

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

2017
Open to Public Inspection

▶ 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.

A For the **2017** calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

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 \$ 50,578,537.	
	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	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	33
	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 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	49,965,059.	48,080,930.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,026,502.	1,037,817.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	299.	2,784.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	410,228.	1,450,013.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	51,402,088.	50,571,544.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	46,603,775.	43,589,721.
	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)	1,977,123.	2,731,033.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 710,117.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,593,257.	5,345,244.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	50,174,155.	51,665,998.
19 Revenue less expenses. Subtract line 18 from line 12	1,227,933.	-1,094,454.	
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)	8,049,281.	7,424,875.
	22 Net assets or fund balances. Subtract line 21 from line 20	290,882.	759,670.
		7,758,399.	6,665,205.

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, EXECUTIVE DIRECTOR 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	05/08/19		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		

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 \$ 46,723,103. including grants of \$ 42,164,695.) (Revenue \$ 1,037,817.) ANIMAL WELFARE (RESCUED ANIMALS): \$42,164,695 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 \$ 1,605,046. including grants of \$ 636,600.) (Revenue \$) HUNGER & POVERTY: \$636,600 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 \$ 854,910. including grants of \$ 339,078.) (Revenue \$) LITERACY & CHILDREN'S EDUCATION AND HEALTH: \$339,078 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 \$ 1,132,931. including grants of \$ 449,347.) (Revenue \$)

4e Total program service expenses 50,315,990.

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>	<input checked="" type="checkbox"/>	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	
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>	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	
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>	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

	Yes	No
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	
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>	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>	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>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		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>		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>		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>		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>	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>		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>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>		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>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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>		
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>		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>		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	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

Table with columns for question numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes sub-questions for backup withholding, employee reporting, 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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a		13
b	Enter the number of voting members included in line 1a, above, who are independent		13
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?	X	
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
b	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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
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?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard 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 **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 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.
 Own website Another's website 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) CYNTHIA NESSER BOARD PRESIDENT	2.00	X		X				0.	0.	0.
(2) DAVID SAMUELSON BOARD VICE PRESIDENT (FROM 6/18)	1.00	X		X				0.	0.	0.
(3) JENNIFER FERMON BOARD VICE PRESIDENT (UNTIL 7/17)	1.00	X		X			24,500.	0.	2,680.	
(4) JOHN GEHRT BOARD TREASURER	2.00	X		X				0.	0.	0.
(5) EVE HIGGS BOARD SECRETARY	1.00	X		X				0.	0.	0.
(6) JULIA CHRISTOPHERSEN BOARD MEMBER	1.00	X						0.	0.	0.
(7) GREG HESTERBERG BOARD MEMBER	1.00	X						0.	0.	0.
(8) KIMBERLY KLINTWORTH BOARD MEMBER	1.00	X						0.	0.	0.
(9) TIM KUNIN BOARD MEMBER	1.00	X						0.	0.	0.
(10) DAVID YASKULKA BOARD MEMBER	2.00	X						0.	0.	0.
(11) JACKSON GALAXY BOARD MEMBER	1.00	X						0.	0.	0.
(12) JAM STEWART BOARD MEMBER	1.00	X						0.	0.	0.
(13) JULIE RYAN BOARD MEMBER	1.00	X						0.	0.	0.
(14) JANIS ROSENTHAL BOARD MEMBER	1.00	X						0.	0.	0.
(15) LIZ BAKER CHIEF EXECUTIVE OFFICER	50.00			X			170,000.	0.	7,744.	
(16) JEMIMAH OKANTEY CHIEF FINANCIAL OFFICER	50.00			X			97,958.	0.	5,319.	
(17) STEVEN MINTER CHIEF OPERATIONS OFFICER	50.00			X			0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ELIZABETH ASHER PROGRAM DIRECTOR	50.00					X		143,350.	0.	9,636.
(19) JOHN KANE PROGRAM DEVELOPMENT DIRECTOR	50.00					X		133,500.	0.	9,589.
(20) NOAH HORTON DIRECTOR OF OPERATIONS	50.00					X		117,500.	0.	9,584.
(21) SUSAN ROSENBERG PROGRAM DIRECTOR	50.00					X		110,375.	0.	10,781.
1b Sub-total								797,183.	0.	55,333.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								797,183.	0.	55,333.

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 **5**

	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	48,080,930.			
	g Noncash contributions included in lines 1a-1f: \$		39,080,723.			
	h Total. Add lines 1a-1f		48,080,930.			
Program Service Revenue	2 a PET FOOD STORAGE/HANDLING	Business Code				
		493000	1,037,817.	1,037,817.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
g Total. Add lines 2a-2f		1,037,817.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		345.			345.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties		1,450,013.			1,450,013.
	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	932.			
		(ii) Other	8,500.			
		b Less: cost or other basis and sales expenses	324.	6,669.		
		c Gain or (loss)	608.	1,831.		
	d Net gain or (loss)		2,439.			2,439.
	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.			50,571,544.	1,037,817.	0.	1,452,797.

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	37,146,709.	37,146,709.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	5,048,476.	5,048,476.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,394,536.	1,394,536.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	480,361.	107,845.	311,301.	61,215.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,899,391.	1,616,509.	46,717.	236,165.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	167,379.	136,411.	9,168.	21,800.
10 Payroll taxes	183,902.	133,545.	27,747.	22,610.
11 Fees for services (non-employees):				
a Management				
b Legal	33,418.	30,673.	2,745.	
c Accounting	38,680.		38,680.	
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.)	147,201.	132,115.	15,086.	
12 Advertising and promotion	255,247.	56,114.	1,981.	197,152.
13 Office expenses	1,697,324.	1,517,853.	37,914.	141,557.
14 Information technology	23,146.	1,915.	9,000.	12,231.
15 Royalties				
16 Occupancy	112,087.	49,957.	62,130.	
17 Travel	275,750.	222,736.	38,957.	14,057.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	9,369.	6,039.		3,330.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	22,254.	12,313.	9,941.	
23 Insurance	28,665.	141.	28,524.	
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 BAD DEBT	2,702,103.	2,702,103.		
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	51,665,998.	50,315,990.	639,891.	710,117.
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	4,255,132.	1	4,309,047.
	2 Savings and temporary cash investments	0.	2	1,974.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	3,242,114.	4	1,428,159.
	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	326,885.	8	433,608.
	9 Prepaid expenses and deferred charges	66,810.	9	66,688.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 187,854.		
	b Less: accumulated depreciation	10b 30,627.	78,840.	10c 157,227.
	11 Investments - publicly traded securities	0.	11	1,028,172.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	79,500.	14	0.
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	8,049,281.	16	7,424,875.	
Liabilities	17 Accounts payable and accrued expenses	248,632.	17	369,002.
	18 Grants payable	0.	18	375,668.
	19 Deferred revenue	42,250.	19	15,000.
	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	290,882.	26	759,670.
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	2,394,373.	27	1,881,156.
	28 Temporarily restricted net assets	5,364,026.	28	4,784,049.
	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	7,758,399.	33	6,665,205.	
34 Total liabilities and net assets/fund balances	8,049,281.	34	7,424,875.	

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	50,571,544.
2	Total expenses (must equal Part IX, column (A), line 25)	2	51,665,998.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,094,454.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,758,399.
5	Net unrealized gains (losses) on investments	5	1,260.
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	6,665,205.

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 (2017)

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5241534.	15336272.	33242159.	49965059.	48080930.	151865954
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	5241534.	15336272.	33242159.	49965059.	48080930.	151865954
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)						78437232.
6 Public support. Subtract line 5 from line 4.						73428722.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	5241534.	15336272.	33242159.	49965059.	48080930.	151865954
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1892361.	2264761.	2775137.	410,527.	1450358.	8793144.
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						160659098
12 Gross receipts from related activities, etc. (see instructions)					12	
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 2017 (line 6, column (f) divided by line 11, column (f))	14	45.70 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	44.66 %
16a 33 1/3% support test - 2017. 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 - 2016. 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 - 2017. 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 - 2016. 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. 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 - 2016. 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 (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).		

Schedule A (Form 990 or 990-EZ) 2017

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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

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

2017

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, 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).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>12,049,198.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>1,894,130.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>1,237,472.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>7,370,971.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>8,813,303.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>2,214,901.</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
--	---

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 _____ _____ _____	\$ <u>12,049,198.</u>	<u>06/30/18</u>
<u>2</u>	PET SUPPLIES _____ _____ _____	\$ <u>1,894,130.</u>	<u>06/30/18</u>
<u>3</u>	PET FOOD AND SUPPLIES _____ _____ _____	\$ <u>1,224,972.</u>	<u>06/30/18</u>
<u>4</u>	PET FOOD AND SUPPLIES _____ _____ _____	\$ <u>7,277,151.</u>	<u>06/30/18</u>
<u>5</u>	PET FOOD AND SUPPLIES _____ _____ _____	\$ <u>8,738,303.</u>	<u>06/30/18</u>
<u>6</u>	PET FOOD AND SUPPLIES _____ _____ _____	\$ <u>2,089,901.</u>	<u>06/30/18</u>

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

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

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2017
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.

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

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

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

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

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

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2017

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				
b Buildings				
c Leasehold improvements				
d Equipment		187,854.	30,627.	157,227.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				157,227.

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	50,998,986.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	1,260.
b	Donated services and use of facilities	2b	426,182.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	427,442.
3	Subtract line 2e from line 1	3	50,571,544.
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	50,571,544.

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	52,092,180.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	426,182.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	426,182.
3	Subtract line 2e from line 1	3	51,665,998.
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	51,665,998.

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:

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). 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 MESAUREMENT PROCESS FOR ACCOUNTING FOR UNCERTAIN TAX POSITIONS AND ALSO PROVIDES GUIDANCE ON VARIOUS RELATED MATTERS SUCH AS DERECOGNITION, INTEREST, PENALTIES AND DISCLOSURES REQUIRED. MANAGEMENT DOES NOT BELIEVE THE ORGANIZATION HAS AN UNCERTAIN TAX POSITION AS OF AND FOR THE YEAR ENDED JUNE 30, 2018.

**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

2017

Open to Public
Inspection

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

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTMAKING		189,020.
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		483,010.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTMAKING		23,976.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING		11,131.
NORTH AMERICA	0	1	GRANTMAKING AND PROGRAM SERVICE	EXPLORATION, STUDY, AND PROTECTING BIODIVERSITY	122,686.
RUSSIA AND NEIGHBORING STATES	0	0	GRANTMAKING		57,438.
SOUTH AMERICA	0	0	GRANTMAKING		184,814.
SOUTH ASIA	0	0	GRANTMAKING		137,136.
3 a Sub-total	0	1			1,209,211.
b Total from continuation sheets to Part I	0	0			234,240.
c Totals (add lines 3a and 3b)	0	1			1,443,451.

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

Schedule F (Form 990) 2017

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	0	0	GRANTMAKING		234,240.
Totals					234,240.

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)
		NORTH AMERICA	RESCUED ANIMALS	0.		7,188.	PET FOOD	FAIR MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN	LITERACY & CHILDREN'S EDUCATION	5,013.	CHECK	0.		
		SUB-SAHARAN AFRICA	HUNGER & POVERTY	5,100.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	LITERACY & CHILDREN'S EDUCATION	5,123.	CHECK	0.		
		SOUTH ASIA	LITERACY & CHILDREN'S EDUCATION	5,308.	CHECK	0.		
		SUB-SAHARAN AFRICA	HUNGER & POVERTY	5,452.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	RESCUED ANIMALS	5,681.	CHECK	0.		
		NORTH AMERICA	PROTECTING/RESTORING ENVIRONMENT	5,875.	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 **40**

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

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	LITERACY & CHILDREN'S EDUCATION	6,040.	CHECK	0.		
		SOUTH AMERICA	HUNGER & POVERTY	6,063.	WIRE	0.		
		NORTH AMERICA	PROTECTING/RESTORING ENVIRONMENT	6,387.	CHECK	0.		
		SOUTH AMERICA	PROTECTING/RESTORING ENVIRONMENT	7,190.	CHECK	0.		
		SOUTH ASIA	LITERACY & CHILDREN'S EDUCATION	7,500.	CHECK	0.		
		SOUTH ASIA	PROTECTING/RESTORING ENVIRONMENT	7,700.	CHECK	0.		
		SOUTH ASIA	PROTECTING/RESTORING ENVIRONMENT	7,700.	CHECK	0.		
		SUB-SAHARAN AFRICA	RESCUED ANIMALS	8,265.	CHECK	0.		
		SUB-SAHARAN AFRICA	PROTECTING/RESTORING ENVIRONMENT	8,634.	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)
		SUB-SAHARAN AFRICA	LITERACY & CHILDREN'S EDUCATION	9,167.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HUNGER & POVERTY	9,209.	CHECK	0.		
		NORTH AMERICA	HUNGER & POVERTY	10,226.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	LITERACY & CHILDREN'S EDUCATION	10,649.	CHECK	0.		
		SOUTH ASIA	HUNGER & POVERTY	10,665.	CHECK	0.		
		SOUTH ASIA	RESCUED ANIMALS	11,502.	WIRE	0.		
		SOUTH ASIA	PROTECTING/RESTORING ENVIRONMENT	11,721.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	RESCUED ANIMALS	17,467.	CHECK	0.		
		NORTH AMERICA	PROTECTING/RESTORING ENVIRONMENT	20,000.	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)
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESCUED ANIMALS	20,011.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	RESCUED ANIMALS	23,908.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	RESCUED ANIMALS	31,315.	CHECK	0.		
		SOUTH ASIA	RESCUED ANIMALS	36,789.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	LITERACY & CHILDREN'S EDUCATION	45,000.	CHECK	0.		
		RUSSIA AND NEIGHBORING STATES	RESCUED ANIMALS	52,829.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	LITERACY & CHILDREN'S EDUCATION	53,000.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HUNGER & POVERTY	54,731.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	RESCUED ANIMALS	78,925.	CHECK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	RESCUED ANIMALS	83,899.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	CHILDREN'S HEALTH & WELL BEING	100,000.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	BREAST CANCER & WOMEN'S HEALTH	108,059.	CHECK	0.		
		SUB-SAHARAN AFRICA	RESCUED ANIMALS	125,009.	CHECK	0.		
		SOUTH AMERICA	PROTECTING/RESTORING ENVIRONMENT	167,888.	CHECK	0.		

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Schedule F (Form 990) 2017

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.

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2017

**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
1MATTERS.ORG 3450 W. CENTRAL AVE. #108 TOLEDO, OH 43606	26-2052237	501(C)(3)	11,632.	0.			SUPPORT FOR HUNGER & POVERTY, RESCUED ANIMALS PROGRAMS
4 PAWS ANIMAL RESCUE PO BOX 735 WILLIS, MI 48191	27-3741642	501(C)(3)	0.	1,116,025.	FAIR MARKET VALUE	PET FOOD, PET MEDICATION	SUPPORT FOR RESCUED ANIMALS PROGRAMS
ACADIANA ANIMAL AID 142 LE MDECIN RD CARENCRO, LA 70520	23-7414331	501(C)(3)	10,000.	67,410.	FAIR MARKET VALUE	PET FOOD, PET MEDICATION	SUPPORT FOR RESCUED ANIMALS PROGRAMS
ALACHUA COUNTY HUMANE SOCIETY 4205 NW 6TH STREET GAINESVILLE, FL 32609	59-1908492	501(C)(3)	10,000.	40,245.	FAIR MARKET VALUE	PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS PROGRAMS
ALAQUA ANIMAL REFUGE 914 WHITFIELD ROAD FREEPORT, FL 32439	02-0806313	501(C)(3)	11,390.	750.	FAIR MARKET VALUE	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS PROGRAMS
ALL ABOUT ANIMALS RESCUE 23451 PINWOOD ST. WARREN, MI 48091	20-3006686	501(C)(3)	20,217.	0.			SUPPORT FOR RESCUED ANIMALS PROGRAMS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **189.**

3 Enter total number of other organizations listed in the line 1 table **2.**

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

Schedule I (Form 990) (2017)

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
ALL ABOUT ANIMALS RESCUE, INC 4401 W DAILEY ST GLENDALE, AZ 85306	27-5410456	501(C)(3)	0.	5,733.	FAIR MARKET VALUE	PET FOOD, PET MEDICATION	SUPPORT FOR RESCUED ANIMALS PROGRAMS
ALL ABOUT SPAY NEUTER, INC 4209 MERRICK ROAD MASSAPEQUA, NY 11758	26-0095027	501(C)(3)	1,000.	355,843.	FAIR MARKET VALUE	PET FOOD	SUPPORT FOR RESCUED ANIMALS PROGRAMS
ALMOST HOME ANIMAL RESCUE AND ADOPTION INC. - 646 ROUTE 112, SUITE 6 AND 7 - PATCHOGUE, NY 11772	26-0597616	501(C)(3)	0.	6,658.	FAIR MARKET VALUE	PET FOOD	SUPPORT FOR RESCUED ANIMALS PROGRAMS
AMERICAN HUMANE ASSOCIATION 1400 16TH ST NW, SUITE 360 WASHINGTON, DC 20036	84-0432950	501(C)(3)	15,000.	49,798.	FAIR MARKET VALUE	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS PROGRAMS
AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS - 520 EIGHTH AVENUE, 7TH FLOOR - NEW YORK, NY 10018	13-1623829	501(C)(3)	25,640.	166,041.	FAIR MARKET VALUE	PET FOOD	SUPPORT FOR RESCUED ANIMALS PROGRAMS
ANGELS OF ASSISI 415 CAMPBELL AVE ROANOKE, VA 24016	54-2021941	501(C)(3)	0.	8,019.	FAIR MARKET VALUE	PET PRODUCTS, PET MEDICATION	SUPPORT FOR RESCUED ANIMALS PROGRAMS
ANIMAL CARE AND CONTROL TEAM 111 W. HUNTING PARK AVENUE PHILADELPHIA, PA 19140	45-3985637	501(C)(3)	0.	10,995.	FAIR MARKET VALUE	PET FOOD	SUPPORT FOR RESCUED ANIMALS PROGRAMS
ANIMAL CARE CENTERS OF NYC 11 PARK PLACE, SUITE 805 NEW YORK, NY 10007	13-3788986	501(C)(3)	0.	12,052.	FAIR MARKET VALUE	PET FOOD	SUPPORT FOR RESCUED ANIMALS PROGRAMS
ANIMAL FOOD BANK SERVICES, INC. 860 BROAD STREET, SUITE 115 EMMAUS, PA 18049	80-0311057	501(C)(3)	0.	29,138.	FAIR MARKET VALUE	PET FOOD	SUPPORT FOR RESCUED ANIMALS PROGRAMS

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 FRIENDS 562 CAMP HORNE RD PITTSBURGH, PA 15237	25-0951565	501(C)(3)	0.	8,834.	FAIR MARKET VALUE	PET FOOD	SUPPORT FOR RESCUED ANIMALS PROGRAMS
ANIMAL INVESTIGATION & RESPONSE PO BOX 100383 FORT WORTH, TX 76185	47-4394007	501(C)(3)	15,000.	4,001.	FAIR MARKET VALUE	PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS PROGRAMS
ANIMAL LIFELINE 1111 EASTON RD SUITE 24 WARRINGTON, PA 18976	20-4444813	501(C)(3)	7,595.	526,460.	FAIR MARKET VALUE	PET FOOD, PET MEDICATION	SUPPORT FOR RESCUED ANIMALS PROGRAMS
ANIMAL REFUGEE RESPONSE 2905 SAN PABLO DAM RD SAN PABLO, CA 94803	45-3248828	501(C)(3)	0.	12,468.	FAIR MARKET VALUE	PET FOOD	SUPPORT FOR RESCUED ANIMALS PROGRAMS
ANIMAL RESCUE LEAGUE OF IOWA 5452 NE 22ND ST. DES MOINES, IA 50313	42-0680427	501(C)(3)	0.	120,690.	FAIR MARKET VALUE	PET FOOD	SUPPORT FOR RESCUED ANIMALS PROGRAMS
ANIMAL RESOURCE FOUNDATION IOWA PO BOX 273 PALO, IA 52324	94-3471348	501(C)(3)	0.	727,972.	FAIR MARKET VALUE	PET FOOD, PET MEDICATION	SUPPORT FOR RESCUED ANIMALS PROGRAMS
ANIMAL SERVICES FOUNDATION OF VENTURA CO. - 600 AVIATION DR - CAMARILLO, CA 93010	77-0504872	501(C)(3)	15,000.	0.			SUPPORT FOR RESCUED ANIMALS PROGRAMS
ANIMEALS 1700 RANKIN ST. MISSOULA, MT 59808	20-4694132	501(C)(3)	0.	151,689.	FAIR MARKET VALUE	PET FOOD	SUPPORT FOR RESCUED ANIMALS PROGRAMS
ANOTHER CHANCE RFT PO BOX 2314 ROCKPORT, TX 78381	82-1158877	501(C)(3)	15,000.	0.			SUPPORT FOR RESCUED ANIMALS PROGRAMS

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
ARIZONA ANIMAL RESCUE MISSION 8005 E SOARING EAGLE WAY SCOTTSDALE, AZ 85266	47-3498605	501(C)(3)	0.	120,942.	FAIR MARKET VALUE	PET FOOD	SUPPORT FOR RESCUED ANIMALS PROGRAMS
ARIZONA ANIMAL WELFARE LEAGUE & SPCA - 25 NORTH 40TH STREET - PHOENIX, AZ 85034	23-7149453	501(C)(3)	0.	208,754.	FAIR MARKET VALUE	PET FOOD, PET MEDICATION	SUPPORT FOR RESCUED ANIMALS PROGRAMS
ATLANTA HUMANE SOCIETY 981 HOWELL MILL RD NW ATLANTA, GA 30318	58-0685900	501(C)(3)	0.	37,483.	FAIR MARKET VALUE	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS PROGRAMS
AUSTIN PETS ALIVE! 1156 W. CESAR CHAVEZ STREET AUSTIN, TX 78703	74-2893360	501(C)(3)	20,000.	55,879.	FAIR MARKET VALUE	PET PRODUCTS, PET MEDICATION	SUPPORT FOR RESCUED ANIMALS PROGRAMS
AUTISM SPEAKS 1060 STATE ROAD, 2ND FLOOR PRINCETON, NJ 08540	20-2329938	501(C)(3)	12,872.	0.			SUPPORT FOR CHILDREN'S HEALTH & WELL BEING PROGRAMS
BALTIMORE ANIMAL RESCUE AND CARE SHELTER - 301 STOCKHOLM STREET - BALTIMORE, MD 21230	86-1130456	501(C)(3)	0.	26,933.	FAIR MARKET VALUE	PET PRODUCTS, PET MEDICATION	SUPPORT FOR RESCUED ANIMALS PROGRAMS
BLIND CAT RESCUE & SANCTUARY, INC 3101 E GREAT MARSH CHURCH RD ST PAULS, NC 28384	20-3410498	501(C)(3)	13,195.	11,706.	FAIR MARKET VALUE	PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS PROGRAMS
BRANDYWINE VALLEY SPCA 1212 PHOENIXVILLE PIKE WEST CHESTER, PA 19380	23-1381030	501(C)(3)	11,061.	1,446.	FAIR MARKET VALUE	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS PROGRAMS
BRAZORIA COUNTY SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS - 141 CANNA LANE - LAKE JACKSON, TX 77566	23-7404451	501(C)(3)	0.	150,842.	FAIR MARKET VALUE	PET FOOD	SUPPORT FOR RESCUED ANIMALS PROGRAMS

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
BRIGID'S CROSSING FOUNDATION, INC 8805 TAMIAMI TRAIL NORTH SUITE 187 NAPLES, FL 34108	26-3295553	501(C)(3)	0.	9,338.	FAIR MARKET VALUE	PET FOOD	SUPPORT FOR RESCUED ANIMALS PROGRAMS
BROWN COUNTY HUMANE SOCIETY 128 STATE ROAD 135 SOUTH, PO BOX 74 NASHVILLE, IN 47448	23-7276105	501(C)(3)	0.	18,048.	FAIR MARKET VALUE	PET FOOD	SUPPORT FOR RESCUED ANIMALS PROGRAMS
CALOOSA HUMANE SOCIETY 1200 PRATT BLVD LABELLE, FL 33935	65-0759567	501(C)(3)	0.	63,546.	FAIR MARKET VALUE	PET FOOD	SUPPORT FOR RESCUED ANIMALS PROGRAMS
CANINES FOR SERVICE PO BOX 12643 WILMINGTON, NC 28405	56-2118747	501(C)(3)	22,608.	0.			SUPPORT FOR RESCUED ANIMALS PROGRAMS
CAT DEPOT 2542 17TH ST SARASOTA, FL 34234	20-0217681	501(C)(3)	0.	32,932.	FAIR MARKET VALUE	PET FOOD	SUPPORT FOR RESCUED ANIMALS PROGRAMS
CATNIP FOUNDATION 15442 JACK FORK RD FOLSOM, LA 70437	47-4528787	501(C)(3)	11,000.	336,671.	FAIR MARKET VALUE	PET FOOD, PET MEDICATION	SUPPORT FOR RESCUED ANIMALS PROGRAMS
CATSBURY PARK 708 COOKMAN AVENUE ASBURY PARK, NJ 07712	81-3366139	501(C)(3)	0.	10,352.	FAIR MARKET VALUE	PET FOOD	SUPPORT FOR RESCUED ANIMALS PROGRAMS
CHIHUAHUA RESCUE OF SAN DIEGO 3711 MT ABBEY AVE SAN DIEGO, CA 92111	33-0832378	501(C)(3)	5,620.	0.			SUPPORT FOR RESCUED ANIMALS PROGRAMS
CITIZENS FOR A NO-KILL PHILADELPHIA - 2107 FITZWATER STREET - PHILADELPHIA, PA 19146	26-4607514	501(C)(3)	0.	8,229.	FAIR MARKET VALUE	PET FOOD	SUPPORT FOR RESCUED ANIMALS PROGRAMS

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
CITY HARVEST, INC. 6 EAST 32ND STREET, 5TH FLOOR NEW YORK, NY 10016	13-3170676	501(C)(3)	0.	9,051.	FAIR MARKET VALUE	PET FOOD	SUPPORT FOR RESCUED ANIMALS PROGRAMS
CITY OF WEBSTER 855 MAGNOLIA ST WEBSTER, TX 77598	74-6024390	501(C)(3)	0.	12,949.	FAIR MARKET VALUE	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS PROGRAMS
CODE 3 ASSOCIATES 1530 SKYWAY DRIVE LONGMONT, CO 80504	84-1461821	501(C)(3)	15,000.	0.			SUPPORT FOR RESCUED ANIMALS PROGRAMS
CODY'S FRIENDS 4702 N FLOWING WELLS TUCSON, AZ 85705	47-4052727	501(C)(3)	325.	863,725.	FAIR MARKET VALUE	PET FOOD	SUPPORT FOR RESCUED ANIMALS PROGRAMS
COFFEE COUNTY HUMANE SOCIETY PO BOX 252 MANCHESTER, TN 37349	62-1543154	501(C)(3)	0.	18,263.	FAIR MARKET VALUE	PET FOOD	SUPPORT FOR RESCUED ANIMALS PROGRAMS
COMMITTEE ON THE SHELTERLESS PO BOX 2744 PETALUMA, CA 94953-2744	68-0176855	501(C)(3)	10,000.	0.			SUPPORT FOR HUNGER & POVERTY PROGRAMS
COMPASSIONATE ANIMAL RESCUE EFFORTS - 218 S 184TH EAST AVE - TULSA, OK 74108	81-2575185	501(C)(3)	6,320.	0.			SUPPORT FOR RESCUED ANIMALS PROGRAMS
COUNTY OF SONOMA 1247 CENTURY COURT SANTA ROSA, CA 94503	94-6000539	501(C)(3)	0.	52,947.	FAIR MARKET VALUE	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS PROGRAMS
DAKIN HUMANE SOCIETY PO BOX 6307 SPRINGFIELD, MA 01101	20-5318898	501(C)(3)	5,949.	11,918.	FAIR MARKET VALUE	PET FOOD	SUPPORT FOR RESCUED ANIMALS PROGRAMS

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
DOG AIDE 561 LAKEVIEW DR. WHITE LAKE, MI 48386	45-5352922	501(C)(3)	0.	99,795.	FAIR MARKET VALUE	PET FOOD	SUPPORT FOR RESCUED ANIMALS PROGRAMS
ELSA'S PRIDE 4912 LEBARON ST CHARLOTTE, NC 28270	46-5706535	501(C)(3)	0.	208,420.	FAIR MARKET VALUE	PET FOOD, PET MEDICATION	SUPPORT FOR RESCUED ANIMALS PROGRAMS
EMANCIPET 7010 EASY WIND DRIVE, SUITE 260 AUSTIN, TX 78752	74-2913624	501(C)(3)	10,000.	375.	FAIR MARKET VALUE	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS PROGRAMS
EMILY'S ANIMAL WELFARE 1309 WARSON PLACE ST. LOUIS, MO 63117	81-2407036	501(C)(3)	100.	1,818,557.	FAIR MARKET VALUE	PET FOOD, PET MEDICATION	SUPPORT FOR RESCUED ANIMALS PROGRAMS
EQUINE RESCUE OF AIKEN 532 GLENWOOD DR AIKEN, SC 29803	20-5162723	501(C)(3)	0.	41,087.	FAIR MARKET VALUE	PET FOOD	SUPPORT FOR RESCUED ANIMALS PROGRAMS
FEED OUR VETERANS PO BOX 1 NEW YORK MILLS, NY 13417	26-3108361	501(C)(3)	5,393.	0.			SUPPORT FOR HUNGER & POVERTY PROGRAMS
FENCES FOR FIDO PO BOX 42265 PORTLAND, OR 97242	30-0554675	501(C)(3)	7,055.	0.			SUPPORT FOR RESCUED ANIMALS PROGRAMS
FERAL CAT CARETAKERS COALITION 11956 DOROTHY ST #7 LOS ANGELES, CA 90049	95-4781600	501(C)(3)	0.	1,508,674.	FAIR MARKET VALUE	PET FOOD	SUPPORT FOR RESCUED ANIMALS PROGRAMS
FIRST COAST NO MORE HOMELESS PETS 6817 NORWOOD AVE. JACKSONVILLE, FL 32210	01-0709158	501(C)(3)	0.	7,579.	FAIR MARKET VALUE	PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS PROGRAMS

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
FIVE ACRES ANIMAL SHELTER 1099 PRALLE LANE ST. CHARLES, MO 63303	01-0756138	501(C)(3)	0.	12,026.	FAIR MARKET VALUE	PET FOOD	SUPPORT FOR RESCUED ANIMALS PROGRAMS
FIXNATION P.O. BOX 26 WOODLAND HILLS, CA 91367	83-0452460	501(C)(3)	14,457.	0.			SUPPORT FOR RESCUED ANIMALS PROGRAMS
FLORIDA KEYS SPCA 5230 COLLEGE RD KEY WEST, FL 33040	65-0891564	501(C)(3)	25,000.	0.			SUPPORT FOR RESCUED ANIMALS PROGRAMS
FLORIDA STATE ANIMAL RESPONSE COALITION SARC - 235 APOLLO BEACH BOULEVARD, SUITE #311 - APOLLO BEACH, FL 33572	27-2884191	501(C)(3)	10,000.	35,655.	FAIR MARKET VALUE	PET FOOD	SUPPORT FOR RESCUED ANIMALS PROGRAMS
FOOD RECOVERY NETWORK 4321 HARTWICK ROAD, SUITE 316 COLLEGE PARK, MD 20740	45-3836775	501(C)(3)	105,811.	0.			SUPPORT FOR HUNGER & POVERTY PROGRAMS
FOR FORGOTTEN FELINES PO BOX 1309 KIHEI, HI 96753	46-1022858	501(C)(3)	0.	199,801.	FAIR MARKET VALUE	PET FOOD, PET MEDICATION	SUPPORT FOR RESCUED ANIMALS PROGRAMS
FOR THE LOVE OF DOGS PO BOX 1597 SODDY DAISY, TN 37384	38-3752113	501(C)(3)	1,500.	1,645,184.	FAIR MARKET VALUE	PET FOOD, PET MEDICATION	SUPPORT FOR RESCUED ANIMALS PROGRAMS
FRIENDS OF THE ARK PO BOX 755 PORT ARANSAS, TX 78373	14-1961890	501(C)(3)	20,000.	0.			SUPPORT FOR RESCUED ANIMALS PROGRAMS
GALVESTON ISLAND HUMANE SOCIETY 6814 BROADWAY GALVESTON, TX 77554	74-2159658	501(C)(3)	5,000.	28,523.	FAIR MARKET VALUE	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS PROGRAMS

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
GINGERED BLESSINGS ANIMAL RESCUE 202 AVENUE U LEVELLAND, TX 79336	47-5465264	501(C)(3)	6,000.	0.			SUPPORT FOR RESCUED ANIMALS PROGRAMS
GOVERNMENT OF PUERTO RICO AVENIDA JUAN PONCE DE LEON - SAN JUAN ANTIGUO, PUERTO RICO, PUERTO RICO 0090	00-0000000	GOVT OF PUERTO R	0.	882,965.	FAIR MARKET VALUE	PET FOOD	SUPPORT FOR RESCUED ANIMALS PROGRAMS
GREAT LAKES BENGAL RESCUE 10720 HITE CREEK ROAD LOUISVILLE, KY 40241	26-1120616	501(C)(3)	0.	1,725,686.	FAIR MARKET VALUE	PET FOOD, PET MEDICATION	SUPPORT FOR RESCUED ANIMALS PROGRAMS
GREAT PYRENEES CLUB OF WESTERN PA 8 GERMAN SQUARE PITTSBURGH, PA 15203	71-0881142	501(C)(3)	800.	33,457.	FAIR MARKET VALUE	PET FOOD	SUPPORT FOR RESCUED ANIMALS PROGRAMS
GREENVILLE COUNTY ANIMAL CARE 328 FURMAN HALL ROAD GREENVILLE, SC 29609	57-6000356	501(C)(3)	0.	26,258.	FAIR MARKET VALUE	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS PROGRAMS
GREY2K USA EDUCATION FUND P.O. BOX 122, 7 CENTRAL STREET, SUI ARLINGTON, MA 02476	04-3553133	501(C)(3)	5,240.	0.			SUPPORT FOR RESCUED ANIMALS PROGRAMS
GREYHOUND ADOPTION CENTER 4821 DEHESA RD EL CAJON, CA 92019	95-4132021	501(C)(3)	12,980.	0.			SUPPORT FOR RESCUED ANIMALS PROGRAMS
HALO LOVE PEACE 8 AVON LANE S BARRINGTON, IL 60010	81-1738093	501(C)(3)	0.	4,021,720.	FAIR MARKET VALUE	PET FOOD, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS PROGRAMS
HALTERS FOR HOPE SEARCH & RESCUE 6756 FRUITLAND AVE ATWATER, CA 95301	82-2323727	501(C)(3)	0.	6,648.	FAIR MARKET VALUE	PET FOOD	SUPPORT FOR RESCUED ANIMALS PROGRAMS

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
HEBER SPRINGS HUMANE SOCIETY 49 SHELTER LANE HEBER SPRINGS, AR 72543	71-0653244	501(C)(3)	1,200.	15,116.	FAIR MARKET VALUE	PET FOOD	SUPPORT FOR RESCUED ANIMALS PROGRAMS
HENRY'S HOUSE FERAL COMMUNITY 3285 EARHART WAY BUFORD, GA 30519	81-2710918	501(C)(3)	0.	497,201.	FAIR MARKET VALUE	PET FOOD	SUPPORT FOR RESCUED ANIMALS PROGRAMS
HOUSTON HUMANE SOCIETY 1477 ALMEDA ROAD HOUSTON, TX 77053	74-1340341	501(C)(3)	25,000.	358,293.	FAIR MARKET VALUE	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS PROGRAMS
HOUSTON SPCA 900 PORTWAY DRIVE HOUSTON, TX 77024	74-1287171	501(C)(3)	15,000.	53,964.	FAIR MARKET VALUE	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS PROGRAMS
HUMANE EDUCATIONAL SOCIETY 212 N. HIGHLAND PARK AVE. CHATTANOOGA, TN 37404	62-0478240	501(C)(3)	16,654.	0.			SUPPORT FOR RESCUED ANIMALS PROGRAMS
HUMANE SOCIETY OF BROWARD COUNTY 2070 GRIFFIN ROAD FT LAUDERDALE, FL 33312	59-6002321	501(C)(3)	10,000.	58,426.	FAIR MARKET VALUE	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS PROGRAMS
HUMANE SOCIETY OF CENTRAL OREGON 61170 SE 27TH ST BEND, OR 97702-9694	93-0616957	501(C)(3)	0.	125,825.	FAIR MARKET VALUE	PET FOOD, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS PROGRAMS
HUMANE SOCIETY OF GREATER MIAMI 16101 WEST DIXIE HIGHWAY NORTH MIAMI BEACH, FL 33160	59-0711176	501(C)(3)	10,000.	0.			SUPPORT FOR RESCUED ANIMALS PROGRAMS
HUMANE SOCIETY OF THE DELTA 8480 PHILLIPS 300 ROAD HELENA, AR 72342	26-2283048	501(C)(3)	0.	47,058.	FAIR MARKET VALUE	PET FOOD	SUPPORT FOR RESCUED ANIMALS PROGRAMS

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
INTERFAITH MINISTRIES FOR GREATER HOUSTON - 3303 MAIN STREET - HOUSTON, TX 77002	74-1488102	501(C)(3)	0.	118,402.	FAIR MARKET VALUE	PET FOOD	SUPPORT FOR RESCUED ANIMALS PROGRAMS
INTERNATIONAL FUND FOR ANIMAL WELFARE, INC. - 290 SUMMER STREET - YARMOUTH PORT, MA 02675	31-1594197	501(C)(3)	25,030.	6,013.	FAIR MARKET VALUE	PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS PROGRAMS
JAMESON ANIMAL RESCUE RANCH 1224 ADAMS STREET SUITE C ST. HELENA, CA 94574	47-1230166	501(C)(3)	5,150.	0.			SUPPORT FOR RESCUED ANIMALS PROGRAMS
KANSAS CITY PET PROJECT 4400 RAYTOWN ROAD KANSAS CITY, MO 64129	45-3067615	501(C)(3)	0.	10,609.	FAIR MARKET VALUE	PET FOOD	SUPPORT FOR RESCUED ANIMALS PROGRAMS
KATHI'S K9'S DOG RESCUE 12213 LABRADOR DUCK RD WEEKI WACHEE, FL 34614	45-5161916	501(C)(3)	0.	101,942.	FAIR MARKET VALUE	PET FOOD, PET MEDICATION	SUPPORT FOR RESCUED ANIMALS PROGRAMS
KATIE'S ROADSIDE RESCUE 7025 W FM 476 POTEET, TX 78065	45-1551568	501(C)(3)	0.	389,148.	FAIR MARKET VALUE	PET FOOD, PET MEDICATION	SUPPORT FOR RESCUED ANIMALS PROGRAMS
KELLEN RESCUE PO BOX 3496 OAKHURST, CA 93644	20-8127504	501(C)(3)	0.	902,302.	FAIR MARKET VALUE	PET FOOD	SUPPORT FOR RESCUED ANIMALS PROGRAMS
LAB RESCUERS OF SAN DIEGO PO BOX 221038 SAN DIEGO, CA 92192	81-0646390	501(C)(3)	9,000.	0.			SUPPORT FOR RESCUED ANIMALS PROGRAMS
LAKE CHARLES PIT BULL RESCUE 419 CONTOUR ST. LAKE CHARLES, LA 70605	27-4078570	501(C)(3)	2,500.	4,603.	FAIR MARKET VALUE	PET FOOD	SUPPORT FOR RESCUED ANIMALS PROGRAMS

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
LITTLE SHELTER ANIMAL RESCUE AND ADOPTION CENTER - 33 WARNER ROAD - HUNTINGTON, NY 11743	11-6000821	501(C)(3)	0.	14,902.	FAIR MARKET VALUE	PET FOOD	SUPPORT FOR RESCUED ANIMALS PROGRAMS
LONE STAR PYRS & PAWS PO BOX 128 MERIT, TX 75458	80-0190229	501(C)(3)	5,000.	1,124,154.	FAIR MARKET VALUE	PET FOOD, PET MEDICATION	SUPPORT FOR RESCUED ANIMALS PROGRAMS
LOUISIANA PET PANTRY 8440 JEFFERSON HWY STE 301 BATON ROUGE, LA 70809	47-2729190	501(C)(3)	0.	191,053.	FAIR MARKET VALUE	PET FOOD, PET MEDICATION	SUPPORT FOR RESCUED ANIMALS PROGRAMS
LSART 8550 UNITED PLAZA BLVD. SUITE 1001 BATON ROUGE, LA 70809	72-1507753	501(C)(3)	15,000.	0.			SUPPORT FOR RESCUED ANIMALS PROGRAMS
LUCKYPAWS FOUNDATION P.O. BOX 8209 ST. THOMAS, VI 00801	66-0833040	501(C)(3)	0.	107,324.	FAIR MARKET VALUE	PET FOOD	SUPPORT FOR RESCUED ANIMALS PROGRAMS
LUCY PET FOUNDATION 31340 VIA COLINAS, SUITE 106 WESTLAKE VILLAGE, CA 91362	26-4448238	501(C)(3)	20,000.	0.			SUPPORT FOR RESCUED ANIMALS PROGRAMS
MAGNOLIA EXOTIC BIRD SANCTUARY 19703 TURTLE CREEK LANE MAGNOLIA, TX 77355	27-4734382	501(C)(3)	7,005.	0.			SUPPORT FOR RESCUED ANIMALS PROGRAMS
MARICOPA ANIMAL CARE AND CONTROL 2500 SOUTH 27TH AVENUE PHOENIX, AZ 85007	86-6000472	501(C)(3)	0.	7,100.	FAIR MARKET VALUE	PET FOOD	SUPPORT FOR RESCUED ANIMALS PROGRAMS
MCCOMB ANIMAL SHELTER 125 EAST MICHIGAN AVE MCCOMB, MS 39648	64-6000684	501(C)(3)	0.	20,144.	FAIR MARKET VALUE	PET FOOD	SUPPORT FOR RESCUED ANIMALS PROGRAMS

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
MEOOWZRESQ 692 N. ADELE ST #30 ORANGE, CA 92867	26-3035880	501(C)(3)	5,955.	900.	FAIR MARKET VALUE	PET FOOD	SUPPORT FOR RESCUED ANIMALS PROGRAMS
MEOW PARLOUR CATS 46 HESTER STREET NEW YORK, NY 10002	81-5227873	501(C)(3)	0.	12,559.	FAIR MARKET VALUE	PET FOOD	SUPPORT FOR RESCUED ANIMALS PROGRAMS
MOHAWK HUDSON HUMANE SOCIETY 3 OAKLAND AVENUE MENANDS, NY 12204	14-1338459	501(C)(3)	0.	5,170.	FAIR MARKET VALUE	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS PROGRAMS
MUSIC CITY ANIMAL RESCUE 2112 FORGE RIDGE CR. NASHVILLE, TN 37217	46-3553373	501(C)(3)	0.	17,586.	FAIR MARKET VALUE	PET FOOD	SUPPORT FOR RESCUED ANIMALS PROGRAMS
MUTT MISFITS SOCIETY 2701 NW 41ST OKLAHOMA CITY, OK 73112	82-1372780	501(C)(3)	7,300.	0.			SUPPORT FOR RESCUED ANIMALS PROGRAMS
MUTTNATION PO BOX 340020 NASHVILLE, TN 37203	27-0713907	501(C)(3)	10,000.	0.			SUPPORT FOR RESCUED ANIMALS PROGRAMS
NATIONAL AUTISM ASSOCIATION ONE PARK AVENUE, SUITE 1 PORTSMOUTH, RI 02871	20-0032380	501(C)(3)	10,612.	0.			SUPPORT FOR CHILDREN'S HEALTH & WELL BEING PROGRAMS
NATIVE AMERICAN ADVANCEMENT FOUNDATION - P.O. BOX 64877 - TUCSON, AZ 85728-4877	45-2725155	501(C)(3)	7,878.	0.			SUPPORT FOR LITERACY & CHILDREN'S EDUCATION PROGRAMS
NOAH PROJECT 5205 AIRLINE ROAD MUSKEGON, MI 49451	38-3456850	501(C)(3)	0.	54,059.	FAIR MARKET VALUE	PET FOOD	SUPPORT FOR RESCUED ANIMALS PROGRAMS

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
NORTH TEXAS FOOD BANK 4500 S. COCKRELL HILL RD DALLAS, TX 75237	75-1785357	501(C)(3)	0.	52,663.	FAIR MARKET VALUE	PET FOOD	SUPPORT FOR RESCUED ANIMALS PROGRAMS
NORTH VALLEY ANIMAL DISASTER GROUP PO BOX 441 CHICO, CA 95927	06-1672191	501(C)(3)	5,105.	0.			SUPPORT FOR RESCUED ANIMALS PROGRAMS
NORTHWEST HARVEST PO BOX 12272 SEATTLE, WA 98102	91-0826037	501(C)(3)	10,000.	0.			SUPPORT FOR HUNGER & POVERTY PROGRAMS
OPERATION BLANKETS OF LOVE 16911 SAN FERNANDO MISSION #187 GRANADA HILLS, CA 91344	80-0238786	501(C)(3)	33,263.	0.			SUPPORT FOR RESCUED ANIMALS PROGRAMS
OPERATION KINDNESS 3201 EARHART DRIVE CARROLLTON, TX 75006	75-1553350	501(C)(3)	0.	9,804.	FAIR MARKET VALUE	PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS PROGRAMS
OPERATION MILITARY CARE K-9 1313 MT HOLLY ROAD BURLINGTON, NJ 08016	01-0597921	501(C)(3)	35,000.	0.			SUPPORT FOR RESCUED ANIMALS PROGRAMS
OPERATION SUPPORT OUR TROOPS - AMERICA, INC. - 1807 SOUTH WASHINGTON STREET, SUITE 110, #359 - NAPERVILLE, IL 60565	20-4275756	501(C)(3)	63,497.	13,406.	FAIR MARKET VALUE	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS PROGRAMS
OZARK HAVEN RESCUE PO BOX 383 CABOOL, MO 65689	20-8891982	501(C)(3)	0.	20,163.	FAIR MARKET VALUE	PET FOOD	SUPPORT FOR RESCUED ANIMALS PROGRAMS
PAL HUMANE SOCIETY 4175 N RANCHO DRIVE, SUITE 110 LAS VEGAS, NV 89130	95-4516403	501(C)(3)	0.	101,778.	FAIR MARKET VALUE	PET FOOD	SUPPORT FOR RESCUED ANIMALS PROGRAMS

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
PASSION 4 PITS RESCUE 5266 6TH AVE S ST. PETERSBURG, FL 33707	46-4979861	501(C)(3)	5,700.	0.			SUPPORT FOR RESCUED ANIMALS PROGRAMS
PATRIOTS PAWS SERVICE DOGS 254 RANCH TRAIL ROCKWALL, TX 75032	04-3815107	501(C)(3)	37,213.	0.			SUPPORT FOR RESCUED ANIMALS PROGRAMS
PAUSE4PAWS PO BOX 41028 PLYMOUTH, MN 55441	45-2865854	501(C)(3)	0.	271,424.	FAIR MARKET VALUE	PET FOOD, PET MEDICATION	SUPPORT FOR RESCUED ANIMALS PROGRAMS
PAWS LA 1150 S. HOPE STREET - A LOS ANGELES, CA 90015	95-4178092	501(C)(3)	0.	108,004.	FAIR MARKET VALUE	PET FOOD	SUPPORT FOR RESCUED ANIMALS PROGRAMS
PET PROJECT FOR PETS 2200 NW 9TH AVENUE WILTON MANORS, FL 33311	37-1440098	501(C)(3)	25,375.	1,697,588.	FAIR MARKET VALUE	PET FOOD, PET MEDICATION	SUPPORT FOR RESCUED ANIMALS PROGRAMS
PETALUMA PEOPLE SERVICES CENTER 1500 PETALUMA BLVD. SOUTH PETALUMA, CA 94952	94-2271299	501(C)(3)	10,000.	0.			SUPPORT FOR HUNGER & POVERTY PROGRAMS
PETCONNECT RESCUE PO BOX 60714 POTOMAC, MD 20859	55-0857806	501(C)(3)	0.	12,026.	FAIR MARKET VALUE	PET FOOD	SUPPORT FOR RESCUED ANIMALS PROGRAMS
PETS & PEOPLE HUMANE SOCIETY P.O. BOX 850587 YUKON, OK 73085	73-1435577	501(C)(3)	380.	1,077,768.	FAIR MARKET VALUE	PET FOOD, PET MEDICATION	SUPPORT FOR RESCUED ANIMALS PROGRAMS
PETS FOR PATRIOTS 218 E PARK AVE SUITE 543 LONG BEACH, NY 11561	27-1082210	501(C)(3)	17,127.	0.			SUPPORT FOR RESCUED ANIMALS PROGRAMS

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
PETS FOR VETS P.O. BOX 10860 WILMINGTON, NC 28404	27-1250302	501(C)(3)	18,070.	0.			SUPPORT FOR RESCUED ANIMALS PROGRAMS
PHILADELPHIA ANIMAL WELFARE SOCIETY (PAWS) - 100 N. 2ND STREET - PHILADELPHIA, PA 19106	26-3862631	501(C)(3)	0.	12,459.	FAIR MARKET VALUE	PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS PROGRAMS
PIMA ANIMAL CARE CENTER 4000 N SILVERBELL RD TUCSON, AZ 85745	86-6000543	501(C)(3)	0.	42,205.	FAIR MARKET VALUE	PET FOOD, PET MEDICATION	SUPPORT FOR RESCUED ANIMALS PROGRAMS
PROJECT V.E.T.S. 1630A 30TH STREET, #256 BOULDER, CO 80301	26-3938168	501(C)(3)	3,229.	446,344.	FAIR MARKET VALUE	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS PROGRAMS
PROTECTIVE ANIMAL WELFARE SOCIETY (PAWS) KC - 7833 WORNALL RD - KANSAS CITY, MO 64114	27-1087517	501(C)(3)	0.	544,586.	FAIR MARKET VALUE	PET FOOD, PET MEDICATION	SUPPORT FOR RESCUED ANIMALS PROGRAMS
PUPPY RESCUE MISSION PO BOX 1516 CELINA, TX 75009	27-4295476	501(C)(3)	99,949.	0.			SUPPORT FOR RESCUED ANIMALS PROGRAMS
RAINBOWS EDGE ANIMAL REFUGE 697 PINEHAVEN DR TILLMAN, SC 29943	30-0008001	501(C)(3)	2,000.	1,806,434.	FAIR MARKET VALUE	PET FOOD, PET MEDICATION	SUPPORT FOR RESCUED ANIMALS PROGRAMS
RANCHO COASTAL HUMANE SOCIETY 389 REQUEZA ST ENCINITAS, CA 92024	95-2151583	501(C)(3)	0.	234,265.	FAIR MARKET VALUE	PET FOOD	SUPPORT FOR RESCUED ANIMALS PROGRAMS
REDROVER PO BOX 188890 SACRAMENTO, CA 95818	68-0124097	501(C)(3)	15,355.	0.			SUPPORT FOR RESCUED ANIMALS PROGRAMS

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
REMOTE AREA MEDICAL VOLUNTEER CORPS - 2200 STOCK CREEK BLVD. - ROCKFORD, TN 37853	58-1647546	501(C)(3)	55,170.	0.			SUPPORT FOR HUNGER & POVERTY, RESCUED ANIMALS PROGRAMS
RESCATE FENIX 10131 SAGE HILL WAY ESCONDIDO, CA 92026	81-3743214	501(C)(3)	7,100.	0.			SUPPORT FOR RESCUED ANIMALS PROGRAMS
RHODE ISLAND SPCA 186 AMARAL ST RIVERSIDE, RI 02915	05-0262716	501(C)(3)	14,323.	0.			SUPPORT FOR RESCUED ANIMALS PROGRAMS
ROICE-HURST HUMANE SOCIETY 362 28 RD GRAND JUNCTION, CO 81501	84-6048416	501(C)(3)	0.	8,206.	FAIR MARKET VALUE	PET FOOD	SUPPORT FOR RESCUED ANIMALS PROGRAMS
ROYAL POTCAKE RESCUE PO BOX 2852 TUCKER, GA 30085	26-0718131	501(C)(3)	3,401.	413,167.	FAIR MARKET VALUE	PET FOOD, PET MEDICATION	SUPPORT FOR RESCUED ANIMALS PROGRAMS
SAN ANTONIO ANIMAL CARE SERVICES 4710 STATE HIGHWAY 151 SAN ANTONIO, TX 78227	74-6002070	501(C)(3)	15,000.	0.			SUPPORT FOR RESCUED ANIMALS PROGRAMS
SAN ANTONIO FOOD BANK 5200 OLD HIGHWAY 90 WEST SAN ANTONIO, TX 78227	74-2122979	501(C)(3)	0.	91,898.	FAIR MARKET VALUE	PET FOOD	SUPPORT FOR RESCUED ANIMALS PROGRAMS
SAN ANTONIO HUMANE SOCIETY 4804 FREDRICKSBURG SAN ANTONIO, TX 78229	74-6024105	501(C)(3)	15,000.	1,262.	FAIR MARKET VALUE	PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS PROGRAMS
SAN ANTONIO PETS ALIVE! PO BOX 830006 SAN ANTONIO, TX 78283	45-4141531	501(C)(3)	5,000.	1,671.	FAIR MARKET VALUE	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS PROGRAMS

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
SAN DIEGO HUMANE SOCIETY 5500 GAINES ST SAN DIEGO, CA 92110	95-1661688	501(C)(3)	19,897.	144,896.	FAIR MARKET VALUE	PET FOOD	SUPPORT FOR RESCUED ANIMALS PROGRAMS
SAVE A GATO PO BOX 37694 SAN JUAN, PR 00937	66-0536302	501(C)(3)	5,000.	37,921.	FAIR MARKET VALUE	PET FOOD	SUPPORT FOR RESCUED ANIMALS PROGRAMS
SEE SPOT RESCUED 57 HIGHLAND AVENUE JERSEY CITY, NJ 07306	46-0833030	501(C)(3)	0.	11,947.	FAIR MARKET VALUE	PET FOOD	SUPPORT FOR RESCUED ANIMALS PROGRAMS
SOMERVILLE FOUNDATION FOR ANIMALS 15 WESTSWOOD ROAD SOMERVILLE, MA 02143	45-2677862	501(C)(3)	0.	121,751.	FAIR MARKET VALUE	PET FOOD	SUPPORT FOR RESCUED ANIMALS PROGRAMS
SOUTH OGDEN ANIMAL SERVICES 3950 S. ADAMS AVE SOUTH OGDEN CITY, UT 84403	87-6000282	501(C)(3)	0.	129,055.	FAIR MARKET VALUE	PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS PROGRAMS
SOUTHERN SOULS RESCUE 3902 ADAMS CHAPEL ROAD HARLEM, GA 30814	45-5465934	501(C)(3)	3,000.	10,572.	FAIR MARKET VALUE	PET FOOD, PET MEDICATION	SUPPORT FOR RESCUED ANIMALS PROGRAMS
SPACE COAST KIBBLE KITCHEN 6321 SPINAKER DRIVE ROCKLEDGE, FL 32955	01-0964816	501(C)(3)	0.	30,054.	FAIR MARKET VALUE	PET FOOD	SUPPORT FOR RESCUED ANIMALS PROGRAMS
SPAY-NEUTER ASSISTANCE PROGRAM P.O. BOX 70286 HOUSTON, TX 77270-0286	76-0608925	501(C)(3)	10,000.	0.			SUPPORT FOR RESCUED ANIMALS PROGRAMS
SPCA OF WESTCHESTER 590 NORTH STATE ROAD BRIARCLIFF MANOR, NY 10510	13-1740069	501(C)(3)	0.	105,039.	FAIR MARKET VALUE	PET FOOD, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS PROGRAMS

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
SPCA SAN PAT COUNTY 4630 FM 1069 ARANSAS PASS, TX 57336	56-2598436	501(C)(3)	15,000.	0.			SUPPORT FOR RESCUED ANIMALS PROGRAMS
SPCALA 5026 W JEFFERSON BLVD LOS ANGELES, CA 90016	95-1738153	501(C)(3)	0.	44,811.	FAIR MARKET VALUE	PET FOOD	SUPPORT FOR RESCUED ANIMALS PROGRAMS
SPECIAL OLYMPICS WASHINGTON 1809 7TH AVENUE, SUITE 1509 SEATTLE, WA 98101	91-0962383	501(C)(3)	14,000.	0.			SUPPORT FOR CHILDREN'S HEALTH & WELL BEING PROGRAMS
SPIKE'S K9 FUND 5760 NORTHAMPTON BLVD, #118 VIRGINIA BEACH, VA 23455-3728	47-2144242	501(C)(3)	40,000.	0.			SUPPORT FOR RESCUED ANIMALS PROGRAMS
SPOOFDAWG TO THE RESCUE INC PO BOX 6074 ORANGE, CA 92863	82-0870764	501(C)(3)	0.	43,565.	FAIR MARKET VALUE	PET FOOD	SUPPORT FOR RESCUED ANIMALS PROGRAMS
ST. HUBERT'S ANIMAL WELFARE CENTER 575 WOODLAND AVE MADISON, NJ 07940	22-1627726	501(C)(3)	13,000.	175,375.	FAIR MARKET VALUE	PET FOOD	SUPPORT FOR RESCUED ANIMALS PROGRAMS
ST. PAWS 3275 E. PLATTE AVE. UNIT E COLORADO SPRINGS, CO 80909	27-1133755	501(C)(3)	0.	924,078.	FAIR MARKET VALUE	PET FOOD	SUPPORT FOR RESCUED ANIMALS PROGRAMS
STRAY CAT ALLIANCE PO BOX 661277 LOS ANGELES, CA 90066	95-4787231	501(C)(3)	0.	6,173.	FAIR MARKET VALUE	PET FOOD	SUPPORT FOR RESCUED ANIMALS PROGRAMS
TEAM RUBICON 6171 WEST CENTURY BLVD, SUITE 310 LOS ANGELES, CA 90045	27-1720480	501(C)(3)	40,620.	0.			SUPPORT FOR HUNGER & POVERTY PROGRAMS

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
TEXAS A&M FOUNDATION 401 GEORGE BUSH DRIVE COLLEGE STATION, TX 77840	74-2245072	501(C)(3)	20,000.	0.			SUPPORT FOR RESCUED ANIMALS PROGRAMS
THE ARIZONA PET PROJECT 3905 N 7TH AVENUE #7611 PHOENIX, AZ 85013	86-1008549	501(C)(3)	0.	6,485.	FAIR MARKET VALUE	PET FOOD	SUPPORT FOR RESCUED ANIMALS PROGRAMS
THE BARKING LOT 486 RALEIGH AVE EL CAJON, CA 92020	26-2118543	501(C)(3)	22,785.	0.			SUPPORT FOR RESCUED ANIMALS PROGRAMS
THE CAT HOUSE ON THE KINGS 7120 SOUTH KINGS RIVER ROAD PARLIER, CA 93648	27-0015288	501(C)(3)	0.	59,429.	FAIR MARKET VALUE	PET FOOD, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS PROGRAMS
THE FUND FOR ANIMALS, INC. 700 PROFESSIONAL DRIVE GAITHERSBURG, MD 20879	13-6218740	501(C)(3)	81,725.	0.			SUPPORT FOR RESCUED ANIMALS PROGRAMS
THE HUMANE SOCIETY OF THE UNITED STATES - 1255 23RD ST. NW, SUITE 450 - WASHINGTON, DC 20037	53-0225390	501(C)(3)	63,346.	175,435.	FAIR MARKET VALUE	PET FOOD	SUPPORT FOR RESCUED ANIMALS PROGRAMS
THE HUMANE SOCIETY OF TULSA 9521-B S. RIVERSIDE DRIVE, BOX 542 TULSA, OK 74137	73-1571476	501(C)(3)	5,200.	1,989.	FAIR MARKET VALUE	PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS PROGRAMS
THE NAGI FOUNDATION 18521 E. QUEEN CREEK ROAD SUITE 105 QUEEN CREEK, AZ 85142	47-5402665	501(C)(3)	0.	5,746.	FAIR MARKET VALUE	PET FOOD	SUPPORT FOR RESCUED ANIMALS PROGRAMS
THE NATIVE AMERICA HUMANE SOCIETY 3838 WEST CARSON ST., SUITE 218 TORRANCE, CA 90503	46-5445818	501(C)(3)	170.	141,777.	FAIR MARKET VALUE	PET FOOD	SUPPORT FOR RESCUED ANIMALS PROGRAMS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE NOAH CENTER 31300 BRANDSTROM RD STANWOOD, WA 98292	91-1362069	501(C)(3)	0.	5,263.	FAIR MARKET VALUE	PET FOOD	SUPPORT FOR RESCUED ANIMALS PROGRAMS
THE UNIVERSITY OF FLORIDA FOUNDATION - 2015 SW 16TH AVENUE - GAINESVILLE, FL 32608	59-2911059	501(C)(3)	75.	145,820.	FAIR MARKET VALUE	PET MEDICATION	SUPPORT FOR RESCUED ANIMALS PROGRAMS
TRAP NEUTER RETURN RIVERSIDE 8428 WILLIAMSBURG PLACE RIVERSIDE, CA 92504	30-0880247	501(C)(3)	1,000.	824,136.	FAIR MARKET VALUE	PET FOOD, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS PROGRAMS
UNITED PET FUND 9401 TOWNE SQUARE AVENUE BLUE ASH, OH 45242	27-2582105	501(C)(3)	250.	1,143,833.	FAIR MARKET VALUE	PET FOOD, PET MEDICATION	SUPPORT FOR RESCUED ANIMALS PROGRAMS
USVI DEPARTMENT OF AGRICULTURE 21-22 KONGENS GADE CHARLOTTE AMALIE, VI 00802	00-0000000	DEPT OF AGRICULT	0.	210,675.	FAIR MARKET VALUE	PET FOOD	SUPPORT FOR RESCUED ANIMALS PROGRAMS
VETERAN HOMESTEAD 3 VICTORY LANE GARDNER, MA 01440	04-3199887	501(C)(3)	106,190.	0.			SUPPORT FOR HUNGER & POVERTY PROGRAMS
VETERANS VILLAGE OF SAN DIEGO 4141 PACIFIC HIGHWAY SAN DIEGO, CA 92110	95-3649525	501(C)(3)	56,190.	0.			SUPPORT FOR HUNGER & POVERTY PROGRAMS
VIP RESCUE INC 120 TANGELO DRIVE PALM HARBOR, FL 34683	80-0662575	501(C)(3)	0.	6,977.	FAIR MARKET VALUE	PET FOOD	SUPPORT FOR RESCUED ANIMALS PROGRAMS
VOORHEES ANIMAL ORPHANAGE 419 COOPER RD VOORHEES, NJ 08043	22-2914004	501(C)(3)	0.	6,737.	FAIR MARKET VALUE	PET FOOD	SUPPORT FOR RESCUED ANIMALS PROGRAMS

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
WAGS & WHISKERS ANIMAL RESCUE OF MN - PO BOX 304 - SHAKOPEE, MN 55379	36-4641735	501(C)(3)	250.	46,940.	FAIR MARKET VALUE	PET FOOD	SUPPORT FOR RESCUED ANIMALS PROGRAMS
WE CARE ANIMAL RESCUE 85 S WESLEY ROAD VEEDERSBURG, IN 47987	26-0738291	501(C)(3)	500.	87,267.	FAIR MARKET VALUE	PET FOOD	SUPPORT FOR RESCUED ANIMALS PROGRAMS
WHITE OAK ANIMAL SAFE HAVEN 2295 LINCOLN WAY WHITE OAK, PA 15131	25-1875919	501(C)(3)	0.	6,079.	FAIR MARKET VALUE	PET FOOD	SUPPORT FOR RESCUED ANIMALS PROGRAMS
WILDLIFE FRIENDLY ENTERPRISE NETWORK - 433 SPROUT PATH NW - BAINBRIDGE ISLAND, WA 98110	20-3083333	501(C)(3)	5,075.	0.			SUPPORT FOR PROTECTING/RESTORING ENVIRONMENT PROGRAMS
WINGS OF RESCUE 9478 CHEROKEE LANE BEVERLY HILLS, CA 90210	45-3343408	501(C)(3)	1,026,782.	64,521.	FAIR MARKET VALUE	PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS PROGRAMS

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
RESCUE ANIMALS PROGRAM	9500	0.	5,048,476.	FAIR MARKET VALUE	PET FOOD GRANTS

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

2017

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 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? **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**
- b** Any related organization? **6b**
- 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) 2017

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)	170,000.	0.	0.	0.	7,744.	177,744.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ELIZABETH ASHER PROGRAM DIRECTOR	(i)	143,350.	0.	0.	0.	9,636.	152,986.	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)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART II, LINE 1:

THROUGH JULY 2017, LIZ BAKER WAS COMPENSATED BY CHARITYUSA, AN
UNRELATED ORGANIZATION, AND GREATERGOOD.ORG REIMBURSED CHARITYUSA FOR
70% OF MS. BAKER'S COMPENSATION. AS OF AUGUST 1, 2017, GREATERGOOD.ORG
PAYS 100% OF MS. BAKER'S COMPENSATION.

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	2,422,331.	REIMBURSEME		X
CHARITYUSA.COM	CREATOR/FOUNDER	988,957.	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

2017

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 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				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	1	990.	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	27	33,506,335.	FAIR MARKET VALUE
20 Drugs and medical supplies	X	6	3,708,093.	FAIR MARKET VALUE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (PET PRODUCTS)	X	17	1,865,305.	FAIR MARKET VALUE
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

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

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 ORGANIZATIONS 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

2017

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:

\$127,942 WAS GRANTED TO NON-PROFIT PARTNERS AND VARIOUS HOSPITALS AND
CLINICS IN THE U.S. AND ABROAD WHERE MAMMOGRAM SCREENING SERVICES ARE
PROVIDED.

EXPENSES \$322,576. INCLUDING GRANTS OF \$127,942

PROTECTING/RESTORING THE ENVIRONMENT:

\$321,406 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 \$810,354. INCLUDING GRANTS OF \$ 321,406.

EXPENSES \$ 1,132,931. INCLUDING GRANTS OF \$ 449,347. REVENUE \$ 0.

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

Schedule O (Form 990 or 990-EZ) (2017)

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

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 HAVE 13 PEOPLE WHO FALL UNDER THIS DEFINITION.

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

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
---	--

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 OCTOBER 2018.

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.

FORM 990, PART VII, LINE 1A:
 JENNIFER FERMON ENDED HER BOARD SERVICE BEFORE SHE WAS HIRED AS A
 GREATERGOOD.ORG EMPLOYEE IN AUGUST OF 2017. ALL COMPENSATION IS FOR HER
 EMPLOYMENT AND NOT RELATED TO HER PRIOR DUTIES AS A BOARD MEMBER.

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.**

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868 .**

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/efile, click on Charities & Non-Profits, and click on 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	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 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, 2019**, 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, 2017**, and ending **JUN 30, 2018**.

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.

**MAIL TO: DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0045**