# \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

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

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

Α	For the	2023 calendar year, or tax year beginning JUL 1, 2023 and	ending Jt	JN 30, 2024	
В	Check if applicable	e: C Name of organization		D Employer identit	fication number
	Addres	e GREATER GOOD CHARITIES			
	Name change			20-4846675	5
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone numb	er	
	Final return/	301 UNION STREET	520-441-906	7	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	<b>G</b> Gross receipts \$	316,424,827.	
	Ameno return	H(a) Is this a group			
	Application pendin	for subordinate			
	-	SAME AS C ABOVE		H(b) Are all subordinates	
		empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) c	or 527	,	a list. See instructions
_	Websit			H(c) Group exempti	
	Form of <b>art I</b>	organization: X Corporation Trust Association Other	<b>L</b> Year o	of formation: 2006	M State of legal domicile: WA
				ADIMIEC DECDOND	2
e	1	Briefly describe the organization's mission or most significant activities: GREATER TO NEED BY PROVIDING AID. EXPERTISE AND FUNDING ON A GLOBAL		ARTITES RESPONDS	2
ano				then OEU/ of its not of	aata
Governance	2	Check this box if the organization discontinued its operations or dispos Number of voting members of the governing body (Part VI, line 1a)			1 .
ő	4	Number of independent voting members of the governing body (Part VI, line 1a)			
~	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			
Activities &	6	Total number of volunteers (estimate if necessary)			
stiv	7a	Total unrelated business revenue from Part VIII, column (C), line 12			
Ă	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			
				Prior Year	Current Year
-	8	Contributions and grants (Part VIII, line 1h)		151,274,822	. 307,616,702.
Revenue	9	Program service revenue (Part VIII, line 2g)		1,868,856	3,423,341.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		152,763	. 229,054.
Ξ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	905,187	. 640,187.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		154,201,628	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		137,438,831	. 289,480,313.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	-	
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $\ _{.}$		7,102,952	, ,
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	. 0.	
xDe	b	Total fundraising expenses (Part IX, column (D), line 25) 3,953, 3			
ш	1 ''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		9,699,285	· · ·
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		154,241,068	, ,
		Revenue less expenses. Subtract line 18 from line 12		-39,440	, ,
S OF			Rei	jinning of Current Year	
Assets	<b>20</b>	Total assets (Part X, line 16)		15,639,559	· · ·
Net A	1	Total liabilities (Part X, line 26)		3,718,489	, ,
		Net assets or fund balances. Subtract line 21 from line 20		11,921,070	. 13,237,027.
	art II	Signature DIOCK			

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

Sign	Signature of officer	Date								
Here LIZ BAKER, CHIEF EXECUTIVE OFFICER										
	Type or print name ar	nd title								
	Print/Type preparer's	name	Preparer's sig	nature		Date		Check	PTIN	
Paid	CLAIRE E. KIDD		CLAIRE E.	KIDD		05/15/25	5	ii self-employed	P01944808	
Preparer	Firm's name MOS	SS ADAMS LLP					Firm's	EIN 91-	0189318	
Use Only	Firm's address 999	) THIRD AVENUE, SUITE	2800							
SEATTLE, WA 98104 Phone no.206-302-6500								2-6500		
May the I	RS discuss this retur	n with the preparer shown ab	ove? See instru	uctions					X Yes	No
LHA For	HA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)									

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2023) GREATER GOOD CHARITIES	20-4846675	Page <b>2</b>
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	GREATER GOOD CHARITIES WORKS TO HELP PEOPLE, ANIMALS AND THE		
	ENVIRONMENT BY MOBILIZING IN RESPONSE TO NEED AND AMPLIFYING THE GOOD.		
	GREATER GOOD CHARITIES LEVERAGES DONOR GENEROSITY AND THE RESULTING		
	IMPACTS OF ITS WIDE-RANGING PROGRAM SUCCESSES BY STRATEGICALLY		
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 m	easured 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, an	d
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$291,457,120. including grants of \$283,436,387. ) (Revenue)	\$3,423	,341.)
	ANIMALS:		
	\$283,436,387 WAS GRANTED TO ANIMAL WELFARE ORGANIZATIONS FOR ITEMS LIKE		
	FOOD, VACCINATIONS, SHELTER RENOVATIONS, ENRICHMENT, SPAY/NEUTER,		
	EDUCATION AND TRAINING, AND DISASTER PREPAREDNESS AND RESPONSE. GREATER		
	GOOD CHARITIES' GOODS PROGRAM IS THE 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.		
			0
4b	(Code:) (Expenses \$7,972,585. including grants of \$4,884,377. ) (Revenue	\$	<u> </u>
	PEOPLE:		
	\$4,884,377 WAS GRANTED TO CHARITIES ADDRESSING HUNGER, POVERTY, HEALTH		
	AND EDUCATION 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 AND BASIC SURVIVAL SUPPLIES IN AREAS AFFECTED BY DISASTERS.		
4c	(Code:) (Expenses \$ 5,394,487 including grants of \$ 1,159,549. ) (Revenue	<u>ــــــــــــــــــــــــــــــــــــ</u>	0.)
70	ENVIRONMENT:	Ψ	)
	\$1,159,549 WAS GRANTED TO NON-PROFIT PARTNERS WHO WORK TO PROTECT		
	ENDANGERED ANIMAL SPECIES, PLANT TREES IN DEFORESTED AREAS TO OFFSET		
	CARBON EMISSIONS AND STUDY HABITAT FOR CONSERVATION AND RESTORATION		
	PURPOSES.		
4d	Other program services (Describe on Schedule O.)		
-	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses 304,824,192.	,	
		Form <b>9</b> 9	90 (2023)
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Part IV

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GREATER GOOD CHARITIES 20-4846675 <u>Pag</u>e **3** Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Х If "Yes," complete Schedule A ..... 1 2 Х Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for Х 3 public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect Х during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or х similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to Х provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D. Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II ..... Х 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete х 8 Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? Х 9 If "Yes," complete Schedule D, Part IV ..... Did the organization, directly or through a related organization, hold assets in donor-restricted endowments x or in quasi-endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X, as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, 11a Х Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Х 11b 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? If "Yes," complete Schedule D, Part VIII х 11c d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in x 11d Part X, line 16? If "Yes," complete Schedule D, Part IX Х Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X ..... 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х Schedule D, Parts XI and XII ..... 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? x 12b If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

13	Is the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E
14a	Did the organization maintain an office, employees, or agents outside of the United States?
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000
	or more? If "Yes," complete Schedule F, Parts I and IV
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any
	foreign organization? If "Yes," complete Schedule F, Parts II and IV
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		2
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		2
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		2
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		2
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		2
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	Х	

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GREATER GOOD CHARITIES

Part IV Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Х 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х 24a Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease С any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete Х Schedule I Part I 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% х controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, 27 creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III ...... Х 27 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If а Х "Yes." complete Schedule L, Part IV 28a Х b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If x 28c "Yes," complete Schedule L, Part IV ..... х 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation x contributions? If "Yes," complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I ..... 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 Х 34 Part V line 1 х 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 х 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 х If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Х 37 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 45 **1a** Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable b 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming С Х (gambling) winnings to prize winners? **1**c Form 990 (2023)

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Form	<u>990 (2023)</u> GREATER GOOD CHARITIES 20-484667	5	Р	age <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 92			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
ou	any contributions that were not tax deductible as charitable contributions?	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
D.		6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x
		7b		
				<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.		x
اہ	to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year 7d			x
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
-	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b	-		
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		──
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
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	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a	1 "No" I	respon	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI		<u></u>	X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	4		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 10	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		x
	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b				
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
b		12b	х	<u> </u>
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes." <i>describe</i>	120		<u> </u>
U		12c	x	
10	on Schedule O how this was done Did the organization have a written whistleblower policy?		x	<u> </u>
13 14		13	x	<u> </u>
14	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	14		
4 -	Did the process for determining compensation of the following persons include a review and approval by independent			
15				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45	v	
а	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	<u>15a</u>	X	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15a 15b	x x	
a b	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
a b	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	15b		
a b 16a	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?			x
a b 16a	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	15b		x
a b 16a	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	15b		x
b 16a b	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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?	15b		x
a b 16a b	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? <b>tion C. Disclosure</b>	15b 16a		x
a b 16a b	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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?	15b 16a		x
a b 16a b <u>Sec</u> 17	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? <b>tion C. Disclosure</b>	15b 16a 16b	X	
a b 16a b <u>Sec</u> 17	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? <b>tion C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed <u>AK, AR, CA, CO, DC, FL, GA, GU, HI, IL, KS, KY</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply.	15b 16a 16b	X	
a b 16a b <u>Sec</u> 17	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? <b>Exton C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed <u>AK, AR, CA, CO, DC, FL, GA, GU, HI, IL, KS, KY</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	15b 16a 16b	X	
a b 16a b <u>Sec</u> 17 18	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Etion C. Disclosure List the states with which a copy of this Form 990 is required to be filed <u>AK, AR, CA, CO, DC, FL, GA, GU, HI, IL, KS, KY</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply.	15b 16a 16b s only)	x	
a b 16a b	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?         The organization's CEO, Executive Director, or top management official         Other officers or key employees of the organization         If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.         Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?         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? <b>Etion C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed	15b 16a 16b s only)	x	
a b 16a b <u>Sec</u> 17 18	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?         The organization's CEO, Executive Director, or top management official         Other officers or key employees of the organization         If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.         Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?         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? <b>etitor C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filedAK, AR, CA, CO, DC, FL, GA, GU, HI, IL, KS, KY         Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply.         X       Own websiteX Another's website Upon request Other (explain on Schedule O)         Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and the sequence of	15b 16a 16b s only)	x	
a b 16a b <b>Sec</b> 17 18	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?         The organization's CEO, Executive Director, or top management official         Other officers or key employees of the organization         If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.         Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?         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? <b>Extended</b> List the states with which a copy of this Form 990 is required to be filedAK, AR, CA, CO, DC, FL, GA, GU, HI, IL, KS, KY         Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply.         X	15b 16a 16b s only)	x	
a b 16a b <b>Sec</b> 17 18	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?         The organization's CEO, Executive Director, or top management official         Other officers or key employees of the organization         If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.         Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?         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? <b>Extinc C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filedAK, AR, CA, CO, DC, FL, GA, GU, HI, IL, KS, KY         Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply.         X       Own website X       Another's website Y       Upon request Y       Other (explain on Schedule O)         Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year.         State the name, address, and telephone number of the person who possesses the organization's books and records	15b 16a 16b s only)	x	

Form 990 (2		20-4846675	Page 1
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Comp	ensated	
· · · · · ·	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 Comple	te this table for all persons required to be listed. Report compensation for the calendar year ending with	or within the organization'	s tax year.

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position		Reportable	Reportable	Estimated			
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		cer ar I	id a d	lirecto	r/trus <sup>.</sup> I	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		e	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tri	ional		ploye	t com		1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) LIZ BAKER	50.00	_	-							
CHIEF EXECUTIVE OFFICER		1		х				290,242.	0.	16,559.
(2) NOAH HORTON	50.00									
CHIEF OPERATING OFFICER				х				199,634.	0.	10,292.
(3) JEMIMAH OKANTEY	50.00									
CHIEF FINANCIAL OFFICER				х				190,080.	0.	10,256.
(4) STEPHEN MINTER	50.00									
GENERAL COUNSEL				Х				183,006.	0.	9,992.
(5) SEAN CHERRY	50.00									
VP, DIGITAL MEDIA (THRU 9/23)						X		166,624.	0.	7,684.
(6) DENISE ST JEAN	45.00									
EXECUTIVE VP, COMMUNICATIONS						X		145,330.	0.	10,327.
(7) SARA VARSA	50.00									
EXECUTIVE VP, PROGRAMS						X		144,175.	0.	10,944.
(8) DENISE BINGLER	45.00									
VP, PROGRAMS						X		132,026.	0.	18,439.
(9) MELISSA RUBIN	50.00									
EXECUTIVE VP, FUNDRAISING						X		144,017.	0.	2,160.
(10) AMANDA RAINEY	50.00									
CHIEF PHILANTHROPY OFFICER (THRU 2/2				Х				83,076.	0.	3,582.
(11) JAM STEWART	1.00									
BOARD CHAIR		Х		Х				0.	0.	0.
(12) JULIE RYAN	1.00									
BOARD VICE CHAIR		Х		Х				0.	0.	0.
(13) JOHN GEHRT	3.00									
BOARD TREASURER		Х		Х				0.	0.	0.
(14) JULIA CHRISTOPHERSEN	1.00									
BOARD SECRETARY		Х		Х				0.	0.	0.
(15) GREG HESTERBERG	1.00									
BOARD MEMBER		Х						0.	0.	0.
(16) KIMBERLY KLINTWORTH	1.00									
BOARD MEMBER (THRU 6/24)		х						0.	0.	0.
(17) JACKSON GALAXY	1.00									
BOARD MEMBER		Х						0.	0.	0.
332007 12-21-23										Form <b>990</b> (2023)

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Form 990 (2023)

## 11540515 146892 653237

Form 990 (2023) GREATER GOOD									20-48466	75	P	age <b>8</b>
Part VII Section A. Officers, Directors, Trus		bloy	ees,			ghes	t C		s (continued)			
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average		not c		more	than o		Reportable	Reportable		Estimat	
	hours per week					is both pr/trus		compensation	compensation	6	amount	
	(list any	tor						_ from the	from related organizations		other mpensa	
	hours for	direct				Ð		organization	(W-2/1099-MISC/		from th	
	related	tee or	istee			ensate		(W-2/1099-MISC/	1099-NEC)	0	ganiza	tion
	organizations	l trus	nal tru		oyee	ompe		1099-NEC)		a	nd rela	ted
	below	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	Former			or	ganizat	ions
	line)	Indi	Inst	Officer	Key	Hig	For			_		
(18) DAVID YASKULKA	1.00											0
BOARD MEMBER	1 00	Х						0.	0	•		0.
(19) DAVID SAMUELSON BOARD MEMBER	1.00	х						0.	0			Ο.
(20) JEFF ZUBA	1.00	~						0.	0	·		<u> </u>
BOARD MEMBER	1.00	х						0.	0			0.
BOARD MEMBER		л							0	·		<u> </u>
1b Subtotal								1,678,210.	0	•	100	235.
c Total from continuation sheets to Part VI								0.	0			0.
d Total (add lines 1b and 1c)								1,678,210.	0	•	100	235.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable			
compensation from the organization											N <sub>2</sub>	21
											Yes	No
<b>3</b> Did the organization list any <b>former</b> officer,	-		-	•			Ŭ		•			v
line 1a? If "Yes," complete Schedule J for s										3	_	X
4 For any individual listed on line 1a, is the su											x	
and related organizations greater than \$150										4		
5 Did any person listed on line 1a receive or a										5		x
rendered to the organization? <i>If "Yes," corr</i> Section B. Independent Contractors	piele Schedule	2 1 10	or su		Jers	011 .						
1 Complete this table for your five highest co	mpensated ind	lene	nder	nt co	ontra	actor	rs th	nat received more than \$	100 000 of compens	sation f	rom	
the organization. Report compensation for	•	•							•	acion	i oini	
(A)								(B)			(C)	
Name and business	address							Description of s	ervices		ensatic	n
CAUSEMIC LLC												
PO BOX 11781, PORTLAND, OR 97211								CONSULTING SERVICE	S		332	187.
SHAWN A JENKINS												
24630 N 65TH AVENUE, GLENDALE, AZ 85	310							CONSULTING SERVICE	S		138	343.
MISS SIMON LLC, 6787 W TROPICANA AVE	,											
SUITE 233, LAS VEGAS, NV 89103							_	CONSULTING SERVICE	s		130	900.
2 Total number of independent contractors (in	•	ot lin	nitec	to		se lis 3	ted	above) who received mo	bre than			
\$100,000 of compensation from the organized	Lalion					-						

332008 12-21-23

ar	t VII									-
		Check if Schedule O	conta	ains a respo	nse	or note to any line	e in this Part VIII	(D)		[
							(A) Total revenue	(B) Related or exempt function revenue	Unrelated business revenue	(D) Revenue exclu from tax und sections 512 -
Ś	1 a	Federated campaigns		1a						
and Other Similar Amounts		Membership dues								
mo		Fundraising events								
ar A		Related organizations								
milå		Government grants (contr								
ŝ		All other contributions, gifts,								
the		similar amounts not included	l abov	/e <b>1</b> f		307,616,702.				
0 P	g	Noncash contributions included in	lines 1	la-1f <b>1g</b> \$	5	288,354,959.				
an	h	Total. Add lines 1a-1f					307,616,702.			
						Business Code				
	2 a	PET FOOD STORAGE/HA				493000	3,253,341.	3,253,341.		
e	b	PET TRANSPORTATION	FEE			480000	170,000.	170,000.		
enu	с									
Revenue	d									
4	е									
		All other program service								
_		Total. Add lines 2a-2f					3,423,341.			
	3	Investment income (including dividends, interest, and					206 002			200 0
	_	other similar amounts) Income from investment of tax-exempt bond procee				306,992.			306,9	
	4			-		F	640 197			640 1
	5	Royalties		(i) Real			640,187.			640,1
	•					(ii) Personal				
		Gross rents								
		Less: rental expenses	6b							
		Rental income or (loss)	6c							
		Net rental income or (loss Gross amount from sales of	5) <u></u>	(i) Securit		(ii) Other				
	<i>i</i> a		7-	4,437,6						
	h	assets other than inventory Less: cost or other basis	7a	-,-57,0	05.					
	D	and sales expenses	7b	4,515,5	43					
	~	Gain or (loss)	70 7c							
		Net gain or (loss)					-77,938.			-77,9
5		Gross income from fundraisi					,			
	0 4	including \$								
1		contributions reported on								
		Part IV, line 18		-	8a					
	b	Less: direct expenses			8b					
		Net income or (loss) from				<u></u>				
		Gross income from gamin								
		Part IV, line 19	-		9a					
	b	Less: direct expenses			9b					
		Net income or (loss) from			s					
		Gross sales of inventory,	-	-						
		and allowances			10a					
	b	Less: cost of goods sold			10b					
		Net income or (loss) from			у					
ſ						Business Code				
Revenue	11 a									
Snu,	b									
eve	с									
œ	d	All other revenue								
		Total. Add lines 11a-11d								
	12	Total revenue. See instruction					311,909,284.	3,423,341.	0.	869,2

653237\_1

GREATER GOOD CHARITIES

20-4846675 Page 10

#### 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 (B) (C) (D) (A) Do not include amounts reported on lines 6b. Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 1 275,987,039 275,987,039 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 2,317,006. 2,317,006. individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 11,176,268 11,176,268. Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees 1,011,799 265,966. 478,426. 267,407. Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 5,274,854. 3,955,235. 440,791. 878,828. Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 50,597 38,587 2,536 9,474. 648,534 459,570, 71,071 117,893. 9 Other employee benefits 478,462. 325,354 66,985. 86,123. 10 Payroll taxes 11 Fees for services (nonemployees): Management а 84,044. 52,776. 31,268 b Legal 73,353, 73,353 С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 1,611,017 1,281,978 159,368 169,671. column (A), amount, list line 11g expenses on Sch 0.) 3,270,271 1,036,106 77,622 2,156,543. Advertising and promotion 12 2,528,243 2,577,083 48,840. 13 Office expenses 68,323, 67,985 338. 14 Information technology Royalties 15 56,977 260,995 195,109 8,909. 16 Occupancy 1,282,377 1,089,752, 97,497 95,128. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 10,475. 919 891. Conferences, conventions, and meetings ..... 8,665. 19 20 Interest Payments to affiliates 21 83,162 36,909, 38,103 8,150. 22 Depreciation, depletion, and amortization ..... 21,656. 154,803 8,099. 125,048 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) LOGISTICS 3,648,149. 3,648,149. а DUES & SUBSCRIPTIONS 378,521 238,334. 56,698 83,489. b INVENTORY OBSOLECENCE 158,824, 158,824, С TRAINING & EDUCATION 12,577. 11,300. 1,277 d 10,557, 4,923 5,634 All other expenses е 310,629,090 304,824,192. 1,851,558 3,953,340. Total functional expenses. Add lines 1 through 24e 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined

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332010 12-21-23

Check here

Form 990 (2023)

educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

Form 990 (2023)
Part X Balance Sheet GREATER GOOD CHARITIES

		Check if Schedule O contains a response or note	e to any line	in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			4,464,438.	1	3,270,445
	2	Savings and temporary cash investments		5,918,107.	2	6,123,364	
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		447,007.	4	628,873	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described		6			
Assets	7	Notes and loans receivable, net		7			
	8	Inventories for sale or use			1,846,411.	8	2,515,224
As	9	Description of the second state for the state of the second			723,793.	9	794,898
	10a	Land, buildings, and equipment: cost or other		Γ			
		basis. Complete Part VI of Schedule D	10a	692,393.			
	ь	Less: accumulated depreciation		284,323.	118,767.	10c	408,070
	11	Investments - publicly traded securities	· · · · ·		1,409,956.	11	1,682,418
	12	Investments - other securities. See Part IV, line 1			, ,	12	
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			711,080.	15	538,289
	16	Total assets. Add lines 1 through 15 (must equa			15,639,559.	16	, 15,961,581
	17	Accounts payable and accrued expenses			988,333.	17	1,374,437
	18	Grants payable		52,160.	18	96,196	
	19	Deferred revenue		1,963,408.	19	, 700,367	
	20	Tax-exempt bond liabilities				20	,
	21	Escrow or custodial account liability. Complete F				21	
	22	Loans and other payables to any current or form				1	
ties		trustee, key employee, creator or founder, substa					
Liabilities		controlled entity or family member of any of thes				22	
Lia	23	Secured mortgages and notes payable to unrela	-	rties		23	
	24	Unsecured notes and loans payable to unrelated	•	····· -		24	
	25	Other liabilities (including federal income tax, pay				27	
	25	parties, and other liabilities not included on lines					
				·	714,588.	25	553,554
	26	Total liabilities. Add lines 17 through 25			3,718,489.	26	2,724,554
	20	Organizations that follow FASB ASC 958, chee	rk here	X	-,,,	20	_,,
ŝ		and complete lines 27, 28, 32, and 33.					
ů	27				7,874,224.	27	8,870,789
ala	27 28				4,046,846.	28	4,366,238
Б	20	Net assets with donor restrictions Organizations that do not follow FASB ASC 95			1,010,010.	20	1,000,200
5		-	bo, check h				
<u> </u>	20	and complete lines 29 through 33.				20	
ets	29	Capital stock or trust principal, or current funds				29	
SSE	30	Paid-in or capital surplus, or land, building, or eq				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc			11,921,070.	31	12 227 027
ž	32	Total net assets or fund balances				32	13,237,027
	33	Total liabilities and net assets/fund balances			15,639,559.	33	15,961,581

Form 990 (2023)

332011 12-21-23

Form	990 (2023) GREATER GOOD CHARITIES	20-484667	5	Pad	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	311,	909,	284.
2	Total expenses (must equal Part IX, column (A), line 25)	2	310,	629,	090.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,	280,	194.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11,	921,	070.
5	Net unrealized gains (losses) on investments	5		35,	763.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	13,	237,	027.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		<u>x</u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				1
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	L

Form **990** (2023)

332012 12-21-23

Department of the Treasury Internal Revenue Service

(Form 990)

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

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

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

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

OMB No. 1545-0047
2023
Open to Public Inspection

Name	of the	organization
------	--------	--------------

Nam	ne of	the organization						Employer	identification number				
			R GOOD CHARITIE						20-4846675				
Pa	rt I	Reason for Public (	Charity Status.	All organizations must c	omplete th	nis part.) S	ee instruction	S.					
The	orgar	nization is not a private found	ation because it is: (F	or lines 1 through 12, cl	heck only o	one box.)							
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	)(A)(i).						
2		A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	n 990).)								
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).						
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,				
		city, and state:											
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in				
		section 170(b)(1)(A)(iv). (C	Complete Part II.)										
6		A federal, state, or local gov	vernment or governm	ental unit described in	section 17	70(b)(1)(A)	(v).						
7	X	An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental u	unit or from th	e general p	public described in				
		section 170(b)(1)(A)(vi). (C	omplete Part II.)										
8		A community trust describe	ed in section 170(b)(	1)(A)(vi). (Complete Part	t II.)								
9						ed in conju	nction with a	land-grant	college				
		<ul> <li>An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:</li> <li>An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from</li> </ul>											
		university:											
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	is, membersh	ip fees, and	d gross receipts from				
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support fi	rom gross investment				
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acquir	red by the org	anization a	ifter June 30, 1975.				
		See section 509(a)(2). (Con	mplete Part III.)										
11		An organization organized a	and operated exclusi	vely to test for public saf	ety. See	section 50	)9(a)(4).						
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	he functior	ns of, or to ca	rry out the	purposes of one or				
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section &	509(a)(2).	See section &	509(a)(3). (	Check the box on				
		lines 12a through 12d that	describes the type of	supporting organization	and com	plete lines	12e, 12f, and	12g.					
а		<b>Type I.</b> A supporting orga	anization operated, su	upervised, or controlled l	by its supp	orted orga	anization(s), ty	pically by	giving				
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	ipporting				
		organization. You must o	omplete Part IV, Se	ctions A and B.									
b		<b>Type II.</b> A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ring				
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that cor	ntrol or manag	ge the supp	ported				
		organization(s). You mus	t complete Part IV,	Sections A and C.									
с		Type III functionally inte	grated. A supporting	g organization operated i	in connect	ion with, a	nd functional	ly integrate	d with,				
		its supported organization	n(s) (see instructions)	. You must complete F	Part IV, Se	ctions A,	D, and E.						
d		Type III non-functionally	integrated. A supp	orting organization opera	ated in cor	nnection w	ith its suppor	ted organiz	zation(s)				
		that is not functionally int	egrated. The organiz	ation generally must sati	isfy a distri	ibution req	uirement and	an attentiv	/eness				
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.						
е		Check this box if the orga	anization received a v	vritten determination from	m the IRS	that it is a	Type I, Type I	I, Type III					
		functionally integrated, or	Type III non-functior	nally integrated supportir	ng organiz	ation.							
		er the number of supported o	•										
g		vide the following information		- · · ·	(iv) Is the orga	nization listed	(.) And a start of						
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of support (see in	-	(vi) Amount of other support (see instructions)				
		organization		above (see instructions))	Yes	No							
Tota	ni												
	••								1				

GREATER GOOD CHARITIES

20-4846675

Page **2** 

 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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	73,643,664.	75,529,973.	115,323,744.	151,274,822.	307,616,704.	723,388,907.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	72 642 664	75 500 070	115 202 544	151 074 000	207 616 704	702 200 007
	Total. Add lines 1 through 3	73,643,664.	75,529,973.	115,323,744.	151,274,822.	307,616,704.	723,388,907.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						266 724 170
•	column (f)						366,724,179.
	Public support. Subtract line 5 from line 4. ction B. Total Support						356,664,728.
		(a) 2010	(1-) 2020	(a) 2021	(4) 2022	(a) 2022	
	ndar year (or fiscal year beginning in)	(a) 2019 73,643,664.	(b) 2020 75,529,973.	(c) 2021 115,323,744.	(d) 2022 151,274,822.	(e) 2023 307,616,704.	(f) Total 723,388,907.
	Amounts from line 4 Gross income from interest,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,0,010,010	110,010,,111	101,2,1,022.		,20,000,001,
0							
	dividends, payments received on						
	securities loans, rents, royalties,	720,077.	505,353.	823,215.	1,039,080.	947,179.	4,034,904.
٥	and income from similar sources Net income from unrelated business	, 20, 0, , ,		010,110.	1,000,000.	517,175.	1,001,001
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						727,423,811.
	Gross receipts from related activities,	etc. (see instructio	uns)			12	8,868,708.
	First 5 years. If the Form 990 is for th	i i	,	ourth. or fifth tax v	vear as a section 5		• •
	organization, check this box and stor	•					
Se	ction C. Computation of Publi	c Support Per					
	Public support percentage for 2023 (I			olumn (f))		14	49.03 %
	Public support percentage from 2022		•			15	49.02 %
	<b>33 1/3% support test - 2023.</b> If the c					ore, check this bo	k and
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not o				
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	<b>re.</b> Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	ne facts-and-circum	nstances test, cheo	ck this box and <b>st</b>	<b>top here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	s
						Schedule A	(Form 990) 2023

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

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

Sec	ction A. Public Support		-	-	-		
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	3 <b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support			-			
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	3 <b>(f)</b> Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) orga	nization,
	check this box and stop here	<u></u>					
Sec	ction C. Computation of Public	ic Support Per	rcentage				
15	Public support percentage for 2023 (	ine 8, column (f), c	divided by line 13,	column (f))		15	%
16	Public support percentage from 2022	Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	<b>)23</b> (line 10c, colu	mn (f), divided by l	line 13, column (f))		17	%
18	Investment income percentage from	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did i				33 1/3%, and	line 17 is not
	more than 33 1/3%, check this box as						
b	33 1/3% support tests - 2022. If the						'3%, and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
33202	23 12-21-23					Sche	dule A (Form 990) 2023

16 2023.05070 GREATER GOOD CHARITIES

1

2

Yes No

## Part IV Supporting Organizations

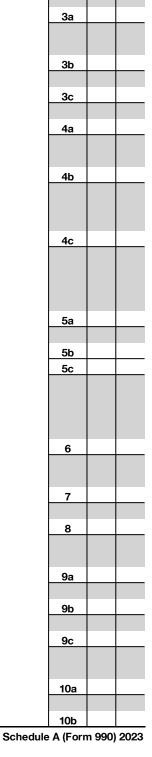
(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and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

## Section A. All Supporting Organizations

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

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Schedule A (Form 9	90) 2023	GREATER	GOOD	CHARITIES

Yes

1

2

No

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

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

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

#### supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

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

	Jobilica orga	11201101113/.	
Section D	. All Type	III Supporting	Organizations

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

## Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the	- vear	(see instructions).
-	Oneon the box next to the method that the organization used to satisfy the integral r art rest during the	s your	(

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

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

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

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

2a \_\_\_\_\_\_ 2b \_\_\_\_\_ 3a \_\_\_\_\_ 3b \_\_\_\_\_ Schedule A (Form 990) 2023

Yes No

332025 12-21-23

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Sch	edule A (Form 990) 2023 GREATER GOOD CHARITIES			20-4846675	Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgar	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualify	ng trust on	Nov. 20, 1970 ( <i>explain ir</i>	Part VI). See instr	ructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	-	
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current (optiona	
1	Net short-term capital gain	1			
_2	Recoveries of prior-year distributions	2			
_3	Other gross income (see instructions)	3			
_4	Add lines 1 through 3.	4			
_5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
_7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current (optiona	
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			
	Fair market value of other non-exempt-use assets	1c			
	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
_2	Acquisition indebtedness applicable to non-exempt-use assets	2			
_3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sec	tion C - Distributable Amount			Current Y	'ear
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting org	anization (see	
	instructions).			``	

Schedule A (Form 990) 2023

332026 12-21-23

2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	8	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
-	(provide details in <b>Part VI</b> ). See instructions.	······································		8	
9	Distributable amount for 2023 from Section C. line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023		(iii) Distributable Amount for 2023
_1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
	From 2022				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
•	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
5	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
_8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
C	Excess from 2021				
d	Excess from 2022				
е	Excess from 2023				
				Sc	hedule A (Form 990) 2023

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

1 Amounts paid to supported organizations to accomplish exempt purposes

Schedule A (Form 990) 2023

Section D - Distributions

20 - 4846675Page 7

**Current Year** 

1

Schedule A	(Form 990) 2023	GREATER	GOOD	CHARITIES			20 - 4846675	Page <b>8</b>
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	, 2, 3b, 3c, 4 lines 2 and 3	b, 4c, t 3; Part I	oa, 6, 9a, 9b, 9c, V, Section E, lin	s required by Part II, line 10; Pa , 11a, 11b, and 11c; Part IV, S es 1c, 2a, 2b, 3a, and 3b; Part and 6. Also complete this part	ection B, lines 1 ar t V, line 1; Part V, S	nd 2; Part IV, Section Section B, line 1e; Pa	n C,
332028 12-21-2	2						Schedule A (Form	9901 2022
JJ2U20 12-21-2	.0				21			550) 2023

#### \*\* PUBLIC DISCLOSURE COPY \*\*

# **Schedule of Contributors**

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

# 2023

Employer identification number

20-4846675

GREATER GOOD CHARITIES

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

Check if your organization is covered by the General Rule or a Special Rule.

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

### **General Rule**

Schedule B

Department of the Treasury

Organization type (check one):

Internal Revenue Service Name of the organization

(Form 990)

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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

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

	B (Form 990) (2023)		Page <b>2</b>
Name of o	rganization	1	Employer identification number
GREATER	GOOD CHARITIES		20-4846675
Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) S Type of contribution
1		\$6,890,2	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) S Type of contribution
2		\$71,866,9	26. Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b)	(c) Total contributions	(d) s Type of contribution
3	Name, address, and ZIP + 4	\$34,816,2	Person Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) S Type of contribution
4		\$9,311,9	Person       Payroll         59.       Noncash       X         (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) S Type of contribution
5		\$8,746,3	98.     Person     X       98.     Noncash     X       (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) S Type of contribution
<u> </u>		\$1,337,4	22. Person X Payroll Noncash X (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

24 653237\_1 2023.05070 GREATER GOOD CHARITIES

	B (Form 990) (2023)		Page <b>2</b>
Name of or	rganization	Emple	oyer identification number
GREATER	GOOD CHARITIES	2	20-4846675
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$6,223,534.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$3,164,847.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u> </u>	Name, address, and ZIP + 4	\$13,763,065.	Type of contribution         Person         Payroll         Noncash         X         (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$35,543,926.	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$13,441,769.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$6,549,882.	Person Payroll Noncash X (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

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Schedule I	B (Form 990) (2023)			Page <b>3</b>
Name of o	organization		Employ	er identification number
GREATER	GOOD CHARITIES		20-	-4846675
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed	d.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
	ANIMAL PHARMACEUTICALS			
1		\$6,785	,272.	06/30/24
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
	ANIMAL PHARMACEUTICALS			
2		\$71,655	<u>,926.</u>	06/30/24
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
	DOG AND CAT FOOD, TREATS, CAT LITTER AND SUPPLIES			
3		\$34,816	,228.	06/30/24
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
4	PUPPY PADS, DOG AND CAT TOYS, DOG TREATS, SUPPLIES, DOG AND CAT TOPICALS			
		\$9,311	,959 <u>.</u>	06/30/24
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
	DOG AND CAT FOOD, TREATS, PET SUPPLEMENTS			
5		\$7,862	,148.	06/30/24
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
c	DOG AND CAT FOOD, TREATS, CAT LITTER AND PET SUPPLEMENTS			
6		\$21,202	,422.	06/30/24

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<sup>323453 12-26-23</sup> 

Name of c	organization		Employer identification number
GREATER	GOOD CHARITIES		20-4846675
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
7	DOG AND CAT FOOD, TREATS AND SUPPLIES	\$5,704,	<u>649.</u> <u>06/30/24</u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
8	DOG AND CAT FOOD, TREATS	\$23,096,	847. 06/30/24
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
9	CAT LITTER, CLEANING SUPPLIES, CHARCOAL BRIQUETTES	\$13,763,	065. 06/30/24
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
10	DOG AND CAT FOOD, TREATS	\$35,478,	726. 06/30/24
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	l late received
11	DOG AND CAT FOOD	\$13,441,	769. 06/30/24
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	l Date received
12	DOG AND CAT FOOD, TREATS, SUPPLEMENTS, SHAMPOO, COLLARS	\$6,549,	882. 06/30/24

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Schedule B (Form 990) (2023)

## 11540515 146892 653237

2023.05070 GREATER GOOD CHARITIES

Schedule B (Form 990) (2023)

Schedule E	B (Form 990) (2023)				Page 4			
Name of or	rganization				Employer identification number			
Part III	GOOD CHARITIES Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, c Use duplicate copies of Part III if additional s	through <b>(e) and</b> the followir sharitable, etc., contributions of <b>\$</b>	ng line entry. For o	rganizations				
(a) No. from Part I	(b) Purpose of gift	(c) Use of (	gift	(d) Desc	cription of how gift is held			
<u>Part i</u>								
-		(e) Transf	ier of gift					
-	Transferee's name, address, ar	nd ZIP + 4	R	elationship of tra	nsferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	gift	(d) Desc	cription of how gift is held			
	(e) Transfer of gift							
-	Transferee's name, address, ar	nd ZIP + 4	R	elationship of tra	nsferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	gift	(d) Desc	cription of how gift is held			
	(e) Transfer of gift							
-	Transferee's name, address, ar	R	elationship of tra	nsferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	gift	(d) Desc	cription of how gift is held			
-	<b>T</b>	(e) Transf						
-	Transferee's name, address, ar	na 21P + 4	R	elationship of tra	nsferor to transferee			

Schedule B (Form 990) (2023)

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SCHEDULE D
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## **Supplemental Financial Statements**

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

OMB No. 1545-0047
0000
2023
Open to Public
Inspection

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

GREATER GOOD CHARITIES

Name of the organization

Department of the Treasury

Internal Revenue Service

Employer	identification	number
----------	----------------	--------

Par			Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)	370,000. 43,173.	
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year	354,340.	
5	Did the organization inform all donors and donor advisors in w	-	
	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		
Par	Impermissible private benefit?           II         Conservation Easements.         Complete if the org	anization answered "Vee" on Form 000. Der	X Yes No
1	Purpose(s) of conservation easements held by the organization Preservation of land for public use (for example, recreat		pictorically important land area
	Protection of natural habitat		nistorically important land area certified historic structure
	Preservation of open space		
0		ad concentration contribution in the form of a	a concervation accompant on the last
2	Complete lines 2a through 2d if the organization held a qualifi day of the tax year.		Held at the End of the Tax Year
2			
a h	Total number of conservation easements		
0	Number of conservation easements on a certified historic stru	etura includad an lina 2a	
d	Number of conservation easements included on line 2c acqui		
u	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
U	year	ased, extinguished, or terminated by the org	
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the peri		
•	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
-	5, 1 5,	5	5 ,
7	Amount of expenses incurred in monitoring, inspecting, hand	ing of violations, and enforcing conservation	n easements during the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(h)(4)	(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense sta	tement and
	balance sheet, and include, if applicable, the text of the footne	ote to the organization's financial statements	s that describes the
	organization's accounting for conservation easements.		0
Par			er Similar Assets.
	Complete if the organization answered "Yes" on Form		
<b>1</b> a	If the organization elected, as permitted under FASB ASC 958		
	of art, historical treasures, or other similar assets held for pub		erance of public
	service, provide in Part XIII the text of the footnote to its finan		
b	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthera	ance of public service,
	provide the following amounts relating to these items.		۴
	(i) Revenue included on Form 990, Part VIII, line 1		
0			
2	If the organization received or held works of art, historical treat the following amounts required to be repeated under EASE ASE	-	
~	the following amounts required to be reported under FASB AS		¢
a b	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions		
	09-28-23		
502001		29	

2023.05070 GREATER GOOD CHARITIES

Sche		OD CHARITIES						20 - 484		Pa	<sub>age</sub> 2
Par	t III Organizations Maintaining C	Collections of Ar	t, Histo	orical Tre	easures, or	<sup>•</sup> Other	Similar	Assets	contii	nued)	
3	Using the organization's acquisition, access	ion, and other record	s, check	any of the	following that	make się	gnificant u	se of its			
	collection items (check all that apply).										
а	Public exhibition	c	i 🗌 i	Loan or exc	change progra	m					
b	Scholarly research	e	• 🗌 •	Other							
с	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	n how th	ey further th	ne organizatio	n's exem	npt purpos	e in Part	XIII.		
5	During the year, did the organization solicit	or receive donations	of art, his	storical trea	sures, or othe	r similar :	assets				
	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arran	gements Comple	te if the	organizatio	n answered "\	/es" on F	orm 990,	Part IV, lii	ne 9, or		
	reported an amount on Form 990, Pa	art X, line 21.									
1a	Is the organization an agent, trustee, custod	lian, or other intermed	diary for	contributior	ns or other ass	sets not i	included				
	on Form 990, Part X?							🗆	Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amoun	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F	Form 990, Part X, line	21, for e	escrow or c	ustodial accou	unt liabilit	ty?		Yes		No
	If "Yes," explain the arrangement in Part XIII										]
Par	rt V Endowment Funds Complete i	f the organization and	swered "	Yes" on Fo							
		(a) Current year	<b>(b)</b> P	rior year	(c) Two year	s back	(d) Three ye	ears back	(e) Fou	r years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g	g, column (a	l)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Term endowment	_%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiza	ation that	t are held a	nd administer	ed for the	e				
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the		wment fu	unds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	ed "Yes" on Form 990	), Part IV	, line 11a. S	See Form 990,	Part X, I	ine 10.				
	Description of property	(a) Cost or c basis (investr		• •	t or other (other)	• •	ccumulate preciation	d	( <b>d)</b> Boo	k value	э
1a	Land				23,000.					23,	000.
b	Buildings									· ·	
	Leasehold improvements										
d	Equipment				527,885.		284,3	23.		243,	562.
е	Other				141,508.					141,	508.
	. Add lines 1a through 1e. (Column (d) must e		X. line 10	0c. column						408,	070.
-					,			Sahadula	D (F		0000

Schedule D (Form 990) 2023

20-4846675 Page **3** 

Part VII Investments - Other Securities			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	-	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year m	arket value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			-
(B)			
(C)			
(D)			
<u>(E)</u>			
(F)			
(G)			
(H) Total (Col. (b) must agual Farm 000, Part V, line 12, col. (P))			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) 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 m	arket value
(1)	(		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a)	on Form 990, Part IV, line Description		Book value
(1)	Beeenpaien	(2) -	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co.	<u>I. (В))</u>		
Part X Other Liabilities			
Complete if the organization answered "Yes"	on Form 990, Part IV, line		
1.         (a) Description of liability		(b) E	Book value
(1) Federal income taxes			
(2) LEASE LIABILITY			553,554.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total (Column (b) must equal Form 000 Port V line 25 co			553,554.
Total. (Column (b) must equal Form 990, Part X, line 25, co. 2. Liability for uncertain tax positions. In Part XIII, provide			•

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

Schedule D (Form 990) 2023

X

332053 09-28-23

3       Subtract line 2e from line 1       3       311,909,284         4       Amounts included on Form 990, Part VIII, line 12, but not on line 1:       4a       4a         a       Investment expenses not included on Form 990, Part VIII, line 7b       4a       4b       4c       00         5       Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )       4c       00       5       311,909,284         Part XII       Complete if the organization of Expenses per Audited Financial Statements With Expenses per Return         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         1       Total expenses and losses per audited financial statements       1       311,292,040         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a       662,950.       2b         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a       662,950.       2b       2c       2d       662,950.       2b       2c       2d       662,950.       2b       2c       311,0629,090       310,629,090       310,629,090       310,629,090       310,629,090       310,629,090       310,629,090       310,629,090       310,629,090       310,629,090       310,629,090       310,629,090       310,629,090       310,629,090	Sche	dule D (Form 990) 2023 GREATER GOOD CHARITIES			20-48	46675	Page <b>4</b>	
1       Total revenue, gains, and other support per audited financial statements       1       312, 607, 997         2       Amounts included on line 1 but not on Form 990, Part VIII, line 12:       2a       35, 763.         2       Donated services and use of facilities       2a       662, 950.         2       Add lines 2a through 2d       2a       599, 713.         3       Subtract line 2e from line 1       3       311, 909, 284         4       Amounts included on Form 990, Part VIII, line 12, but not on line 1:       3       311, 909, 284         4       Amounts included on Form 990, Part VIII, line 7b.       4a       4a         b       Other (Describe in Part XIII.)       4a       4a         c       Add lines 4a and 4b       5       311, 909, 284         4       Amounts included on Form 990, Part VII, line 7b.       4a       4a         b       Other (Describe in Part XIII.)       4b       4c       5         Complete if the organization answered Yes' on Form 990, Part V, line 12.       1       311, 292, 942         1       Total expenses and losses per audited financial statements       1       311, 292, 942         2       Amounts included on Form 990, Part VI, line 25:       2a       662, 950.         3       Subtract line 2e from line 1 </th <th>Par</th> <th>t XI Reconciliation of Revenue per Audited Financial Statem</th> <th>nents With Re</th> <th>evenue per Re<sup>.</sup></th> <th>turn</th> <th></th> <th></th>	Par	t XI Reconciliation of Revenue per Audited Financial Statem	nents With Re	evenue per Re <sup>.</sup>	turn			
2       Amounts included on line 1 but not or form 990, Part VIII, line 12:       2a       35, 763, 763, 763, 763, 763, 763, 764, 724, 774, 774, 774, 774, 774, 774, 77		Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.					
a Net unreatized gains (losses) on investments       2a       35,763.         b Donated services and use of facilities       2a       662,950.         2d       2d       698,713.         a Motiones at through 2d       2e       698,713.         3 Subtract line 2e from line 1       3       311,909,284         4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:       3       311,909,284         a Investment expenses not included on Form 990, Part VIII, line 7b       4a       4b       4c         b Other (Describe in Part XIII.)       4a       4c       311,909,284         c Add lines 4 and 4b       4c       311,909,284         Part XIII       Part Alline Part XIII.       4a       4c       311,909,284         Part XIII       Part Alline Part XIII.       4a       4c       311,909,284         Part XIII       Part Alline Part XIII.       4a       4c       311,292,040         Complete if the organization answerd 'Yes' on Form 990, Part IX, line 25:       3       311,292,040         2 Amounts included on Form 990, Part IX, line 25:       2a       662,950.       3         3 Subtract line 2e from line 1       3       310,629,090       3       310,629,090         4 Amounts included on Form 990, Part IX, line 25, but not on line 1: </td <td>1</td> <td>Total revenue, gains, and other support per audited financial statements</td> <td></td> <td></td> <td>1</td> <td>312,0</td> <td>507,997.</td>	1	Total revenue, gains, and other support per audited financial statements			1	312,0	507,997.	
b       Donated services and use of facilities       2b       662,950.         c       Recoveries of prior year grants       2c       2d         d       Other (Describe in Part XIII)       2d       311,909,284         Anounts included on Form 990, Part VIII, line 12, but not on line 1:       3311,909,284         a Investment expenses not included on Form 990, Part VIII, line 7b       4a       4d         b       Other (Describe in Part XII)       4c       5         c       Anounts included on Form 990, Part VIII, line 7b       4a       4d         d       Add lines 4a and 4b       4c       5         5       Total revenue. Add lines 3 and 4c. This must equal Form 990, Part IV, line 12a       1       311, 292, 042         Part XII       Reconciliation of Expenses per Audited Financial Statements       1       311, 292, 042         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       1       311, 292, 042         a       Other (Describe in Part XII)       2a       662, 950.         a       Other Roses       2a       662, 950.         a       Other Roses       2a       662, 950.         a       Other Roses       2a       310, 623, 092.         4       Other Roses       2a       31	2							
c       Recoveries of prior year grants       20       21       22       638,713         d       Other (Describe in Part XIII)       23       311,909,284       23       311,909,284         3       Subtract line 2e from line 1       3       311,909,284       4a       4b       4b       4b       4b       4b       4b       4b       4b       4b       4c       C0	а	Net unrealized gains (losses) on investments	2a	,				
d Other (Describe in Part XIII.)       2a       698,713         a Add lines 2a through 2d       3       311,909,284         4 Amounts included on Form 990, Part VIII, line 7b       4a       4b       4c         b Other (Describe in Part XIII.)       4a       4c       6         c Add lines 4a and 4b       4c       6c       6c         5 Total revue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.)</i> 4c       6c         Part XIII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return       6c2, 950, 2d         Complete if the organization answered Yes' on Form 990, Part IV, line 12a.       1       311, 292, 040         1       Total expenses and losses per audited financial statements       1       311, 292, 040         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a       662, 950, 2d         2       Donated services and use of facilities       2a       662, 950, 2d         4       Other (Describe in Part XIII.)       2a       662, 950, 2d         5       Total expenses not included on Form 990, Part VIII, line 7b       2a       662, 950, 2d         4       Amounts included on Form 990, Part VIII, line 7b       2a       662, 950, 2d         5       Total expenses and da       Form 930, Part	b	Donated services and use of facilities	2b	662,950.				
e       Add lines 2a through 2d       2a       698,711         3       Subtract line 2e from line 1       3       311,909,284         4       Amounts included on Form 990, Part VIII, line 7b       4a       4b       4c       C         6       Other (Describe in Part XIII.)       4a       4c       C       C         7       Total revenue. Add lines 3 and 4c. (This must equal form 990, Part IV, line 12.)       5       311,909,284         Part XII.       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return       Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1       311,292,040         1       Total expenses and losses per audited financial statements       2       2       662,950.         2       Amounts included on ine 1 but not on Form 990, Part IX, line 25:       2       2       662,950.         2       Other (Describe in Part XIII.)       2       2       662,950.         3       Subtract line 2 from line 1       3       310,622,900       3       310,622,900         4       Amounts included on Form 990, Part IVIII, line 7b       4a       4a       4d	с	Recoveries of prior year grants	2c					
3       Subtract line 2e from line 1       3       311,909,284         4       Amounts included on Form 990, Part VIII, line 7b       4a       4b       4c       0         b       Other (Describe in Part XIII.)       4a       4b       4c       0       0         c       Add lines 3a and 4b       4c       6c       0       0       5       311,909,284         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return       4c       0       0         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1       311,292,040       1       311,292,040         2       Total expenses and loses per audited financial statements       1       311,292,040       1       311,292,040         2       Total expenses and loses per audited financial statements       1       311,292,040       2a       662,950.       2a	d	Other (Describe in Part XIII.)	2d					
4       Amounts included on Form 990, Part VIII, line 12, but not on line 1:       4a         a       Investment expenses not included on Form 990, Part VII, line 7b       4a         b       Other (Describe in Part XIII.)       4a         c       5       311, 909, 284         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Ves" on Form 990, Part IV, line 12a.       1         1       Total expenses and losses per audited financial statements       1         2       Amounts included on line 1 but not on Form 990, Part X, line 25:       1         a Donated services and use of facilities       2a       662, 950.         2       Amounts included on line 1 but not on Form 990, Part X, line 25:       2a         a Other (Describe in Part XIII.)       2a       662, 950.         2       2a       662, 950.         3       Subtract line 2 through 2d       2a         3       Subtract line 2 through 2d       2a         4       Amounts included on Form 990, Part IV, line 7b       4a         4       4b       4c         5       310, 629, 090         4       4d lines 4a and 4b       5         5       310, 629, 090         5       701 elspens	е	Add lines 2a through 2d			2e		598,713.	
4 Amounts included on Form 990, Part VIII, line 1:       4a         a Investment expenses not included on Form 990, Part VIII, line 7b       4a         4c       5         0 Other (Describe in Part XIII.)       5         1 Total expenses and uses per audied financial statements       1         2 Amounts included on line 1 but not on Form 990, Part IX, line 25:       662, 950.         2 Amounts included on line 1 but not on Form 990, Part IX, line 25:       662, 950.         2 Donted services and use of facilities       2a         662, 950.       2a         0 Other (Describe in Part XIII.)       2a         c Other coses       2a         d Other (Describe in Part XIII.)       2a         e Add lines 2 at hrough 2d       2e         3 Subtract line 2e from line 1       3 310, 629, 097         4 Amounts included on Form 990, Part IX, line 25, but not on line 1:       3 310, 629, 097         a Investment expenses and lines and 4e. (This must equal Form 990, Part II, line 7b       4a         b Other (Describe in Part XIII.)       4b       4c         c Add lines 3 and 4e. (This must equal Form 990, Part II, line 7b       4a         b Other (Describe in Part XIII.)       4b       4c         c Add lines 4a and 4b       5       310, 629, 097         Fart XIII.]       5 <td>3</td> <td>Subtract line 2e from line 1</td> <td></td> <td></td> <td>3</td> <td>311,9</td> <td>909,284.</td>	3	Subtract line 2e from line 1			3	311,9	909,284.	
b Other (Describe in Part XIII.)       4b       4c       0         c Add lines 4a and 4b       4c       0       5       311,909,284         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered 'Yes' on Form 900, Part IV, line 12a.       1       311,292,040         1       Total expenses and losses per audited financial statements       1       311,292,040         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       1       311,292,040         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       1       311,292,040         3       Other (Describe in Part XIII.)       2a       662,950.         2       Amounts included on form 990, Part IX, line 25:       2a       662,950.         3       Subtract line 22 from line 1       3       310,629,090         4       Amounts included on Form 990, Part IV, line 7b       4a       4b       4c       0         4       Other (Describe in Part XIII.)       4a       4c       310,629,090       65       310,629,090       65       310,629,090       65       310,629,090       65       310,629,090       65       310,629,090       65       310,629,090       65       310,629,090       65       310,	4							
c       Add lines 4a and 4b       4c       0         5       Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)       5       311, 909, 284         Part XII       Reconcilitation of Expenses per Audited Financial Statements With Expenses per Return       1       311, 292, 040         1       Total expenses and losses per audited financial statements       1       311, 292, 040         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a       662, 950.         2       Cother losses       2e       2e         d       Other (Describe in Part XIII.)       2a       662, 950.         3       311, 629, 090       2a       662, 950.         3       Subtract line 2e from line 1       3       3         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       3       3       3         1       Notract line 2e from line 1       4a       4a       4a       4a       4c       5       3       3       3       3       3       6       2, 950.       5       3       3       3       6       2, 950.       3       3       3       6       2, 950.       3       3       3       6       2, 950.       3       3	а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
c       Add lines 4a and 4b       4c       0         5       Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)       5       311, 909, 284         Part XII       Reconcilitation of Expenses per Audited Financial Statements With Expenses per Return       1       311, 292, 040         1       Total expenses and losses per audited financial statements       1       311, 292, 040         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a       662, 950.         2       Cother losses       2e       2e         d       Other (Describe in Part XIII.)       2a       662, 950.         3       311, 629, 090       2a       662, 950.         3       Subtract line 2e from line 1       3       3         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       3       3       3         1       Notract line 2e from line 1       4a       4a       4a       4a       4c       5       3       3       3       3       3       6       2, 950.       5       3       3       3       6       2, 950.       3       3       3       6       2, 950.       3       3       3       6       2, 950.       3       3	b	Other (Describe in Part XIII.)	4b					
Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return					4c		0.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         1       Total expenses and losses per audited financial statements         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:         2       Donated services and use of facilities         2       2a         662,950.         2       Complete if the organization answered "Yes" on Form 990, Part IX, line 25:         2       Donated services and use of facilities         2       2a         60 Other (Describe in Part XIII.)         e       Add lines 2a through 2d         3       310, 629, 090         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:         a       Investment expenses not included on Form 990, Part VIII, line 7b         4       4b         b       Other (Describe in Part XIII.)         c       Add lines 4a and 4b         5       Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.)         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. Also complete this part to provide any additional 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		Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)				311,9	909,284.	
1       Total expenses and losses per audited financial statements       1       311,292,040         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2       662,950.         2       Donated services and use of facilities       2       662,950.         2       Conter losses       2       2         3       Other losses       2       2         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       2       3         3       Subtract line 2e from line 1       4       4         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       3       311, 629, 090         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       4       4         a       Investment expenses not included on Form 990, Part IVII, line 7b       4       4         b       Other (Describe in Part XIII)       4       4       6         c       Add lines 4a and 4b       4c       0       6         5       Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.)       7       310, 629, 090         Part XIII       Supplemental Information       6       5       310, 629, 090         Provide the descriptions required for Part II, lines 3, 5, and	Par	t XII Reconciliation of Expenses per Audited Financial State	ments With E	xpenses per F	leturn			
2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a       662,950.         a Donated services and use of facilities       2b       2c       2c         b Prior year adjustments       2b       2c       2c         c Other losses       2c       2d       2d       662,950.         d Other (Describe in Part XIII.)       2d       2d       2d       2d         e Add lines 2a through 2d       2d       2d       3 310,629,090         3       Subtract line 2e from line 1       3 310,629,090       3       310,629,090         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       3 310,629,090       3         a Investment expenses not included on Form 990, Part VIII, line 7b       4a       4c       0         b Other (Describe in Part XIII.)       4b       4c       0       4c       0         c Add lines 4a and 4b       4c       0       5       310,629,090       90         Part XIII       Supplemental Information         Provide the descriptions required for Part II, lines 3, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part X, line 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b, also complete this part to provide any additional information.         PART X, LINE 2:		Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.					
2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a       662,950.         a       Donated services and use of facilities       2b       2c         b       Prior year adjustments       2c       2c         c       Other (Describe in Part XIII.)       2d       2d         e       Add lines 2a through 2d       3       310,629,090         3       Subtract line 2e from line 1       4a       4a         a       Investment expenses not included on Form 990, Part IX, line 25, but not on line 1:       4a       4c         a       Investment expenses not included on Form 990, Part IX, line 25, but not on line 1:       4a       4c       0         b       Other (Describe in Part XIII.)       4a       4c       0       0         c       Add lines 4a and 4b       4c       0       5       310, 629, 090         Part XIII       Supplemental Information       Form 390, Part II, lines 1a and 4; Part IV, line 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b. Also complete this part to provide any additional information.         Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, line 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b. Also complete this part to provide any additional information.         Previde the descriptions fore part II, lines 2d and 4b	1	Total expenses and losses per audited financial statements			1	311,2	292,040.	
b       Prior year adjustments       2b       2c         2c       2c       2c       2c         2d       2d       2d       2d         2d       310,629,090       310,629,090       310,629,090         4 Amounts included on Form 990, Part VIII, line 7b       4a       4b       4c         b       Other (Describe in Part XIII.)       4b       4c       00         5       Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.)       4c       00         5       Total expenses. Add lines 3 and 4b. Also complete this part to provide any additional information.       2d       310, 629, 090         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 X, LINE 2:         THE INTERNAL	2							
b       Prior year adjustments       2b       2c       3c       3c <t< td=""><td>а</td><td>Donated services and use of facilities</td><td>2a</td><td>662,950.</td><td></td><td></td><td></td></t<>	а	Donated services and use of facilities	2a	662,950.				
c       Other losses       2c       2d       2e       662,955         3       Subtract line 2e from line 1       3       310,629,090       3       310,629,090         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       4a       4a       4a         a       Investment expenses not included on Form 990, Part VIII, line 7b       4a       4a       4a         b       Other (Describe in Part XIII.)       4b       4c       00         c       Add lines 4 and 4b       4c       4c       00         5       Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)       7b       5       310, 629, 090         Part XIII       Supplemental Information       4c       00       5       310, 629, 090         Provide the descriptions required for Part II, lines 3, 5, and 9; Part II, line 18)       9c       5       310, 629, 090         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 X, line 2; Part X, lines 2d and 4b. Also complete this part to provide any additional information.         PART X, LINE 2;       The INTERNAL REVENUE SERVICE HAS RECOGNIZED THE ORGANIZATION AS EXEMPT         FROM FEDERAL INCOME TAXES UNDER PROVISIONS OF SECTION 501(C)(3) OF THE         INTERNAL REVENUE CODE (IRC) EXCEPT TO THE EXTENT OF UNRELATED BU	b							
d Other (Describe in Part XIII.)       2d       2e       662,950         3 Subtract line 2e from line 1       3       310,629,090       3       310,629,090         4 Amounts included on Form 990, Part IX, line 25, but not on line 1:       a       4a       4a       4a         b Other (Describe in Part XIII.)       4a       4b       4c       00         c Add lines 4a and 4b       4c       00       5       310,629,090         5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)       4c       00         5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)       5       310,629,090         Part XIII Supplemental Information       5       310,629,090       5       310,629,090         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 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 2:         THE INTERNAL REVENUE SERVICE HAS RECOGNIZED THE ORGANIZATION AS EXEMPT         FROM FEDERAL INCOME TAXES UNDER PROVISIONS OF SECTION 501(C)(3) OF THE         INTERNAL REVENUE CODE (IRC) EXCEPT TO THE EXTENT OF UNRELATED BUSINESS         TAXABLE INCOME AS DEFINED UNDER IRC SECTIONS 511 THROUGH 515. ANY <td co<="" td=""><td>с</td><td></td><td></td><td></td><td></td><td></td><td></td></td>	<td>с</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	с						
e Add lines 2a through 2d       2e       662,950         3 Subtract line 2e from line 1       3       310,629,090         4 Amounts included on Form 990, Part IX, line 25, but not on line 1:       4a       3         a Investment expenses not included on Form 990, Part VIII, line 7b       4a       4a         b Other (Describe in Part XIII.)       4a       4c       0         c Add lines 4a and 4b       4c       0       5       310,629,090         Part XIII.         Contail expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)       4c       0         Part XIII.         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, line 2d and 4b. Also complete this part to provide any additional information.         PART X, LINE 2:         THE INTERNAL REVENUE SERVICE HAS RECOGNIZED THE ORGANIZATION AS EXEMPT         FROM FEDERAL INCOME TAXES UNDER PROVISIONS OF SECTION 501(C)(3) OF THE         INTERNAL REVENUE CODE (IRC) EXCEPT TO THE EXTENT OF UNRELATED BUSINESS         TAXABLE INCOME AS DEFINED UNDER IRC SECTIONS 511 THROUGH 515. ANY         UNRELATED BUSINESS INCOME GENERATED IS NOT SIGNIFICANT; THEREFORE, NO	d							
3       Subtract line 2e from line 1       3       310,629,090         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       4a       4a       4a         b       Other (Describe in Part XIII.)       4a       4b       4c       00         c       Add lines 4a and 4b       4c       5       310,629,090         Fortal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)       4c       00         9       Part XIII       Supplemental Information       5       310,629,090         Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, line 18.)       4c       00         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. Also complete this part to provide any additional information.         PART X, LINE 2:       Internal Revenue Service HAS RECOGNIZED THE ORGANIZATION AS EXEMPT         FROM FEDERAL INCOME TAXES UNDER PROVISIONS OF SECTION 501(C)(3) OF THE         INTERNAL REVENUE CODE (IRC) EXCEPT TO THE EXTENT OF UNRELATED BUSINESS         TAXABLE INCOME AS DEFINED UNDER IRC SECTIONS 511 THROUGH 515, ANY         UNRELATED BUSINESS INCOME GENERATED IS NOT SIGNIFICANT; THEREFORE, NO	е				2e	(	562,950.	
4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       4a       4a         a       Investment expenses not included on Form 990, Part VIII, line 7b       4a       4b         b       Other (Describe in Part XIII.)       4b       4c       0         c       Add lines 4a and 4b       4c       5       310,629,090         For tal expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.)       4c       5       310,629,090         Part XIII       Supplemental Information       5       310,629,090       5       5       310,629,090         Part XII       Information	3				3	310,6	529,090.	
a Investment expenses not included on Form 990, Part VIII, line 7b       4a         b Other (Describe in Part XIII.)       4b         c Add lines 4a and 4b       4c         5 Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> )       5         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. Also complete this part to provide any additional information.         PART X, LINE 2:         THE INTERNAL REVENUE SERVICE HAS RECOGNIZED THE ORGANIZATION AS EXEMPT         FROM FEDERAL INCOME TAXES UNDER PROVISIONS OF SECTION 501(C)(3) OF THE         INTERNAL REVENUE CODE (IRC) EXCEPT TO THE EXTENT OF UNRELATED BUSINESS         TAXABLE INCOME AS DEFINED UNDER IRC SECTIONS 511 THROUGH 515, ANY         UNRELATED BUSINESS INCOME GENERATED IS NOT SIGNIFICANT; THEREFORE, NO	4							
b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 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. Also complete this part to provide any additional information. PART X, LINE 2: THE INTERNAL REVENUE SERVICE HAS RECOGNIZED THE ORGANIZATION AS EXEMPT FROM FEDERAL INCOME TAXES UNDER PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) EXCEPT TO THE EXTENT OF UNRELATED BUSINESS TAXABLE INCOME AS DEFINED UNDER IRC SECTIONS 511 THROUGH 515. ANY UNRELATED BUSINESS INCOME GENERATED IS NOT SIGNIFICANT; THEREFORE, NO	а		4a					
c Add lines 4a and 4b       4c       00         5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.)       5       310,629,090         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. Also complete this part to provide any additional information.         PART X, LINE 2:         THE INTERNAL REVENUE SERVICE HAS RECOGNIZED THE ORGANIZATION AS EXEMPT         FROM FEDERAL INCOME TAXES UNDER PROVISIONS OF SECTION 501(C)(3) OF THE         INTERNAL REVENUE CODE (IRC) EXCEPT TO THE EXTENT OF UNRELATED BUSINESS         TAXABLE INCOME AS DEFINED UNDER IRC SECTIONS 511 THROUGH 515. ANY         UNRELATED BUSINESS INCOME GENERATED IS NOT SIGNIFICANT; THEREFORE, NO								
5       Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18,)       5       310,629,090         Part XIII       Supplemental Information       5       310,629,090         Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.         PART X, LINE 2:					4c		٥.	
Part XIII       Supplemental Information         Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.         PART X, LINE 2:         THE INTERNAL REVENUE SERVICE HAS RECOGNIZED THE ORGANIZATION AS EXEMPT         FROM FEDERAL INCOME TAXES UNDER PROVISIONS OF SECTION 501(C)(3) OF THE         INTERNAL REVENUE CODE (IRC) EXCEPT TO THE EXTENT OF UNRELATED BUSINESS         TAXABLE INCOME AS DEFINED UNDER IRC SECTIONS 511 THROUGH 515. ANY         UNRELATED BUSINESS INCOME GENERATED IS NOT SIGNIFICANT; THEREFORE, NO						310,0	529,090.	
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.  PART X, LINE 2:  THE INTERNAL REVENUE SERVICE HAS RECOGNIZED THE ORGANIZATION AS EXEMPT  FROM FEDERAL INCOME TAXES UNDER PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) EXCEPT TO THE EXTENT OF UNRELATED BUSINESS  TAXABLE INCOME AS DEFINED UNDER IRC SECTIONS 511 THROUGH 515. ANY UNRELATED BUSINESS INCOME GENERATED IS NOT SIGNIFICANT; THEREFORE, NO						,	,	
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PART X, LINE 2: THE INTERNAL REVENUE SERVICE HAS RECOGNIZED THE ORGANIZATION AS EXEMPT FROM FEDERAL INCOME TAXES UNDER PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) EXCEPT TO THE EXTENT OF UNRELATED BUSINESS TAXABLE INCOME AS DEFINED UNDER IRC SECTIONS 511 THROUGH 515. ANY UNRELATED BUSINESS INCOME GENERATED IS NOT SIGNIFICANT; THEREFORE, NO					, i uit X,	1110 <i>L</i> , 1 art	<i>/</i> (,	
THE INTERNAL REVENUE SERVICE HAS RECOGNIZED THE ORGANIZATION AS EXEMPT FROM FEDERAL INCOME TAXES UNDER PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) EXCEPT TO THE EXTENT OF UNRELATED BUSINESS TAXABLE INCOME AS DEFINED UNDER IRC SECTIONS 511 THROUGH 515. ANY UNRELATED BUSINESS INCOME GENERATED IS NOT SIGNIFICANT; THEREFORE, NO	11103	and 4b, and 1 art XII, intes 2d and 4b. Also complete this part to provide any a	Guillonai morma					
THE INTERNAL REVENUE SERVICE HAS RECOGNIZED THE ORGANIZATION AS EXEMPT FROM FEDERAL INCOME TAXES UNDER PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) EXCEPT TO THE EXTENT OF UNRELATED BUSINESS TAXABLE INCOME AS DEFINED UNDER IRC SECTIONS 511 THROUGH 515. ANY UNRELATED BUSINESS INCOME GENERATED IS NOT SIGNIFICANT; THEREFORE, NO								
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	TAXA	BLE INCOME AS DEFINED UNDER IRC SECTIONS 511 THROUGH 515. AN	17					
	UNRE	LATED BUSINESS INCOME GENERATED IS NOT SIGNIFICANT. THEREFOR	RE NO					

FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS

CODIFICATION (ASC) 740-10, INCOME TAXES, RELATING TO ACCOUNTING FOR

UNCERTAIN TAX POSITIONS. ASC 740-10 PRESCRIBES A RECOGNITION THRESHOLD AND

MEASUREMENT PROCESS FOR ACCOUNTING FOR UNCERTAIN TAX POSITIONS AND ALSO

PROVIDES GUIDANCE ON VARIOUS RELATED MATTERS SUCH AS DERECOGNITION,

332054 09-28-23

Schedule D (Form 990) 2023

GREATER GOOD CHARITIES 20-4846675 Schedule D (Form 990) 2023 Page 5 Part XIII Supplemental Information (continued) INTEREST, PENALTIES AND DISCLOSURES REQUIRED. MANAGEMENT DOES NOT BELIEVE THE ORGANIZATION HAS AN UNCERTAIN TAX POSITION AS OF AND FOR THE YEARS ENDED JUNE 30, 2024 AND 2023. Schedule D (Form 990) 2023

332055 09-28-23

# Statement of Activities Outside the United States

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

Attach to Form 990.

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

(e) If activity listed in (d) (a) Region (c) Number of (d) Activities conducted in the region (f) Total (b) Number of expenditures employees, offices (by type) (such as, fundraising, prois a program service, agents, and for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region CENTRAL AMERICA AND THE CARIBBEAN -ANTIGUA & BARBUDA. ARUBA, BAHAMAS 0 0 GRANTMAKING 247,398. EAST ASIA AND THE PACIFIC - AUSTRALIA. BRUNEI, BURMA, EXPLORATION, STUDY, AND CAMBODIA 0 0 GRANTMAKING ROTECTING BIODIVERSITY 450,626. EUROPE (INCLUDING ICELAND & GREENLAND) DISTRIBUTION OF PRODUCTS - ALBANIA, ANDORRA, GRANTMAKING AND PROGRAM FOR ANIMAL AND HUMAN AUSTRIA, BELGIUM WELFARE 5 SERVICE 1388811. 1 NORTH AMERICA CANADA AND MEXICO. BUT NOT THE UNITED GRANTMAKING AND PROGRAM EXPLORATION, STUDY, AND SERVICE PROTECTING BIODIVERSITY STATES 4267868. 0 3 RUSSIA AND DISTRIBUTION OF PRODUCTS NEIGHBORING STATES -ARMENIA, AZERBIJAN, GRANTMAKING AND PROGRAM FOR ANIMAL AND HUMAN BELARUS 0 0 SERVICE WELFARE 4106500. SOUTH AMERICA -ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR 0 0 GRANTMAKING 1115689. SOUTH ASIA AFGHANISTAN. BANGLADESH, BHUTAN, INDIA, MALDIVES 0 0 GRANTMAKING 1,280. SUB-SAHARAN AFRICA -ANGOLA, BENIN, BOTSWANA, BURKINA 0 0 GRANTMAKING FASO 3,365. 1 8 11581537 3 a Subtotal b Total from continuation 0 0 64,282. sheets to Part I c Totals (add lines 3a 1 8 11645819 and 3b) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule F (Form 990) 2023

Name of the organization

GREATER GOOD CHARITIES

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

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
- For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the 2 United States

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

OMB No. 1545-0047
2023
Ζυζυ
Open to Public
Inspection

No

Employer identification number

20-4846675

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

0	
	0

	GREATER GOOD			20-4846675	Page 1
(a) Region	(b) Number of	(c) Number of	(Schedule F (Form 990), Part I, line 3)     (d) Activities conducted in region	(e) If activity listed in (d)	(f) Total
	offices in the region	employees or agents in region	(by type) (i.e., fundraising, program services, grants to recipients located in the region)	is a program service, describe specific type of service(s) in region	expenditures for region
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS		64,282.
Totals					64,282.

332181 04-01-23

332072 11-29-23

20-4846675

GREATER GOOD CHARITIES Schedule F (Form 990) 2023

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	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA						
		(CANADA AND	SUPPORT RESCUED				ANIMAL PRODUCTS,	
		MEXICO)	ANIMALS	0.		1167827.	ANIMAL FOOD	FMV
		EUROPE (INCLUDING						
			SUPPORT RESCUED					
			ANIMALS	16,000.	WIRE	0.		
		NORTH AMERICA (CANADA AND	SUPPORT RESCUED					
			ANIMALS	0.		49 427.	ANIMAL FOOD	FMV
		RUSSIA AND						
		NEIGHBORING	SUPPORT RESCUED					
		STATES	ANIMALS	18,829.	WIRE	0.		
		EUROPE (INCLUDING						
			SUPPORT RESCUED					
		GREENLAND)	ANIMALS	0.		178,331.	ANIMAL FOOD	FMV
		NORTH AMERICA						
			SUPPORT RESCUED					
			ANIMALS	0.		145,354.	ANIMAL FOOD	FMV
		EUROPE (INCLUDING						
			SUPPORT RESCUED					
		GREENLAND)	ANIMALS	0.		8,761.	ANIMAL FOOD	FMV
		EUROPE (INCLUDING						
			SUPPORT RESCUED					
		GREENLAND)	ANIMALS	٥.		11,857.	ANIMAL FOOD	FMV

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

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

Schedule F (Form 990) 2023

43 0

Schedule F (Form 990)	GREATER	GOOD CHARITIES			20-4840	5675		Page <b>2</b>
Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	)	-
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		RUSSIA AND NEIGHBORING STATES	SUPPORT PROTECTING/RESTORING ENVIRONMENT	15,000.	WIRE	0.		
		RUSSIA AND NEIGHBORING STATES	SUPPORT FOR PEOPLE AND RESCUED ANIMALS	129,776.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	SUPPORT FOR PEOPLE	33,173.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	SUPPORT RESCUED ANIMALS	30,000.	WIRE	0.		
		RUSSIA AND NEIGHBORING STATES	SUPPORT FOR PEOPLE	6,000.	WIRE	0.		
		RUSSIA AND NEIGHBORING STATES	SUPPORT RESCUED ANIMALS	40,500.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	SUPPORT FOR PEOPLE	10,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	SUPPORT FOR PEOPLE	65,000.	CHECK	0.		
		NORTH AMERICA (CANADA AND MEXICO)	SUPPORT RESCUED ANIMALS	0.		35,280.2	ANIMAL FOOD	FMV

Schedule F (Form 990)	GREATER	GOOD CHARITIES			20-4846	5675		Page
Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	1
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> 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, FM) appraisal, other)
		NORTH AMERICA					NITWAL DRODUCED	
		(CANADA AND	SUPPORT RESCUED	0		1 756 050	ANIMAL PRODUCTS,	-
		MEXICO)	ANIMALS	0.		1,750,950.	ANIMAL FOOD	FMV
		EUROPE (INCLUDING						
		ICELAND AND	SUPPORT RESCUED					
		GREENLAND)	ANIMALS	90,000.	WIDE	0.		
		GREENLAND /	ANIMALS	30,000.	MIKE	0.		
		RUSSIA AND						
		NEIGHBORING	SUPPORT RESCUED					
		STATES	ANIMALS	37,535.	NTDE	24 624	ANIMAL FOOD	FMV
		SIAIES	ANIMALS	37,555.	MIKE	54,054.	ANIMAL FOOD	FMV
		EUROPE (INCLUDING						
		ICELAND AND	SUPPORT RESCUED					
		GREENLAND)	ANIMALS	0.		102 710	ANIMAL FOOD	FMV
		GREENLAND /	ANIMALS	0.		103,710.	ANIMAL FOOD	FMV
		EUROPE (INCLUDING						
		ICELAND AND	SUPPORT RESCUED					
		GREENLAND)	ANIMALS	0.		11 330	ANIMAL FOOD	FMV
		GREENDAND /		0.		44,550.	ANIMAL FOOD	
		RUSSIA AND						
		NEIGHBORING						
		STATES	SUPPORT FOR PEOPLE	25,000.	WIDE	0.		
		STATES	SUFFORT FOR FEOFLE	25,000.	MIKE	0.		
		EUROPE (INCLUDING						
		ICELAND AND	SUPPORT RESCUED					
		GREENLAND)	ANIMALS	0.		102 530	ANIMAL FOOD	FMV
		GREENDAND /	ANTINADS	0.		492,339.	ANIMAL FOOD	r HV
		EUROPE (INCLUDING						
		ICELAND AND	SUPPORT RESCUED					
		GREENLAND)	ANIMALS	0.		44 386	ANIMAL FOOD	FMV
				0.				1 V
		EAST ASIA AND THE						
		PACIFIC	SUPPORT FOR PEOPLE	345,492.	WIRE	0.		
		F 110 IF IC	DOLLOWI FOR LEOLDE	545,492.	m IIII	٥.	<u> </u>	

chedule F (Form 990)		GOOD CHARITIES			20-4846			Page
	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9			
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> 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, FM appraisal, other)
		EUROPE (INCLUDING						
		ICELAND AND GREENLAND)	SUPPORT RESCUED	0.		20 175	ANIMAL FOOD	ENG Z
		GREENLAND)	ANIMALS	0.		28,175.	ANIMAL FOOD	FMV
		NORTH AMERICA						
		(CANADA AND	SUPPORT RESCUED					
		MEXICO)	ANIMALS	0.		16 155.	ANIMAL FOOD	FMV
		NORTH AMERICA						
		(CANADA AND	SUPPORT RESCUED					
		MEXICO)	ANIMALS	0.		392,302.	ANIMAL FOOD	FMV
		CENTRAL AMERICA	SUPPORT RESCUED					
		AND THE CARIBBEAN	ANIMALS	0.		182,470.	ANIMAL FOOD	FMV
		RUSSIA AND						
		NEIGHBORING	SUPPORT RESCUED					
		STATES	ANIMALS	155,000.	WIRE	0.		
		NORTH AMERICA						
		(CANADA AND	SUPPORT RESCUED					
		MEXICO)	ANIMALS	0.		636,170.	ANIMAL FOOD	FMV
		EAST ASIA AND THE	CUDDODE DECCUED					
		PACIFIC	ANIMALS	30,513.	WIDE	0.		
		FACIFIC		50,515.	WIKE	0.		
		EUROPE (INCLUDING						
		ICELAND AND	SUPPORT RESCUED					
		GREENLAND)	ANIMALS	0.		18 546.	ANIMAL FOOD	FMV
						,		
		EAST ASIA AND THE	SUPPORT RESCUED					
		PACIFIC	ANIMALS	14,550.	WIRE	0.		

Schedule F (Form 990)		GOOD CHARITIES			20-4846			Page
Part II Continuation o 1 (a) Name of organization	f Grants and Other A (b) IRS code section and EIN (if applicable)	(a) Region	tions or Entities Outside the (d) Purpose of grant	(e) Amount	(Schedule F (Form 9 (f) Manner of cash disbursement	90), Part II, line (g) Amount of non-cash assistance	1) (h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
		EUROPE (INCLUDING ICELAND AND GREENLAND)	SUPPORT RESCUED ANIMALS	0.		80,757.	ANIMAL FOOD	FMV
		NORTH AMERICA (CANADA AND MEXICO)	SUPPORT RESCUED ANIMALS	0.		23,760.	ANIMAL FOOD	FMV
		RUSSIA AND NEIGHBORING STATES	SUPPORT FOR PEOPLE AND RESCUED ANIMALS	90,654.	WIRE	866,900.	ANIMAL FOOD	FMV
		RUSSIA AND NEIGHBORING STATES	SUPPORT FOR PEOPLE AND RESCUED ANIMALS	339,648.	WIRE	31,522.	ANIMAL FOOD	FMV
		RUSSIA AND NEIGHBORING STATES	SUPPORT RESCUED ANIMALS	0.		2079215.	ANIMAL FOOD	FMV
		EAST ASIA AND THE PACIFIC	SUPPORT PROTECTING/RESTORING ENVIRONMENT	8,000.	WIRE	0.		WIRE
		SOUTH AMERICA	SUPPORT PROTECTING/RESTORING ENVIRONMENT	1115689.	WIRE	0.		WIRE
		EUROPE (INCLUDING ICELAND AND GREENLAND)	SUPPORT RESCUED ANIMALS	84,575.	WIRE	0.		WIRE

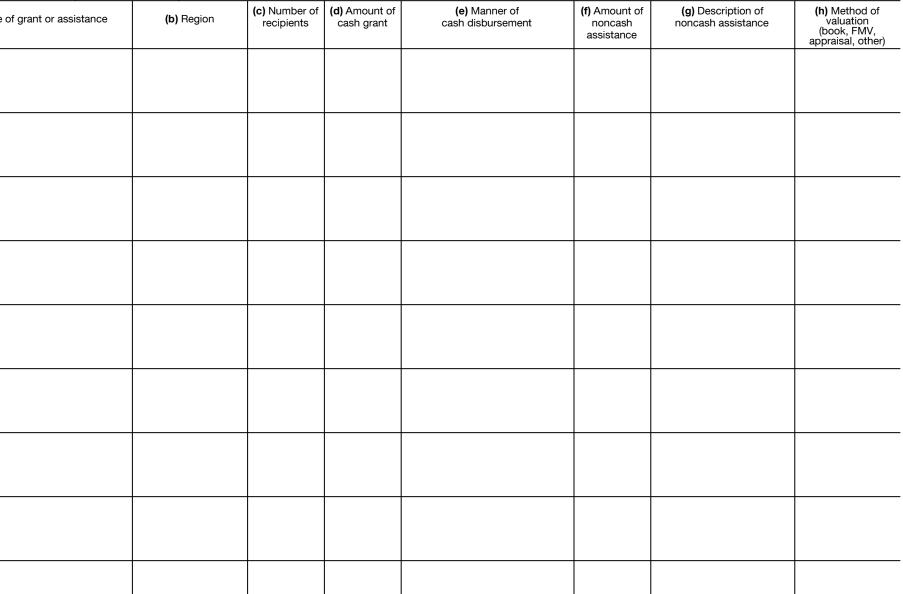
Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (e) Manner of (c) Number of (d) Amount of (f) Amount of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash assistance

(g) Description of

noncash assistance

Schedule F (Form 990) 2023

Page 3



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

Schedule F (Form 990) 2023

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GREATER GOOD CHARITIES Schedule F (Form 990) 2023

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## Part V Supplemental Information

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

PART I, LINE 2:

EACH NON-PROFIT THAT RECEIVES GRANTS FROM GREATER GOOD CHARITIES IS

REQUIRED TO SUPPLY PROOF OF THEIR NON-PROFIT STATUS UNDER THE LAWS OF THE

COUNTRY IN WHICH IT WAS FORMED PRIOR TO RECEIVING FUNDS. THEY MUST ALSO

SIGN A MEMO OF UNDERSTANDING THAT OUTLINES OUR INTENTIONS FOR USE OF

FUNDS AND THAT THEY AGREE TO USE THE FUNDS AS SPECIFIED. THROUGHOUT THE

YEAR, WE REQUIRE REPORTS FROM EACH CHARITY THAT RECAPS HOW FUNDS WERE

USED. IF FUNDS ARE NOT USED PROPERLY OR DOCUMENTATION FOR HOW FUNDS WERE

USED IS NOT PROVIDED, FUTURE FUNDS CAN BE WITHHELD, WHEN POSSIBLE, ACTUAL

SITE VISITS ARE CONDUCTED TO SEE ACTUAL EVIDENCE OF THE USE OF FUNDS.

PART I, LINE 3:

THE AMOUNT ON PART I, LINE 3, COLUMN (F) REPRESENTS ACTUAL EXPENDITURES

IN THE REGION FOR A TAXPAYER ON THE ACCRUAL BASIS OF ACCOUNTING.

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SCHEDULE I (Form 990)	Go	Grants and Oth vernments, an lete if the organization	d Individual	s in the Ŭni	ted States		OMB No. 1545-0	<sup>3047</sup>
Department of the Treasury Internal Revenue Service		Go to www.irs	Attach to Form a.gov/Form990 for		ation.		Open to Pul Inspectio	
Name of the organization	CHARITIES		5				Employer identification n 20-4846675	
Part I General Information on Grants a	nd Assistance							
<ol> <li>Does the organization maintain records a criteria used to award the grants or assis</li> <li>Describe in Part IV the organization's properties</li> <li>Part II Grants and Other Assistance to</li> </ol>	stance? ocedures for monit Domestic Organiz	oring the use of grant zations and Domestic	funds in the United	l States. Complete if the org			X Yes	No
recipient that received more than s <b>1 (a)</b> Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	onal space is needs (d) Amount of cash grant	ed. (e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of gran or assistance	t
4 PAWS ANIMAL RESCUE PO BOX 735 WILLIS, MI 48191	27-3741642	501(C)(3)	0.	12452773	FMV	ANIMAL PRODUCTS, ANIMAL FOOD	SUPPORT FOR RESCUED ANIMALS	
A NEW LEAF 868 E UNIVERSITY DR MESA, AZ 85203-8033	86-0256667	501(C)(3)	25,000.	0.			SUPPORT FOR RESCUED ANIMALS	
A PLACE FOR PEANUT 6681 BAYOU GLEN RD HOUSTON, TX 77057	81-1124579	501(C)(3)	0.	14,368.	FMV	ANIMAL PHARMACEUTICALS	SUPPORT FOR RESCUED ANIMALS	
ABILENE ANIMAL SHELTER 834 NORTH 3RD ST ABILENE, TX 79601	86-3226661	501(C)(3)	646.	5,045.	FMV	ANIMAL PRODUCTS	SUPPORT FOR RESCUED ANIMALS	
ACADIANA OUTREACH CENTER PO BOX 2747 LAFAYETTE, LA 70502	58-1925867	501(C)(3)	0.	10,901.	FMV	APPAREL , HYGIENE PRODUCTS	SUPPORT FOR PEOPLE	
ACCT PHILLY 111 W HUNTING PARK AVE PHILADELPHIA, PA 19140	45-3985637		5,000.	203,669.	FMV	ANIMAL FOOD	SUPPORT FOR RESCUED ANIMALS	205
2 Enter total number of section 501(c)(3) a		-	e line 1 table				·····	327.
3 Enter total number of other organization: For Paperwork Reduction Act Notice, see th							Schedule I (Form 990	

SEE PART IV FOR COLUMN (G) DESCRIPTIONS

LHA 332101 11-01-23

Schedule I (Form 990) GREATER GOOD C							20-4846675 P
Part II Continuation of Grants and Other A	ssistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
						HOUSEHOLD	
AGAPE LOVE FROM ABOVE TO OUR						PRODUCTS,	
COMMUNITY - 19 E 7TH ST -						ANIMAL	SUPPORT FOR PEOPLE,
BLOOMSBURG, PA 17815	61-1591692	501(C)(3)	0.	3,089,995.	FMV	PRODUCTS,	RESCUED ANIMALS
						HOUSEHOLD	
KWESASNE ANIMAL SOCIETY						PRODUCTS,	
47 BEAVER MEADOW RD						ANIMAL	SUPPORT FOR PEOPLE,
AKWESASNE, NY 13655	47-4583980	501(C)(3)	0.	612,574.	FMV	PHARMACEUTICALS	RESCUED ANIMALS
ALACHUA COUNTY HUMANE SOCIETY						ANIMAL	
4205 NW 6TH ST						PRODUCTS,	SUPPORT FOR RESCUED
GAINESVILLE, FL 32609	59-1908492	501(C)(3)	55.	51,840.	F'M∨	ANIMAL FOOD	ANIMALS
ALAQUA ANIMAL REFUGE							
179 DUGAS WAY						ANIMAL	SUPPORT FOR RESCUED
FREEPORT, FL 32439	02-0806313	501(C)(3)	5,000.	414,991.	FMV	PHARMACEUTICALS	ANIMALS
	02 0000010	501(0)(0)	5,000.				
ALASKA NATIVE RURAL VETERINARY INC							
3875 GEIST RD, #301						ANIMAL	SUPPORT FOR RESCUED
FAIRBANKS, AK 99709	45-5167681	501(C)(3)	0.	226,277.	FMV	PHARMACEUTICALS	ANIMALS
·				· · ·			
ALEXANDRA HOUSE, INC.							
10065 3RD ST NE							SUPPORT FOR RESCUED
BLAINE, MN 55434	41-1309977	501(C)(3)	25,000.	٥.			ANIMALS
ALL FUR ANIMALS RESCUE							
32192 WILDERNESS FARMS RD						ANIMAL	SUPPORT FOR RESCUED
LOCUST GROVE, VA 22508	81-3442242	501(C)(3)	0.	5,368.	FMV	PRODUCTS	ANIMALS
MEDIAN DELATAN MALINATA DECAN							
AMERICAN BELGIAN MALINOIS RESCUE						APPAREL,	
10834 STANDING STONE RD	01 600015	501 ( 2) ( 2)				ANIMAL	SUPPORT FOR PEOPLE,
HUNTINGDON, PA 16652	81-6099454	501(C)(3)	6,000.	9,133.	₽.W∧	PRODUCTS	RESCUED ANIMALS
ANIMAL BALANCE							
PO BOX 66406						ANIMAL	SUPPORT FOR RESCUED
PORTLAND, OR 97290	68-0630714	F01(a)(2)	0.	459,774.	ENG7	PHARMACEUTICALS	ANIMALS

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANIMAL CARE & CONTROL CHARLOTTE							
8315 BYRUM DR							SUPPORT FOR RESCUED
CHARLOTTE, NC 28217	52-1333483	CITY OF CHARLOTT	7,597.	0.			ANIMALS
			, -				
ANIMAL FRIENDS HUMANE SOCIETY							
1820 PRINCETON RD						ANIMAL	SUPPORT FOR RESCUED
HAMILTON, OH 45011	31-0588218	501(C)(3)	6,283.	6,056.	FMV	PRODUCTS	ANIMALS
ANIMAL FRIENDS, INC.						ANIMAL	
562 CAMP HORNE RD						products,	SUPPORT FOR RESCUED
PITTSBURGH, PA 15237	25-0951565	501(C)(3)	1,500.	191,644.	FMV	ANIMAL FOOD	ANIMALS
ANIMAL PROTECTIVE ASSOCIATION OF							
MISSOURI / APA ADOPTION CENTER -							
1705 S HANLEY RD - ST LOUIS, MO						ANIMAL	SUPPORT FOR RESCUED
63144	43-0699783	501(C)(3)	0.	7,458.	FMV	PHARMACEUTICALS	ANIMALS
ANIMAL RESCUE AID							
11832 BIG CANOE						ANIMAL	SUPPORT FOR RESCUED
JASPER, GA 30143	26-3500676	501(C)(3)	0.	5,129,023.	FMV	PHARMACEUTICALS	ANIMALS
ANIMAL RESCUE LEAGUE OF IOWA							
5452 NE 22ND ST						ANIMAL	SUPPORT FOR RESCUED
	42-0680427	501(C)(3)	0.	229,246.	E-M17	PHARMACEUTICALS	ANIMALS
DES MOINES, IA 50313	42-0000427	501(C)(3)	0.	229,240.	FMV	PHARMACEUTICALS	ANIMALS
ANNA SHELTER						APPAREL,	
1555 E 10TH ST						ANIMAL	SUPPORT FOR PEOPLE,
ERIE, PA 16511	20-1512416	501(C)(3)	0.	5,517.	FMV	PRODUCTS	RESCUED ANIMALS
ANNIE AND MILLIE'S PLACE						APPAREL,	
PO BOX 6643						HYGIENE	
LONGMONT, CO 80501	86-1535869	501(C)(3)	0.	14,133.	FMV	PRODUCTS	SUPPORT FOR PEOPLE
ARIZONA ANIMAL WELFARE LEAGUE &						ANIMAL	
SPCA - 25 N 40TH ST - PHOENIX, AZ						products ,	SUPPORT FOR RESCUED
85034	23-7149453	501(C)(3)	Ο.	498,630.	FMV	ANIMAL FOOD	ANIMALS

Schedule I (Form 990) GREATER GOOD							20-4846675 Pa
Part II Continuation of Grants and Other	Assistance to Dou	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADTZONA UIDIAND COCTEMY							
ARIZONA HUMANE SOCIETY 1521 W DOBBINS RD						ANIMAL	SUPPORT FOR RESCUED
PHOENIX, AZ 85041	86-0135567	501(C)(3)	0.	120,222.	דאריז	PHARMACEUTICALS	ANIMALS
FROENIX, AZ 05041	00-0133307	501(0)(3)	0.	120,222.	r PIV	FIRRIACEOTICALS	ANIMADS
ASSOCIATED HUMANE SOCIETIES						ANIMAL	
124 EVERGREEN AVE						PRODUCTS	SUPPORT FOR RESCUED
NEWARK, NJ 07114-2133	22-1487122	501(C)(3)	0.	326,460.	FM(7	ANIMAL FOOD	ANIMALS
	22 140/122	501(0/(5/	0.	520,400.	r 11 A		
ATLANTA HUMANE SOCIETY						ANIMAL	
1551 PERRY BOULEVARD NW						PRODUCTS ,	SUPPORT FOR RESCUED
	58-0685900	501(0)(2)	0.	2,487,369.	E-MG7	ANIMAL FOOD	ANIMALS
ATLANTA, GA 30318	58-0085900	501(C)(3)	0.	2,407,309.	F MV	ANIMAL FOOD	ANIMALS
BAYOU BUDDIES							
26178 GLENBROOKE DR							SUPPORT FOR RESCUED
DENHAM SPRINGS, LA 70726-6553	88-3309159	501(C)(3)	9,449.	0.			ANIMALS
BEAUREGARD PARISH SHERIFFS	88-3309139	501(C)(3)	9,449.	υ.			ANIMALS
OFFICE-ANIMAL CONTROL - 412							
						ANIMAL	GUDDODE FOD DEGGUED
BOLIVAR BISHOP DR - DERIDDER, LA	70 6000155	BEAUREGARD PARIS	0	7 0 6 9	E-1057		SUPPORT FOR RESCUED
70634	72-6000155	BEAUREGARD PARIS	0.	7,968.	FMV	PRODUCTS	ANIMALS
BEAUTIFUL HEARTS RESCUE & HORSE							
SANCTUARY - 24583 TOWN HALL RD -							CUDDODE FOR DECCUED
	01 0704101	$E_{01}(\alpha)(2)$	E 010	0.			SUPPORT FOR RESCUED
HERTEL, WI 54845	81-0724131	501(C)(3)	5,813.	υ.			ANIMALS
BEGIN AGAIN HORSE RESCUE							
						2 NT M2 T	
2828 PLANK RD	07 0004005	F01(0)(2)	0	C 405		ANIMAL	SUPPORT FOR RESCUED
LIMA, NY 14485	27-0234285	DUT(C)(3)	0.	6,425.	Р°МV	PHARMACEUTICALS	ANIMALS
BERKELEY EAST BAY HUMANE SOCIETY							
						APPAREL,	
2700 NINTH ST	04 1345060	F01(0)(2)	1 100	- 485		ANIMAL	SUPPORT FOR PEOPLE,
BERKELEY, CA 94710	94-1347069	DUT(C)(3)	1,400.	5,177.	F.W∧	PRODUCTS	RESCUED ANIMALS
BIDEAWEE							
410 E 38TH ST	12 1655010	F01(0)(2)	10 000	<u>^</u>			SUPPORT FOR RESCUED
NEW YORK, NY 10016	13-1655210	DUT(C)(3)	10,000.	0.			ANIMALS

Schedule I (Form 990) GREATER GOOD C							20-4846675 P
Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa T	art II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BI-STATE PET FOOD PANTRY PO BOX 462						ANIMAL	CUDDODE FOR DECCUED
	27-2419695	501/(3)/(3)	0.	49,920.		PRODUCTS	SUPPORT FOR RESCUED ANIMALS
TROY, AZ 62294	27-2419095	501(C)(3)	· · ·	49,920.	FMV	PRODUCTS	ANIMALS
BITTER ROOT HUMANE ASSOCIATION							
PO BOX 57; 262 FAIRGROUNDS RD						ANIMAL	SUPPORT FOR RESCUED
HAMILTON, MT 59840	81-0351709	501(C)(3)	0.	5,088.	FMV	PRODUCTS	ANIMALS
	01 0001/09	501(0)(0)		5,000.			
BLIND CAT RESCUE & SANCTUARY, INC.							
3101 E GREAT MARSH CHURCH RD						ANIMAL	SUPPORT FOR RESCUED
ST PAULS, NC 28384	20-3410498	501(C)(3)	14,500.	10,618.	FMV	PRODUCTS	ANIMALS
			,	, , , , , , , , , , , , , , , , , , , ,			
BLUE BLOODS THOROUGHBRED ADOPTION							
AND PLACEMENT - 2305 HIGHWAY 62 N						ANIMAL	SUPPORT FOR RESCUED
- BLANCH, NC 27212	49-3925138	501(C)(3)	0.	17,120.	FMV	PHARMACEUTICALS	ANIMALS
BOWLING GREEN WARREN COUNTY HUMANE							
SOCIETY - 1924 LOUISVILLE RD -						ANIMAL	SUPPORT FOR RESCUED
BOWLING GREEN, KY 42101	61-0653278	501(C)(3)	0.	239,130.	FMV	PHARMACEUTICALS	ANIMALS
BRANDYWINE VALLEY SPCA							
1212 PHOENIXVILLE PIKE						ANIMAL	SUPPORT FOR RESCUED
WEST CHESTER, PA 19380	23-1381030	501(C)(3)	55.	48,535.	FMV	PRODUCTS	ANIMALS
DDOOK HILL DADK							
BROOK HILL FARM							
7291 BELLEVUE RD		F01(a)(2)	_	10 505		ANIMAL	SUPPORT FOR RESCUED
FOREST, VA 24551	54-2058686	DUT(C)(3)	0.	48,526.	₽°МV	PHARMACEUTICALS	ANIMALS
BROOKINGS REGIONAL HUMANE SOCIETY							
120 W SECOND ST S						ANIMAL	SUPPORT FOR RESCUED
BROOKINGS, SD 57006	46-0452504	501(C)(3)	0.	5,527.	FMV	PRODUCTS	ANIMALS
BROOKINGS, SD 37000	40-0452504	501(C)(5)	<u>0.</u>	5,527.	T. 11 A	TIODOCIS	CULINI
BURGE BIRD RESCUE							
13833 S 71 HWY							SUPPORT FOR RESCUED
GRANDVIEW, MO 64030	56-2675750	501(C)(3)	9,500.	0.			ANIMALS

Schedule I (Form 990)         GREATER         GOOD           Part II         Continuation of Grants and Other		nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990) Pa	art II )	20-4846675 P
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUTTE HUMANE SOCIETY							
2580 FAIR ST	04 1590601	F01(0)(2)	0.	00 012		NITWAL BOOD	SUPPORT FOR RESCUED
CHICO, CA 95928	94-1580621	501(C)(3)	0.	99,013.	FMV	ANIMAL FOOD	ANIMALS
CALIFORNIA LABRADORS RETRIEVERS							
AND MORE - 27745 N LAKE WOHLFORD							SUPPORT FOR RESCUED
RD - VALLEY CENTER, CA 92082	45-1589323	501(C)(3)	7,864.	0.			ANIMALS
· · · ·							
CALL & REPORT INHUMANE CRUELTY &							
ABUSE - 190 WOODSIDE DR -						ANIMAL	SUPPORT FOR RESCUED
WASHINGTON, PA 15301	61-1570182	501(C)(3)	6,000.	3,799.	FMV	PRODUCTS	ANIMALS
						ANIMAL	
CARA'S HOUSE (COMPANION ANIMAL						PHARMACEUTICALS	
RESCUE OF ASCENSION) - 9894						, ANIMAL	SUPPORT FOR RESCUED
AIRLINE HWY - SORRENTO, LA 70778	90-0877497	501(C)(3)	4,886.	64,111.	FMV	PRODUCTS	ANIMALS
CAR ADODETON FRAM							
CAT ADOPTION TEAM 14175 SW GALBREATH DR						ANIMAL	SUPPORT FOR RESCUED
	20-0773189	501(C)(2)	0.	24,960.		PRODUCTS	ANIMALS
SHERWOOD, OR 97140	20-0773189	501(C)(3)	0.	24,900.	FMV	PRODUCTS	ANIMALS
CAT HAVEN							
11130 N HARRELL'S FERRY RD							SUPPORT FOR RESCUED
BATON ROUGE, LA 70816	72-1454718	501(C)(3)	50,573.	0.			ANIMALS
CAUSE4PAWS PET FOOD BANK						ANIMAL	
7208 E SOLANO DR						PRODUCTS,	SUPPORT FOR RESCUED
SCOTTSDALE, AZ 85250	46-2714043	501(C)(3)	0.	249,833.	FMV	ANIMAL FOOD	ANIMALS
ad'a audroade dem soor reversi							
CC'S CUPBOARD PET FOOD PANTRY						ANIMAL	
26700 HIGHLAND RD						PRODUCTS,	SUPPORT FOR RESCUED
RICHMOND HEIGHTS, OH 44143	84-4484018	501(C)(3)	0.	1,678,773.	FMV	ANIMAL FOOD	ANIMALS
CENTRAL KENTUCKY RIDING FOR HOPE							
4185 WALT ROBERTSON RD - KY HORSE	 					ANIMAL	SUPPORT FOR RESCUED
LEXINGTON, KY 40511	31-1024505	501(C)(3)	0.	42,306.	FMT7	PHARMACEUTICALS	ANIMALS

Schedule I (Form 990) GREATER GOOD							20-4846675 P
Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa T	art II.)	T
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CENTRAL VA HORSE RESCUE						3 MT W3 T	
31262 EAGLE HILL TRAIL	00.0000000	501 ( 2) ( 2)		F0 01 F		ANIMAL	SUPPORT FOR RESCUED
FREDRICKSBURG, VA 22407	27-2967793	501(C)(3)	0.	50,017.	FMV	PHARMACEUTICALS	ANIMALS
CHARITY HQ							
1301 NE LAURELHURST PLACE						ANIMAL	SUPPORT FOR RESCUED
PORTLAND, OR 97213	87-1402056	501(C)(3)	0.	18,220.	FMV	PHARMACEUTICALS	ANIMALS
,							
CHAR-WILLS GERMAN SHEPHERD RESCUE							
PO BOX 132						ANIMAL	SUPPORT FOR RESCUED
NEW RINGGOLD, PA 17960	47-4295233	501(C)(3)	19,359.	332,968.	FMV	PHARMACEUTICALS	ANIMALS
CINCINNATI ANIMAL CARE HUMANE							
SOCIETY - 3949 COLERAIN AVENUE -						ANIMAL	SUPPORT FOR RESCUED
CINCINNATI, OH 45223	85-2177478	501(0)(3)	0.	5,463.	<b>FM</b> 7	PRODUCTS	ANIMALS
EINCINNAIL, ON 45225	05-2177470	501(0/(3)	0.	5,405.		HOUSEHOLD	
TIMY HELD THE OF DUCENTY DOA						PRODUCTS ,	
CITY HELP INC OF PHOENIX, DBA PHOENIX DREAM CENTER - 3210 GRAND						ANIMAL	CUDDODE FOR DEODE
	86-1001113	501(0)(2)	0	20 522 216		PRODUCTS	SUPPORT FOR PEOPLE, RESCUED ANIMALS
AVE – PHOENIX, AZ 85017	86-1001113	501(C)(3)	0.	20,532,316.	F.WA	PRODUCTS,	RESCUED ANIMALS
CITY OF DOTHAN ANIMAL SERVICES						ANIMAL	
295 JERRY DR						PRODUCTS,	SUPPORT FOR RESCUED
DOTHAN, AL 36303	63-6001243	CITY OF DOTHAN	0.	1,483,850.	FMV	ANIMAL FOOD	ANIMALS
CITY OF LOS ANGELES DEPARTMENT OF				,			
ANIMAL SERVICES - 221 N FIGUEROA						ANIMAL	
ST , STE 600 - LOS ANGELES, CA						PRODUCTS,	SUPPORT FOR RESCUED
90012	95-6000735	CITY OF LOS ANGE	1,176.	6,140,324.	FMV	ANIMAL FOOD	ANIMALS
				, _ , , . <u>-</u> •			
CODY'S FRIENDS						ANIMAL	
PO BOX 36502						PRODUCTS,	SUPPORT FOR RESCUED
TUCSON, AZ 85704	47-4052727	501(C)(3)	0.	1,255,520.	FMV	ANIMAL FOOD	ANIMALS
COLORADO HORSE RESCUE NETWORK						2 NT W 2 T	
38705 BIG SPRINGS RD		F01 ( a) ( 2)	-			ANIMAL	SUPPORT FOR RESCUED
RUSH, CO 80833	47-2431562	5UT(C)(3)	0.	21,153.	FMV	PHARMACEUTICALS	ANIMALS

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(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOLODADO DEM DANMEN							
COLORADO PET PANTRY PO BOX 323						ANIMAL	SUPPORT FOR RESCUED
	45-4210185	501(C)(3)	0.	875,717.	<b>Б.М.7</b>	PHARMACEUTICALS	ANIMALS
BOULDER, CO 80306	45-4210185	501(C)(3)	0.	875,717.	r mv	PHARMACEOIICALS	ANIMALS
COLUMBUS HUMANE							
3015 SCIOTO DARBY EXECUTIVE CT						ANIMAL	SUPPORT FOR RESCUED
HILLIARD , OH 43026	31-4379492	501(C)(3)	1,500.	3,107,502.	FMV	PHARMACEUTICALS	ANIMALS
COMMUNITY FOOD BANK OF SOUTHERN			, ,	. , ,		APPAREL,	
ARIZONA, CARIDAD COMMUNITY KITCHEN						, HYGIENE	
- 845 N MAIN AVE - TUCSON, AZ						PRODUCTS,	SUPPORT FOR PEOPLE,
85705	51-0192519	501(C)(3)	0.	12,305.	FMV	ANIMAL	RESCUED ANIMALS
COMPANION ANIMAL ALLIANCE OF BATON							
ROUGE - 2550 GOURRIER AVENUE -						ANIMAL	SUPPORT FOR RESCUED
BATON ROUGE, LA 70820	27-1204719	501(C)(3)	2,555.	102,049.	FMV	PHARMACEUTICALS	ANIMALS
COMPANION ANIMAL RESCUE & MEDICAL							
ASSISTANCE, INC PO BOX 1233 -						ANIMAL	SUPPORT FOR RESCUED
CORRALES, NM 87048	85-0474707	501(C)(3)	0.	5,497.	FMV	PRODUCTS	ANIMALS
CONNECTICUT HUMANE SOCIETY						ANIMAL	
701 RUSSELL RD						PRODUCTS,	SUPPORT FOR RESCUED
NEWINGTON, CT 06111	06-0667605	501(C)(3)	0.	257,259.	FMV	ANIMAL FOOD	ANIMALS
COPE PREPAREDNESS						ANIMAL	
22287 MULHOLLAND HWY, STE 235						PRODUCTS,	SUPPORT FOR RESCUED
CALABASAS, CA 91302	75-3231197	501(C)(3)	0.	3,258,945.	FMV	ANIMAL FOOD	ANIMALS
CRAVEN COUNTY HEALTH DEPT							
FOUNDATION - PO BOX 12610 - NEW						ANIMAL	SUPPORT FOR RESCUED
BERN, NC 28561	56-2002666	501(C)(3)	500.	5,822.	FMV	PRODUCTS	ANIMALS
ODIMMED GAND EVONIC DEM GANGETTER							
CRITTER CAMP EXOTIC PET SANCTUARY							
824 CHURCH ST	00 44 70 00 0						SUPPORT FOR RESCUED
GERMAN VALLEY, AZ 61039	20-4170986	501(C)(3)	9,500.	0.			ANIMALS

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CROSSING PATHS ANIMAL RESCUE							
210 DEAVERS TOWN RD							SUPPORT FOR RESCUED
CLEVELAND, AL 35049	06-1803505	501(C)(3)	32,289.	0.			ANIMALS
DAKIN HUMANE SOCIETY							
171 UNION ST						ANIMAL	SUPPORT FOR RESCUED
SPRINGFIELD, MA 01089	20-5318898	501(C)(3)	1,500.	5,008.	FMV	PRODUCTS	ANIMALS
DAYS END FARM HORSE RESCUE							
1372 WOODBINE RD						ANIMAL	SUPPORT FOR RESCUED
WOODBINE, MD 21797	52-1759077	501(C)(3)	0.	84,612.	FMV	PHARMACEUTICALS	ANIMALS
DELTA ANIMAL SHELTER							
6975 COUNTY 426 M5 RD						ANIMAL	SUPPORT FOR RESCUED
ESCANABA, MI 49829	45-2725668	501(C)(3)	0.	10,316.	т <b>м</b> v		ANIMALS
	15 1715000	501(0)(5)		10,010.			
DEPARTMENT OF VETERANS AFFAIR						APPAREL,	
13800 VETERANS WAY						HYGIENE	
ORLANDO, FL 32827	41-2223518	501(C)(3)	0.	83,039.	FMV	PRODUCTS	SUPPORT FOR PEOPLE
DOWEGTIC VIOLENCE INTERVENTION							
DOMESTIC VIOLENCE INTERVENTION							GUDDODE FOD DEGGUED
PROGRAM - 1105 S GILBERT CT - IOWA	42 1124002	E01(0)(2)	100.000	0			SUPPORT FOR RESCUED
CITY, IA 52240	42-1124902	501(C)(3)	100,000.	0.			ANIMALS
DRAFT GRATITUDE							
148 ASHELOT ST						ANIMAL	SUPPORT FOR RESCUED
WINCHESTER, NH 03470	47-2346625	501(C)(3)	0.	21,417.	FMV	PHARMACEUTICALS	ANIMALS
EDEN ANIMAL HAVEN							
1649 E 562ND RD						ANIMAL	SUPPORT FOR RESCUED
BRIGHTON, MO 65617-7159	47-1992772	501(C)(3)	7,177.	5,341.	FMV	PRODUCTS	ANIMALS
ELMORE SPCA							
ELMORE SPCA 556 TELEGRAPH RD						ANIMAL	SUPPORT FOR RESCUED
	14-1423752	501(C)(3)	8,000.	3,491.	E-M77	PRODUCTS	ANIMALS
PERU, NY 12972	14-1423/52	DUT(C)(3)	<u> </u>	<sup>3</sup> ,491.	с шv	FRODUCTS	ANTHADS

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FOUTNE DESCUE OF ATKEN							
EQUINE RESCUE OF AIKEN 532 GLENWOOD DR						ANIMAL	SUPPORT FOR RESCUED
AIKEN, SC 29803	20-5162723	501(0)(3)	0.	99,899.	EP.MS7	PHARMACEUTICALS	ANIMALS
AIREN, SC 29803	20-5162725	501(C)(3)	0.	99,099.	FMV	PHARMACEUTICALS	ANIMALS
EQUINE VOICES RESCUE AND SANCTUARY							
PO BOX 1685						ANIMAL	SUPPORT FOR RESCUED
GREEN VALLEY, AZ 85622	74-3127794	501(C)(3)	0.	7,130.	FMV	PHARMACEUTICALS	ANIMALS
				.,2001			
ESCAMBIA COUNTY ANIMAL SERVICES						APPAREL,	
200 W FAIRFIELD DR						, HYGIENE	
PENSACOLA, FL 32501	59-6000598	501(C)(3)	0.	14,137.	FMV	PRODUCTS	SUPPORT FOR PEOPLE
,				, ,			
ESPANOLA VALLEY HUMANE SOCIETY							
108 HAMM PKWY							SUPPORT FOR RESCUED
ESPANOLA, NM 87532	85-8504062	501(C)(3)	10,000.	٥.			ANIMALS
FACE FOUNDATION							
10505 SORRENTO VALLEY RD, STE 175						ANIMAL	SUPPORT FOR RESCUED
SAN DIEGO, CA 92121	20-5333261	501(C)(3)	0.	5,321.	FMV	PRODUCTS	ANIMALS
FANCY CATS & DOGS RESCUE TEAM							
13110 PELFREY LN							SUPPORT FOR RESCUED
FAIRFAX, VA 22033	54-1859914	501(C)(3)	9,892.	0.			ANIMALS
FEEDING FURRY FRIENDS						ANIMAL	
21233 LITHIUM ST NW						PRODUCTS,	SUPPORT FOR RESCUED
MINNEAPOLIS, MN 55303	83-2754250	501(C)(3)	0.	1,447,176.	FMV	ANIMAL FOOD	ANIMALS
						HOUSEHOLD	
FEEDING TAMPA BAY						PRODUCTS,	
4702 TRANSPORT DR, BUILDING 6						APPAREL,	SUPPORT FOR PEOPLE,
TAMPA, FL 33605	59-2116576	501(C)(3)	0.	1,409,967.	FMV	HYGIENE	RESCUED ANIMALS
FELINES & CANINES RESCUE CENTER							
266 HAMER RD						ANIMAL	SUPPORT FOR RESCUED
CROSS RDS, AL 35763	36-2922975	501(C)(3)	7,300.	8,977.	FΜV	PHARMACEUTICALS	ANIMALS

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ENCES FOR FIDO						ANIMAL	
PO BOX 42265						PRODUCTS ,	SUPPORT FOR RESCUED
	30-0554675	501(0)(2)	0.	204 792	E-MG7	ANIMAL FOOD	ANIMALS
ORTLAND, OR 97242	30-0554675	501(C)(3)	0.	204,783.	FMV	ANIMAL FOOD	ANIMALS
ERAL CAT CARETAKERS COALITION						ANIMAL	
1956 DOROTHY ST #7						PRODUCTS,	SUPPORT FOR RESCUED
OS ANGELES, CA 90049	95-4781600	501(C)(3)	0.	328,076.	FMV	ANIMAL FOOD	ANIMALS
OS ANGELLES, CA 90049	95-4781880	501(0)(3)	0.	520,070.	r Piv	ANIMAL FOOD	ANIMADS
FERNDALE CAT SHELTER						ANIMAL	
321 LIVERNOIS						PRODUCTS,	SUPPORT FOR RESCUED
FERNDALE, MI 48220	47-0979290	501(0)(3)	0.	328,985.	FM(7	ANIMAL FOOD	ANIMALS
	47 0575250	501(0)(3)		520,505.	1110		
INGER LAKES THOROUGHBRED ADOPTION							
ROGRAM - 5757 STATE ROUTE 96 -						ANIMAL	SUPPORT FOR RESCUED
FARMINGTON, NY 14425	16-1759140	501(C)(3)	0.	71,568.	FMV	PHARMACEUTICALS	ANIMALS
<i>'</i>				,			
FIRST COAST NO MORE HOMELESS PETS							
6817 NORWOOD AVE						ANIMAL	SUPPORT FOR RESCUED
JACKSONVILLE, FL 32210	01-0709158	501(C)(3)	0.	6,394.	FMV	PHARMACEUTICALS	ANIMALS
FIX WEST TEXAS						APPAREL,	
507 W CR 77						ANIMAL	SUPPORT FOR PEOPLE,
IIDLAND, TX 79707	84 - 4108520	501(C)(3)	1,956.	1,408,837.	FMV	PHARMACEUTICALS	RESCUED ANIMALS
FOOD BANK OF EL DORADO COUNTY							
4550 BUSINESS DR						ANIMAL	SUPPORT FOR RESCUED
CAMERON PARK, CA 95682	68-0457594	501(C)(3)	0.	53,400.	FMV	PRODUCTS	ANIMALS
FRIENDLY FERALS						ANIMAL	
90-06 71ST AVENUE						PRODUCTS,	SUPPORT FOR RESCUED
FOREST HILLS, NY 11375	26-2249492	501(C)(3)	0.	3,719,485.	FMV	ANIMAL FOOD	ANIMALS
FRIENDS FOR ANIMALS OF METRO							
DETROIT - 2661 GREENFIELD RD -							SUPPORT FOR RESCUED
DEARBORN, MI 48120	38-3171570	501(C)(3)	17,369.	0.			ANIMALS

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FRIENDS INVOLVED IN DOG OUTREACH							SUPPORT FOR RESCUED
	34-1987249	501(C)(3)	0.	298,194.	יארים	ANIMAL FOOD	ANIMALS
ST - OREGON CITY, OR 97045	54-1987249	501(C)(3)	0.	290,194.	FMV	ANIMAL FOOD	ANIMALS
FRIENDS OF CABOT ANIMAL SUPPORT						ANIMAL	
SERVICES - 2951 S FIRST ST -						PRODUCTS,	SUPPORT FOR RESCUED
CABOT, AR 72023	85-2249842	501(C)(3)	0.	154,093.	FMV	ANIMAL FOOD	ANIMALS
2025	05 2249042	501(0)(5)		134,093.	1 110		
FRIENDS OF MOHAVE COUNTY ANIMAL							
SHELTER - 3472 MONTE MORO ST -						ANIMAL	SUPPORT FOR RESCUED
KINGMAN, AZ 86401	84-3191839	501(C)(3)	0.	5,544.	FMV	PRODUCTS	ANIMALS
	01 0191009	501(0)(0)		5,511.		11000010	
FRIENDS OF PIMA ANIMAL CARE CENTER						ANIMAL	
PO BOX 85370						PRODUCTS,	SUPPORT FOR RESCUED
TUCSON, AZ 85754	47-4160770	501(C)(3)	5,000.	824,283.	FMV	ANIMAL FOOD	ANIMALS
				,			
GAP MINISTRIES COMMUNITY WAREHOUSE						ANIMAL	
2025 WEST HIGHWAY DR						PRODUCTS,	SUPPORT FOR RESCUED
TUCSON, AZ 85705	99-9987861	501(C)(3)	0.	254,669.	FMV	ANIMAL FOOD	ANIMALS
,				,		ANIMAL	
GATEWAY PET GUARDIANS						PHARMACEUTICALS	
725 N 15TH ST						ANIMAL	SUPPORT FOR RESCUED
EAST ST LOUIS, AZ 62205	26-0096240	501(C)(3)	1,205.	13,813,204.	FMV	, PRODUCTS	ANIMALS
,			, -	, , -		,	
GENTLE GIANTS DRAFT HORSE RESCUE							
17250 OLD FREDERICK RD						ANIMAL	SUPPORT FOR RESCUED
MOUNT AIRY, MD 21771	59-3822764	501(C)(3)	0.	156,965.	FMV	PHARMACEUTICALS	ANIMALS
, · · -	· · · · · · · · ·						
GENTLE SPIRIT HORSES RESCUE							
29571 419TH AVE						ANIMAL	SUPPORT FOR RESCUED
SCOTLAND, SD 57059	27-4282458	501(C)(3)	0.	50,017.	FMV	PHARMACEUTICALS	ANIMALS
,				,			
GEORGIA JACK RUSSELL RESCUE							
2008 BETHEL RD NE						ANIMAL	SUPPORT FOR RESCUED
CONYERS, GA 30012	20-8818021	501(C)(3)	2,000.	4,006.	FMV	PRODUCTS	ANIMALS

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Continuation of Grants and Other A           (a) Name and address of organization or government	Assistance to Dor (b) EIN	nestic Organizations (c) IRC section if applicable	and Domestic Go (d) Amount of cash grant	(Sch (e) Amount of noncash assistance	edule I (Form 990), Pa (f) Method of valuation (book, FMV,	art II.) (g) Description of non-cash assistance	(h) Purpose of grant or assistance
				assistance	appraisal, other)		
GIVE A DOG A HOME RESCUE						ANIMAL	
.87 DOWNS RD						PRODUCTS	SUPPORT FOR RESCUED
SEBEC, ME 04481	27-5241306	501(C)(3)	143.	178,390.	E-MT7	ANIMAL FOOD	ANIMALS
EBEC, ME 04401	27-5241500	501(0)(5)	145.	170,390.	r nv	ANIMAL FOOD	ANIMADS
IVE ME SHELTER PROJECT							
7-48 196 ST							SUPPORT FOR RESCUED
LUSHING, NY 11358	45-3207025	501(C)(3)	6,522.	0.			ANIMALS
,						APPAREL,	
LEANING FOR THE WORLD						, HYGIENE	
20 BOX 645, 7539 STAGE RD						PRODUCTS,	SUPPORT FOR PEOPLE,
CONCORD, VA 24538	54-1930105	501(C)(3)	0.	956,000.	FMV	ANIMAL	RESCUED ANIMALS
				, ,			
GOD'S DOGS RESCUE						ANIMAL	
12750 TRAWALTER LN						PRODUCTS,	SUPPORT FOR RESCUED
VON ORMY, TX 78073	47-2023186	501(C)(3)	215.	984,280.	FMV	ANIMAL FOOD	ANIMALS
						ANIMAL	
GOOD SHEPHERD HUMANE SOCIETY						PRODUCTS,	
6486 HWY 62 W						ANIMAL FOOD,	SUPPORT FOR RESCUED
EUREKA SPRINGS, AR 72632	71-0458910	501(C)(3)	0.	492,079.	FMV	ANIMAL	ANIMALS
GOODS BANK NEO						APPAREL,	
7550 BITTERN AVE						HYGIENE	
CLEVELAND, OH 44103	87-2227026	501(C)(3)	0.	10,337.	FMV	PRODUCTS	SUPPORT FOR PEOPLE
GREAT LAKES BENGAL RESCUE						ANIMAL	
10720 HITE CREEK RD						PRODUCTS,	SUPPORT FOR RESCUED
LOUISVILLE, KY 40241	26-1120616	501(C)(3)	0.	1,981,482.	FMV	ANIMAL FOOD	ANIMALS
GREATER BIRMINGHAM HUMANE SOCIETY						ANIMAL	
DEPT #6477, PO BOX 11407						PRODUCTS ,	SUPPORT FOR RESCUED
BIRMINGHAM, AL 35246-6477	63-0288810	501(0)(3)	1,500.	1,628,331.	EM17	ANIMAL FOOD	ANIMALS
TATAGAAN, AL 35240-04//	03-0200010	501(C/(S/	1,500.	±,020,331.	T. 11 A	LULINI LOOD	CUALLAR
REENE COUNTY HUMANE SOCIETY						APPAREL,	
LO9 SOUTH MAIN ST						ANIMAL	SUPPORT FOR PEOPLE,
LINTON, IN 47441	35-1691956	501(C)(3)	0.	5,495.	FMV	PRODUCTS	RESCUED ANIMALS

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 Part II
 Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
						APPAREL,	
GREENHILL HUMANE SOCIETY						HYGIENE	
88530 GREEN HILL RD						PRODUCTS,	SUPPORT FOR PEOPLE,
EUGENE, OR 97402	93-0467412	501(C)(3)	862.	783,335.	FMV	ANIMAL	RESCUED ANIMALS
GREENVILLE COUNTY ANIMAL CARE							
328 FURMAN HALL RD						ANIMAL	SUPPORT FOR RESCUED
GREENVILLE, SC 29609	57-6000356	501(C)(3)	0.	179,125.	FMV	PHARMACEUTICALS	ANIMALS
SREENVILLE, SC 29009	57-8000358	501(0)(3)	0.	175,125.	F M V	PHARMACEUTICALS	ANIMALS
GRIFFIN POND ANIMAL SHELTER						ANIMAL	
967 GRIFFIN POND RD						PRODUCTS,	SUPPORT FOR RESCUED
SOUTH ABINGTON TOWNSHIP, PA 18411	24-0831491	501(C)(3)	0.	114,880.	FMV	ANIMAL FOOD	ANIMALS
GUAM ANIMALS IN NEED PO BOX 12013 YIGO, AL 96929 GULF COAST HUMANE SOCIETY INC	66-0457503	501(C)(3)	301.	33,716.	FMV	ANIMAL FOOD	SUPPORT FOR RESCUED ANIMALS
2010 ARCADIA ST						ANIMAL	SUPPORT FOR RESCUED
FORT MYERS, FL 33916	59-0806978	501(C)(3)	8,040.	7,006.	FMV	PRODUCTS	ANIMALS
GYPSY HERITAGE HORSE RESCUE AND REHABILITATION - 10510 RIDER RD - PERKINS, OK 74059	83-0871111	501(C)(3)	0.	21,417.	FMV	ANIMAL PHARMACEUTICALS	SUPPORT FOR RESCUED ANIMALS
HANAELEH HORSE RESCUE							
PO BOX 291						ANIMAL	SUPPORT FOR RESCUED
TRABUCO CANYON, CA 92678	20-3255341	501(C)(3)	0.	57,201.	FMV	PHARMACEUTICALS	ANIMALS
HARBOR HUMANE SOCIETY 14345 BAGLEY ST						ANIMAL PRODUCTS,	SUPPORT FOR RESCUED
WEST OLIVE, MI 49460	38-1623660	501(C)(3)	0.	361,101.	FMV	ANIMAL FOOD	ANIMALS
HAWAII PET NETWORK INC. PO BOX 515 PUUNENE, HI 96784	45-2081227	501(C)(3)	6,000.	0.			SUPPORT FOR RESCUED

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HEART OF PHOENIX EQUINE RESCUE							
PO BOX 81						ANIMAL	SUPPORT FOR RESCUED
SHOALS, WV 25562	45-4421742	501(C)(3)	0.	156,965.	FMV	PHARMACEUTICALS	ANIMALS
HEARTS ALIVE VILLAGE							
1750 S RAINBOW BLVD #4						ANIMAL	SUPPORT FOR RESCUED
LAS VEGAS, NV 89146	46-3622732	501(C)(3)	466.	926,615.	FMV	PHARMACEUTICALS	ANIMALS
HEIDI'S HOPE FOR HOMELESS ANIMALS						ANIMAL	
2014 MACCUMBER LN						PRODUCTS,	SUPPORT FOR RESCUED
WILMINGTON, NC 28403	47-3734957	501(C)(3)	٥.	173,698.	FMV	ANIMAL FOOD	ANIMALS
HENRY'S HOUSE FERAL COMMUNITY						ANIMAL	
3285 EARHART WAY						PRODUCTS,	SUPPORT FOR RESCUED
BUFORD, GA 30519	81-2710918	501(C)(3)	0.	5,836,887.	FMV	ANIMAL FOOD	ANIMALS
HILL COUNTRY HUMANE SOCIETY							
9150 RANCH RD 1431 W				6		ANIMAL	SUPPORT FOR RESCUED
BUCHANAN DAM, TX 78609	74-2377542	501(C)(3)	0.	6,765.	FWV	PRODUCTS	ANIMALS
HOLISTIC RIDING EQUESTRIAN THERAPY							
53 WOODVIEW LN						ANIMAL	SUPPORT FOR RESCUED
LEMONT, AZ 60439	81-4664274	501(C)(3)	0.	14,807.	EMV		ANIMALS
ILMONT, AZ 00435	01 4004274	501(0)(5)		14,007.	r HV	INNUACEDITCALD	
HOMEWARD BOUND CAT ADOPTIONS							
2675 E FLAMINGO RD, STE #3							SUPPORT FOR RESCUED
LAS VEGAS, NV 89121	26-0569097	501(C)(3)	11,923.	0.			ANIMALS
· · · · · · · · · · · · · · · · · · ·							
HOMEWARD BOUND PET ADOPTION CENTER							
125 COUNTY HOUSE RD						ANIMAL	SUPPORT FOR RESCUED
BLACKWOOD, NJ 08012	20-0549531	501(C)(3)	٥.	5,321.	FMV	PRODUCTS	ANIMALS
HOMEWARD TRAILS ANIMAL RESCUE							
11116 FAIRFAX STATION RD							SUPPORT FOR RESCUED
FAIRFAX STATION, VA 22039	32-0086630	501(C)(3)	10,000.	٥.			ANIMALS

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOPKINS COUNTY HUMANE SOCIETY							
PO BOX 1345							SUPPORT FOR RESCUED
MADISONVILLE, KY 42431	61-6038980	501(C)(3)	0.	39,313.	FMV	ANIMAL FOOD	ANIMALS
HORSE AND HOUND RESCUE							
2350 S MIDWEST BLVD						ANIMAL	SUPPORT FOR RESCUED
GUTHRIE, OK 73044	81-1465411	501(C)(3)	0.	10,030.	FMV	PHARMACEUTICALS	ANIMALS
HORSE FEATHERS EQUINE CENTER							
6320 N HIGHWAY 74C						ANIMAL	SUPPORT FOR RESCUED
GUTHRIE, OK 73044	20-5165544	501(C)(3)	0.	114,267.	FMV		ANIMALS
,				,			
HORSE HAVEN OF TENNESSEE							
PO BOX 30393						ANIMAL	SUPPORT FOR RESCUED
KNOXVILLE, TN 37930	62-1791407	501(C)(3)	0.	17,825.	FMV	PHARMACEUTICALS	ANIMALS
HORSES' HAVEN							
PO BOX 166						ANIMAL	SUPPORT FOR RESCUED
HOWELL, MI 48844	38-3259872	501(C)(3)	0.	12,692.	FMV	PRODUCTS	ANIMALS
HOUSTON FOOD BANK							
535 PORTWALL ST						HOUSEHOLD	
HOUSTON, TX 77029	74-2181456	501(C)(3)	0.	489,013.	FMV	PRODUCTS	SUPPORT FOR PEOPLE
HOUSTON HUMANE SOCIETY						APPAREL,	
14700 ALMEDA RD					L	ANIMAL	SUPPORT FOR PEOPLE,
HOUSTON, TX 77053	74-1340341	501(C)(3)	16,002.	2,130,672.	FMV	PHARMACEUTICALS	RESCUED ANIMALS
HUB CITY HUMANE SOCIETY							
95 JACKSON RD						ANIMAL	SUPPORT FOR RESCUED
HATTIESBURG, MS 39402	27-5160904	501(C)(3)	6,220.	290,948.	FMV		ANIMALS
HUMANE ANIMAL PARTNERS INC.							
701 A ST							SUPPORT FOR RESCUED
WILMINGTON, DE 19801	88-2921386	501(C)(3)	0.	58,221.	FMV	ANIMAL FOOD	ANIMALS

ssistance to Do	mestic Organizations	and Domestic Go	vornmonto (Sch	adula I (Farm 000) De		
			verninents (och	T	art II.)	 
<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	(h) Purpose of grant or assistance
					ANTMAT	
						SUPPORT FOR RESCUED
22 1201026	501/(3)/(3)	0	671 295		,	ANIMALS
	501(C)(3)	0.	0/1,305.	FMV	ANIMAL FOOD	ANIMALS
					ANTMAL	
						SUPPORT FOR RESCUED
53-0219724	501(C)(3)	0	1 052 502	FMV	,	ANIMALS
55 0215724	501(0)(5)	•••	1,052,502.	r riv	ANIMAL FOOD	
					ANTMAL	SUPPORT FOR RESCUED
59-6002321	501(C)(3)	50 200	12 191	FMV		ANIMALS
			,			
						SUPPORT FOR RESCUED
52-0689149	501(C)(3)	0.	322 198.	FMV	ANIMAL FOOD	ANIMALS
			,			
					APPAREL	
					,	SUPPORT FOR PEOPLE,
75-1889148	501(C)(3)	0.	9 148.	FMV		RESCUED ANIMALS
			-,			
					ANIMAL	SUPPORT FOR RESCUED
48-0581965	501(C)(3)	0.	18,657.	FMV	PHARMACEUTICALS	ANIMALS
			,		ANIMAL	
					PHARMACEUTICALS	
						SUPPORT FOR RESCUED
58-1393263	501(C)(3)	500	159 358	FMV	,	ANIMALS
			100,000.			
					ANIMAL	SUPPORT FOR RESCUED
55-0594927	501(C)(3)	0	6 386	FMV		ANIMALS
		<u>_</u>	0,000.			
					ANIMAL	SUPPORT FOR RESCUED
	501(C)(3)	1,381.	24,716.		PHARMACEUTICALS	ANIMALS
· · ·	23-1384936 53-0219724 59-6002321 52-0689149 75-1889148 48-0581965 58-1393263 58-1393263	if applicable if applicable 23-1384936 501(C)(3) 53-0219724 501(C)(3) 59-6002321 501(C)(3) 52-0689149 501(C)(3) 52-0689149 501(C)(3) 75-1889148 501(C)(3) 48-0581965 501(C)(3) 58-1393263 501(C)(3)	if applicable       cash grant         23-1384936       501(C)(3)         53-0219724       501(C)(3)         59-6002321       501(C)(3)         59-6002321       501(C)(3)         52-0689149       501(C)(3)         52-0689149       501(C)(3)         75-1889148       501(C)(3)         48-0581965       501(C)(3)         58-1393263       501(C)(3)         55-0594927       501(C)(3)	if applicable       cash grant       noncash assistance         23-1384936       501(C)(3)       0.       671,385.         53-0219724       501(C)(3)       0.       1,052,502.         59-6002321       501(C)(3)       50,200.       12,191.         52-0689149       501(C)(3)       0.       322,198.         75-1889148       501(C)(3)       0.       9,148.         48-0581965       501(C)(3)       0.       18,657.         58-1393263       501(C)(3)       0.       159,358.         55-0594927       501(C)(3)       0.       6,386.	if applicable         cash grant         noncash assistance         valuation (book, FMV, appraisal, other)           23-1384936         501(C)(3)         0.         671,385.         FMV           53-0219724         501(C)(3)         0.         1,052,502.         FMV           59-6002321         501(C)(3)         50,200.         12,191.         FMV           52-0689149         501(C)(3)         50,200.         12,191.         FMV           75-1889148         501(C)(3)         0.         322,198.         FMV           48-0581965         501(C)(3)         0.         18,657.         FMV           58-1393263         501(C)(3)         0.         159,358.         FMV           58-1393263         501(C)(3)         0.         6,386.         FMV	If applicable         cash grant         noncash assistance         waluation (book, FMV, appraisal, other)         noncash assistance           23-1384936         501(c)(3)         0.         671,385.         FMV         NIMAL PRODUCTS, NIMAL POOD           23-1384936         501(c)(3)         0.         671,385.         FMV         NIMAL PRODUCTS, NIMAL POOD           53-0219724         501(c)(3)         0.         1,052,502.         FMV         NIMAL PRODUCTS, NIMAL POOD           59-6002321         501(c)(3)         50,200.         12,191.         FMV         NIMAL PHARMACEUTICALS           52-0689149         501(c)(3)         0.         322,198.         FMV         NIMAL POD           52-0689149         501(c)(3)         0.         322,198.         FMV         PRAREL, NIMAL           75-1889148         501(c)(3)         0.         9,148.         FMV         PRODUCTS           48-0581965         501(c)(3)         0.         18,657.         FMV         PRAREL, NIMAL           58-1393263         501(c)(3)         0.         159,358.         FMV         PRODUCTS           55-0594927         501(c)(3)         0.         6,386.         FMV         PRODUCTS

Schedule I (Form 990) GREATER GOOD C							20-4846675 Pa
Part II Continuation of Grants and Other A	ssistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	art II.)	Γ
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUMANE SOCIETY OF NORTHWEST IOWA 607 28TH ST						ANIMAL	SUPPORT FOR RESCUED
MILFORD, IA 51351	42-1280031	501(C)(3)	5,000.	18,920.	FMV	PRODUCTS	ANIMALS
HUMANE SOCIETY OF SARASOTA COUNTY							
2331 15TH ST						ANIMAL	SUPPORT FOR RESCUED
SARASOTA , FL 34237	59-6014943	501(C)(3)	3,616.	7,982.	FMV	PRODUCTS	ANIMALS
HUMANE SOCIETY OF SOMERSET COUNTY							
PO BOX 493						ANIMAL PRODUCTS,	SUPPORT FOR RESCUED
PRINCESS ANNE, MD 21853	52-2332574	501(C)(3)	0.	61,200.	FMV	ANIMAL FOOD	ANIMALS
HUMANE SOCIETY OF SOUTHERN ARIZONA							
635 W ROGER RD TUCSON, AZ 85705	86-0112798	501(C)(3)	0.	487,701.	E-M(7	ANIMAL PHARMACEUTICALS	SUPPORT FOR RESCUED
10CSON, AZ 05705	00-0112790	501(0)(5)	0.	407,701.	r MV	FHARMACEOTICALS	RNIMADS
HUMANE SOCIETY OF THE OHIO VALLEY							
90 MOUNT TOM RD						ANIMAL	SUPPORT FOR RESCUED
MARIETTA, OH 45750	31-4393873	501(C)(3)	161.	55,752.	FMV	PHARMACEUTICALS	ANIMALS
HUMANE SOCIETY OF TULSA						ANIMAL	
9521-B S RIVERSIDE DR, BOX 542						PRODUCTS,	SUPPORT FOR RESCUED
, TULSA, OK 74137	73-1571476	501(C)(3)	0.	324,457.	FMV	, ANIMAL FOOD	ANIMALS
HUMANE SOCIETY OF YUMA						ANIMAL	
4050 S AVE 4 1/2 E	0.0 0.0 0.0 0.0 0			222 624		PRODUCTS,	SUPPORT FOR RESCUED
YUMA, AZ 85365	86-6053617	501(C)(3)	0.	332,604.	FMV	ANIMAL FOOD	ANIMALS
HUMANE SOCIETY SILICON VALLEY							
901 AMES AVE						ANIMAL	SUPPORT FOR RESCUED
MILPITAS, CA 95035	94-1196215	501(C)(3)	0.	5,920.	FMV	PRODUCTS	ANIMALS
UIMANTTY UPDODC						ANTMAT	
HUMANITY HEROES 28470 WITHERSPOON PKWY						ANIMAL PRODUCTS,	SUPPORT FOR RESCUED
VALENCIA, CA 91355	85-0503023	501(0)(3)	0.	289,169.	דארז <i>י</i>	ANIMAL FOOD	ANIMALS

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IBERVILLE PARISH ANIMAL SHELTER							
AND CONTROL - 59815 BAYOU RD -						ANIMAL	SUPPORT FOR RESCUED
PLAQUEMINE, LA 70764	72-0636914	IBERVILLE PARISH	5,198.	470,401.	FMV	PHARMACEUTICALS	ANIMALS
IDAHO HUMANE SOCIETY							
1300 S BIRD ST						ANIMAL	SUPPORT FOR RESCUED
BOISE, ID 83709	82-0212536	501(C)(3)	4,550.	5,008.	FMV	PRODUCTS	ANIMALS
INTERFAITH MINISTRIES FOR GREATER						ANIMAL	
HOUSTON - 3202 SAN JACINTO ST -						PRODUCTS,	SUPPORT FOR RESCUED
HOUSTON, TX 77004	74-1488102	501(C)(3)	0.	174,139.	FMV	ANIMAL FOOD	ANIMALS
TOWN HUMANE ALL TANGE						ANTWAT	
IOWA HUMANE ALLIANCE						ANIMAL	
6540 6TH ST SW	26 1002006	F01(a)(2)	0	1 100 167		PRODUCTS,	SUPPORT FOR RESCUED
CEDAR RAPIDS, IA 52404 IOWA STATE UNIVERSITY OF SCIENCE	26-1992986	501(C)(3)	0.	1,120,167.	FMV	ANIMAL FOOD	ANIMALS
AND TECHNOLOGY - 515 MORRILL RD,						2. NT M 2 T	
1350 BEARDSHEAR HALL - AMES, IA	42 6004224	E01/01/21	0	2 011 502	ENG 7	ANIMAL	SUPPORT FOR RESCUED
50011	42-6004224	501(C)(3)	0.	3,811,503.	FMV	PHARMACEUTICALS	ANIMALS
JEFFERSON PROTECTION AND ANIMAL							
WELFARE SERVICES - 2701 LAPALCO						ANIMAL	SUPPORT FOR RESCUED
BLVD - HARVEY, LA 70058	72-6013920	JEFFERSON PARISH	789.	59,366.	FMV	PHARMACEUTICALS	ANIMALS
JUST STRAYS ANIMAL FOUNDATION,							
INC. DBA SIMPLY CATS ADOPTION							
CENTER - 2833 S VICTORY VIEW WAY -						ANIMAL	SUPPORT FOR RESCUED
BOISE, ID 83709	82-0445263	501(C)(3)	16,451.	2,257.	FMV	PRODUCTS	ANIMALS
THEFTOF FOD CAMCON ANTWAL DECOUP							
JUSTICE FOR SAMSON ANIMAL RESCUE 5026 W FM 624						ANIMAL	
	83-0941940	501(0)(2)	E 101	3,654.	EW07	PRODUCTS	SUPPORT FOR RESCUED
ORANGE GROVE, TX 78372	03-0941940	501(C)(3)	5,181.	۵,054.	с ы v	FRODUCTS	ANTWARP
KANAWHA-CHARLESTON HUMANE						ANIMAL	
ASSOCIATION - 1248 GREENBRIER ST -						PRODUCTS,	SUPPORT FOR RESCUED
CHARLESTON, WV 25311	55-0435381	501(C)(3)	0.	169,782.	FMV	ANIMAL FOOD	ANIMALS

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KANSAS HUMANE SOCIETY OF WICHITA							
3313 N HILLSIDE							SUPPORT FOR RESCUED
WICHITA, KS 67219	48-0554339	501(C)(3)	10,000.	0.			ANIMALS
KENTUCKY HOPEFUL PAWS RESCUE							
10936 JENNY LILLARD							SUPPORT FOR RESCUED
LAWRENCEBURG, KY 40342	85-1073454	501(C)(3)	8,000.	0.			ANIMALS
KENTUCKY HUMANE SOCIETY							
1000 LYNDON LN, STE B						ANIMAL	SUPPORT FOR RESCUED
LOUISVILLE, KY 40222	61-0463938	501(C)(3)	2,450.	12,556.	FMV	PHARMACEUTICALS	ANIMALS
TTERAD UINAND COLLENY							
KITSAP HUMANE SOCIETY 9167 DICKEY RD NW						ANIMAL	SUPPORT FOR RESCUED
SILVERDALE, WA 98383	91-0728353	501(C)(3)	1,909.	697,162.	FMV		ANIMALS
STIVERDALE, WA 90303	51 0720355	501(0/(3)	1,505.	057,102.	- HV	I IIAMACEOTICAES	
LA FAMILY HOUSING						APPAREL,	
7843 LANKERSHIM BLVD						, HYGIENE	
NORTH HOLLYWOOD, CA 91605	95-3920560	501(C)(3)	0.	36,389.	FMV	PRODUCTS	SUPPORT FOR PEOPLE
LAFAYETTE ANIMAL SHELTER & CARE							
CENTER - 410 N DUGAS RD -						ANIMAL	SUPPORT FOR RESCUED
LAFAYETTE, LA 70507	72-1335255	501(C)(3)	710.	5,394.	FMV	PHARMACEUTICALS	ANIMALS
LAFOURCHE PARISH ANIMAL SHELTER							
934 HIGHWAY 3185						ANIMAL	SUPPORT FOR RESCUED
THIBODAUX, LA 70301	72-6000634	LAFOURCHE PARISH	2,786.	106,776.	FMV	PHARMACEUTICALS	ANIMALS
			_,	,			
LAKE LOWELL ANIMAL RESCUE							
12888 PHEASANT CIR						ANIMAL	SUPPORT FOR RESCUED
NAMPA, ID 83686	83-2356957	501(C)(3)	2,950.	1,012,085.	FMV		ANIMALS
						ANIMAL	
LAST CHANCE ANIMAL RESCUE						PHARMACEUTICALS	
8500 BENSVILLE RD			_		L	, ANIMAL	SUPPORT FOR RESCUED
WALDORF, MD 20603	52-2328626	501(C)(3)	0.	33,197.	FMV	PRODUCTS	ANIMALS

Schedule I (Form 990) GREATER GOOD C							20-4846675 Pa
Part II Continuation of Grants and Other A	ssistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEAP OF FAITH EQUINE RESCUE AND						3 MT W3 T	
SANCTUARY - 2805 MOUNT OLIVET	00 0675057	E01(0)(2)	0.	26 422	ENG 7	ANIMAL	SUPPORT FOR RESCUED
CHURCH RD - FLEMING, GA 31309	82-2675957	501(C)(3)	0.	26,432.	FMV	PHARMACEUTICALS	ANIMALS
LEE COUNTY DOMESTIC ANIMAL							
SERVICES - 5600 BANNER DR - FORT						ANIMAL	SUPPORT FOR RESCUED
MYERS, FL 33912	59-6000702	LEE COUNTY	0.	11,751.	FMV	PRODUCTS	ANIMALS
			••	,			
LITTLE ANGELS PROJECT						ANIMAL	
29348 RDSIDE DR						PRODUCTS,	SUPPORT FOR RESCUED
AGOURA HILLS, CA 91301	81-1635505	501(C)(3)	0.	1,707,732.	FMV	ANIMAL FOOD	ANIMALS
,				_,,			
LITTLE LONGEARS MINIATURE DONKEY							
RESCUE - 1079 TURKEY PIT RD - NEW						ANIMAL	SUPPORT FOR RESCUED
OXFORD, PA 17350	46-4921857	501(C)(3)	0.	10,776.	FMV	PHARMACEUTICALS	ANIMALS
LITTLE TRAVERSE BAY HUMANE SOCIETY						APPAREL,	
1300 W CONWAY						ANIMAL	SUPPORT FOR PEOPLE,
HARBOR SPRINGS, MI 49749	38-1384441	501(C)(3)	5,000.	2,405.	FMV	PRODUCTS	RESCUED ANIMALS
LIVIN LIKE LARRY FARM SANCTUARY						ANIMAL	
PO BOX 592						PRODUCTS,	SUPPORT FOR RESCUED
BRANFORD, FL 32008	92-2000694	501(C)(3)	0.	61,200.	FMV	ANIMAL FOOD	ANIMALS
LONGNONE WITHING GOOLDEN							
LONGMONT HUMANE SOCIETY							
9595 NELSON RD							SUPPORT FOR RESCUED
LONGMONT, CO 80501	84-0645455	501(C)(3)	5,134.	0.			ANIMALS
LOS ANGELES COUNTY DEPARTMENT OF							
ANIMAL CARE AND CONTROL - 5898						ANIMAL	SUPPORT FOR RESCUED
	95-9000927	LOS ANGELES COUN	0.	5,530.	EMTZ	PRODUCTS	ANIMALS
CHERRY AVE - LONG BEACH, CA 90805	32-3000327	LOS ANGELES COUN	0.	5,530.	E 11 V	FRODUCTS	CTVILLING CTVILLING
LOUDON COUNTY FRIENDS OF ANIMALS							
231 OLIGI CIRCLE							SUPPORT FOR RESCUED
LOUDON, TN 37774	46-3105831	501(C)(3)	7,011.	0.			ANIMALS

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOUISIANA SPCA							
1700 MARDI GRAS BLVD						ANIMAL	SUPPORT FOR RESCUED
NEW ORLEANS, LA 70114	72-0471368	501(C)(3)	0.	16,034,597.	FMV	PHARMACEUTICALS	ANIMALS
LUCKY DOG ANIMAL RESCUE							
5159 LANGSTON BOULEVARD						ANIMAL	SUPPORT FOR RESCUED
ARLINGTON, VA 22207	30-0559037	501(C)(3)	34,709.	1,394,671.	FMV	PHARMACEUTICALS	ANIMALS
MAINE STATE SOCIETY FOR THE							
PROTECTION OF ANIMALS (MSSPA) - PO						ANIMAL	SUPPORT FOR RESCUED
BOX 10 - SOUTH WINDHAM, ME 04082	01-0212545	501(C)(3)	0.	42,833.	FMV	PHARMACEUTICALS	ANIMALS
MARYLAND HORSE RESCUE							
PO BOX 1997						ANIMAL	SUPPORT FOR RESCUED
WESTMINSTER, MD 21158	52-2166053	501(C)(3)	0.	42,306.	FMV	PHARMACEUTICALS	ANIMALS
ABIMINDIER, MD 21130	52 2100055	501(0/(3/	0.	42,300.		I HAMACEOTICAED	
MARYLAND SPCA						ANIMAL	
3300 FALLS RD						PRODUCTS,	SUPPORT FOR RESCUED
BALTIMORE, MD 21211	52-6001558	501(C)(3)	0.	276,266.	FMV	ANIMAL FOOD	ANIMALS
						APPAREL,	
MAUI HUMANE SOCIETY						HYGIENE	
PO BOX 1047						PRODUCTS,	SUPPORT FOR PEOPLE,
PUUNENE, HI 96784	99-6000953	501(C)(3)	14,178.	151,609.	FMV	ANIMAL	RESCUED ANIMALS
MCKAMEY ANIMAL CENTER							
4500 N ACCESS RD						ANIMAL	SUPPORT FOR RESCUED
CHATTANOOGA, TN 37415	01-0824858	501(C)(3)	0.	479,033.	FMV	PHARMACEUTICALS	ANIMALS
METROWEST HUMANE SOCIETY							
30 POND ST							SUPPORT FOR RESCUED
ASHLAND, MA 01721	04-2600449	501(C)(3)	5,477.	0.			ANIMALS
MICHELSON FOUND ANIMALS FOUNDATION						ANIMAL	
5060 W JEFFERSON BLVD						PRODUCTS,	SUPPORT FOR RESCUED
		501(C)(3)	0.	76,653.	1	ANIMAL FOOD	ANIMALS

Schedule I (Form 990) GREATER GOOD (							20-4846675 Pa
Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa I	art II.) T	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
						APPAREL,	
ICHIGAN HUMANE SOCIETY						HOUSEHOLD	
937 E GRAND BLVD, STE 800						PRODUCTS,	SUPPORT FOR PEOPLE,
ETROIT, MI 48202	38-1358206	501(C)(3)	0.	10,184,447.	FMV	ANIMAL	RESCUED ANIMALS
IDATLANTIC HORSE RESCUE INC							
D BOX 407						ANIMAL	SUPPORT FOR RESCUED
HESAPEAKE CITY, MD 21915	27-3543490	501(C)(3)	0.	313,930.	FMV	PHARMACEUTICALS	ANIMALS
IDLANDS HUMANE SOCIETY 020 RAILRD AVE						ANIMAL	SUPPORT FOR RESCUED
COUNCIL BLUFFS, IA 51503	20-5105144	501(0)(3)	5,000.	2,571.	EMT7	PHARMACEUTICALS	ANIMALS
SONCIE BLOFFS, IN 51505	20-3103144	501(0)(3)	5,000.	2,371.	F MV	FIARMACEUTICALS	ANIMALIS
IGHTY MUTTS, INC.							
30 E 9TH ST						ANIMAL	SUPPORT FOR RESCUED
EW YORK, NY 10009	11-3260202	501(C)(3)	0.	17,459.	FMV	PRODUCTS	ANIMALS
ILITARY VETERAN MISSION						APPAREL,	
.8501 NW 22 CT						HYGIENE	
IIAMI GARDENS, FL 33056	26-1295139	501(C)(3)	0.	5,007.	FMV	PRODUCTS	SUPPORT FOR PEOPLE
INN-KOTA PAWS						ANIMAL	
125 1ST AVE S						PRODUCTS,	SUPPORT FOR RESCUED
ARGO, ND 58103	30-0245020	501(C)(3)	0.	1,034,878.	FMV	ANIMAL FOOD	ANIMALS
ISSOURI FORGET ME NOT HORSE							
						λΝΤΜΛΤ	
ESCUE AND SANCTUARY - 1025	45 3505051	F01(0)(2)		F0 01-		ANIMAL	SUPPORT FOR RESCUED
ERITAGE RD - LINN CREEK, MO 65052	45-3787871	501(C)(3)	0.	50,017.	FMV	PHARMACEUTICALS	ANIMALS
OAHWK HUDSON HUMANE SOCIETY							
OAKLAND AVENUE							SUPPORT FOR RESCUED
ENANDS, NY 12204	14-1338459	501(C)(3)	5,009.	0.			ANIMALS
OUNTAIN VIEW WILDLIFE						APPAREL,	
EHABILITATION - 107 MOUNTAIN VIEW						APPAREL, ANIMAL	SUPPORT FOR PEOPLE,
	06 1006500	E01(0)(2)		14 100	ENG7		
DR – HAZARD, KY 41701	86-1376532		0.	14,107.	L MAA	PRODUCTS	RESCUED ANIMALS

Schedule I (Form 990) GREATER GOOD (					/=		20-4846675 Pa
Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	o <b>vernments</b> (Sch	edule I (Form 990), Pa I	art II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WY DIM DUIL TO DANTLY							
MY PIT BULL IS FAMILY 4027 ALDRICH AVE N						ANIMAL PRODUCTS	SUPPORT FOR RESCUED
	47 2264052	E01(0)(2)		210 055	E-1057	,	
MINNEAPOLIS, MN 55412	47-2264053	501(C)(3)	0.	218,055.	FMV	ANIMAL FOOD	ANIMALS
NASHVILLE HUMANE ASSOCIATION							
213 OCEOLA AVE						ANIMAL	SUPPORT FOR RESCUED
NASHVILLE, TN 37209	62-0672999	501(C)(3)	0.	216,582.	FMV	PHARMACEUTICALS	ANIMALS
,							
NEBRASKA WILDLIFE REHAB							
9777 M ST						ANIMAL	SUPPORT FOR RESCUED
OMAHA, NE 68127	47-0829201	501(C)(3)	0.	6,148.	FMV	PRODUCTS	ANIMALS
NEVADA SPCA							
5375 PROCYON ST STE 108			1.505	004 504		ANIMAL	SUPPORT FOR RESCUED
LAS VEGAS, NV 89118	88-0187383	501(C)(3)	1,525.	801,724.	FMV	PHARMACEUTICALS	ANIMALS
NEW ENGLAND EQUINE RESCUE (NEER)							
NORTH, INC - 52 ASH ST - WEST						ANIMAL	SUPPORT FOR RESCUED
NEWBURY, MA 01985	45-4007146	501(C)(3)	0.	50,017.	FMV	PHARMACEUTICALS	ANIMALS
	10 100/110	501(0)(0)					
NEW MEXICO NAT'L GUARD ARMORY						ANIMAL	
1 W EARL CUMMINGS LOOP						PRODUCTS,	SUPPORT FOR RESCUED
ROSWELL , NM 88203	85-0304289	GOVT	0.	155,701.	FMV	ANIMAL FOOD	ANIMALS
				,			
NEW VOCATIONS RACEHORSE ADOPTION							
PROGRAM - 719 DOLAN LN -						ANIMAL	SUPPORT FOR RESCUED
LEXINGTON, KY 40511	31-1681380	501(C)(3)	0.	757,959.	FMV	PHARMACEUTICALS	ANIMALS
NOBLE FRIENDS FOUNDATION FOR OC							
ANIMAL CARE - 8502 EAST CHAPMAN						ANIMAL	SUPPORT FOR RESCUED
AVE #351 - ORANGE, CA 92869	38-3801007	501(C)(3)	0.	5,760.	FMV	PRODUCTS	ANIMALS
NORFOLK SPCA							
916 BALLENTINE BLVD						ANIMAL	SUPPORT FOR RESCUED
NORFOLK, VA 23504	54-0515759	501(0)(3)	0.	6,320.	EMT7	PRODUCTS	ANIMALS

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NORTHERN OKLAHOMA HUMANE SOCIETY							
900 W PROSPECT AVE						ANIMAL	SUPPORT FOR RESCUED
PONCA CITY, OK 74601	73-1245251	501(C)(3)	1,500.	4,749,618.	FMV	PHARMACEUTICALS	ANIMALS
OCONEE REGIONAL HUMANE SOCIETY							
1020 PARK AVE STE 101						ANIMAL	SUPPORT FOR RESCUED
GREENSBORO, GA 30642	58-2440625	501(C)(3)	1,000.	5,698.	FMV	PRODUCTS	ANIMALS
OKLAHOMA PET COLLECTIVE SOCIETY							
128 S 122ND E AVE						ANIMAL	SUPPORT FOR RESCUED
TULSA, OK 74128	85-4369910	501(C)(3)	2,716.	5,045.	FMV	PRODUCTS	ANIMALS
ODEDAMION CAMNID OF CAINEGUILLE							
OPERATION CATNIP OF GAINESVILLE, INC 912 NE 2ND ST -						ANIMAL	SUPPORT FOR RESCUED
GAINESVILLE, FL 32601	59-3522372	501(C)(3)	0.	11,275.	FMV	PHARMACEUTICALS	ANIMALS
	55 5522572	501(0)(3)		11,2/3.	- HV	THANMACHUTTCALD	
OPERATION COMMUNITY CATS						ANIMAL	
2845 DUANE DR						PRODUCTS,	SUPPORT FOR RESCUED
MERIDIAN, ID 83646	27-0977993	501(C)(3)	0.	271,349.	FMV	ANIMAL FOOD	ANIMALS
OTRA MAS							
27252, CALLE ARROYO						ANIMAL	SUPPORT FOR RESCUED
SAN JUAN CAPISTRANO, CA 92675	46-3891778	501(C)(3)	0.	8,461.	гwv	PHARMACEUTICALS	ANIMALS
	10 0001770			0,101.			
PALM VALLEY ANIMAL SOCIETY							
PO BOX 1829						ANIMAL	SUPPORT FOR RESCUED
EDINBURG, TX 78540	74-1819910	501(C)(3)	11,500.	3,165,709.	FMV	PHARMACEUTICALS	ANIMALS
PAWS KANSAS CITY						ANIMAL	
7833 WORNALL RD						PRODUCTS,	SUPPORT FOR RESCUED
KANSAS CITY, MO 64114	27-1087517	501(C)(3)	٥.	1,709,815.	FMV	ANIMAL FOOD	ANIMALS
PAWS OF HERTFORD COUNTY							
PO BOX 153							SUPPORT FOR RESCUED
MURFREESBORO, NC 27855	20-4940600	501(C)(3)	6,095.	0.			ANIMALS
	20 101000	501(0)(3)	0,095.	υ.			Further mo

Schedule I (Form 990) GREATER GOOD C				(Cab			20-4846675 Pa
Part II Continuation of Grants and Other A (a) Name and address of organization or government	(b) EIN	(c) IRC section (c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	edule I (Form 990), Pa (f) Method of valuation (book, FMV, appraisal, other)	art II.) (g) Description of non-cash assistance	(h) Purpose of grant or assistance
PEARL RIVER COUNTY SPCA 1700 PALESTINE RD, PO BOX 191 PICAYUNE, MS 39466	64-0798887	501(C)(3)	0.	665,926.		ANIMAL PRODUCTS, ANIMAL FOOD	SUPPORT FOR RESCUED
PENINSULA SPCA 523 J CLYDE MORRIS BLVD NEWPORT NEWS, VA 23601	54-0676370	501(C)(3)	6,310.	0.			SUPPORT FOR RESCUED ANIMALS
PENNSYLVANIA SPCA 350 E ERIE AVENUE PHILADELPHIA, PA 19134	23-1352269	501(C)(3)	17,510.	579,746.	FMV	ANIMAL PHARMACEUTICALS	SUPPORT FOR RESCUED ANIMALS
PET FOOD PANTRY OF EASTERN NC PO BOX 2492 BREENVILLE, NC 27836	47-1475565	501(C)(3)	0.	316,957.	FMV	ANIMAL PRODUCTS, ANIMAL FOOD	SUPPORT FOR RESCUED ANIMALS
PETS ARE WONDERFUL SUPPORT (PAWS) NY - 134 W 29TH ST, STE 802 - NEW YORK, NY 10001	80-0233785	501(C)(3)	2,172.	3,416.	FMV	APPAREL, ANIMAL PRODUCTS	SUPPORT FOR PEOPLE, RESCUED ANIMALS
PHILADELPHIA ANIMAL WELFARE SOCIETY(PAWS) - 100 N 2ND ST - PHILADELPHIA, PA 19106	26-3862631	501(C)(3)	2,550.	175,549.	FMV	ANIMAL PRODUCT, ANIMAL FOOD	SUPPORT FOR RESCUED ANIMALS
PIKE ANIMAL WELFARE SHELTER (PAWS) 4224 N MERIDIAN; PO BOX 63 PETERSBURG, IN 47567	35-1965712	501(C)(3)	7,500.	7,947.	FMV	ANIMAL PRODUCTS	SUPPORT FOR RESCUED ANIMALS
POCONO WILDLIFE REHABILITATION CENTER - 1161 CHERRY DR - STROUDSBURG, PA 18360	23-2524389	501(C)(3)	0.	11,320.	FMV	ANIMAL PRODUCTS	SUPPORT FOR RESCUED ANIMALS
PROJECT ANIMALAID 1630A 30TH ST, #256 BOULDER, CO 80301	26-3938168	501(C)(3)	0.	17,012.	FMV	ANIMAL PRODUCTS	SUPPORT FOR RESCUED

Schedule I (Form 990) GREATER GOOD C	CHARITIES						20-4846675 Pag
Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PUPPY KITTY NY CITY INC 6329 75TH ST MIDDLE VILLAGE , NY 11379	83-1059040	501(C)(3)	0.	1,269,977.	FMV	ANIMAL PRODUCTS, ANIMAL FOOD	SUPPORT FOR RESCUED ANIMALS
PURRFECT PALS 230 MCRAE RD NE ARLINGTON, WA 98223	94-3127448	501(C)(3)	3,649.	6,006.	FMV	ANIMAL PRODUCTS	SUPPORT FOR RESCUED ANIMALS
RAINBOW'S EDGE ANIMAL REFUGE 697 PINE HAVEN DR TILLMAN, SC 29943	30-0008001	501(C)(3)	0.	1,755,241.	FMV	ANIMAL PRODUCTS, ANIMAL FOOD	SUPPORT FOR RESCUED ANIMALS
RANDALL'S RESCUE PO BOX 1281 MOUNT LAUREL, NJ 08054	45-5189759	501(C)(3)	0.	444,836.	FMV	ANIMAL PRODUCTS, ANIMAL FOOD	SUPPORT FOR RESCUED ANIMALS
REAL DOG RESCUE 818 WYCKOFF AVE MAHWAH, NJ 07430	81-4743943	501(C)(3)	650.	71,208.	FMV	ANIMAL PHARMACEUTICALS	SUPPORT FOR RESCUED ANIMALS
REALITYS CHANCE RESCUE & SANCTUARY 4519 BERRY PLEASANT LAKE, MI 49272	47-1530627	501(C)(3)	0.	21,444.	FMV	ANIMAL PHARMACEUTICALS	SUPPORT FOR RESCUED ANIMALS
RED BUCKET EQUINE RESCUE 2885 ENGLISH RD CHINO HILLS, CA 91709	26-4455325	501(C)(3)	0.	106,746.	FMV	ANIMAL PHARMACEUTICALS	SUPPORT FOR RESCUED ANIMALS
RED CLAY RANCH EQUINE RESCUE AND SANCTUARY, INC - 364 PARKER RD - LYERLY, GA 30730	45-4590603	501(C)(3)	0.	25,009.	FMV	ANIMAL PHARMACEUTICALS	SUPPORT FOR RESCUED ANIMALS
RED FEATHER EQUINE SANCTUARY 5662 OLD RURAL HALL RD WINSTON-SALEM, NC 27105	85-3666789	501(C)(3)	0.	40,191.	FMV	ANIMAL PHARMACEUTICALS	SUPPORT FOR RESCUED ANIMALS

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RENEGADE PAWS RESCUE							
2357 OGEECHEE RD							SUPPORT FOR RESCUED
SAVANNAH, GA 31415	83-3915500	501(C)(3)	10,000.	0.			ANIMALS
RERUN INC							
236A WATERS RD						ANIMAL	SUPPORT FOR RESCUED
EAST GREENBUSH, NY 12061	61-1336379	501(C)(3)	0.	42,833.	FMV	PHARMACEUTICALS	ANIMALS
						HOUSEHOLD	
RESCUE PACK CHICAGO						PRODUCTS,	
1306 W NW HWY						ANIMAL	
PALATINE, AZ 60067	81-1738093	501(C)(3)	0.	11,362,563.	FMV	PRODUCTS ,	SUPPORT FOR PEOPLE
RESCUE PETS OF FLORIDA						ANIMAL	
4220 WATERVILLE AVE						PRODUCTS,	SUPPORT FOR RESCUED
WESLEY CHAPEL, FL 33543	46-2336168	501(C)(3)	1,525.	1,138,436.	EM17	ANIMAL FOOD	ANIMALS
WESHEI CHAFEL, FL 55545	40-2550100	501(0)(3)	1,525.	1,130,430.	r PIV	HOUSEHOLD	ANIMADS
REZDAWG RESCUE						PRODUCTS,	
PO BOX 448						ANIMAL	SUPPORT FOR PEOPLE,
LAFAYETTE, CO 80026	46-1412023	501(C)(3)	2,000.	21,944,571.	FMV7		RESCUED ANIMALS
	40 1412025	501(0)(3)	2,000.	21,911,971.			KEDCOED ANTHADD
RISING STARR HORSE RESCUE							
93 SILVER SPRING RD,						ANIMAL	SUPPORT FOR RESCUED
WILTON, CT 69870	47-4027991	501(C)(3)	0.	15,723.	FMV	PHARMACEUTICALS	ANIMALS
RIVERSIDE COUNTY DEPARTMENT OF							
ANIMAL SERVICES - 6851 VAN BUREN							
BOULEVARD - JURUPA VALLEY, CA						ANIMAL	SUPPORT FOR RESCUED
92509	95-6000930	RIVERSIDE COUNTY	1,070.	5,895.	FMV	PRODUCTS	ANIMALS
DIICTU'S DESCITE DANCH THO							
RUSTY'S RESCUE RANCH INC.							
207 TUCKER RD	05 2050010	F01(0)(0)	10 000	_			SUPPORT FOR RESCUED
STATESVILLE, NC 28677	85-3958218	5UT(C)(3)	10,000.	0.			ANIMALS
SAFE HAVEN EQUINE RESCUE AND							
RETIREMENT - 4994 FM 2088 -						ANIMAL	SUPPORT FOR RESCUED
GILMER, TX 75644	75-2839955	501(C)(3)	0.	18,530.	FMV	PHARMACEUTICALS	ANIMALS

 Schedule I (Form 990)
 GREATER GOOD CHARITIES

 Part II
 Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
						APPAREL,	
SAN ANTONIO FOOD BANK						HYGIENE	
OLD HIGHWAY 90 W						PRODUCTS,	SUPPORT FOR PEOPLE,
SAN ANTONIO, TX 78227	74-2122979	501(C)(3)	0.	495,945.	FMV	ANIMAL	RESCUED ANIMALS
						APPAREL,	
SAN DIEGO HUMANE SOCIETY						HYGIENE	
5500 GAINES ST						PRODUCTS,	SUPPORT FOR PEOPLE,
SAN DIEGO, CA 92110	95-1661688	501(C)(3)	11,500.	2,257,335.	FMV	ANIMAL	RESCUED ANIMALS
CAVE & FORCOMMEN FOUTNE							
SAVE A FORGOTTEN EQUINE							
PO BOX 2769		501 ( 0 ) ( 2 )		F 104		ANIMAL	SUPPORT FOR RESCUED
REDMOND, WA 98073	20-5825355	501(C)(3)	0.	7,184.	FMV	PHARMACEUTICALS	ANIMALS
SAVE A PET RESCUE, ADOPTION, &							
TRANSPORT - PO BOX 9323 - DOTHAN,						ANIMAL	SUPPORT FOR RESCUED
AL 36304	20-1285614	501(C)(3)	6,766.	3,084.	FMV	PRODUCTS	ANIMALS
SAVING HOPE ANIMAL RESCUE							
2208 INDIAN CREEK						ANIMAL	SUPPORT FOR RESCUED
FORT WORTH, TX 76107	82-5013333	501(C)(3)	0.	6,343.	FMV	PRODUCTS	ANIMALS
,				, -		ANIMAL	
SEATTLE HUMANE PET						PHARMACEUTICALS	
13212 SE EASTGATE WAY						ANIMAL	SUPPORT FOR RESCUED
BELLEVUE, WA 98005	91-0282060	501(C)(3)	10.	36,842.	FMV	PRODUCTS	ANIMALS
, m >0000	51 0202000		10.				
SECOND CHANCE RESCUE NYC DOGS							
BOX 570701							SUPPORT FOR RESCUED
WHITESTONE, NY 11357	26-4835303	501(C)(3)	13,363.	٥.			ANIMALS
SECOND HARVEST FOOD BANK OF							
GREATER NEW ORLEANS AND ACADIANA -						APPAREL,	
700 EDWARDS AVE - NEW ORLEANS, LA						, HYGIENE	
70123	72-0956468	501(C)(3)	0.	17,704.	FMV	PRODUCTS	SUPPORT FOR PEOPLE
			1	,			
SERENITY SAVIORS, INC.							
7281 HIGHWAY 48						ANIMAL	SUPPORT FOR RESCUED
RUSSELLVILLE, AL 35654	81-1478827	501(C)(3)	0.	10,708.	FMV	PHARMACEUTICALS	ANIMALS

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HENANDOAH SHEPHERD RESCUE							
O BOX 764						ANIMAL	SUPPORT FOR RESCUED
TEPHENS CITY, VA 22655	81-4746690	501(C)(3)	4,767.	2,001.	FMV	PRODUCTS	ANIMALS
						ANIMAL	
HUTT'ER DOWN RANCH						PRODUCTS,	
455 COUNTY RD 702						ANIMAL FOOD,	SUPPORT FOR RESCUED
ARMERVILLE, TX 75442	81-4633428	501(C)(3)	0.	9,940,422.	FMV	ANIMAL	ANIMALS
SKIP PROGRAM						ANIMAL	
243 RIDGEWOOD DR						products ,	SUPPORT FOR RESCUED
AILLERSBURG, PA 17061	27-1897051	501(C)(3)	0.	1,316,035.	FMV	ANIMAL FOOD	ANIMALS
SONOMA COUNTY CHANGE PROGRAM							
3810 FOWLER RD						ANIMAL	SUPPORT FOR RESCUED
VEST SACRAMENTO, CA 95691	26-2135318	501(C)(3)	0.	722,536.	FMV	PHARMACEUTICALS	ANIMALS
SOS RESCUE						ANIMAL	
2929 INGLESIDE AVE						PRODUCTS,	SUPPORT FOR RESCUED
MACON, GA 31204	82-0989311	501(C)(3)	0.	2,142,827.	FMV	ANIMAL FOOD	ANIMALS
SOUTH GEORGIA EQUINE RESCUE INC							
312 MINERAL SPRINGS RD						ANIMAL	SUPPORT FOR RESCUED
WAYNESVILLE, GA 31566	83-4670651	501(C)(3)	100.	50,017.	FMV	PHARMACEUTICALS	ANIMALS
·				,			
SOUTH JERSEY REGIONAL ANIMAL							
SHELTER - 1244 N DELSEA DR -						ANIMAL	SUPPORT FOR RESCUED
VINELAND, NJ 08360	21-0677474	501(C)(3)	1,500.	4,775.	FMV	PRODUCTS	ANIMALS
,				_,			
SOUTH SUBURBAN HUMANE SOCIETY							
1800 CENTRAL AVE							SUPPORT FOR RESCUED
	23-7165004	501(0)(3)	0.	175,704.	EMV	ANIMAL FOOD	ANIMALS
MATTESON, AZ 60443	23-7105004	201(C)(2)	0.	1/5,/04.	r. 11 V	TINTERE LOOD	CITATAT
OUTHERN SOULS RESCUE							
						2 NT M2 T	
3902 ADAMS CHAPEL RD		501 ( 0 ) ( 2 )		448 555		ANIMAL	SUPPORT FOR RESCUED
HARLEM, GA 30814	45-5465934	5UI(C)(3)	0.	117,555.	т.WA	PHARMACEUTICALS	ANIMALS

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					appraisal, other)		
SPCA FLORIDA							
5850 BRANNEN RD S						ANIMAL	SUPPORT FOR RESCUED
LAKELAND, FL 33813	59-1939655	501(C)(3)	0.	56,659.	FMV	PHARMACEUTICALS	ANIMALS
SPCA OF TEXAS							
2400 LONE STAR DR						ANIMAL	SUPPORT FOR RESCUED
DALLAS, TX 75212	75-1216660	501(C)(3)	788.	6,000.	FMV	PRODUCTS	ANIMALS
SPCA TAMPA BAY							
9099 130TH AVE N						ANIMAL	SUPPORT FOR RESCUED
LARGO, FL 33773	59-0715928	501(C)(3)	0.	5,009.	FMV	PRODUCTS	ANIMALS
			- •	-,			
SPERANZA ANIMAL RESCUE							
1216 BRANDT RD						ANIMAL	SUPPORT FOR RESCUED
MECHANICSBURG, PA 17055	45-5131283	501(C)(3)	22,500.	11,837.	FMV	PRODUCTS	ANIMALS
SPOKANIMAL CARE						ANIMAL	
710 N NAPA ST						PRODUCTS,	SUPPORT FOR RESCUED
SPOKANE, WA 99202	91-1223929	501(C)(3)	1,000.	120,327.	FMV	ANIMAL FOOD	ANIMALS
SPOOFDAWG TO THE RESCUE							
1039 E ALMOND AVE						ANIMAL	SUPPORT FOR RESCUED
ORANGE, CA 92866	82-0870764	501(C)(3)	0.	39,947.	FMV	PRODUCTS	ANIMALS
CE EDANGIG COCLEMY							
ST FRANCIS SOCIETY PO BOX 261614							SUPPORT FOR RESCUED
	50 2460220	501(0)(2)	6 200				
TAMPA, FL 33685	59-3469332	DUT(C)(3)	6,309.	0.			ANIMALS
ST. CHARLES PARISH ANIMAL SHELTER							
PO BOX 302						ANIMAL	SUPPORT FOR RESCUED
HAHNVILLE, LA 70057	72-6001208	ST. CHARLES PARI	437.	127,474.	FMV	PHARMACEUTICALS	ANIMALS
OF UIDEDT'S ANTMAL MELEADE CENTER						ANTMAT	
ST. HUBERT'S ANIMAL WELFARE CENTER						ANIMAL	CURRENT FOR DECCURR
575 WOODLAND AVE, PO BOX 159		E01(0)(2)	100 500	210 400		PRODUCTS,	SUPPORT FOR RESCUED
MADISON, NJ 07940	22-1627726	DUT(C)(3)	106,500.	219,409.	ь.wv	ANIMAL FOOD	ANIMALS

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ST. MARTIN PARISH ANIMAL SERVICES							
1004 INDUSTRIAL PARK RD	70 6001072		2 025	2 0 5 5		ANIMAL	SUPPORT FOR RESCUED
SAINT MARTINVILLE, LA 70582	/2-60012/3	ST. MARTIN PARIS	3,035.	3,055.	FMV	PRODUCTS	ANIMALS
ST. PAWS						ANIMAL	
275 E PLATTE, UNIT A&B						PRODUCTS,	SUPPORT FOR RESCUED
OLORADO SPRINGS, CO 80909	27-1133755	501(C)(3)	0.	768,498.	FMV	ANIMAL FOOD	ANIMALS
,,			- •	,		APPAREL,	
ST. TAMMANY PARISH DEPARTMENT OF						ANIMAL	
ANIMAL SERVICES - 31078 HWY 36 -						PRODUCTS,	SUPPORT FOR PEOPLE,
LACOMBE, LA 70445	72-6001304	ST. TAMMANY PARI	0.	67,968.	FMV	ANIMAL FOOD	RESCUED ANIMALS
STAFFORD ANIMAL SHELTER						ANIMAL	
3 BUSINEE PARK RD						PRODUCTS,	SUPPORT FOR RESCUED
LIVINGSTON, MT 59047	36-3432468	501(C)(3)	0.	236,297.	FMV	ANIMAL FOOD	ANIMALS
STRAY DOG RANCH						ANIMAL	
585 CARNEYS BRANCH TRL SE						PRODUCTS,	SUPPORT FOR RESCUED
BOLIVIA, NC 28422	46-3532760	501(C)(3)	0.	1,099,097.	FMV	ANIMAL FOOD	ANIMALS
STRAY PAWS ANIMAL HAVEN							
9858 RUSH ST						ANIMAL	SUPPORT FOR RESCUED
EL MONTE, CA 91733	83-1526587	501(C)(3)	0.	58,560.	FMV	PRODUCTS	ANIMALS
STRAY RESCUE OF ST. LOUIS							
2320 PINE ST	42 4 2 2 2 2 2 2 2 2 2		10 500	0 504		ANIMAL	SUPPORT FOR RESCUED
ST LOUIS, MO 63103	43-1823801	501(C)(3)	13,500.	8,524.	FMV	PRODUCTS	ANIMALS
SUMMIT COUNTY ANIMAL CONTROL						ANIMAL	
L75 S MAIN ST							SUPPORT FOR RESCUED
	34_1224462	SUMMIT COUNTY	0.	705 763	T.M.7	PRODUCTS, ANIMAL FOOD	ANIMALS
AKRON, OH 44308	34-1334462	POMMIL COONLY	0.	795,763.	F M V	ANIMAL FOOD	CTANTURE C
SUSQUEHANNA SPCA							
5082-5088 STATE HWY 28						ANIMAL	SUPPORT FOR RESCUED
COOPERSTOWN, NY 13326	15-0544693	501(C)(3)	5,000.	5,165.	VMT	PRODUCTS	ANIMALS

Schedule I (Form 990) GREATER GOOD				. (0.1			20-4846675 P
Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	ieaule I (Form 990), Pa	art 11.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUWANNEE COUNTY ANIMAL SERVICES						3 MT W 3 T	
200 S OHIO AVE, STE 105	50 6000075	501 ( 2) ( 2)	0	0 (54	-	ANIMAL	SUPPORT FOR RESCUED
LIVE OAK, FL 32064	59-6000875	501(C)(3)	0.	8,654.	F.WA	PRODUCTS	ANIMALS
SUWANNEE PAWS						ANIMAL	
O DRAWER 409						PRODUCTS,	SUPPORT FOR RESCUED
)'BRIEN, FL 32071	46-4923115	501(C)(3)	0.	118,261.	FMV	ANIMAL FOOD	ANIMALS
SWEET PAWS RESCUE							
310 MAIN ST							SUPPORT FOR RESCUED
GROVELAND, MA 18340	27-4638058	501(C)(3)	11,106.	0.			ANIMALS
TERREBONNE PARISH ANIMAL SHELTER							
P O BOX 2768						ANIMAL	SUPPORT FOR RESCUED
HOUMA, LA 70361	72-6001390	TERREBONNE PARIS	758.	84,625.	FMV	PHARMACEUTICALS	ANIMALS
THE ANIMAL DEFENSE LEAGUE							
11300 NACOGDOCHES RD	= 4 6000000					ANIMAL	SUPPORT FOR RESCUED
SAN ANTONIO, TX 78217	74-6002033	501(C)(3)	0.	208,396.	FMV	PHARMACEUTICALS	ANIMALS
THE ARIZONA PET PROJECT							
3905 N 7TH AVE, #7611						ANIMAL	SUPPORT FOR RESCUED
PHOENIX, AZ 85011	86-1008549	501(C)(3)	0.	5,041.	FMV	PRODUCTS	ANIMALS
			••	•,•==•		HOUSEHOLD	
THE BRIDGE CLINIC						PRODUCTS,	
2600 S EAGLE RD						ANIMAL	SUPPORT FOR PEOPLE,
NEWTOWN, PA 18940	46-1158857	501(C)(3)	0.	1,703,375.	FMV	PRODUCTS	RESCUED ANIMALS
	40 1130037	501(0)(3)		1,703,373.			
THE CAT HOUSE ON THE KINGS							
7120 S KINGS RIVER RD						ANIMAL	SUPPORT FOR RESCUED
PARLIER, CA 93648	27-0015288	501(C)(3)	43,811.	9,503.	FMV	PRODUCTS	ANIMALS
			_ , , , •	,			
THE HAWAII FOOD BASKET						ANIMAL	
140 B HOLOMUA ST						PRODUCTS,	SUPPORT FOR RESCUED
HILO, HI 96720	26-0349475	501(C)(3)	0.	48,544.	FMV	, ANIMAL FOOD	ANIMALS

Schedule I (Form 990)         GREATER GOOD C           Part II         Continuation of Grants and Other A	ssistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	art II.)	20-4846675 P
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE HUMANE SOCIETY OF HOBART. INC.							
2054 E STATE RD 130							SUPPORT FOR RESCUED
HOBART, IN 46342	35-0989082	501(C)(3)	7,776.	٥.			ANIMALS
THE HUMANE SOCIETY OF NORTH MYRTLE							
BEACH - 409 BAY ST, PO BOX 3369 -							SUPPORT FOR RESCUED
NORTH MYRTLE BEACH, SC 29582	57-1116175	501(C)(3)	13,748.	0.			ANIMALS
THE HUMANE SOCIETY OF SKAGIT						ANIMAL	CURROR FOR DECCUER
VALLEY - 18841 KELLEHER RD -	91-0903532	E01(0)(2)	0.	370,712.	TIM 7	PHARMACEUTICALS	SUPPORT FOR RESCUED
BURLINGTON, WA 98233	91-0903532	501(C)(3)	0.	370,712.	FMV	PHARMACEOTICALS	ANIMALS
THE INNER PUP							
465 LOWERLINE						ANIMAL	SUPPORT FOR RESCUED
NEW ORLEANS, LA 70118	47-1728816	501(C)(3)	0.	298,741.	FMV	PHARMACEUTICALS	ANIMALS
THE LAST RESORT ANIMAL RESCUE						APPAREL,	
441 MORSETOWN RD						ANIMAL	SUPPORT FOR PEOPLE,
WEST MILFORD, NJ 07480	26-2985185	501(C)(3)	3,500.	7,006.	FMV	PRODUCTS	RESCUED ANIMALS
THE DET CONDUCTION CONTEDC							
THE PET COMPASSION CENTERS						ANIMAL	
3780 HOMEWOOD RD	45 2050240	501 ( 0 ) ( 2 )		0 610 041		PRODUCTS,	SUPPORT FOR RESCUED
MEMPHIS, TN 38118	45-3972342	501(C)(3)	0.	2,618,241.	FMV	ANIMAL FOOD	ANIMALS
THE PET PROJECT FOR PETS INC						ANIMAL	
2200 NW 9TH AVENUE						PRODUCTS,	SUPPORT FOR RESCUED
WILTON MANORS, FL 33311	37-1440098	501(C)(3)	300.	10,636,721.	FMV	ANIMAL FOOD	ANIMALS
THIS OLD HORSE							
19025 COATES BLVD						ANIMAL	SUPPORT FOR RESCUED
HASTINGS, MN 55033	45-4234611	501(C)(3)	0.	42,833.	FMV	PHARMACEUTICALS	ANIMALS
THOROUGHBRED RETIREMENT FOUNDATION							
112 SPRING ST, STE 109						ANIMAL	SUPPORT FOR RESCUED
SARATOGA SPRINGS, NY 12866	13-3132741	501(C)(3)	0.	69,041.	FMV		ANIMALS

Schedule I (Form 990) GREATER GOOD C				(Oak			20-4846675 P
Part II         Continuation of Grants and Other A           (a) Name and address of organization or government	(b) EIN	(c) IRC section	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TIGGERTOWN 8430 EAST BRAINERD RD CHATTANOOGA, TN 37421	81-3743659	501(C)(3)	0.	2,076,086.	FMV	ANIMAL PRODUCTS, ANIMAL FOOD	SUPPORT FOR RESCUED
TNR RIVERSIDE 8428 WILLIAMSBURG PLACE RIVERSIDE, CA 92504	30-0880247		0.	894,646.		ANIMAL PRODUCTS, ANIMAL FOOD	SUPPORT FOR RESCUED
TUCSON POLICE DEPARTMENT HOMELESS OUTREACH TEAM - 270 S STONE AVE - TUCSON, AZ 85701	86-6000266	CITY OF TUCSON	0.	7,925.	FMV	APPAREL, HYGIENE PRODUCTS	SUPPORT FOR PEOPLE
TULSA SPCA PO BOX 581898 TULSA, OK 74158	73-0608144	501(C)(3)	5,045.	0.			SUPPORT FOR RESCUED ANIMALS
TWIN COUNTY HUMANE SOCIETY PO BOX 125 HILLSVILLE, VA 24343	54-2031424	501(C)(3)	0.	174,139.	FMV	ANIMAL PRODUCTS, ANIMAL FOOD	SUPPORT FOR RESCUED
TWO LEGS FOUR PAWS, INC. 10901 SW 59TH ST MUSTANG, OK 73064	84-2345729	501(C)(3)	0.	4,001,379.	FMV	ANIMAL PRODUCTS, ANIMAL FOOD	SUPPORT FOR RESCUED
UNBRIDLED THOROUGHBRED FOUNDATION PO BOX 122, 11 WOOD LN GREENVILLE, NY 12083	77-0664331	501(C)(3)	0.	42,833.	FMV	ANIMAL PHARMACEUTICALS	SUPPORT FOR RESCUED
UNDERDOG ANIMAL RESCUE AND REHAB 4561 SUNNY ACRES LN MOAB, UT 84532	82-3156476	501(C)(3)	0.	115,536.	FMV	ANIMAL PHARMACEUTICALS , ANIMAL PRODUCTS	SUPPORT FOR RESCUED
UNITED ANIMAL FRIENDS 2600 HECKETHORN RD PRESCOTT, AZ 86301	20-0360727	501(C)(3)	0.	237,185.	FMV	ANIMAL PRODUCTS, ANIMAL FOOD	SUPPORT FOR RESCUED

Schedule I (Form 990) GREATER GOOD							20-4846675 Pa
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JNITED PET FUND						ANIMAL	
9401 TOWNE SQUARE AVENUE	27 2592105	E01(0)(2)	0.	0 077 400		PRODUCTS, ANIMAL FOOD	SUPPORT FOR RESCUED
BLUE ASH, OH 45242	27-2582105	501(C)(3)	0.	8,077,423.	FMV	ANIMAL FOOD	ANIMALS
JNIVERSITY OF FLORIDA FOUNDATION						ANIMAL	
PO BOX 14425						PRODUCTS	SUPPORT FOR RESCUED
GAINSVILLE, FL 32604	59-0974739	501(C)(3)	0.	118,588.	FMV	ANIMAL FOOD	ANIMALS
51116711116, FH 52004	55 0314135		<u>0.</u>	110,500.	L 11 V		ETTERTO
UNIVERSITY OF MN COMMUNITY						ANIMAL	
MEDICINE - CTHOUSE DEPT 106, 213						PRODUCTS,	SUPPORT FOR RESCUED
MADICINE CINCOSE DELL'ICO, 215 MAIN AVE N - BAGLEY, MN 56621	41-6007513	501(0)(3)	0.	138,529.	E-M17	ANIMAL FOOD	ANIMALS
TAIN AVE N - BAGLEI, MN 30021	41-0007515	501(0/(3)	0.	130,329.	r MV	ANIMAL FOOD	ANIMADS
JTAH VALLEY ANIMAL RESCUE						ANIMAL	
5182 W 6300 S						PRODUCTS,	SUPPORT FOR RESCUED
SPANISH FORK, UT 84660-4224	47-1264869	501(0)(3)	0.	371,285.	E.W.Z	ANIMAL FOOD	ANIMALS
517M15h116hK, 51 04000 4224	1/ 1201005	501(0)(3)		371,203.	1 117		
VETERINARIANS FOR PUERTO RICO							
CALLE PARANA 1575						ANIMAL	SUPPORT FOR RESCUED
SAN JUAN, AK 00926	82-3040280	501(C)(3)	5,000.	464,550.	FMV	PHARMACEUTICALS	ANIMALS
5/14 50/14, /14 505/20	02 3040200	501(0)(3)	5,000.	404,550.	1 117		
VETERINARIANS TO THE RESCUE							
8375 TATES CREEK RD						ANIMAL	SUPPORT FOR RESCUED
LEXINGTON, KY 40515	88-1400937	501(C)(3)	0.	6,575.	FMV	PRODUCTS	ANIMALS
		501(0)(0)		0,0,0			
VIRGINIA THOROUGHBRED PROJECT							
PO BOX 518						ANIMAL	SUPPORT FOR RESCUED
MONTPELIER, VA 22957	84-3519034	501(C)(3)	0.	21,417.	VMT	PHARMACEUTICALS	ANIMALS
	01 001004		+	21,11/.			
NAGS AND WHISKERS PET RESCUE						ANIMAL	
2156 PILLSBURY RD #155						PRODUCTS ,	SUPPORT FOR RESCUED
CHICO, CA 95926	47-4727620	501(C)(3)	0.	2,192,168.	T.M.A	ANIMAL FOOD	ANIMALS
				2,192,100.	L 11 V	APPAREL,	111110 111110
NALTON COUNTY ANIMAL SERVICES						HYGIENE	
365 TRIPLE G RD						PRODUCTS,	SUPPORT FOR PEOPLE,
	59_600007	WALTON COUNTY		10 600 221	E-1417	ANIMAL	,
DEFUNIAK SPRINGS, FL 32433	1 23-0000897	WALTON COUNTY	0.	10,690,221.	сыл	ANIMAL	RESCUED ANIMALS

Schedule I (Form 990) GREATER GOOD CHARITIES

20-4846675 Page 1

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EST PALM BEACH VA HEALTHCARE						APPAREL,	
YSTEM - 7305 N MILITARY TRAIL - JEST PALM BEACH, FL 33410	59-3275434	GOVT.	0.	7,113.	FMV	HYGIENE PRODUCTS	SUPPORT FOR PEOPLE
VESTERN ARIZONA HUMANE SOCIETY 2610 SWEETWATER AVE JAKE HAVASU CITY, AZ 86404	86-0366637	501(C)(3)	0.	49,270.	FMV	ANIMAL PHARMACEUTICALS	SUPPORT FOR RESCUED
HERE THE LOVE IS INC 1514 WHITNEY AVE, PO BOX 185093 NAMDEN, CT 06518	46-3334961		6,431.				SUPPORT FOR RESCUED ANIMALS
HITE KISSES GREAT DANE RESCUE	40-3334901	501(0)(3)	0,431.	0.		HOUSEHOLD PRODUCTS,	
20 BOX 64518 JUBBOCK, TX 79407	47-2111892	501(C)(3)	٥.	2130157.	FMV	ANIMAL PRODUCTS,	SUPPORT FOR PEOPLE, RESCUED ANIMALS
IISCONSIN HUMANE SOCIETY 500 W WISCONSIN AVE						ANIMAL	SUPPORT FOR RESCUED
IILWAUKEE, WI 53208	39-0810533	501(C)(3)	0.	5,461.	FMV	PRODUCTS	ANIMALS
COUNG-WILLIAMS ANIMAL CENTER 201 DIVISION ST NOXVILLE, TN 37919	45-5326778	501(C)(3)	16,609.	0.			SUPPORT FOR RESCUED

Schedule I (Form 990) 2023

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
					APPAREL, HYGIENE PRODUCTS,
SUPPORT FOR PEOPLE AND RESCUED ANIMALS	4200	٥.	2,317,006.	FMV	ANIMAL PRODUCTS, ANIMAL FOOD
Part IV Supplemental Information. Provide the information rec	uired in Part I, lin	ie 2; Part III, column	(b); and any other ad	dditional information.	1
		· · ·			
PART I, LINE 2:					
EACH NON-PROFIT THAT RECEIVES GRANTS FROM GREATER	GOOD CHARITIE	S IS			
REQUIRED TO SUPPLY PROOF OF THEIR NON-PROFIT STATU	S PRIOR TO RE	ECEIVING			

FUNDS. THEY MUST ALSO SIGN A MEMO OF UNDERSTANDING THAT OUTLINES OUR

INTENTIONS FOR USE OF FUNDS AND THAT THEY AGREE TO USE THE FUNDS AS

SPECIFIED. THROUGHOUT THE YEAR, WE REQUIRE REPORTS FROM EACH CHARITY THAT

RECAPS HOW FUNDS WERE USED. IF FUNDS ARE NOT USED PROPERLY OR DOCUMENTATION

FOR HOW FUNDS WERE USED IS NOT PROVIDED, FUTURE FUNDS CAN BE WITHHELD. WHEN

POSSIBLE ACTUAL SITE VISITS ARE CONDUCTED TO SEE ACTUAL EVIDENCE OF THE USE

OF FUNDS.

PART II, LINE 1, COLUMN (G):

NAME OF ORGANIZATION OR GOVERNMENT:

AGAPE LOVE FROM ABOVE TO OUR COMMUNITY

(G) DESCRIPTION OF NON-CASH ASSISTANCE: HOUSEHOLD PRODUCTS, ANIMAL

PRODUCTS, ANIMAL FOOD

NAME OF ORGANIZATION OR GOVERNMENT:

CITY HELP INC OF PHOENIX, DBA PHOENIX DREAM CENTER

(G) DESCRIPTION OF NON-CASH ASSISTANCE: HOUSEHOLD PRODUCTS, ANIMAL

PRODUCTS, ANIMAL FOOD

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY FOOD BANK OF SOUTHERN ARIZONA, CARIDAD COMMUNITY KITCHEN

(G) DESCRIPTION OF NON-CASH ASSISTANCE: APPAREL, HYGIENE PRODUCTS,

ANIMAL PRODUCTS

NAME OF ORGANIZATION OR GOVERNMENT: FEEDING TAMPA BAY

(G) DESCRIPTION OF NON-CASH ASSISTANCE: HOUSEHOLD PRODUCTS, APPAREL,

HYGIENE PRODUCTS, ANIMAL PRODUCTS, ANIMAL FOOD

NAME OF ORGANIZATION OR GOVERNMENT: GATEWAY PET GUARDIANS

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ANIMAL PHARMACEUTICALS, ANIMAL

PRODUCTS, ANIMAL FOOD

NAME OF ORGANIZATION OR GOVERNMENT: GLEANING FOR THE WORLD

(G) DESCRIPTION OF NON-CASH ASSISTANCE: APPAREL, HYGIENE PRODUCTS,

Schedule I (Form 990)

332291 04-01-23 Part IV Supplemental Information

ANIMAL PHARMACEUTICALS, ANIMAL PRODUCTS, ANIMAL FOOD

NAME OF ORGANIZATION OR GOVERNMENT: GOOD SHEPHERD HUMANE SOCIETY

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ANIMAL PRODUCTS, ANIMAL FOOD,

ANIMAL PHARMACEUTICALS

NAME OF ORGANIZATION OR GOVERNMENT: GREENHILL HUMANE SOCIETY

(G) DESCRIPTION OF NON-CASH ASSISTANCE: APPAREL, HYGIENE PRODUCTS,

ANIMAL PRODUCTS, ANIMAL FOOD

NAME OF ORGANIZATION OR GOVERNMENT: MAUI HUMANE SOCIETY

(G) DESCRIPTION OF NON-CASH ASSISTANCE: APPAREL, HYGIENE PRODUCTS,

ANIMAL PHARMACEUTICALS, ANIMAL PRODUCTS

NAME OF ORGANIZATION OR GOVERNMENT: MICHIGAN HUMANE SOCIETY

(G) DESCRIPTION OF NON-CASH ASSISTANCE: APPAREL, HOUSEHOLD PRODUCTS,

ANIMAL PRODUCTS, ANIMAL FOOD

NAME OF ORGANIZATION OR GOVERNMENT: RESCUE PACK CHICAGO

(G) DESCRIPTION OF NON-CASH ASSISTANCE: HOUSEHOLD PRODUCTS, ANIMAL

PRODUCTS, ANIMAL FOOD

NAME OF ORGANIZATION OR GOVERNMENT: SAN ANTONIO FOOD BANK

(G) DESCRIPTION OF NON-CASH ASSISTANCE: APPAREL, HYGIENE PRODUCTS,

ANIMAL PRODUCTS, ANIMAL FOOD

NAME OF ORGANIZATION OR GOVERNMENT: SAN DIEGO HUMANE SOCIETY

(G) DESCRIPTION OF NON-CASH ASSISTANCE: APPAREL, HYGIENE PRODUCTS,

GREATER GOOD CHARITIES

ANIMAL PHARMACEUTICALS

NAME OF ORGANIZATION OR GOVERNMENT: SEATTLE HUMANE PET

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ANIMAL PHARMACEUTICALS, ANIMAL

PRODUCTS, HOUSEHOLD PRODUCTS

NAME OF ORGANIZATION OR GOVERNMENT: SHUTT'ER DOWN RANCH

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ANIMAL PRODUCTS, ANIMAL FOOD,

ANIMAL PHARMACEUTICALS

NAME OF ORGANIZATION OR GOVERNMENT: THE BRIDGE CLINIC

(G) DESCRIPTION OF NON-CASH ASSISTANCE: HOUSEHOLD PRODUCTS, ANIMAL

PRODUCTS, ANIMAL FOOD, ANIMAL PHARMACEUTICALS

NAME OF ORGANIZATION OR GOVERNMENT: WALTON COUNTY ANIMAL SERVICES

(G) DESCRIPTION OF NON-CASH ASSISTANCE: APPAREL, HYGIENE PRODUCTS,

ANIMAL PHARMACEUTICALS

NAME OF ORGANIZATION OR GOVERNMENT: WHITE KISSES GREAT DANE RESCUE

(G) DESCRIPTION OF NON-CASH ASSISTANCE: HOUSEHOLD PRODUCTS, ANIMAL

PRODUCTS, ANIMAL FOOD

Schedule I (Form 990)

332291 04-01-23

SC	HEDULE J	OMB No. 1545-0047				
(Fo	rm 990)		2023			
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	ZJ	)
	tment of the Treasury	Attach to Form 990.		Open to Inspe		ic
	al Revenue Service le of the organization	Go to www.irs.gov/Form990 for instructions and the latest information.	Employer ide			mbor
man	le of the organization	GREATER GOOD CHARITIES	20-484		Jii nui	libei
Pa	rt I Question	s Regarding Compensation	20 10	10075		
					Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	harter travel Housing allowance or residence for perso	nal use			
	Travel for com	panions Payments for business use of personal re	sidence			
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	s			
	Discretionary s	spending account Personal services (such as maid, chauffe	ır, chef)			
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or				
-		provision of all of the expenses described above? If "No," complete Part III to explain		. <u>1b</u>		
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		. 2		
2	Indianta which if a	or of the following the experimetion used to establish the companyation of the experimetion?				
3		ny, of the following the organization used to establish the compensation of the organization's actor. Check all that apply. Do not check any boxes for methods used by a related organizati				
		ation of the CEO/Executive Director, but explain in Part III.	SITIO			
	X Compensation					
		compensation consultant X Compensation survey or study				
		ther organizations X Approval by the board or compensation of	ommittee			
			ommittee			
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 re					
а	Receive a severance	e payment or change-of-control payment?		4a	х	
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		. 4b		X
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		. 4c		Х
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
		)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the r	evenues of:				
						X
b		ation?		5b		X
-		or 5b, describe in Part III.				
6	-	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	'n			
	contingent on the n	-				v
						X X
b		ation?		6b		•
-		or 6b, describe in Part III.				
1		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		-		x
0		nes 5 and 6? If "Yes," describe in Part III		. 7	1	A
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		8		x
9				.   0		
3	Regulations section	id the organization also follow the rebuttable presumption procedure described in 53.4958-6(c)?		9		
For		ion Act Notice, see the Instructions for Form 990.		le J (Forn	n 990)	2023
			Sonodu			

LHA 332111 11-06-23

20-4846675

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

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

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

		(B) Breakdown of W	-2 and/or 1099-MISC compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) LIZ BAKER	(i)	290,242.	0.	0.	4,400.	12,159.	306,801.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	٥.
(2) NOAH HORTON	(i)	199,634.	0.	0.	3,001.	7,291.	209,926.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JEMIMAH OKANTEY	(i)	190,080.	0.	0.	2,858.	7,398.	200,336.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) STEPHEN MINTER	(i)	183,006.	0.	0.	0.	9,992.	192,998.	0.
GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SEAN CHERRY	(i)	101,624.	0.	65,000.	0.	7,684.	174,308.	0.
VP, DIGITAL MEDIA (THRU 9/23)	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DENISE ST JEAN	(i)	145,330.	0.	٥.	2,186.	8,141.	155,657.	0.
EXECUTIVE VP, COMMUNICATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) SARA VARSA	(i)	144,175.	0.	0.	2,224.	8,720.	155,119.	0.
EXECUTIVE VP, PROGRAMS	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) DENISE BINGLER	(i)	132,026.	0.	0.	0.	18,439.	150,465.	0.
VP, PROGRAMS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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 I, LINE 4A:

- SEAN CHERRY \$65,000

SCHEDULE I	_
------------	---

Department of the Treasury

(Form 990)

# **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No.	1545-0047
---------	-----------

2023
Open to Public
Inspection

Internal Revenue Service

Name of the organization				
	GREATER	GOOD	CHARITIES	

Employer identification number 20-4846675

\$

Part I Excess Benefit Trans	sactions (section 501(c)(3), section 50	1(c)(4), and section 501(c)(29) organiz	ations only)		
Complete if the organization	n answered "Yes" on Form 990, Part IV, I	ine 25a or 25b; or Form 990-EZ, Part	V, line 40b.		
1	(b) Relationship between disqualified		(d)	Corre	ected?
(a) Name of disqualified person	person and organization	(c) Description of transa	Ction Y	es	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
2 Enter the amount of tax incurred by	the organization managers or disqualifie	d persons during the year under			

section 4958

3	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization	\$ 

### Part II Loans to and/or From Interested Persons

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990. Part X, line 5, 6, or 22.

	(a) Name of interested person	(b) Relationship with organization		an to or 1 the	<b>(e)</b> Original principal amount	(f) Balance due	(g) defa	In iult?	(h) Ap by bo comm	proved ard or littee?	(i) W agreer	ritten ment?
			То	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total			 		\$							

### Part III Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	<b>(b)</b> Relationship between interested person and the organization	<b>(c)</b> Amount of assistance	<b>(d)</b> Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) 2023

LHA 332131 11-06-23

Schedule L (Form 990) 2023

### Part IVBusiness 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	<b>(c)</b> Amount of transaction	(d) Description of transaction	organiz	aring of zation's nues?
				Yes	No
(1)CHARITYUSA.COM	CREATOR / FOUNDER	283.	REIMBURSEME		X
(2) CHARITYUSA.COM	CREATOR / FOUNDER	76,102.	ROYALTIES F		X
(3)CHARITYUSA.COM	CREATOR / FOUNDER	1,040,482.	ADVERTISING		X
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Part V Supplemental Information	n				

#### 

Provide additional information for responses to questions on Schedule L. See instructions.

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

(A) NAME OF PERSON: CHARITYUSA.COM

(D) DESCRIPTION OF TRANSACTION: REIMBURSEMENT OF EMPLOYEE BENEFITS PAID

ON BEHALF OF GREATER GOOD CHARITIES.

(A) NAME OF PERSON: CHARITYUSA.COM

(D) DESCRIPTION OF TRANSACTION: ROYALTIES FROM CHARITYUSA FOR A

NONEXCLUSIVE LICENSE TO USE THE NAME AND/OR LOGO OF GREATER GOOD

CHARITIES ON WEBSITE ADVERTISING AND IN CONNECTION WITH THE SALE OF

CHARITYUSA.COM PRODUCTS.

(A) NAME OF PERSON: CHARITYUSA.COM

(D) DESCRIPTION OF TRANSACTION: ADVERTISING EXPENSE

Schedule L (Form 990) 2023

332132 11-30-23

### SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

## **Noncash Contributions**

OMB No. 1545-0047

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

2023 Open to Public Inspection

Name of the organization

### GREATER GOOD CHARITIES

Employer identification number 20-4846675

30.

Par	rt I Types of Property							
		(a)	(b)	(c)	(d			
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of d noncash contrib			•
		applicable		Form 990, Part VIII, line 1g	Honcash contrib	ution a	nount	5
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	Х		3,228,149.	FAIR MARKET VALU	JE		
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	2	1,520,990.	FAIR MARKET VALU	JE		
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
••								
12	• ··· ···							
13	Securities - Miscellaneous Qualified conservation contribution -							
15	1 Pater de la transforme e							
14	Qualified conservation contribution - Other							
14								
16 17	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles	x	12	162 150 466	FAIR MARKET VALU	12		
19	Food inventory	X	12					
20	Drugs and medical supplies	Δ	12	/0,012,10/.	FAIR MARKET VALU	26		
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts			44.004.405				
25	Other ( <u>PET PRODUCTS</u> )	Х	12	41,834,186.	FAIR MARKET VALU	JE		
26	Other ()							
27	Other ()							
28	Other ( )							
29	Number of Forms 8283 received by the organiz	-					_	
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement 29			0	
							Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least 3 years from the date of t	he initial co	ntribution, and whi	ich isn't required to be used	for			
	exempt purposes for the entire holding period?					30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicy that re	equires the review of	of any nonstandard contribut	tions?	31	Х	
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash				
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) foi	r a type of property	r for which column (a) is cheo	cked,			
	describe in Part II.							
For F	Paperwork Reduction Act Notice, see the Instr	ructions for	Form 990.		Schedule	M (Forn	n 990)	2023

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

PART I COLUMN B

Part II

THE AMOUNT IN COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTORS WHO

PROVIDED NUMEROUS NONCASH CONTRIBUTIONS THROUGHOUT THE YEAR.

Schedule M (Form 990) 2023

332142 09-11-23

Page **2** 

SCHEDULE	0
(Form 990)	

Department of the Treasury

Internal Revenue Service Name of the organization

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

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



Employer identification number 20-4846675

GREATER GOOD CHARITIES

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

THE ORGANIZATION ENGAGES IN PROGRAM ACTIVITIES AT THE POINTS OF

INTERSECTION OF PEOPLE, ANIMALS AND THE ENVIRONMENT.

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

DEVELOPING THE SYNERGIES CREATED BY THE MULTIPLE INTERSECTIONS OF THESE

ACTIVITIES. THE OUTCOMES ACHIEVED THROUGH THIS UNIQUE APPROACH AMPLIFY

THE GOOD.

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

GREG HESTERBERG IS AN OWNER OF CHARITYUSA, A PRIMARY GREATER GOOD CHARITIES

PARTNER. GREG IS ON THE BOARD OF DIRECTORS BUT CANNOT BE AN OFFICER.

JULIA CHRISTOPHERSON IS AN EMPLOYEE OF CHARITYUSA.

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

THE 990 DRAFT IS SENT TO THE ENTIRE BOARD. CHIEF EXECUTIVE OFFICER, CHIEF

FINANCIAL OFFICER, CHIEF OF OPERATIONS, BOARD CHAIR AND THE FINANCE

COMMITTEE REVIEW THE 990 DRAFT PRIOR TO FILING.

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

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY APPLIES TO ANY DIRECTOR,

PRINCIPAL OFFICER OR MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED

POWERS, WHO HAS DIRECT OR INDIRECT FINANCIAL INTEREST. WE HAD 17 PEOPLE

WHO FELL UNDER THIS DEFINITION DURING THE FISCAL YEAR.

1. DUTY TO DISCLOSE - IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICTS

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA 332211 11-14-23 Schedule O (Form 990) 2023

92

Name of the organization GREATER GOOD CHARITIES	Employer identification numbe
	20 1010070
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.	
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	
TRANSACTION IS FAIR AND REASONABLE TO THE CORPORATION AND SHALL MAKE ITS	

332212 11-14-23

Schedule O (Form 990) 2023	Page
Name of the organization	Employer identification number
GREATER GOOD CHARITIES	20-4846675
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 15:

COMPENSATION COMMITTEE REVIEWS CEO SALARY BASED ON CURRENT DATA FOR SIMILAR

SIZED ORGANIZATIONS. COMPENSATION COMMITTEE REVIEWS HIGHLY COMPENSATED

EMPLOYEES AFTER EACH REVIEW CYCLE. THE LAST CEO COMPENSATION REVIEW

OCCURRED IN AUGUST 2024.

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

AK, AR, CA, CO, DC, FL, GA, GU, HI, IL, KS, KY, MA, MD, MI, MS, MT, NC, NH, NJ, NM, NY, OR, PA, PR

RI,SC,TN,TX,UT,VA,WI,WV

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

ORGANIZATION PROVIDES FORMS TO GUIDESTAR AND CHARITY NAVIGATOR.

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

THE 990 IS POSTED ON OUR WEBSITE AT WWW.GREATERGOOD.ORG. GOVERNING

DOCUMENTS ARE AVAILABLE ON REQUEST. THE FINANCIAL STATEMENTS ARE MADE

AVAILABLE TO THE PUBLIC ON OUR WEBSITE AND THROUGH THE ANNUAL REPORT.

332212 11-14-23

Name of the organization	Employer identification numb
GREATER GOOD CHARITIES	20-4846675
ORM 990 PART XII LINE 2C	
HE AUDIT COMMITTEE OVERSEES THE AUDIT.	

11540515 146892 653237

332161 09-28-23 LHA

### **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

#### Name of the organization

Department of the Treasury Internal Revenue Service

GREATER GOOD CHARITIES

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	(e) End-of-year assets	<b>(f)</b> Direct controlling entity

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year.

						-		
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	tion entity		(g) 512(b)(13) htrolled ntity?	
				501(c)(3))		Yes	No	

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

Schedule R (Form 990) 2023

23

SCH	ED	U	LE	R
	-	-		

Part I

(Form 990)

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

20-4846675

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

	i i i i i i i i i i i i i i i i i i i								1		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	alloca	ortionate tions?	amount in box 20 of Schedule	General managi partner	or Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
											+
	-										
	-										
	-										
	-										
	1										
	-										
	4										

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	ent	<b>i)</b> b)(13) rolled tity?
		country)						Yes	No
FUNDACJA GREATER GOOD CHARITIES EUROPE	4								
RONDO IGNACEGO DASZYNSKIEGO 2B			GREATER GOOD						
WARSAW, POLAND 00-843	CHARITABLE COMPANY	POLAND	CHARITIES	C CORP	78,692.	229,711.	100%	X	
	-								

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Ye	s I
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			T
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
<b>b</b> Gift, grant, or capital contribution to related organization(s)		X	
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			
f Dividends from related organization(s)			
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)			
i Exchange of assets with related organization(s)	11		
j Lease of facilities, equipment, or other assets to related organization(s)			_
k Lease of facilities, equipment, or other assets from related organization(s)			
Performance of services or membership or fundraising solicitations for related organization(s)			
m Performance of services or membership or fundraising solicitations by related organization(s)			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			
o Sharing of paid employees with related organization(s)			4
p Reimbursement paid to related organization(s) for expenses			
q Reimbursement paid by related organization(s) for expenses			
r Other transfer of cash or property to related organization(s)	1r		
s Other transfer of cash or property from related organization(s)			Τ

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) FUNDACJA GREATER GOOD CHARITIES EUROPE	В	84,575.	FMV
(2)			
<u>(3)</u>			
<u>(4)</u>			
(5)			
<u>(6)</u>			

### Schedule R (Form 990) 2023 GREATER GOOD CHARITIES

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partne 501( org Yes	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(r Dispr tior allocat Yes	opor- ate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne Yes N	or Percentage ownership