

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2015**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A For the 2015 calendar year, or tax year beginning** JUL 1, 2015 **and ending** JUN 30, 2016

<b>B</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	<b>C Name of organization</b> GREATERGOOD.ORG		<b>D Employer identification number</b> 20-4846675	
	Doing business as		<b>E Telephone number</b> 206-268-5400	
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		
	600 UNIVERSITY AVENUE		1000	
City or town, state or province, country, and ZIP or foreign postal code SEATTLE, WA 98101		<b>G Gross receipts \$</b> 36,804,095.		
<b>F Name and address of principal officer:</b> ELIZABETH BAKER SAME AS C ABOVE		<b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>J Website:</b> WWW.GREATERGOOD.ORG		If "No," attach a list. (see instructions)		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> 2006		<b>M State of legal domicile:</b> WA
<b>H(c) Group exemption number</b> ▶				

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: GREATERGOOD.ORG IS DEVOTED TO ADDRESSING HEALTH AND WELL-BEING OF PEOPLE (PARTICULARLY WOMEN AND		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	10
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	10
	<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	22
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	11
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	15,336,272.	33,242,159.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	231,033.	786,799.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	288.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,264,761.	2,774,849.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	17,832,066.	36,804,095.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	14,354,595.	31,187,313.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	942,883.	1,406,428.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 252,451.	0.	0.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	887,007.	1,193,118.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	16,184,485.	33,786,859.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	1,647,581.	3,017,236.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	4,276,124.	7,191,320.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	140,156.	348,562.
		4,135,968.	6,842,758.

**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.

<b>Sign Here</b>	▶ Signature of officer		Date		
	▶ JOHN GEHRT, TREASURER Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	JANE M. SEARING	JANE M. SEARING	05/14/17		P00000565
Firm's name ▶ CLARK NUBER, PS			Firm's EIN ▶ 91-1194016		
Firm's address ▶ 10900 NE 4TH STREET, SUITE 1700 BELLEVUE, WA 98004			Phone no. 425-454-4919		

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 THE 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 OTHER REGISTERED CHARITABLE

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 \$ 29,627,020. including grants of \$ 28,600,830.) (Revenue \$ 786,799.) ANIMAL WELFARE (RESCUED ANIMALS): \$28,600,830 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 \$ 1,593,441. including grants of \$ 1,010,493.) (Revenue \$ ) HUNGER & POVERTY: \$1,010,493 WAS DISTRIBUTED TO CHARITIES ADDRESSING HUNGER AND POVERTY IN THE U.S. AND INTERNATIONALLY. FUNDS SUPPORTED PROGRAMS TO DISTRIBUTE FOOD, PROVIDE STOVES FOR DISPLACED PEOPLE IN DARFUR, PROVIDE HIGH YIELD SEEDS IN AGRICULTURAL AREAS IN AFRICA, PROVIDE CLEAN WATER IN AFRICAN COMMUNITIES, HIGH-CALORIE, NUTRITIOUS FOOD FOR INFANTS AND MOTHERS IN NIGER AND BASIC SURVIVAL SUPPLIES IN AREAS AFFECTED BY DISASTERS.

4c (Code: ) (Expenses \$ 1,204,830. including grants of \$ 1,017,752.) (Revenue \$ ) LITERACY & CHILDREN'S EDUCATION AND HEALTH: \$1,017,752 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

4d Other program services (Describe in Schedule O.) (Expenses \$ 893,326. including grants of \$ 558,238.) (Revenue \$ )

4e Total program service expenses 33,318,617.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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	
<b>22</b> 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
<b>23</b> 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	
<b>24a</b> 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>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</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
<b>26</b> 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
<b>27</b> 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
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</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
<b>c</b> 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	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> 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
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</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> .....		
<b>36</b> <b>Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note.** All Form 990 filers are required to complete Schedule O .....

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O reference

Main table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields. Includes questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4947(a)(1), and Form 720.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed 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. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: JOHN GEHRT - 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	1.00	X		X				0.	0.	0.
(2) JENNIFER FERMON BOARD VICE PRESIDENT	1.00	X		X				0.	0.	0.
(3) JOHN GEHRT BOARD TREASURER	2.00	X		X				0.	0.	0.
(4) EVE HIGGS BOARD SECRETARY	1.00	X		X				0.	0.	0.
(5) JULIA CHRISTOPHERSEN BOARD MEMBER	1.00	X						0.	0.	0.
(6) SCOTT GARREPY BOARD MEMBER THRU 6/29/16	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 SAMUELSON BOARD MEMBER	1.00	X						0.	0.	0.
(11) DAVID YASKULKA BOARD MEMBER	1.00	X						0.	0.	0.
(12) ELIZABETH BAKER EXECUTIVE DIRECTOR	30.00			X				115,850.	0.	3,355.
(13) SUSAN ROSENBERG PROGRAM DIRECTOR	40.00					X		101,500.	0.	6,639.
(14) ELIZABETH ASHER PROGRAM DIRECTOR	40.00					X		116,938.	0.	6,044.
(15) JOHN KANE PROGRAM DIRECTOR	40.00					X		113,125.	0.	5,890.





**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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	33,242,159.			
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		27,492,505.			
	<b>h Total.</b> Add lines 1a-1f		33,242,159.			
<b>Program Service Revenue</b>	<b>2 a</b> PET FOOD STORAGE/HANDL	<b>Business Code</b> 493000	786,799.	786,799.		
	<b>b</b>					
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f		786,799.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		288.			288.
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties		2,774,849.			2,774,849.
	<b>6 a</b> Gross rents	(i) Real				
		(ii) Personal				
		<b>b</b> Less: rental expenses				
		<b>c</b> Rental income or (loss)				
	<b>d</b> Net rental income or (loss)					
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses				
		<b>c</b> Gain or (loss)				
	<b>d</b> Net gain or (loss)					
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>				
		<b>b</b> Less: direct expenses				
<b>c</b> Net income or (loss) from fundraising events						
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
	<b>b</b> Less: direct expenses					
	<b>c</b> Net income or (loss) from gaming activities					
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>					
	<b>b</b> Less: cost of goods sold					
	<b>c</b> Net income or (loss) from sales of inventory					
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11 a</b>						
	<b>b</b>					
	<b>c</b>					
	<b>d</b> All other revenue					
	<b>e Total.</b> Add lines 11a-11d					
<b>12 Total revenue.</b> See instructions.			36,804,095.	786,799.	0.	2,775,137.

**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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	29,717,205.	29,717,205.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,470,108.	1,470,108.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	127,061.	76,237.	25,412.	25,412.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	1,094,121.	921,917.	12,403.	159,801.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	90,254.	78,874.	374.	11,006.
<b>10</b> Payroll taxes	94,992.	78,423.	2,572.	13,997.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	15,639.	1,255.	14,384.	
<b>c</b> Accounting	51,211.	3,500.	47,711.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	82,749.	62,964.	15,860.	3,925.
<b>12</b> Advertising and promotion	21,175.	12,411.	1,903.	6,861.
<b>13</b> Office expenses	668,466.	638,167.	16,241.	14,058.
<b>14</b> Information technology	103,005.	97,005.	6,000.	
<b>15</b> Royalties				
<b>16</b> Occupancy	70,092.	20,921.	49,171.	
<b>17</b> Travel	157,136.	128,878.	17,952.	10,306.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	11,212.	1,999.	2,128.	7,085.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	6,765.	6,238.	527.	
<b>23</b> Insurance	5,668.	2,515.	3,153.	
<b>24</b> 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.)				
<b>a</b> _____				
<b>b</b> _____				
<b>c</b> _____				
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	33,786,859.	33,318,617.	215,791.	252,451.
<b>26</b> <b>Joint costs.</b> 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)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	844,450.	<b>1</b>	1,290,046.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	2,965,234.	<b>4</b>	5,454,372.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> 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 .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	353,370.	<b>8</b>	336,493.
	<b>9</b> Prepaid expenses and deferred charges .....	10,080.	<b>9</b>	9,943.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 30,722.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 9,756.		
		23,490.	<b>10c</b>	20,966.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....	79,500.	<b>14</b>	79,500.
<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>		
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	4,276,124.	<b>16</b>	7,191,320.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	140,156.	<b>17</b>	347,681.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	0.	<b>19</b>	881.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	140,156.	<b>26</b>	348,562.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	4,135,968.	<b>27</b>	6,842,758.
	<b>28</b> Temporarily restricted net assets .....		<b>28</b>	
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	4,135,968.	<b>33</b>	6,842,758.	
<b>34</b> Total liabilities and net assets/fund balances .....	4,276,124.	<b>34</b>	7,191,320.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	36,804,095.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	33,786,859.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	3,017,236.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	4,135,968.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	1,243.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-311,689.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	6,842,758.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b>	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.	X	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
<b>b</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 _____		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

<b>Name of the organization</b> GREATERGOOD.ORG	<b>Employer identification number</b> 20-4846675
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1,138,382.	1,673,128.	5,241,534.	15,336,272.	33,242,159.	56,631,475.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....	1,138,382.	1,673,128.	5,241,534.	15,336,272.	33,242,159.	56,631,475.
<b>5</b> 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) .....						23,114,402.
<b>6 Public support.</b> Subtract line 5 from line 4.						33,517,073.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>7</b> Amounts from line 4 .....	1,138,382.	1,673,128.	5,241,534.	15,336,272.	33,242,159.	56,631,475.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	1,509,789.	1,271,281.	1,892,361.	2,264,761.	2,775,137.	9,713,329.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						66,344,804.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	1,017,832.
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	50.52 %
<b>15</b> Public support percentage from 2014 Schedule A, Part II, line 14 .....	<b>15</b>	67.62 %
<b>16a 33 1/3% support test - 2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2014.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2015.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2014.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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 9 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2015.** 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 - 2014.** 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 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> 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? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

**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. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> 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) 2015

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2015 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
<b>1</b> Distributable amount for 2015 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> From 2013			
<b>e</b> From 2014			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2015 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b> Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b> Excess from 2013			
<b>d</b> Excess from 2014			
<b>e</b> Excess from 2015			



# 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.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

# 2015

Name of the organization

GREATERGOD.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. Do not 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 is not covered by the General Rule and/or the Special Rules does not 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 does not 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) (2015)

<b>Name of organization</b> GREATERGOOD.ORG	<b>Employer identification number</b> 20-4846675
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 16,245,700.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 6,171,366.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 2,613,669.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 756,727.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	PET FOOD _____ _____ _____	\$ 16,245,700.	07/15/15
2	PET FOOD _____ _____ _____	\$ 6,171,366.	07/15/15
3	PET FOOD _____ _____ _____	\$ 2,613,669.	07/15/15
4	PET FOOD _____ _____ _____	\$ 756,727.	07/15/15
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization  GREATERGOOD.ORG	Employer identification number  20-4846675
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions about donor property and grant fund usage.

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

Form for Part II with multiple questions (1-9) about conservation easements, including checkboxes for various purposes, a table for held easements at the end of the tax year, and Yes/No questions about monitoring and reporting.

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

Form for Part III with questions (1a, 1b, 2) about reporting collections of art and historical treasures, including dollar amounts for revenue and assets.

**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	<b>1c</b>
d Additions during the year	<b>1d</b>
e Distributions during the year	<b>1e</b>
f Ending balance	<b>1f</b>

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	<b>3a(i)</b>	
(ii) related organizations	<b>3a(ii)</b>	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<b>3b</b>	

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		30,722.	9,756.	20,966.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				20,966.

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (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)	
<b>Total.</b> (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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	36,972,051.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	479,645.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	479,645.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	36,492,406.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	311,689.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	311,689.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	36,804,095.

**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.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	34,265,261.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	479,645.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-1,243.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	478,402.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	33,786,859.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	33,786,859.

**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 XI, LINE 4B - OTHER ADJUSTMENTS:

SECTION 481 NET POSITIVE ADJUSTMENT FOR CASH TO ACCRUAL ACCOUNTING METHOD

CHANGE, TO BE RECOGNIZED EVENLY OVER FOUR YEARS.

\$1,246,757/4 = \$311,689 (3RD OF FOUR YEAR RECOGNITION) 311,689.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

UNREALIZED GAINS ON INVESTMENTS -1,243.

PART XI, LINE 2B AND PART XII, LINE 2A - DONATED SERVICES:

DIFFERENT FROM GAAP REPORTING, FOR TAX REPORTING PURPOSES ON THE FORM 990,

THE VALUE OF DONATED SERVICES ARE NOT INCLUDED IN CONTRIBUTIONS. THEREFORE

THE \$479,645 VALUE OF DONATED ADVERTISING SPACE FROM GOOGLE ADWORDS HAS



**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.

▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization  GREATERGOOD.ORG	Employer identification number  20-4846675
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**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., 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 region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	GRANT-MAKING	N/A	232,430.
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	0	0	GRANT-MAKING	N/A	369,603.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	GRANT-MAKING	N/A	10,046.
MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	0	0	GRANT-MAKING	N/A	55,105.
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	0	GRANT-MAKING	N/A	153,330.
RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBAIJAN, BELARUS,	0	0	GRANT-MAKING	N/A	4,495.
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,	0	0	GRANT-MAKING	N/A	199,544.
SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES,	0	0	GRANT-MAKING	N/A	104,006.
<b>3 a</b> Sub-total .....	0	0			1,128,559.
<b>b</b> Total from continuation sheets to Part I .....	0	0			341,549.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			1,470,108.

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

Schedule F (Form 990) 2015



**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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	RESCUED ANIMALS	122,924.	WIRE	0.		
		SOUTH AMERICA	HUNGER & POVERTY	15,420.	WIRE	0.		
		NORTH AMERICA	RESCUED ANIMALS	0.		6,900.	PET FOOD	FMV
		NORTH AMERICA	HUNGER & POVERTY	6,000.	CHECK	0.		
		NORTH AMERICA	HUNGER & POVERTY	0.		39,327.	CLOTHING	FMV
		SOUTH ASIA	RESCUED ANIMALS	5,892.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	LITERACY & CHILDREN'S EDUCATION	50,000.	CHECK	0.		
		NORTH AMERICA	RESCUED ANIMALS	9,455.	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 ..... **33**

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



<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	RESCUED ANIMALS	8,695.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	RESCUED ANIMALS	4,813.	CHECK	0.		
		EUROPE	RESCUED ANIMALS	291.	CHECK	0.		
		SOUTH ASIA	RESCUED ANIMALS	25,449.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	RESCUED ANIMALS	3,245.	CHECK	0.		
		EUROPE	RESCUED ANIMALS	8,525.	CHECK	0.		
		RUSSIA	RESCUED ANIMALS	815.	CHECK	0.		
		SOUTH AMERICA	RESCUED ANIMALS	145.	CHECK	0.		
		SOUTH ASIA	RESCUED ANIMALS	5,285.	CHECK	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	RESCUED ANIMALS	19,318.	CHECK	0.		
		NORTH AMERICA	PROTECTING/RESTORING ENVIRONMENT	9,862.	CHECK	0.		
		NORTH AMERICA	RESCUED ANIMALS	12,000.	CHECK	0.		
		NORTH AMERICA	RESCUED ANIMALS	0.		19,170.	PET FOOD	FMV
		EAST ASIA AND THE PACIFIC	HUNGER & POVERTY	13,070.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	HUNGER & POVERTY	228,490.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	LITERACY & CHILDREN'S EDUCATION	720.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	HUNGER & POVERTY	8,770.	CHECK	0.		
		SUB-SAHARAN AFRICA	HUNGER & POVERTY	25,936.	CHECK	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	HUNGER & POVERTY	25,762.	CHECK	0.		
		SUB-SAHARAN AFRICA	LITERACY & CHILDREN'S EDUCATION	85.	CHECK	0.		
		SOUTH ASIA	LITERACY & CHILDREN'S EDUCATION	24,850.	WIRE	0.		
		SOUTH ASIA	CHILDREN'S HEALTH & WELL BEING	5,810.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	BREAST CANCER & WOMEN'S HEALTH	690.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHILDREN'S HEALTH & WELL BEING	63.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HUNGER & POVERTY	16,479.	CHECK	0.		
		SOUTH AMERICA	HUNGER & POVERTY	80.	CHECK	0.		
		SUB-SAHARAN AFRICA	BREAST CANCER & WOMEN'S HEALTH	12,495.	CHECK	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	CHILDREN'S HEALTH & WELL BEING	293.	CHECK	0.		
		SUB-SAHARAN AFRICA	HUNGER & POVERTY	17,570.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	CHILDREN'S HEALTH & WELL BEING	46,335.	CHECK	0.		
		SOUTH ASIA	LITERACY & CHILDREN'S EDUCATION	6,259.	CHECK	0.		
		SUB-SAHARAN AFRICA	RESCUED ANIMALS	7,254.	WIRE	0.		
		SOUTH ASIA	LITERACY & CHILDREN'S EDUCATION	7,029.	CHECK	0.		
		SUB-SAHARAN AFRICA	RESCUED ANIMALS	23,620.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	HUNGER & POVERTY	1,825.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	LITERACY & CHILDREN'S EDUCATION	5,379.	CHECK	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	RESCUED ANIMALS	0.		5,680.	PET FOOD	FMV
		EAST ASIA AND THE PACIFIC	RESCUED ANIMALS	91,278.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HUNGER & POVERTY	161,487.	CHECK	0.		
		NORTH AMERICA	RESCUED ANIMALS	0.		5,710.	PET FOOD	FMV
		SUB-SAHARAN AFRICA	BREAST CANCER & WOMEN'S HEALTH	30,000.	CHECK	0.		
		NORTH AMERICA	RESCUED ANIMALS	0.		15,600.	PET FOOD	FMV
		SUB-SAHARAN AFRICA	LITERACY & CHILDREN'S EDUCATION	1,066.	WIRE	0.		
		SUB-SAHARAN AFRICA	RESCUED ANIMALS	7,657.	WIRE	0.		
		SOUTH AMERICA	PROTECTING/RESTORING ENVIRONMENT	177,874.	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; do not 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; do not file with Form 990)* .....  Yes  No

**Part V Supplemental Information**

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

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. AFTER THE END OF OUR FISCAL  
YEAR, WE REQUIRE A REPORT 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.



**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.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Name of the organization GREATERGOD.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 non-cash assistance	(h) Purpose of grant or assistance
1MATTERS.ORG 3450 W. CENTRAL AVE. #108 TOLEDO, OH 43606	26-2052237		13,500.	0.			HUNGER & POVERTY
4 PAWS ANIMAL RESCUE 1057 EMERICK ST YPSILANTI, MI 48198	27-3741642		0.	514,291.	COST	PET FOOD	RESCUED ANIMALS
9TH LIFE HAWAII P.O. BOX 476 MAKAWAO, HI 96768	99-0341213		3,849.	384,490.	COST	PET FOOD	RESCUED ANIMALS
ACTION FOR ANIMALS P.O. BOX 835 MUNCIE, IN 47308	35-1508888		0.	372,684.	COST	PET FOOD	RESCUED ANIMALS
ADOPT RESCUE DOGS /LEGACY RANCH P.O. BOX 898 POINTBLANK, TX 77364	27-3563456		0.	6,717.	COST	PET FOOD	RESCUED ANIMALS
ADORABLE MUTTS RESCUE 13547 ANDREW WAY HOUSTON, TX 77082	46-4761200		0.	54,854.	COST	PET FOOD	RESCUED ANIMALS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 239.

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

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

Schedule I (Form 990) (2015)

**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
ADORE HOUSTON 5225 KATY FREEWY STE 500 HOUSTON, TX 77007	45-2828055		0.	8,204.	COST	PET FOOD	RESCUED ANIMALS
ADY GIL WORLD CONSERVATION 20359 DELITA DR WOODLAND HILLS, CA 91364	30-0611901		0.	42,249.	COST	PET FOOD	RESCUED ANIMALS
ALL ABOUT ANIMALS RESCUE 4401 WEST DAILEY STREET GLENDALE, AZ 85306	27-5410456		6,205.	975.	COST	VACCINATIONS	RESCUED ANIMALS
ALL ABOUT SPAY NEUTER, INC 4209 MERRICK ROAD MASSAPEQUA, NY 11758	26-0095027		50.	725,549.	COST	PET FOOD	RESCUED ANIMALS
ALL BORDER COLLIE RESCUE 1054 FOREST HAVEN CTCONROE CONROE, TX 77384	26-3926511		0.	25,975.	COST	PET FOOD	RESCUED ANIMALS
AMERICAN BELGIAN MALINOIS RESCUE 655 STILLCREEK LANE YORK, PA 17406	81-6099454		4,500.	558.	COST	PET BEDS	RESCUED ANIMALS
AMERICAN HUMANE ASSOCIATION 1400 16TH ST NW, SUITE 360 WASHINGTON, DC 20036	84-0432950		21,325.	0.			RESCUED ANIMALS
AMERICAN-ITALIAN CANCER FOUNDATION 112 EAST 71 STREET, SUITE 2B NEW YORK, NY 10021	13-3035711		30,000.	0.			BREAST CANCER & WOMEN'S HEALTH
ANIMAL LIFELINE 1111 EASTON ROAD, WARRINGTON PAVILLION #24 - WARRINGTON, PA 18976	20-4444813		42,221.	1,600.	COST	PET FOOD	RESCUED ANIMALS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANIMAL RESCUE FORCE 5 PINE TREE RD FARMINGVILLE, NY 11738	11-2549668		0.	275,447.	COST	PET FOOD	RESCUED ANIMALS
ANIMAL RESCUE FUND OF THE HAMPTONS 91 DANIELS HOLE ROAD WAINSCOTT, NY 11975	23-7400663		0.	5,292.	COST	PET FOOD	RESCUED ANIMALS
ANIMAL RESOURCE FOUNDATION P.O. BOX 273 PALO, IA 52324	94-3471348		0.	944,468.	COST	PET FOOD	RESCUED ANIMALS
ANIMEALS 1700 RANKIN ST. MISSOULA, MT 59808	20-4694132		0.	298,913.	COST	PET FOOD	RESCUED ANIMALS
AR KIDS READ 401 SCOTT STREET, SUITE 4 LITTLE ROCK, AR 72201	46-1477513		0.	77,000.	COST	BOOKS	LITERACY & CHILDREN'S EDUCATION
ARIZONA ANIMAL WELFARE LEAGUE & SPCA - 25 NORTH 40TH STREET - PHOENIX, AZ 85034	23-7149453		0.	77,013.	COST	PET FOOD	RESCUED ANIMALS
ARIZONA BEAGLE RESCUE PO BOX 61193 PHOENIX, AZ 85082	01-0646242		6,700.	975.	COST	VACCINATIONS	RESCUED ANIMALS
ASHEVILLE HUMANE SOCIETY 14 FOREVER FRIEND LANE ASHEVILLE, NC 28806	56-1444098		0.	5,467.	COST	VACCINATIONS	RESCUED ANIMALS
ASPCA 520 EIGHTH AVE 7TH FLOOR NEW YORK, NY 10018	13-1623829		52,830.	207,309.	COST	PET FOOD	RESCUED ANIMALS

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ASSN OF GERMAN SHEPHERD RESCUERS, INC. - 120 TUSTIN AVE, - NEWPORT BEACH, CA 92663	20-3455479		7,000.	0.			RESCUED ANIMALS
AUSTIN HUMANE SOCIETY 124 W. ANDERSON LN. AUSTIN, TX 78752	74-6013665		0.	5,292.	COST	PET FOOD	RESCUED ANIMALS
AUSTIN PETS ALIVE 1156 W. CESAR CHAVEZ ST AUSTIN, TX 78703	74-2893360		10,147.	18,191.	COST	KITTY LITTER	RESCUED ANIMALS
AUTISM SPEAKS 1060 STATE ROAD, 2ND FLOOR PRINCETON, NJ 08540	20-2329938		20,551.	0.			CHILDREN'S HEALTH & WELL BEING
AZALEA CITY CAT COALITION P.O. BOX 1612 MOBILE, AL 36526	26-1999865		0.	85,299.	COST	PET FOOD	RESCUED ANIMALS
BALTIMORE HUMANE SOCIETY 1601 NICODEMUS ROAD REISTERSTOWN, MD 21136	52-0623165		0.	23,414.	COST	PET FOOD	RESCUED ANIMALS
BANDA DE ANIMAL RESCUE 22 OAKLEY BEND MISSOURI CITY, TX 77459	26-1200402		0.	5,298.	COST	PET FOOD	RESCUED ANIMALS
BARRIO DOGS P.O. BOX 230677 HOUSTON, TX 77223	27-2233574		0.	22,537.	COST	PET FOOD	RESCUED ANIMALS
BIDEAWEE 3300 BELTAGH AVENUE WANTAGH, NY 11793	13-1655210		0.	6,390.	COST	PET FOOD	RESCUED ANIMALS

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BLIND CAT RESCUE & SANCTUARY, INC. 3101 E. GREAT MARSH CHURCH ROAD ST. PAULS, NC 28384	20-3410498		39,912.	480.	COST	KITTY LITTER	RESCUED ANIMALS
BREAST CARE FOR WASHINGTON 4 ATLANTIC STREET SW WASHINGTON, DC 20032	45-4474713		35,000.	0.			BREAST CANCER & WOMEN'S HEALTH
CANINE COLLECTIVE 4365 MAYNARD RD. DELAWARE, OH 43015	26-1495848		0.	334,592.	COST	PET FOOD	RESCUED ANIMALS
CAPE KITTY RESCUE 971 KINGS WAY COLDSRING, TX 77331	46-3195057		0.	12,944.	COST	PET FOOD	RESCUED ANIMALS
CAT HAVEN 11130 N. HARRELLS FERRY RD. BATON ROUGE, LA 70816	72-1454718		0.	5,292.	COST	PET FOOD	RESCUED ANIMALS
CATS FOR LIFE 12723 STILLINGTON DR HOUSTON, TX 77015	26-2538970		0.	18,137.	COST	PET FOOD	RESCUED ANIMALS
CHICAGOLAND LAB RESCUE 1916 WEST ESTES AVE CHICAGO, IL 60626	46-0839333		0.	749,162.	COST	PET FOOD	RESCUED ANIMALS
CHILDREN'S HOME SOCIETY 801 NORTH SYCAMORE AVENUE SIOUX FALLS, SD 57110	46-0224542		0.	13,060.	COST	BOOKS	LITERACY & CHILDREN'S EDUCATION
CITIZENS FOR ANIMAL PROTECTION 17555 KATY FREEWAY HOUSTON, TX 77094	23-7296260		0.	8,988.	COST	PET FOOD	RESCUED ANIMALS

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CITY OF ELDERLY LOVE 2107 FITZWATER STREET PHILADELPHIA, PA 19146	46-4923885		0.	6,390.	COST	PET FOOD	RESCUED ANIMALS
CITY OF STOCKTON ANIMAL SERVICES CENTER - 1575 SOUTH LINCOLN STREET - STOCKTON, CA 95026	94-6000436		0.	5,467.	COST	VACCINATIONS	RESCUED ANIMALS
CLARK COUNTY HUMANE SOCIETY N3929 RIVER AVE NEILLSVILLE, WI 54456	39-1595272		0.	7,467.	COST	VACCINATIONS	RESCUED ANIMALS
CLEVELAND ANIMAL PROTECTIVE LEAGUE 1729 WILLEY AVENUE CLEVELAND, OH 44113	68-0480736		0.	7,467.	COST	VACCINATIONS	RESCUED ANIMALS
CLIPPED EAR CAT SANCTUARY 206 A SOUTH LOOP 336 W-229 CONROE, TX 77304	26-2968977		0.	104,689.	COST	PET FOOD	RESCUED ANIMALS
CMAP EXPRESS 1101 FOURTH STREET, STE 101A ALEXANDRIA, LA 71301	02-0751416		20,000.	0.			BREAST CANCER & WOMEN'S HEALTH
COASTAL HUMANE SOCIETY 30 RANGE ROAD BRUNSWICK, ME 04011	01-6021200		0.	5,467.	COST	VACCINATIONS	RESCUED ANIMALS
COCKER SPANIEL RESCUE OF EAST TEXAS - 11937 MEMORIAL DR - HOUSTON, TX 77024	76-0594052		0.	10,487.	COST	PET FOOD	RESCUED ANIMALS
CODE 3 ASSOCIATES 1530 SKYWAY DRIVE LONGMONT, CO 80504	84-1461821		5,645.	0.			RESCUED ANIMALS

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CODY'S FRIENDS 4702 N FLOWING WELLS TUCSON, AZ 85705	47-4052727		0.	131,061.	COST	PET FOOD	RESCUED ANIMALS
COFFEE COUNTY HUMANE SOCIETY PO BOX 252 MANCHESTER, TN 37349	62-1543154		0.	18,241.	COST	PET FOOD	RESCUED ANIMALS
COMMUNITY CAT INC PO BOX 447 WHITEWATER, WI 53190	26-4390742		0.	6,051.	COST	PET FOOD	RESCUED ANIMALS
COMPANION ANIMAL OUTREACH OF GALVESTON COUNTY - P.O. BOX 1415, 2325 AVENUE H - SAN LEON, TX 77539	45-3116715		1,030.	29,614.	COST	PET FOOD	RESCUED ANIMALS
CONWAY AREA HUMANE SOCIETY PO BOX 260, 223 E MAIN ST CONWAY, NH 03818	02-0508063		0.	5,965.	COST	PET FOOD	RESCUED ANIMALS
CORRIDOR RESCUE 10134 HAMMERLY BLVD. HOUSTON, TX 77080	27-1168389		0.	38,652.	COST	PET FOOD	RESCUED ANIMALS
COUNTRY K-9 RESCUE, INC. 116 ROCKY ROAD LEBANON, TN 37087	43-4966006		0.	9,133.	COST	PET FOOD	RESCUED ANIMALS
CRME DE LA CRME ANIMAL FOUNDATION 88 MEADOW HILL ROAD BARRINGTON HILLS, IL 60010	27-2551004		0.	373,331.	COST	PET FOOD	RESCUED ANIMALS
CRITICAL CARE FOR ANIMAL ANGELS, INC - 7649 HOUSTON RD, PO BOX 972 - BYRON, GA 31008	46-2259153		0.	6,928.	COST	PET FOOD	RESCUED ANIMALS

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DALHART ANIMAL WELLNESS GROUP & SANCTUARY - PO BOX 911, 12080 CO RD 38 - DALHART, TX 79022	41-2090530		5,000.	65,270.	COST	PET FOOD	RESCUED ANIMALS
DALLAS CAT RESCUE DBA CAT MATCHERS PO BOX 703182 DALLAS, TX 75370	35-2302714		0.	5,140.	COST	PET FOOD	RESCUED ANIMALS
DUBUQUE REGIONAL HUMANE SOCIETY 4242 CHAVENELLE ROAD DUBUQUE, IA 52002	42-6039535		0.	5,467.	COST	VACCINATIONS	RESCUED ANIMALS
EAST TEXAS PAWS 2881 FM 326 LUFKIN, TX 75901	26-0073773		0.	59,118.	COST	PET FOOD	RESCUED ANIMALS
EASTHAVEN DOG RESCUE P. O. BOX 123 FRIENDSWOOD, TX 77549	81-1274369		0.	23,489.	COST	PET FOOD	RESCUED ANIMALS
FEED OUR VETERANS PO BOX 1 NEW YORK MILLS, NY 13417	26-3108361		8,835.	0.			HUNGER & POVERTY
FEEDING AMERICA P.O. BOX 96749 WASHINGTON, DC 20090-6749	36-3673599		5,491.	0.			HUNGER & POVERTY
FEEDING SOUTH DAKOTA 3511 N. 1ST AVENUE SIOUX FALLS, SD 57104	36-3293534		0.	77,011.	COST	BOOKS	LITERACY & CHILDREN'S EDUCATION
FENCES FOR FIDO PO BOX 42265 PORTLAND, OR 97242	30-0554675		6,485.	0.			RESCUED ANIMALS

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FERAL CAT CARETAKERS COALITION 11956 DOROTHY ST #7 LOS ANGELES, CA 90049	95-4781600		3,440.	1,176,203.	COST	PET FOOD	RESCUED ANIMALS
FIRST BOOK 1319 F STREET NW WASHINGTON, DC 20004	52-1779606		14,489.	0.			LITERACY & CHILDREN'S EDUCATION
FIXNATION P.O. BOX 26 WOODLAND HILLS, CA 91367	83-0452460		22,244.	0.			RESCUED ANIMALS
FOOD RECOVERY NETWORK 4321 HARTWICK ROAD, SUITE 320 COLLEGE PARK, MD 20740	45-3836775		111,071.	0.			HUNGER & POVERTY
FOOTHILLS ANIMAL SHELTER 580 MCINTYRE STREET GOLDEN, CO 80401	46-2809962		0.	5,640.	COST	KITTY LITTER	RESCUED ANIMALS
FOR FORGOTTEN FELINES 281 EHILANI ST PUKALANI, HI 96768	46-1022858		0.	84,520.	COST	PET FOOD	RESCUED ANIMALS
FOR THE LOVE OF DOGS PO BOX 1597 SODDY DAISY, TN 37373	38-3752113		0.	1,262,693.	COST	PET FOOD	RESCUED ANIMALS
FORGOTTEN DOGS OF THE FIFTH WARD PROJECT - 1403 HELEN DR - SPRING, TX 77386	26-2968977		0.	29,322.	COST	PET FOOD	RESCUED ANIMALS
FORGOTTEN TAILS ANIMAL RESCUE 1691 QUAIL TRAIL MANNING, SC 29102	45-5094736		0.	5,474.	COST	PET FOOD	RESCUED ANIMALS

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FRANCES R. WILLIS SPCA PO BOX 1116 SUMMERVILLE, SC 29484	57-0620182		20,000.	0.			RESCUED ANIMALS
FRIENDS FOR LIFE ANIMAL SHELTER AND SANCTUARY - 107 E. 22ND STREET - HOUSTON, TX 77008	26-0020294		0.	18,808.	COST	PET FOOD	RESCUED ANIMALS
FRIENDS MONTGOMERY COUNTY TEXAS ANIMAL SHELTER - 330 RAYFORD RD PO BOX 114 - SPRING, TX 77386	20-8983416		0.	8,193.	COST	PET FOOD	RESCUED ANIMALS
FRIENDS OF BARC 3200 CARR ST HOUSTON, TX 77026	75-3096252		0.	16,147.	COST	PET FOOD	RESCUED ANIMALS
FRIENDS OF LEAGUE CITY ANIMAL SHELTER - P.O.BOX 57069 - WEBSTER, TX 77598	26-4034216		0.	28,943.	COST	PET FOOD	RESCUED ANIMALS
FRISKY PAWS RESCUE 206 GLENWOOD HOUSTON, TX 77007	26-4785880		0.	5,228.	COST	PET FOOD	RESCUED ANIMALS
FUREVER AFTER RESCUE P.O. BOX 7075 MACON, GA 31209	46-3508487		0.	6,928.	COST	PET FOOD	RESCUED ANIMALS
GALCO RESCUE RANGERS 5731 CASEY BEAVER ROAD SANTA FE, TX 77517	27-0317060		0.	23,875.	COST	PET FOOD	RESCUED ANIMALS
HALFWAY HOME RESCUE PO BOX 712 NORTH HAVEN, CT 06473	20-1912291		5,790.	0.			RESCUED ANIMALS

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HALO LOVE PEACE 8 AVON LANE S. BARRINGTON, IL 60010	81-1738093		0.	143,688.	COST	PET FOOD	RESCUED ANIMALS
HAPPY TAILS RESCUE FOUNDATION 260 2222N LN NW OAK GROVE, MN 55011	20-2388312		0.	60,876.	COST	PET FOOD	RESCUED ANIMALS
HEAVEN ON EARTH FOR ANIMALS P.O. BOX 8171 VAN NUYS, CA 91409	77-0538189		8,709.	0.			RESCUED ANIMALS
HELP HUMANE SOCIETY 17122 BEL RAY PLACE BELTON, MO 64012	43-1787083		8,161.	0.			RESCUED ANIMALS
HENNEPIN HEALTH FOUNDATION 701 PARK AVENUE MINNEANAPOLIS, MN 55415	41-0845733		0.	269,500.	COST	BOOKS	LITERACY & CHILDREN'S EDUCATION
HOME FOR LIFE PO BOX 847 STILLWATER, MN 55082	41-1867244		6,504.	0.			RESCUED ANIMALS
HOMELESS PET PLACEMENT LEAGUE P.O. BOX 273027 HOUSTON, TX 77277	76-0283479		0.	11,304.	COST	PET FOOD	RESCUED ANIMALS
HOUSTON AREA DOBERMAN RESCUE 2429 BISSONNET, #755 HOUSTON, TX 77005	81-0623698		0.	5,141.	COST	PET FOOD	RESCUED ANIMALS
HOUSTON BOXER RESCUE PO BOX 541712 HOUSTON, TX 77254	26-2905356		0.	5,175.	COST	PET FOOD	RESCUED ANIMALS

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HOUSTON FOOD BANK 535 PORTWALL ST HOUSTON, TX 77029	74-2181456		0.	11,591.	COST	PET FOOD	RESCUED ANIMALS
HOUSTON PETS ALIVE 3619 BEACON HILL DRIVE PEARLAND, TX 77584	46-5455638		0.	5,303.	COST	PET FOOD	RESCUED ANIMALS
HUMANE ANIMAL RESOURCE TEAM 14213 GA HWY 99 DARIEN, GA 31305	58-2175680		0.	6,665.	COST	PET FOOD	RESCUED ANIMALS
HUMANE SOCIETY CALUMET AREA 421 45TH STREET MUNSTER, IN 46321	35-0895837		0.	5,467.	COST	VACCINATIONS	RESCUED ANIMALS
HUMANE SOCIETY FOR GREATER NASHUA 24 FERRY ROAD NASHUA, NH 03064	02-0513344		0.	5,467.	COST	VACCINATIONS	RESCUED ANIMALS
HUMANE SOCIETY FOR SOUTHWEST WASHINGTON - 1100 NE 192ND AVENUE - VANCOUVER, WA 98684	91-0759124		0.	5,467.	COST	VACCINATIONS	RESCUED ANIMALS
HUMANE SOCIETY OF CENTRAL OREGON 61170 SE 27TH ST BEND, OR 97702	93-0616957		0.	45,665.	COST	PET FOOD	RESCUED ANIMALS
HUMANE SOCIETY OF DICKSON COUNTY 410 ENO RD DICKSON, TN 37098	62-1330414		0.	9,070.	COST	PET FOOD	RESCUED ANIMALS
HUMANE SOCIETY OF LOUISIANA PO BOX 740321 NEW ORLEANS, LA 70174	58-1795272		19,120.	16,131.	COST	PET FOOD	RESCUED ANIMALS

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HUMANE SOCIETY OF SARASOTA COUNTY 2331 15TH STREET SARASOTA, FL 34237	59-6014943		0.	5,467.	COST	VACCINATIONS	RESCUED ANIMALS
HUMANE SOCIETY OF THE PALOUSE 2019 E. WHITE AVENUE MOSCOW, ID 83842	82-0349958		0.	5,467.	COST	VACCINATIONS	RESCUED ANIMALS
HUMANE SOCIETY OF THE UNITED STATES - PO BOX 87598 - MONTGOMERY VILLAGE, MD 20866	53-0225390		109,309.	35,987.	COST	PET FOOD	RESCUED ANIMALS
IFAW 290 SUMMER STREET YARMOUTH PORT, MA 02675	31-1594197		61,281.	0.			RESCUED ANIMALS
INTERFAITH MINISTRIES FOR GREATER HOUSTON - 3303 MAIN ST - HOUSTON, TX 77002	74-1488102		0.	100,563.	COST	PET FOOD	RESCUED ANIMALS
JACKSON GALAXY FOUNDATION 9190 W. OLYMPIC BL. UNIT 411 BEVERLY HILLS, CA 90212	46-5247982		39,487.	0.			RESCUED ANIMALS
JAMESON ANIMAL RESCUE RANCH 1224 ADAMS STREET SUITE C ST. HELENA, CA 94575	47-1230166		8,000.	17,841.	COST	PET FOOD	RESCUED ANIMALS
JASPER ANIMAL RESCUE MISSION 1352 CARTERS MILL ROAD, PO BOX 117 RIDGELAND, SC 29936	04-3810173		0.	6,400.	COST	PET FOOD	RESCUED ANIMALS
JURASSIC BARK RESCUE 926 KENFOREST DR MISSOURI CITY, TX 77489	27-3058150		0.	8,985.	COST	PET FOOD	RESCUED ANIMALS

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JUST GIANTS RESCUE MS CHAPTER 104 SLEDGE ST COMO, MS 38619	47-3230883		0.	7,447.	COST	PET FOOD	RESCUED ANIMALS
K9 AIRLIFT 155 N. DEER LAKE ROAD HUFFMAN, TX 77336	26-4489947		0.	30,915.	COST	PET FOOD	RESCUED ANIMALS
KENTUCKY PETS ALIVE 18 VILLAGE PLAZA #238 SHELBYVILLE, KY 40065	27-1920439		0.	2,367,272.	COST	PET FOOD	RESCUED ANIMALS
KITTEN RESCUE 3519 CASITAS AVENUE LOS ANGELES, CA 90039	95-4670174		14,039.	465.	COST	PET BEDS	RESCUED ANIMALS
KITTY CITY FERAL SANCTUARY 11511 KATY FREEWAY, SUITE 600 HOUSTON, TX 77079	20-8332516		0.	19,302.	COST	PET FOOD	RESCUED ANIMALS
KITTYKIND, INC PO BOX 961 NEW YORK, NY 10156	31-1717255		0.	5,100.	COST	PET FOOD	RESCUED ANIMALS
LA ANIMAL RESCUE 9909 TOPANGA CANYON BLVD. #264 CHATSWORTH, CA 91311	27-2595419		0.	12,957.	COST	PET FOOD	RESCUED ANIMALS
LAKE CHARLES PITBULL RESCUE 419 CONTOUR DRIVE LAKE CHARLES, LA 70605	27-4078570		0.	6,410.	COST	PET FOOD	RESCUED ANIMALS
LAST CHANCE ANIMAL SANCTUARY INC P.O. BOX 21338 BRADENTON, FL 34204	57-1139162		0.	5,192.	COST	PET FOOD	RESCUED ANIMALS

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LAST CHANCE RANCH ANIMAL RESCUE 9 BECK ROAD QUAKERTOWN, PA 18951	23-3054817		19,390.	0.			RESCUED ANIMALS
LEKOTEK 2001 N CLYBOURN AVE, SUITE 100 CHICAGO, IL 60614	36-2244895		28,966.	0.			CHILDREN'S HEALTH & WELL BEING
LIFELINE ANIMAL PROJECT P.O. BOX 15466 ATLANTA, GA 30333	01-0599278		0.	5,921.	COST	PET FOOD	RESCUED ANIMALS
LIFELONG FRIENDS PET ADOPTION 20803 FM 1431 LAGO VISTA, TX 78645	74-2827022		0.	6,359.	COST	PET FOOD	RESCUED ANIMALS
LITTLE WOMAN HOME FOR ANIMALS 66 EVELYN LANE HUNTSVILLE, TX 77340	35-2159518		0.	29,686.	COST	PET FOOD	RESCUED ANIMALS
LMN FELINE RESCUE P.O BOX 600 HUFFMAN, TX 77336	26-4180772		0.	21,572.	COST	PET FOOD	RESCUED ANIMALS
LONE STAR PYRS & PAWS HOUSTON 1734 ALTHEA DRIVE HOUSTON, TX 77018	80-0190229		0.	930,956.	COST	PET FOOD	RESCUED ANIMALS
LOST & FOUND DOGS USA NETWORK 40939 16TH ST WEST PALMDALE, CA 93551	46-4408606		0.	82,939.	COST	PET FOOD	RESCUED ANIMALS
LOUISIANA PET PANTRY 8440 JEFFERSON HWY STE 301 BATON ROUGE, LA 70809	47-2729190		0.	260,100.	COST	PET FOOD	RESCUED ANIMALS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOUISIANA BREAST & CERVICAL HEALTH PROGRAM - 2020 GRAVIER ST., 3RD FLOOR - NEW ORLEANS, LA 70112	72-1115391		20,565.	0.			BREAST CANCER & WOMEN'S HEALTH
LOVE AT LAST PET RESCUE 22427 STAMFORD BROOK CT KATY, TX 77449	47-2925599		0.	7,058.	COST	PET FOOD	RESCUED ANIMALS
LOWELL HUMANE SOCIETY 951 BROADWAY STREET LOWELL, MA 01854	04-2104400		1,080.	5,467.	COST	VACCINATIONS	RESCUED ANIMALS
MARY BIRD PERKINS CANCER CENTER 4950 ESSEN LANE BATON ROUGE, LA 70809	23-7010520		15,000.	0.			BREAST CANCER & WOMEN'S HEALTH
MASTIFFS TO MUTTS PO BOX 754 CHAMBERBURG, PA 17201	27-1187353		10,865.	2,131.	COST	PET FOOD	RESCUED ANIMALS
MAURY COUNTY ANIMAL SERVICES 1233 MAPLEASH AVENUE COLUMBIA, TN 38401	62-6000744		0.	5,292.	COST	PET FOOD	RESCUED ANIMALS
MAYOR'S ALLIANCE FOR NYC'S ANIMALS 244 FIFTH AVE SUITE R290 NEW YORK, NY 10001	73-1653635		0.	238,634.	COST	PET FOOD	RESCUED ANIMALS
MIDDLE TN GOLDEN RETRIEVER RESCUE PO BOX 681106 FRANKLIN, TN 37068	62-1769995		0.	9,834.	COST	PET FOOD	RESCUED ANIMALS
MIGHTY MUTTS 430 EAST 9TH STREET, PO BOX 1147 NEW YORK, NY 10009	11-3260202		0.	6,073.	COST	PET FOOD	RESCUED ANIMALS

Schedule I (Form 990)



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MISSION K9 RESCUE 10902 BRITOAK LANE HOUSTON, TX 77079	46-4302698		37,630.	0.			RESCUED ANIMALS
MOSBY FOUNDATION P.O. BOX 218 DEERFIELD, VA 24432	20-1468817		0.	231,978.	COST	PET FOOD	RESCUED ANIMALS
MSPCA 350 S HUNTINGTON AVE JAMAICA PLAIN, MA 02130	04-2103597		0.	7,467.	COST	VACCINATIONS	RESCUED ANIMALS
MUSIC CITY ANIMAL RESCUE 2112 FORGE RIDGE CR. NASHVILLE, TN 37217	46-3553373		0.	9,834.	COST	PET FOOD	RESCUED ANIMALS
NATIONAL AUTISM ASSOCIATION ONE PARK AVENUE, SUITE 1 PORTSMOUTH, RI 02871	20-0032380		18,484.	0.			CHILDREN'S HEALTH & WELL BEING
NATIONAL MILL DOG RESCUE PO BOX 88468 COLORADO SPRINGS, CO 80908	26-0574783		14,908.	186.	COST	PET BEDS	RESCUED ANIMALS
NATIVE AMERICAN ADVANCEMENT FOUNDATION - PO BOX 64877 - TUCSON, AZ 85728	45-2725155		8,540.	0.			LITERACY & CHILDREN'S EDUCATION
NEVADA HEALTH CENTER 1799 MOUNT MARIAH DRIVE LAS VEGAS, NV 89106	94-3199117		15,000.	0.			BREAST CANCER & WOMEN'S HEALTH
NEVADA HUMANE SOCIETY 2825 LONGLEY LANE RENO, NV 89502	88-0072720		3,000.	5,378.	COST	PET FOOD	RESCUED ANIMALS

Schedule I (Form 990)

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

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NEW LEASH ON LIFE (HUMANE ASSN OF WILSON CO) - 507 JIM DRAPER BLVD - LEBANON, TN 37087	62-1048196		0.	9,834.	COST	PET FOOD	RESCUED ANIMALS
NEW LIFE RESCUE 12847 FM 317 SOUTH MT ENTERPRISE, TX 75681	45-5005439		0.	5,964.	COST	PET FOOD	RESCUED ANIMALS
NORTH TEXAS FOOD BANK 4500 S. COCKRELL HILL RD DALLAS, TX 75237	75-1785357		0.	152,638.	COST	PET FOOD	RESCUED ANIMALS
NORTHWEST HARVEST PO BOX 12272 SEATTLE, WA 98102	91-0826037		15,000.	0.			HUNGER & POVERTY
NORTHWOODS HUMANE SOCIETY 7153 LAKE BLVD (HWY 8), PO BOX 264 WYOMING, MN 55092	41-1487872		0.	5,722.	COST	PET FOOD	RESCUED ANIMALS
NORTON HEALTHCARE FOUNDATION 3999 DUTCHMANS LANE, SUITE 3C LOUISVILLE, KY 40207	31-0914919		20,000.	0.			BREAST CANCER & WOMEN'S HEALTH
NOVANT HEALTH FOUNDATION PRESBYTERIAN MED - 200 HAWTHORNE LANE - CHARLOTTE, NC 28204	58-1413074		25,102.	0.			BREAST CANCER & WOMEN'S HEALTH
OPERATION CATNIP PO BOX 141023 GAINESVILLE, FL 32614	59-3522372		5,335.	0.			RESCUED ANIMALS
OPERATION PETS ALIVE 175 N TAYLOR POINT DR SPRING, TX 77382	27-4226307		0.	37,216.	COST	PET FOOD	RESCUED ANIMALS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPERATION SUPPORT OUR TROOPS - AMERICA - 1807 S WASHINGTON SUITE 110 #359 - NAPERVILLE, IL 60565	20-4275756		67,749.	0.			HUNGER & POVERTY
OZARK HAVEN RESCUE 1433 CESSNA RD CABOOL, MO 65689	20-8891982		0.	20,199.	COST	PET FOOD	RESCUED ANIMALS
P.U.P.S. PREVENT UNWANTED PETS 1884 BOSTIK ROAD CAT SPRING, TX 78933	05-0590896		0.	15,525.	COST	PET FOOD	RESCUED ANIMALS
PACIFIC MARINE MAMMAL CENTER 20612 LAGUNA CANYON ROAD LAGUNA BEACH, CA 92651	95-3680896		11,805.	0.			RESCUED ANIMALS
PAD FOR PAWS FOUNDATION PO BOX 287 HELENA, MT 59624	20-3420721		0.	70,763.	COST	PET FOOD	RESCUED ANIMALS
PALACIOS PET PALS P.O. BOX 215 PALACIOS, TX 77465	86-1066727		0.	46,178.	COST	PET FOOD	RESCUED ANIMALS
PALS - PETS ARE LOVING SUPPORT 2115 LIDDEL DRIVE NE ATLANTA, GA 30324	58-1970421		0.	2,820,697.	COST	PET FOOD	RESCUED ANIMALS
PAWS LA 1150 S. HOPE STREET - A LOS ANGELES, CA 90015	95-4178092		0.	211,902.	COST	PET FOOD	RESCUED ANIMALS
PAWS RANCH RESCUE 865 S LOOP 1604 E SAN ANTONIO, TX 78264	27-3058537		0.	9,533.	COST	PET FOOD	RESCUED ANIMALS

Schedule I (Form 990)

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

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PET ORPHANS OF SOUTHERN CALIFORNIA 7720 GLORIA AVENUE VAN NUYS, CA 91406	23-7267769		0.	12,720.	COST	PET FOOD	RESCUED ANIMALS
PET PROJECT FOR PETS 2200 NW 9TH AVE WILTON MANORS, FL 33311	37-1440098		0.	720,160.	COST	PET FOOD	RESCUED ANIMALS
PETS & PEOPLE HUMANE SOCIETY 701 INLA AVE YUKON, OK 73099	73-1435577		0.	1,041,240.	COST	PET FOOD	RESCUED ANIMALS
PETS ALIVE WNY 2600 DODGE ROAD EAST AMHERST, NY 14051	20-4360404		0.	5,467.	COST	VACCINATIONS	RESCUED ANIMALS
PETS FOR PATRIOTS 218 E PARK AVE, SUITE 543 LONG BEACH, NY 11561	27-1082210		17,783.	0.			RESCUED ANIMALS
PETS FOR VETS P.O. BOX 10860 WILMINGTON, NC 28404	27-1250302		18,725.	0.			RESCUED ANIMALS
PHILADELPHIA READS 1709 BENJAMIN FRANKLIN PARKWAY PHILADELPHIA, PA 19103	27-1723052		0.	154,000.	COST	BOOKS	LITERACY & CHILDREN'S EDUCATION
PITBULLS AND FRIENDS DOG RESCUE 3148 UNIVERSITY AVENUE SAN DEIGO, CA 92104	46-3289267		0.	6,900.	COST	PET FOOD	RESCUED ANIMALS
PJS PET GUARDIANS DBA GATEWAY PET GUARDIANS - 5321 MANCHESTER AVENUE - SAINT LOUIS, MO 63110	26-0096240		0.	6,955.	COST	PET FOOD	RESCUED ANIMALS

Schedule I (Form 990)

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

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POODLE RESCUE HOUSTON 13302 SCHROEDER ROAD HOUSTON, TX 77024	81-0673717		0.	23,081.	COST	PET FOOD, PET BEDS	RESCUED ANIMALS
PREMIER COMMUNITY HEALTH 3170 KETTERING BLVD. MORAINES, OH 45439	31-1122883		15,000.	0.			BREAST CANCER & WOMEN'S HEALTH
PRIMERO CONVERSATION BOX 1588 PINETOP, AZ 85935	27-4344761		25,000.	0.			PROTECTING/RESTORING ENVIRONMENT
PROVISIONS THROUGH CHRIST PO BOX 6 KATY, TX 77492	27-0827853		0.	12,357.	COST	PET FOOD	RESCUED ANIMALS
PUP SQUAD ANIMAL RESCUE 547 THREE CORNERS HOUSTON, TX 77024	26-3396615		0.	11,866.	COST	PET FOOD	RESCUED ANIMALS
PUPPY RESCUE 911 INC 615 ELLIS BLVD ELLIS GROVE, IL 62241	46-5164516		0.	1,957,883.	COST	PET FOOD	RESCUED ANIMALS
PURRFECT PALS 230 MCRAE ROAD NE ARLINGTON, WA 98223	94-3127448		10,000.	0.			RESCUED ANIMALS
QVC ANIMAL CARE FOUNDATION 2250 N OLD BETHLEHEM PIKE QUAKERTOWN, PA 18951	47-2237148		5,425.	0.			RESCUED ANIMALS
RAINBOWS EDGE ANIMAL REFUGE 697 PINEHAVEN DR TILLMAN, SC 29943	30-0008001		0.	1,451,898.	COST	PET FOOD	RESCUED ANIMALS

Schedule I (Form 990)

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RANCHO COASTAL HUMANE SOCIETY 389 REQUEZA ST ENCINITAS, CA 92024	95-2151583		7,425.	81,767.	COST	PET FOOD	RESCUED ANIMALS
RED PAW EMERGENCY RELIEF TEAM 1328 SOUTH 24TH STREET PHILADELPHIA, PA 19146	45-2973875		5,145.	2,340.	COST	KITTY LITTER	RESCUED ANIMALS
REDROVER P.O. BOX 188890 SACRAMENTO, CA 95818	68-0124097		5,405.	0.			RESCUED ANIMALS
RESCUE BANK HOUSTON 11767 KATY FWY #360 HOUSTON, TX 77079	83-0460930		0.	198,342.	COST	PET FOOD	RESCUED ANIMALS
RESCUE FROM THE HART P.O. BOX 8024 VAN NUYS, CA 91409	46-3015764		0.	6,900.	COST	PET FOOD	RESCUED ANIMALS
RESCUE PURRFECT 2820 OLD LINCOLN HWY TREVOSE, PA 19053	45-5625172		0.	86,660.	COST	PET FOOD	RESCUED ANIMALS
RESCUERS UNITED FOR FURRY FRIENDS 132 OAK HOLLOW DR LA VERNIA, TX 78121	77-0715244		0.	16,124.	COST	PET FOOD	RESCUED ANIMALS
ROAD RUNNER FOOD BANK 5840 OFFICE BLVD NE ALBUQUERQUE, NM 87109	85-0278525		0.	36,325.	COST	PET FOOD	RESCUED ANIMALS
ROLLING DOG FARM P.O. BOX 150 LANCASTER, NH 03584	68-0480736		5,103.	0.			RESCUED ANIMALS

Schedule I (Form 990)

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ROTTWEILER RESCUE OF LOS ANGELES P.O. BOX 564 SUN VALLEY, CA 91352	20-0016850		0.	6,182.	COST	PET FOOD	RESCUED ANIMALS
SAN ANTONIO FOOD BANK 5200 OLD HIGHWAY 90 WEST SAN ANTONIO, TX 78227	74-2122979		0.	165,216.	COST	PET FOOD	RESCUED ANIMALS
SAN DIEGO HUMANE SOCIETY 5500 GAINES ST SAN DIEGO, CA 92110	95-1661688		3,484.	328,609.	COST	PET FOOD/VACCINATIO	RESCUED ANIMALS
SAN FRANCISCO SPCA 201 ALABAMA STREET SAN FRANCISCO, CA 94103	94-0836580		0.	5,467.	COST	VACCINATIONS	RESCUED ANIMALS
SAVING SPOT RESCUE 534 N. LA CIENEGA BLVD LOS ANGELES, CA 90048	80-0390461		0.	6,955.	COST	PET FOOD	RESCUED ANIMALS
SEATTLE HUMANE 13212 SE EASTGATE WAY BELLEVUE, WA 98005	91-0282060		400.	52,693.	COST	PET FOOD	RESCUED ANIMALS
SECOND CHANCE DOG RESCUE, INC. 2801 B STREET #55 SAN DIEGO, CA 92102	26-3642128		0.	6,756.	COST	PET FOOD	RESCUED ANIMALS
SECOND CHANCE PETS TX P.O. BOX 1216 LEAGUE CITY, TX 77574	76-0463217		0.	33,448.	COST	PET FOOD	RESCUED ANIMALS
SECOND CHANCE RESCUE & REHOMING 13306 NW STATE ROAD 45 HIGH SPRINGS, FL 32643	45-5030058		0.	99,690.	COST	PET FOOD	RESCUED ANIMALS

Schedule I (Form 990)

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SECOND HARVEST FOOD BANK OF METROLINA - 500B SPRATT ST - CHARLOTTE, NC 28206	56-1352593		0.	502,877.	COST	PET FOOD	RESCUED ANIMALS
SOUTH SIDE STREET DOGS 8005 BOWEM #3 HOUSTON, TX 77051	46-3019202		0.	27,314.	COST	PET FOOD	RESCUED ANIMALS
SOUTH SUBURBAN HUMANE SOCIETY 1103 WEST END AVE CHICAGO HEIGHTS, IL 60411	23-7165004		0.	7,467.	COST	VACCINATIONS	RESCUED ANIMALS
SOUTHERN COMFORTS ANIMAL RESCUE P.O. BOX 2112 ALVIN, TX 77512	36-4669590		0.	58,630.	COST	PET FOOD	RESCUED ANIMALS
SOUTHERN PINES ANIMAL SHELTER 1901 N. 31ST AVE. HATTIESBURG, MS 39401	64-0514796		6,230.	0.			RESCUED ANIMALS
SPCA OF WESTCHESTER 590 NORTH STATE ROAD BRIARCLIFF MANOR, NY 10510	13-1740069		0.	50,125.	COST	PET FOOD, KITTY LITTER	RESCUED ANIMALS
SPCA SERVING ERIE COUNTY 205 ENSMINGER ROAD TONAWANDA, NY 14150	16-0425315		0.	5,467.	COST	VACCINATIONS	RESCUED ANIMALS
SPECIAL PALS 3830 GREENHOUSE ROAD HOUSTON, TX 77084	74-2050052		0.	26,153.	COST	PET FOOD	RESCUED ANIMALS
ST. ELIZABETH HEALTHCARE 1 MEDICAL VILLAGE DRIVE EDGEWOOD, KY 41017	61-0445850		20,055.	0.			BREAST CANCER & WOMEN'S HEALTH

Schedule I (Form 990)



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ST. PAWS 3275 E. PLATTE AVE. UNIT E COLORADO SPRINGS, CO 80909	27-1133755		0.	474,565.	COST	PET FOOD	RESCUED ANIMALS
STREET DOGS 14610 RIVER FOREST DR HOUSTON, TX 77079	90-0893092		0.	8,998.	COST	PET FOOD	RESCUED ANIMALS
TEAM RUBICON 6171 W CENTURY BLVD LOS ANGELES, CA 90045	27-1720480		6,320.	0.			HUNGER & POVERTY
TEXAS GREAT PYRENEES RESCUE 12202 BEDFORD ST. HOUSTON, TX 77031	76-0694131		0.	17,934.	COST	PET FOOD	RESCUED ANIMALS
THE CAT HOUSE ON THE KINGS 7120 SOUTH KINGS RIVER ROAD PARLIER, CA 93648	27-0015288		38,015.	48,966.	COST	PET FOOD, KITTY LITTER	RESCUED ANIMALS
THE FORGOTTEN PET ADVOCATES P.O. BOX 3037 PEARLAND, TX 77588	45-4323174		0.	8,858.	COST	PET FOOD	RESCUED ANIMALS
THE FUND FOR ANIMALS, INC. P.O. BOX 87598 MONTGOMERY VILLAGE, MD 20866	13-6218740		85,872.	0.			RESCUED ANIMALS
THE GOATHOUSE REFUGE 680 ALTON ALSTON ROAD PITTSBORO, NC 27312	26-0893521		0.	5,402.	COST	PET FOOD	RESCUED ANIMALS
THE MARYLAND BOOK BANK INC. 501 N. CALVERT ST. BALTIMORE, MD 21278	46-2714742		0.	115,517.	COST	BOOKS	LITERACY & CHILDREN'S EDUCATION

Schedule I (Form 990)

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THE NOAH CENTER 31300 BRANDSTROM ROAD STANWOOD, WA 98292	91-1362069		0.	5,722.	COST	PET FOOD	RESCUED ANIMALS
THE OCEAN FOUNDATION 1320 19TH ST, NW WASHINGTON, DC 20036	71-0863908		5,859.	0.			RESCUED ANIMALS
THE TRUSTEES OF THE U OF PENN 3900 DELANCEY STREET PHILADELPHIA, PA 19104	23-1352685		28,235.	0.			RESCUED ANIMALS
TINY PAWS AND CHI RESCUE 18 WINTERWHEAT WOODLANDS, TX 77381	27-1100346		0.	5,652.	COST	PET FOOD	RESCUED ANIMALS
TOMBALL SOS 9402 NAVAJO RD MAGNOLIA, TX 77354	75-3257313		0.	34,559.	COST	PET FOOD	RESCUED ANIMALS
TREE HOUSE HUMANE SOCIETY 1212 W. CARMEN CHICAGO, IL 60640	23-7444825		0.	5,467.	COST	VACCINATIONS	RESCUED ANIMALS
TRI CITY ANIMAL SANCTUARY 2626 EICHMAN POTEET, TX 78065	42-1589520		0.	96,562.	COST	PET FOOD	RESCUED ANIMALS
UNITED PET FUND 11336 TAMARCO DR BLUE ASH, OH 45242	27-2582105		0.	311,692.	COST	PET FOOD	RESCUED ANIMALS
UNITED STATES WAR DOGS ASSOCIATION 1313 MT. HOLLY ROAD BURLINGTON, NJ 08016	01-0597921		34,720.	0.			RESCUED ANIMALS

Schedule I (Form 990)

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UNIVERSITY OF MICHIGAN 1000 OAKBROOK DRIVE, SUITE 100 ANN ARBOR, MI 48104	38-6006309		84,744.	0.			CHILDREN'S HEALTH & WELL BEING
VARIOUS PRODUCT GRANTS			0.	136,925.		VACCINATIONS	RESCUED ANIMALS
VETERAN HOMESTEAD 69 HIGH STREET FITCHBURG, MA 01420	04-3199887		88,148.	0.			HUNGER & POVERTY
VETERANS VILLAGE OF SAN DIEGO 4141 PACIFIC HIGHWAY SAN DIEGO, CA 92110	95-3649525		88,148.	0.			HUNGER & POVERTY
VOLUNTEERS FOR ANIMAL PROTECTION 2215 FM1960 EAST HUMBLE, TX 77338	76-0133402		0.	10,481.	COST	PET FOOD	RESCUED ANIMALS
WAGGIN TAILS RANCH 1096 MOSSWOOD ROAD CHOUDRANT, LA 71227	77-0683266		0.	36,325.	COST	PET FOOD	RESCUED ANIMALS
WAGS & WHISKERS RESCUE 1700 MCHENRY SUITE 65B#155 MODESTO, CA 95350	45-4319978		0.	1,068,077.	COST	PET FOOD	RESCUED ANIMALS
WIMBERLEY ADOPTION GROUP & RESCUE 13620 RANCH ROAD 12, BLDG. A, PO B WIMBERLEY, TX 78676	27-0425562		0.	6,928.	COST	PET FOOD	RESCUED ANIMALS
YAVAPAI HUMANE SOCIETY 1625 SUNDOG RANCH ROAD PRESCOTT, AZ 86301	86-0327745		0.	5,467.	COST	VACCINATIONS	RESCUED ANIMALS

Schedule I (Form 990)

**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 non-cash assistance

**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)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public Inspection

Name of the organization

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

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

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

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

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 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" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

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

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

Schedule J (Form 990) 2015

**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 are not 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) ELIZABETH BAKER EXECUTIVE DIRECTOR	(i)	115,850.	0.	0.	0.	3,355.	119,205.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part 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

ELIZABETH BAKER IS COMPENSATED BY CHARITYUSA, AN UNRELATED

ORGANIZATION. GREATERGOOD.ORG REIMBURSES CHARITYUSA FOR 70% OF MS.

BAKER'S COMPENSATION; THE 70% ALLOCATION FOR FISCAL YEAR 2015 WAS

\$115,850 IN BASE COMPENSATION, AND \$3,355 FOR ADDITIONAL NONTAXABLE

BENEFITS.





**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	1,327,711.	REIMBURSEME		X
CHARITYUSA.COM	CREATOR/FOUNDER	2,774,849.	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

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

CREATOR/FOUNDER

(C) AMOUNT OF TRANSACTION \$ 1,327,711.

(D) DESCRIPTION OF TRANSACTION: REIMBURSEMENT OF EMPLOYEE SALARIES AND

BENEFITS PAID ON BEHALF OF GREATERGOOD.ORG, ACCOUNTING SERVICES,

SUPPLIES, AND BANK EXPENSES.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(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)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

**2015**

Open To Public  
Inspection

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications	X		706,088.	FAIR MARKET VALUE
5	Clothing and household goods	X		41,827.	FAIR MARKET VALUE
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
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	13	26,394,798.	FAIR MARKET VALUE
20	Drugs and medical supplies	X	1	207,850.	FAIR MARKET VALUE
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ( PET BEDS )	X	1	70,680.	FAIR MARKET VALUE
26	Other ( KITTY LITTER )	X	1	61,615.	FAIR MARKET VALUE
27	Other ( PET TOYS )	X	1	9,647.	FAIR MARKET VALUE
28	Other ( )				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not 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 non-standard 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 did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

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

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization

GREATERGOOD.ORG

Employer identification number

20-4846675

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

CHILDREN), ANIMALS, AND THE PLANET.

THE ORGANIZATION WILL MAKE EDUCATIONAL MATERIALS AVAILABLE TO THE

GENERAL PUBLIC AND PROVIDE FUNDING TO 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 I, LINE 6:

THE NUMBER OF VOLUNTEERS CONSISTS OF THE 11 VOLUNTEER BOARD MEMBERS.

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

ORGANIZATIONS FOCUSING PRIMARILY WITHIN THE FOLLOWING AREAS AND

CONCERNS:

1. ALLEVIATING AND ADDRESSING THE ROOT CAUSES OF WORLD HUNGER AND FOOD

INSECURITY

2. EARLY DETECTION AND TREATMENT OF BREAST CANCER AND OTHER WIDE-SPREAD

HEALTH CONCERNS

3. PREVENTION AND TREATMENT OF CHILDHOOD ILLNESS, DISEASE AND OTHER

CHILDREN'S HEALTH AND WELL-BEING CONCERNS

4. CHILDREN'S EDUCATION

5. PROTECTING AND RESTORING THE ENVIRONMENT

6. PROVIDING FUNDING FOR THE CARE AND FEEDING OF RESCUED ANIMALS IN

SHELTERS AND SANCTUARIES AND ADDRESSING THE ROOT CAUSES OF THEIR

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

Schedule O (Form 990 or 990-EZ) (2015)

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

## 7. RELATED ISSUES THAT MAY BE ASSOCIATED WITH THE AREAS ABOVE

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 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

BOOKS.

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

BREAST CANCER & WOMEN'S HEALTH:

\$324,861 WAS GRANTED TO NON-PROFIT PARTNERS AND VARIOUS HOSPITALS AND  
CLINICS IN THE U.S. AND ABROAD WHERE MAMMOGRAM SCREENING SERVICES ARE  
PROVIDED.

EXPENSES \$ 519,863. INCLUDING GRANTS OF \$ 324,861. REVENUE \$ 0.

PROTECTING/RESTORING THE ENVIRONMENT:

\$233,377 WAS GRANTED TO NON-PROFIT PARTNERS WHO WORK TO PROTECT  
ENDANGERED ANIMAL SPECIES, PLANT TREEST IN DEFORESTED AREAS TO OFFSET  
CARBON EMISSIONS AND STUDY HABITAT FOR CONSERVATION AND RESTORATION  
PURPOSES.

EXPENSES \$ 373,463. INCLUDING GRANTS OF \$ 233,377. REVENUE \$ 0.

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

JULIA CHRISTOPHERSEN, JENNIFER FERMON, TIM KUNIN, GREG HESTERBERG AND  
ELIZABETH BAKER HAVE A BUSINESS RELATIONSHIP.

Name of the organization GREATERGOOD.ORG	Employer identification number 20-4846675
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FORM 990, PART VI, SECTION B, LINE 11:

THE 990 IS REVIEWED BY THE PRESIDENT AND TREASURER PRIOR TO FILING. IT IS PROVIDED TO THE REMAINING BOARD MEMBERS ONCE IT HAS BEEN FILED.

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

OUR 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 NINE 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.

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.

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

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

GREATERGOOD EXECUTIVE DIRECTOR COMPENSATION WAS REVIEWED PRIOR TO HIRE BY

THE BOARD BASED ON EXPERIENCE AND COMPARATIVE STUDIES OF SIMILAR POSITIONS.

THE BOARD VOTED TO ACCEPT THE SALARY FOR THE EXECUTIVE DIRECTOR. THE

Name of the organization GREATERGOOD.ORG	Employer identification number 20-4846675
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EXECUTIVE DIRECTOR HAS THE AUTHORITY GIVEN BY THE BOARD TO HIRE OTHER EMPLOYEES, INCLUDING KEY EMPLOYEES WITH COMPENSATION COMMENSURATE WITH POSITION, EXPERIENCE AND SIMILAR COMPARATIVE SALARIES. THE LAST COMPENSATION REVIEW WAS COMPLETED OCTOBER OF 2015.

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 XI, LINE 9, CHANGES IN NET ASSETS:  
SECTION 481 ADJUSTMENT RECOGNIZED IN 2015. \$1,246,757/4                      -311,689.