS AND

CLINICS IN THE U.S. AND ABROAD WHERE MAMMOGRAM SCREENING SERVICES ARE

PROVIDED.

EXPENSES \$784,067. INCLUDING GRANTS OF \$376,027.

PROTECTING/RESTORING THE ENVIRONMENT:

\$160,929 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 \$309,773. INCLUDING GRANTS OF \$160,929.

EXPENSES \$ 1,093,840. INCLUDING GRANTS OF \$ 536,957. REVENUE \$ 0.

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

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization GREATERGOOD.ORG	Employer identification number 20-4846675
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FORM 990, PART VI, SECTION A, LINE 2:

GREG HESTERBERG IS AN OWNER OF CHARITYUSA, A PRIMARY GREATERGOOD.ORG 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 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 14 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.

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.

Name of the organization GREATERGOOD.ORG	Employer identification number 20-4846675
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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 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.

Name of the organization GREATERGOOD.ORG	Employer identification number 20-4846675
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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, MN, 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 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.

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

2018

For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019

▶ 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.) GREATERGOOD.ORG</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>
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C Book value of all assets at end of year **6,607,756.**

F Group exemption number (See instructions.) ▶

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust

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.) (Except for contributions, deductions must be directly connected with the unrelated business income.)		(A) Income	(B) Expenses	(C) Net
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 Charitable contributions (See instructions for limitation rules)				20
21 Depreciation (attach Form 4562)	21			
22 Less depreciation claimed on Schedule A and elsewhere on return	22a			22b
23 Depletion				23
24 Contributions to deferred compensation plans				24
25 Employee benefit programs				25
26 Excess exempt expenses (Schedule I)				26
27 Excess readership costs (Schedule J)				27
28 Other deductions (attach schedule)				28
29 Total deductions. Add lines 14 through 28				29 0.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13				30 0.
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)				31
32 Unrelated business taxable income. Subtract line 31 from line 30				32 0.

Part III Total Unrelated Business Taxable Income

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

Part IV Tax Computation

39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0.

Part V Tax and Payments

45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a	
b	Other credits (see instructions)	45b	
c	General business credit. Attach Form 3800	45c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	
e	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	0.
47	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)	47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
50a	Payments: A 2017 overpayment credited to 2018	50a	
b	2018 estimated tax payments	50b	
c	Tax deposited with Form 8868	50c	1,000.
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d	
e	Backup withholding (see instructions)	50e	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	50g	
51	Total payments. Add lines 50a through 50g	51	1,000.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	1,000.
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	55	1,000.

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

56	At any time during the 2018 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
57	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
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

Sign Here
 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.
 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: 06/10/20
 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.

		Enter filer's identifying number
Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. GREATERGOOD.ORG	Employer identification number (EIN) or 20-4846675
	Number, street, and room or suite no. If a P.O. box, see instructions. 600 UNIVERSITY STREET, NO. 1000	Social security number (SSN)
	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 EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2020**, 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, 2018**, and ending **JUN 30, 2019**.

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.

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

Department of the Treasury
Internal Revenue Service

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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.

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. GREATERGOOD.ORG	Employer identification number (EIN) or 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	Social security number (SSN)
	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 | 7

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 EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2020**, 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, 2018**, and ending **JUN 30, 2019**.

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	\$	1,000.
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	\$	1,000.

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