** 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) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

A F	or the	\pm 2022 calendar year, or tax year beginning \pm JUL \pm 1 , \pm 2022 and \pm	ل ending	<u>UN 30, 2023</u>							
B c	heck if pplicable	C Name of organization		D Employer identif	ication number						
X	Addres	GREATER GOOD CHARITIES									
	Name change	Doing business as		20-48466	75						
	□Initial □return □Final	,	Room/suite 21308								
	⊐return/ termin- ated	<u> </u>	21300	G Gross receipts \$	155,197,758.						
	Amend	j , , , , , , , , , , , , , , , , , , ,									
\vdash	_return _Applica _tion			H(a) Is this a group							
	⊥tion pendin	SAME AS C ABOVE		for subordinate							
				H(b) Are all subordinates							
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) of the: WWW.GREATERGOOD.ORG	or 527	1	a list. See instructions						
	J Website: WWW • GREATERGOOD • ORG H(c) Group exemption number K Form of organization: X Corporation Trust Association Other L Year of formation: 2006 M State of legal domicile: WA										
	rt I	Summary	L Year	or formation. 2000	M State of legal domiche, WA						
		Briefly describe the organization's mission or most significant activities: HELP	PEOPL	E, PETS, AN	D THE						
Governance		PLANET BY MOBILIZING IN RESPONSE TO NEED A									
nar		Check this box if the organization discontinued its operations or dispose									
Ver		•		3	10						
		Number of independent voting members of the governing body (Part VI, line 1b)			10						
حە دى		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			79						
ij		Total number of volunteers (estimate if necessary)			10						
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.						
ď		Net unrelated business taxable income from Form 990-T, Part I, line 11									
		· · ·		Prior Year	Current Year						
Revenue	8	Contributions and grants (Part VIII, line 1h)	1	15,323,744.	151,274,822.						
		Program service revenue (Part VIII, line 2g)		1,648,413.	1,868,856.						
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4,600.	152,763.						
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		817,296.	905,187.						
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		17,794,053.	154,201,628						
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		97,694,821.	137,438,831.						
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.						
S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,997,651.	7,102,952.						
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.						
<u>be</u>		Total fundraising expenses (Part IX, column (D), line 25) 4,044,62	27.								
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		8,869,951.	9,699,285.						
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1	12,562,423.	154,241,068.						
		Revenue less expenses. Subtract line 18 from line 12		5,231,630.	-39,440.						
t Assets or d Balances			Ве	ginning of Current Year	End of Year						
sets	20	Total assets (Part X, line 16)		14,072,061.	15,639,559.						
t As	21	Total liabilities (Part X, line 26)		2,156,815.	3,718,489.						
Net		Net assets or fund balances. Subtract line 21 from line 20		11,915,246.	11,921,070.						
	rt II	Signature Block									
		lties of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is						
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer	has any knowledge.							
		0:									
Sigr		Signature of officer		Date							
Her	е	LIZ BAKER, CHIEF EXECUTIVE OFFICER									
		Type or print name and title	1 -	Data I							
		Print/Type preparer's name Preparer's signature		Date Check	PTIN						
Paid		COLLEEN RAMIRES COLLEEN RAMIRES	[0	5/15/24 self-emplo							
Prep		Firm's name MOSS ADAMS LLP		Firm's EIN	1-0189318						
Use	Only	Firm's address 999 THIRD AVENUE, SUITE 2800			AC 202 CE22						
		SEATTLE, WA 98104		Phone no. 20	06-302-6500						
May	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No						

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	GREATER GOOD CHARITIES WORKS TO HELP PEOPLE, PETS AND THE PLANET 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 (CONTINUED ON SCHEDULE O)
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 141,578,996. including grants of \$ 134,864,964.) (Revenue \$ 1,868,856.)
	PETS:
	\$134,864,966 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.
	VACCINED, EITTER AND OTHER BOTTETED INDIED OF TIMEMOTER CRANTE.
4b	(Code:) (Expenses \$ 6,127,261. including grants of \$2,198,826.) (Revenue \$)
	PEOPLE:
	\$2,198,826 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 IN NIGER AND BASIC SURVIVAL SUPPLIES IN AREAS AFFECTED BY
	DISASTERS.
	1 151 710 275 041
4c	(Code:) (Expenses \$1,151,710 • including grants of \$375,041 •) (Revenue \$)
	PLANET: \$375,041 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.
	I OKI OBED:
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 148,857,967.
	Form 990 (2022)

Form 990 (2022) GREATER GOOD CHARITIES
Part IV Checklist of Required Schedules

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

232003 12-13-22

Form **990** (2022)

Form 990 (2022) GREATER GOOD CHARITIES
Part IV Checklist of Required Schedules (continued)

22 Dit the organization report more than \$5.000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 (if Yeaps, complete Schedule (Part I and III and		(continued)		Yes	No
Part N. Column (A), line 27 (if "Yes," complete Schedule I, Parts I and III and former officer, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part IV and officer of the N. N. Schedule I. Part IV is a schedule I. Part IV is a schedule I. Part IV is a Number of reapplete Schedule I. Part IV is ID the organization in several and complete Schedule I. Part IV is ID the organization provide a part of themselve the received contributions of art, historical reapples, complete Schedule I. Part IV is ID the organization necesses contributions of art, historical reagance from the contributions? If "Yes," complete Schedule I, Part III is ID in the organization necesses occurred the schedule I. Part IV is ID the organization occurred and complete Schedule I. Part IV is ID in the organization occurred and schedule II. Part II II. Part II. In III. Part III. In III. Part III. In III. Part IIII	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	110
23 DU the organization answer "Yes" to Part VII, Section A, Iure 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? 24 Part DU the organization have a tax exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that was insued after December \$1,2002? 25 Press, "answer lines 240 through 240 and complete Schedule K. If "No," go to line 25a 26 Cold the organization maintain an escrow account of the than a refunding scrow at any time during the year to defease any tax exempt bonds? 26 DU the organization maintain an escrow account of the than a refunding scrow at any time during the year? 27 DU the organization as an "no healt of" issuer for bonds outstanding at any time during the year? 28 Section \$01(5)\$, \$01(6)\$4, and \$01(6)\$80 organizations. Dut the organization may be exempt to make any tax exempt bonds? 28 Section \$01(6)\$3, \$01(6)\$4, and \$01(6)\$80 organizations. Dut the organization expense in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 28 Section \$01(6)\$3, \$01(6)\$4, and \$01(6)\$80 organizations. Dut the organization organization may be that the ransaction has not been reported on any of the organization spinor Forms 900 or 900-E27 if "Yes," complete Schedule L, Part II 29 Dut 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 amployee, creator or founder, substantial contributor? If "Yes," complete Schedule L, Part III . 28 Dut the organization in periode a grant or offer assistance to any current or former officer, director, trustee, key amployee, creator or founder, substantial contributor? If "Yes," complete Schedule L, Part III . 28 Dut the organization flower to business transaction with one of the following parties (see the Schedule L, Part III . 29 Dut the organization flow			22	х	
and former officers, directors, trustees, key employees, and highest compensated employees? ## "Yes," complete Schedule / ## 24a	23				
Schedule / Late day of the year, that was issued after December 31, 2002? // "Yes," answer fires 24b through 24d and complete Schedule K. If "No." go to fine 25a. b Did the organization marks any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization marks any proceeds of tax-exempt bonds beyond a temporary period exception? d Did the organization marks any proceeds of tax-exempt bonds beyond a temporary period exception? d Did the organization marks an excreve account offer than a refunding excreve at any time during the year? d Did the organization are act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization are act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization are act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization are act as an "on behalf of" issuer for bonds outstanding at any time during the year? b Is the organization are act as an "on behalf of" issuer for bonds outstanding at any time during the year? b Is the organization are act as an "on behalf of" issuer for bonds outstanding at any time during the year? b Is the organization are act as an "on behalf of" issuer for bonds outstanding at any time during the year? b Is the organization are act as an "on behalf of" issuer for bonds outstanding an any time of year. Schedule I., Part I 25a X X X X X X X X X					
24a Dd the organization have a fax-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 Schedule K. If "No." go to hire 25e 24b Dd the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Dd Dd the organization maintain an excrow account of the than a refunding acrow at any time during the year to defease any tax-exempt bonds? 24d Dd the organization as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? 24d Dd the organization as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Dd Dd the organization aware that it engaged in an excess benefit transaction with a disqualified person uling the year? If "Yes," complete Schedule L. Part I 25a X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction was not been reported on any of the organizations prior Forms 990 or 990-E27 If "Yes," complete Schedule L. Part I 25b X 27b Dd the organization provide against order assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 33% controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part II 27 X 28b Was the organization a party to a business transaction with one of the following parties (see the Schedule L. Part IV instructions or applicable time three of or family member of any individual described in the 28a If "Yes," complete Schedule L. Part IV 28a X 28b C A 359 controlled entity of one or more individuals and/or organizations described in line 28a If "Yes," complete Schedule M 29 X 29 X 29 Dd the organization receive more than 25c,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 29 X 29 Dd the organization related to any tax-exempt or t		•	23	х	
stated by 6 the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." ye to line 25a b) Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? c) Did the organization maintain an escrow account other than a refunding escrow at any time during the year of the property bonds? d) Did the organization and at as an "on behalf of" issuer for bonds outstanding at any time during the year? d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24c 24d 25a Section 50(16), 501(16)4, and 501(16)29 organizations. Did the organization engage in an excess benefit transaction with a disqualited person during the year? If "Yes," complete Schedule I, Part I 25a Section 50(16), 501(16)4, and 501(16)29 organizations. Did the organization engage in an excess benefit transaction has not been reported on any of the organization in property and that the transaction has not been reported on any of the organization sprior Forms 900 or 900-E27 (If "Yes," complete Schedule I, Part II 25b L Schedule I, Part II and	24 a				
Schedule K. If "No." go to line 25a b Did the organization maintain an escrow account other than a refunding scrow at any time during the year to defease any tax exempt bonds? d Did the organization acid sa an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax exempt bonds? d Did the organization acid sa an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization acid sa an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I 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 organizations prior forms 990 or 990-E27 if "Yes," complete Schedule I, Part I 25b Did the organization provide a grant or other assistance to any oursent or former officer, director, trustee, key employee, creator or founder, substandial contributor, or 39% controlled entity fording an employee hereof, a grant selection committee member, or to a 39% controlled entity for selecting an employee hereof or family member of any of these persons? If "Yes," complete Schedule I, Part II II 27 X 28 Was the organization provide a grant or other assistance to any oursent or former officer, director, trustee, key employee, creator or founder, substandial contributor? II 27 Yes, "complete Schedule I, Part III II D A family member of any individual described in line 28a7 If "Yes," complete Schedule I, Part III II 28 A Larmity member of any individual described in line 28a7 If "Yes," complete Schedule II 29 X 10 the organization receive more than \$25,000 in non-cash contributions? If "Yes, complete Schedule III III III III III III III III III I					
b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? c Did the organization maintain an escrive vaccount other than a refunding secret val any time during the year to defease any tax exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24c 24d 25a Section 50(16), 501(46), 4m 650 (16/29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I 25a Section 50(16), 501(46), 4m 650 (16/29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I 25b 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 sprior Forms 990 or 990-E27 If "Yes," complete Schedule I, Part II 25c Schedule I, Part II 25d IX 26d Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former orficer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule I, Part IV 26d Was the organization expense in a prior part selection committee member, or to a 59% controlled entity (not a business transaction with one of the following parties (see the Schedule I, Part IV 27d A animal part is the part is the part is a part is part is a part is part is a part is part in a part is part in a part		·	24a		x
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d Did the organization at as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule 1, Part I 25a X 25b Is the organization aware that it engaged in an excess benefit ansaction with a disqualified person during the year? If "Yes," complete Schedule 1, Part I 25b X 25c 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, fustee, key employee, creator or former officer, director, fustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I, Part I 25b X 27 Did the organization provide a grant or other assistance to any current or former officer, director, fustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule I, Part I 25b X 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule I, Part I II 27c X 28c					
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 25a Sactino 501(58), 501(61)4, and 501(62)92 organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? (if 'Yes,' complete Schedule I, Part I 25a X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-627 (if 'Yes,' complete Schedule I, Part I 25b X 25b Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of multiple provides a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) of family member of any of these persons? If 'Yes,' complete Schedule I, Part II 27 X X X X X X X X X	·		240		
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? #"Yes," complete Schedule L, Part I 25a X b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization prior Forms 990 or 990 E27 if "Yes," complete Schedule L, Part I 25b X 26 Did the organization report any amount on Part X, line 6 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or 35% controlled entity or family member of any of these persons? #"Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity of rounder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity of payables the part of the part of the part of the part in the part in the part of the part in the	d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
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 900 or 90 EZ? /f "Yes," complete Schedule L, Part I 25b			270		
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 99 or 990-EZ? If "Yes," complete Schedule L, Part I	2 54		252		x
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I 25b X 25 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 27 X 28 Was the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof), a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X X X X X X X X X	h	· · · · · · · · · · · · · · · · · · ·	200		
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Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 35b X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Y 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V	34			v	
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 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 10 Security of the number reported in box 3 of Form 1096. Enter -0- if not applicable 1 a 25 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1 a 25 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	05 -				
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			35a		
Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Check if Schedule O contains a response or note to any line in this Part V 10 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 11 Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 12 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 12 X	b		٥-:		v
If "Yes," complete Schedule R, Part V, line 2	00		350		
Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 10 In Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 10 In Enter the number of Portable payments to vendors and reportable gaming (gambling) winnings to prize winners?	36				, v
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 10 The Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 10 The Water Schedule R, Part VI 37 X X Yes No 18 X Yes No 19 In	^-		36		_^
Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V The improvement of Schedule O contains a response or note to any line in this Part V The improvement of Schedule O contains a response or note to any line in this Part V The improvement of Schedule O contains a response or note to any line in this Part V The improvement of Schedule O contains a response or note to any line in this Part V The improvement of Schedule O contains a response or note to any line in this Part V The improvement of Schedule O contains a response or note to any line in this Part V The improvement of Schedule O contains a response or note to any line in this Part V The improvement of Schedule O contains a response or note to any line in this Part V The improvement of Schedule O contains a response or note to any line in this Part V The improvement of Schedule O contains a response or note to any line in this Part V The improvement of Schedule O contains a response or note to any line in this Part V The improvement of Schedule O contains a response or note to any line in this Part V The improvement of Schedule O contains a response or note to any line in this Part V The improvement of Schedule O contains a response or note to any line in this Part V The improvement of Schedule O contains a response or note to any line in this Part V The improvement of Schedule O contains a response or note to any line in this Part V The improvement of Schedule O contains a response or note to any line in this Part V The improvement of Schedule O contains a response or note to any line in this Part V The improvement of Schedule O contains a response or note to any line in this Part V The improvement of Schedule O contains a response or note to any line in this Part V The improvement	3/				v
Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Take Inter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 38 X Yes No 1a Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1a 25 1b 0 1b 0 1c X	20	, , ,	31		Α
Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X	3 8		20	y	
Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X	Pai	t V Statements Regarding Other IRS Filings and Tax Compliance	<u> 38</u>	Λ	<u> </u>
Ta Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Yes No 1a 25 1b 0 1b 0 1c X	· u				
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 25 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X		Greek if Scriedule O contains a response of flote to any line in this Part V			
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		Establis		Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X			-		
(gambling) winnings to prize winners?		Enter the number of Fernie W 24 moldade of time 14. Enter 6 moltappinousle	-		
0 0/ 0 1	С		_	v	
			_		(2022)

O22) GREATER GOOD CHARITIES

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

			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									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х						
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b								
4a	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		Х						
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		Х						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х						
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
6a										
	any contributions that were not tax deductible as charitable contributions?									
b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
а	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		Х						
b										
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7c		Х						
d	If "Yes," indicate the number of Forms 8282 filed during the year									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х						
f										
g	${f g}$ If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?									
8	, , ,									
	sponsoring organization have excess business holdings at any time during the year?									
9	9 Sponsoring organizations maintaining donor advised funds.									
а	a Did the sponsoring organization make any taxable distributions under section 4966?									
b	, , , , , , , , , , , , , , , , , , , ,									
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities									
11	Section 501(c)(12) organizations. Enter:									
а	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?	13a								
	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 That the amount of receives as head.									
C 140	Enter the amount of reserves on hand Did the expenience receive any payments for indeer temping convices during the tay year?	1/1-		Х						
14a	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes" has it filed a Form 720 to report these payments? If "No," payide on explanation an School of O.	14a								
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b								
15										
	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х						
10	If "Yes," complete Form 4720, Schedule O.	10								
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.									
	• •									

Form **990** (2022) 232005 12-13-22

GREATER GOOD CHARITIES

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

	Check if Schedule O contains a response or note to any line in this Part VI						X			
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	:	10						
	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	Did any officer, director, trustee, or key employee have a family relationship or a business relationship									
_					2	Х				
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the			. -	_					
3					3		х			
4			o filod?		4		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 9				5		X			
	5 Did the organization become aware during the year of a significant diversion of the organization's assets?									
6	Did the organization have members or stockholders?			·· -	6		<u>X</u>			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap				_		v			
	more members of the governing body?			· -	7a		_X_			
b	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	,	3 -							
а	The governing body?			- 1	8a	X				
b	Each committee with authority to act on behalf of the governing body?			-	8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read									
	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 Re	venue	Code.)							
				_		Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?			L	10a		_X_			
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?			L	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befor	e filing the form?	Ŀ	11a	Х				
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.									
12a										
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	X				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y									
	on Schedule O how this was done	,		.	12c	Х				
13	Did the organization have a written whistleblower policy?			` Г	13	Х				
14	Did the organization have a written document retention and destruction policy?			Г	14	Х				
15	Did the process for determining compensation of the following persons include a review and approva			.						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official				15a	Х				
	Other officers or key employees of the organization				15b	Х				
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			·						
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a							
100	Associate and the decision than a second				16a		Х			
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			.	104					
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate the organization the organizati	-	· ·							
					16b					
Sec	exempt status with respect to such arrangements?				IOD					
	List the states with which a copy of this Form 990 is required to be filed AK, AR, CA, CO, D	C F	ד. כא פון ב	īT .	TT.	ΚC	KA			
17 10										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	เน 990	- i (section 501(c)	(S)S C	лпу) а	avallat	JIE			
	for public inspection. Indicate how you made these available. Check all that apply.	_								
46	X Own website X Another's website Upon request Other (explain		,							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict (of interest policy,	and fi	ınanc	ıal				
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	d records							
	JEMIMAH OKANTEY - 206-268-5417									
	301 UNION STREET #21308, SEATTLE, WA 98111									

SEE SCHEDULE O FOR FULL LIST OF STATES

Form **990** (2022)

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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-NEĆ) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A)	(B)	l	iiiZu	((ipoi	Jour	(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
Name and the	hours per		not cl					compensation	compensation	amount of
	week		cer an					from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	or dire	a			ted		organization	(W-2/1099-MISC/	from the
	related	stee	truste		9	beusa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	nal tru	ional		ploye	t com		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) LIZ BAKER	50.00	드	드	0	Ke	王吉	꾼			
CHIEF EXECUTIVE OFFICER	30,00	1		х				297,138.	0.	20,757.
(2) NOAH HORTON	50.00									
CHIEF OPERATING OFFICER		1		Х				195,581.	0.	12,789.
(3) STEPHEN MINTER	50.00							,		<u> </u>
GENERAL COUNSEL		1		Х				187,738.	0.	9,828.
(4) JEMIMAH OKANTEY	50.00							·		•
CHIEF FINANCIAL OFFICER				Х				182,200.	0.	12,547.
(5) MELISSA RUBIN	50.00									
EXECUTIVE VP, FUNDRAISING						Х		178,333.	0.	3,677.
(6) DENISE ST. JEAN	50.00									
EXECUTIVE VP, COMMUNICATIONS						Х		147,215.	0.	12,079.
(7) DENISE BINGLER	50.00									
VP, PROGRAMS						X		138,241.	0.	16,615.
(8) TARA LOLLER	50.00									
VP, CORP. PARTNERSHIPS & MAJOR GIFTS						X		140,533.	0.	11,865.
(9) SEAN CHERRY	50.00									
VP, DIGITAL MARKETING						X		138,500.	0.	11,923.
(10) EMILY KRUGER (THRU 4/23)	50.00									
CHIEF PHILANTHROPY OFFICER				Х				32,256.	0.	0.
(11) AMANDA RAINEY	50.00									
CHIEF PHILANTHROPY OFFICER				Х				0.	0.	0.
(12) JAM STEWART	1.00								_	
BOARD CHAIR	1	Х		Х				0.	0.	0.
(13) JULIE RYAN	1.00	ļ								
BOARD VICE CHAIR		Х		Х				0.	0.	0.
(14) JOHN GEHRT	3.00	ļ								
BOARD TREASURER	1 00	Х		X				0.	0.	0.
(15) JULIA CHRISTOPHERSEN	1.00	ļ								•
BOARD SECRETARY	1 00	Х		X				0.	0.	0.
(16) GREG HESTERBERG	1.00									•
BOARD MEMBER	1 00	Х				_		0.	0.	0.
(17) KIMBERLY KLINTWORTH	1.00								_	•
BOARD MEMBER		X						0.	0.	0.
232007 12-13-22					_					Form 990 (2022)

(A) Name and title	(B) Average hours per	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			than o	n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of	
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer B	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	othe compens from torganize and rele organize	sation he ation ated
(18) JACKSON GALAXY BOARD MEMBER	1.00	х			_			0.	0.		0.
(19) DAVID YASKULKA	1.00								-		
BOARD MEMBER		Х						0.	0.		0.
(20) DAVID SAMUELSON	1.00										
BOARD MEMBER		Х						0.	0.		0.
(21) JEFF ZUBA	1.00										
BOARD MEMBER		Х						0.	0.		0.
1b Subtotal				<u> </u>		_	<u> </u>	1,637,735.	0.	112,0	080.
c Total from continuation sheets to Part VI								0.	0.		0.
d Total (add lines 1b and 1c)								1,637,735.	0.	112,0	080.
2 Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d at	ove) wh	o re	ceived more than \$100,	000 of reportable		22
										Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	кеу є	empl	loye	e, or	hig	hest compensated emp	loyee on		
line 1a? If "Yes," complete Schedule J for s										3	X
4 For any individual listed on line 1a, is the su										l v	
and related organizations greater than \$150										4 X	
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com										5	Х
Section B. Independent Contractors	piete Scrieduis	2	JI SL	<u>ICIT </u>	Jers	OII .				1 5 1	
Complete this table for your five highest contains the second secon	mpensated inc	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of compens	ation from	
the organization. Report compensation for	the calendar ye	ear e	ndir	ng w	ith c	or wi	thin	the organization's tax y	ear.		
(A)								(B)		(C)	
Name and business	address	NC	ONE	<u> </u>				Description of s	ervices	Compensat	on
2 Total number of independent contractors (iii	•	ot lin	nited	d to	thos		ted	above) who received me	ore than		
\$100,000 of compensation from the organiz	-atiOH									Form 990	(2022)

Form 990 (2022) GREATER GOOD CHARITIES
Part VIII Statement of Revenue

			Check if Schedule O contains a	response o	or note to any lin	e in this Part VIII			
					,	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
SS	1	_	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues	1b					
S S			Fundraising events	1c					
fts,			Related organizations	1d					
ij gi									
ons,			Government grants (contributions)	1e					
utic		T	All other contributions, gifts, grants, and	1 1	151 274 822				
ĕ			similar amounts not included above \dots		151,274,822.				
ont		_	Noncash contributions included in lines 1a-1f	1g \$	134,147,317.	151274022			
O g		n	Total. Add lines 1a-1f			151274822.			
	—				Business Code	1 060 056	1 060 056		
ce	2	а	PET FOOD STORAGE/HANDLING		493000	1,868,856.	1,868,856.		
ervi		b							
S		С							
ran Sev		d							
Program Service Revenue		е							
<u>-</u>		f	All other program service revenue						
		g	Total. Add lines 2a-2f			1,868,856.			
	3		Investment income (including divide	nds, intere	st, and				
			other similar amounts)			133,893.			133,893.
	4		Income from investment of tax-exem						
	5		Royalties			905,187.			905,187.
				i) Real	(ii) Personal				
	6	а	Gross rents 6a						
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Net rental income or (loss)						
			` '	ecurities	(ii) Other				
		_		015,000.	. ,				
		h	Less: cost or other basis	,					
ø		~		996,130.					
her Revenue		_	Gain or (loss) 7c	18,870.					
eve			Net gain or (loss)			18,870.			18,870.
<u>~</u>			Gross income from fundraising events (r			20,010.			20,0,0
	0	а							
Ò				-					
			contributions reported on line 1c). S						
		L	Part IV, line 18						
			Less: direct expenses						
			Net income or (loss) from fundraising						
	9	а	Gross income from gaming activities						
			Part IV, line 19						
			Less: direct expenses						
			Net income or (loss) from gaming ac						
	10	а	Gross sales of inventory, less returns						
			and allowances						
			Less: cost of goods sold						
\rightarrow		С	Net income or (loss) from sales of in	ventory					
ဟ					Business Code				
30u	11	а							
ant		b							
Miscellaneous Revenue		С							
Ais		d	All other revenue						
		е	Total. Add lines 11a-11d						
	12		Total revenue. See instructions			154201628.	1,868,856.	0.	1057950.

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Form **990** (2022)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses (B) Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 131,093,300.131,093,300. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 13,972. 13,972. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign 6,331,559. 6,331,559. individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 993,179. 270,118. 490,249. 232,812. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 5,012,700. 3,791,675. 283,156. 937,869. Other salaries and wages 7 Pension plan accruals and contributions (include 2,406. 58,577. 44,464. 11,707. section 401(k) and 403(b) employer contributions) 52,810. 596,165. 427,425. 115,930. Other employee benefits 9 442,331. 303,823. 53,616. 84,892. 10 Payroll taxes 11 Fees for services (nonemployees): Management 19,704. 64,477. 44,773. Legal 59,055. 59,055. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 706,119. 78,795. column (A), amount, list line 11g expenses on Sch O.) 601,932. 25,392. 2,342,293. 2,675,075. 303,119. 29,663. Advertising and promotion 12 1,580,205. 1,524,553. -31,231. 86,883. Office expenses 13 65,740. 2,766. 49,999. 12,975. Information technology 14 15 Royalties 102,040. 37,693. 53,768. 10,579. 16 Occupancy 1,081,313. 956,084. 75,650. 49,579. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... 13,635. 7,428. 6,207. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 5,601. 58,859. 14,795. 38,463. Depreciation, depletion, and amortization 22 131,090. 579. 109,558. 20,953. 23 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 O.) 2,869,080. 2,869,080. LOGISTICS 239,842. 181,933. 47,374. DUES & SUBSCRIPTIONS 10,535. 26,103. 26,103. INVENTORY OBSOLECENCE 22,<mark>9</mark>28. 15,062. 7,866. TAXES AND LICENSES 3,724. 2,927. 619. 178. All other expenses 154,241,068.148,857,967. 1,338,474. 4,044,627. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form 990 (2022)

Check here

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

Form 990 (2022)

Part X | Balance Sheet

Par	rt X	Balance Sheet					
		Check if Schedule O contains a response or r	ote to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			5,826,322.	1	4,464,438.
	2	Savings and temporary cash investments			4,767,143.	2	5,918,107.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			586,331.	4	447,007.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul	ostantial c	ontributor, or 35%			
		controlled entity or family member of any of the	nese perso	ons		5	
	6	Loans and other receivables from other disqu	alified per	sons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sect	ion 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			1,991,288.	8	1,846,411. 723,793.
Ä	9	5			453,199.	9	723,793.
	10a	Land, buildings, and equipment: cost or other	.				
		basis. Complete Part VI of Schedule D	. 10a	399,902. 281,135.			
	b	Less: accumulated depreciation	281,135.	100,605.	10c	118,767. 1,409,956.	
	11	Investments - publicly traded securities		347,173.	11	1,409,956.	
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14	=11		
	15	Other assets. See Part IV, line 11		0.	15	711,080.	
	16	Total assets. Add lines 1 through 15 (must e			14,072,061.	16	15,639,559.
	17	Accounts payable and accrued expenses	760,262.	17	988,333.		
	18	Grants payable	99,758.	18	52,160.		
	19	Deferred revenue		1,296,795.	19	1,963,408.	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
es	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sul					
iab		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unr				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	,	.	0.	۰.	714,588.
	06	of Schedule D			2,156,815.	25 26	3,718,489.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, c	hook bore	X	2,130,013.	20	3,710,403.
S		and complete lines 27, 28, 32, and 33.	neck nere				
nce	27	• , , ,			5,676,465.	27	5,769,882.
ala	28				6,238,781.	28	6,151,188.
g B	20	Organizations that do not follow FASB ASC		ck here	0,230,701.	20	0,131,100.
Fun		and complete lines 29 through 33.	, 930, Cite	CK Here			
ō	29	Capital stock or trust principal, or current fund	de			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32				11,915,246.	32	11,921,070.
Z	33	Total liabilities and net assets/fund balances			14,072,061.	33	15,639,559.
		rotal habilities and not assets/fully balances		I	, ,		Form 990 (2022)

Form **990** (2022)

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	154					
2	Total expenses (must equal Part IX, column (A), line 25)	2	154					
3	Revenue less expenses. Subtract line 2 from line 1	3			9,4			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11	,91				
5	Net unrealized gains (losses) on investments	5		4	5,2	64.		
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								
	column (B)) 10 11							
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII					X		
					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 O.							
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	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	audit,				1		
	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 Sche	edule O.						
За	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 required							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b				
				Form	990	(2022)		

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization

GREATER GOOD CHARITIES

Employer identification number

OMB No. 1545-0047

20-4846675 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions)) Total

(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.)

Sec	Section A. Public Support											
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total					
1	Gifts, grants, contributions, and											
	membership fees received. (Do not											
	include any "unusual grants.")	61061274.	73643664.	75529973.	115323744	<u> 151274822</u>	<u>476833477</u>					
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											
4	Total. Add lines 1 through 3	61061274.	73643664.	75529973.	115323744	<u> 151274822</u>	<u>476833477</u>					
5	The portion of total contributions											
	by each person (other than a											
	governmental unit or publicly											
	supported organization) included											
	on line 1 that exceeds 2% of the											
	amount shown on line 11,											
	column (f)						241397911					
	Public support. Subtract line 5 from line 4.						235435566					
Sec	ction B. Total Support	1		T	T	-						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total					
7	Amounts from line 4	61061274.	73643664.	75529973.	115323744	151274822	476833477					
8	Gross income from interest,											
	dividends, payments received on											
	securities loans, rents, royalties,											
	and income from similar sources	332,082.	720,077.	505,353.	823,215.	1039080.	3419807.					
9	Net income from unrelated business											
	activities, whether or not the											
	business is regularly carried on											
10	Other income. Do not include gain											
	or loss from the sale of capital											
	assets (Explain in Part VI.)						400053004					
	Total support. Add lines 7 through 10						480253284					
	Gross receipts from related activities,	•					,400,035.					
13	First 5 years. If the Form 990 is for the	-		•								
Sac	organization, check this box and stoction C. Computation of Publi											
				oolumn (f))		14	49.02 %					
	Public support percentage for 2022 (15	E0 06					
	Public support percentage from 2021 33 1/3% support test - 2022. If the			a line 12 and line								
iva	stop here. The organization qualifies						T					
h	33 1/3% support test - 2021. If the		•		line 15 is 33 1/3%							
	and stop here. The organization qua				1110 10 13 00 17070							
17a	10% -facts-and-circumstances test											
	and if the organization meets the fact											
	meets the facts-and-circumstances to			=	*							
b	10% -facts-and-circumstances test	-		*	•							
	more, and if the organization meets the											
	organization meets the facts-and-circ				-							
18	Private foundation. If the organization						;					
•			, 15	, , ,			(Form 990) 2022					

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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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services 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						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		1	T			
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	•		•	•		· —
0-	check this box and stop here						
	Section C. Computation of Public Support Percentage						
	Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))						
	Public support percentage from 2021 ction D. Computation of Investigation					16	%
	•			no 13 column (f)		17	0/
	Investment income percentage for 20						<u>%</u>
	Investment income percentage from 3					18 3 1/3% and line 1	7 is not
198	33 1/3% support tests - 2022. If the						
L	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the						
i.	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

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Т..

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.)

		Yes	NO
	1		
	-		
	2		
	За		
	3b		
	3c		
	4a		
	4b		
	4c		
	70		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	10a		
	46:		
_	10b	- 000\	

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Pai	TIV Supporting Organizations (continued)			
		_	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	1a		
		1b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
800	<u>detail in</u> Part VI. 1: tion B. Type I Supporting Organizations	1c		
Sec	tion B. Type i Supporting Organizations	$\overline{}$,,	
			Yes	No
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? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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,			
		2		
Sec	tion 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		
Sec	tion 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			
	7	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			
_	and organization maintained a close and commission many relationship man and capported organization (o).	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			
Sec	supported organizations played in this regard. Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
' a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruc	ctions	3)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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.	2a		
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			
	and the state of the significant	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	The second details in	la		
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.	Bb		

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ıg Orga	nizations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain in l	Part VI). See instructions.		
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
_5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
a	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
c	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
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				
Sect	ion C - Distributable Amount			Current Year		
_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-functiona	lly integra	ted Type III supporting orga	nization (see		
	instructions).					

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

232028 12-09-22

Schedule A (Form 990) 2022

(See instructions.)

Part VI

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

Name of the organization **Employer identification number** GREATER GOOD CHARITIES 20-4846675 Organization type (check one):

Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
- · · · · · · · · · · · · · · · · · · ·							
, ,	is covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
General Rule							
	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special Rules							
sections 509(a)(1) contributor, durin	X 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\$							
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)							

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

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Page **2**

Name of organization Employer identification number

GREATER GOOD CHARITIES

20-4846675

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>34,699,284.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 3,044,592.	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
3		\$ <u>11,256,546.</u>	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$3,397,152.	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
5_		\$ <u>20,476,156.</u>	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
6		\$ <u>11,367,395</u> .	Person X Payroll

Schedule B (Form 990) (2022)

Name of organization Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$6,296,677.	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
8		\$17,555,318. 	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)

20-4846675

GREATER GOOD CHARITIES

Schedule B (Form 990) (2022) Page **3**

Name of organization

Employer identification number

GREATER GOOD CHARITIES

20-4846675

Non-cash Property (see instructions). Use duplicate copies of Part II if additional space is needed.	OKLIMI		1 20	4040073
No. 1 PPT PRABMACEUTICALS, PET BEIGS, CRATES, DOG AND CAT FOOD, TREATS (a) No. 1 Description of noncash property given Part I (b) PMV (or estimate) (See instructions.) (c) (d) PMV (or estimate) (See instructions.) (d) Description of noncash property given Part I (e) PMV (or estimate) (See instructions.) (f) PMV (or estimate) (See instructions.) (g) PMV (or estimate) (See instructions.)	Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	idditional space is needed.	
TREATS, CAT LITTER, SUPPLIES (a) No. No. Description of noncash property given Part I DOG AND CAT FOOD, TREATS (b) No. Torm Description of noncash property given Part I DOG AND CAT FOOD, TREATS (c) FMV (or estimate) (See instructions.) (d) Date received (e) FMV (or estimate) (See instructions.) (d) Date received (e) FMV (or estimate) (See instructions.) (d) Date received (e) FMV (or estimate) (See instructions.) (d) Date received (e) FMV (or estimate) (See instructions.) (d) Date received (e) FMV (or estimate) (See instructions.) (e) FMV (or estimate) (See instructions.) (e) FMV (or estimate) (See instructions.) (f) Date received (e) FMV (or estimate) (See instructions.) (d) Date received (e) FMV (or estimate) (See instructions.) (d) Date received (e) FMV (or estimate) (See instructions.) (d) Date received (e) FMV (or estimate) (See instructions.) (d) Date received (e) FMV (or estimate) (See instructions.) (d) Date received (e) FMV (or estimate) (See instructions.)	No. from		FMV (or estimate)	
(a) No. Trom Description of noncash property given (See instructions.) (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received (e) (See instructions.) (e) (FMV (or estimate) (See instructions.) (f) Date received (g) Date received (g) Date received (g) FMV (or estimate) (See instructions.) (g) FMV (or estimate) (See instructions.) (g) FMV (or estimate) (Ge instructions.) (g) Date received	1			
No. from Part I 2 DOG AND CAT FOOD, TREATS (a)			\$ 34,694,284.	12/31/22
\$ 3,044,592. 12/31/22 (a) (b) (c) FMV (or estimate) (See instructions.) (b) Date received (c) FMV (or estimate) (See instructions.) (d) Date received (a) No. (b) (C) FMV (or estimate) (See instructions.) (a) No. (c) FMV (or estimate) (See instructions.) (b) Co FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received (e) FMV (or estimate) (See instructions.) (a) No. (c) FMV (or estimate) (See instructions.) (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received (e) FMV (or estimate) (See instructions.) (d) Date received (e) FMV (or estimate) (See instructions.) (f) Date received (g) Dog AND CAT FOOD, TREATS, CHOCOLATE BARS (g) No. (c) FMV (or estimate) (See instructions.) (g) Dog AND CAT FOOD, TREATS, CHOCOLATE BARS (g) Dog AND CAT FOOD, TREATS AND SUPPLEMENTS, SUPPLIES (g) Dog AND CAT FOOD, TREATS AND SUPPLEMENTS, SUPPLIES	No. from		FMV (or estimate)	
(a) No. 10		DOG AND CAT FOOD, TREATS		
No. from Part I Dog AND CAT FOOD, TREATS Dog AND CAT FOOD, TREATS			\$3,044,592.	12/31/22
(a) No. (b) FMV (or estimate) (See instructions.) (a) No. (c) FMV (or estimate) (See instructions.) (b) CAT FOOD, TREATS (a) No. (b) FMV (or estimate) (See instructions.) (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received (d) Date received (d) Date received (a) No. (c) FMV (or estimate) (See instructions.) (a) No. (b) Description of noncash property given (a) No. (c) FMV (or estimate) (See instructions.) (a) No. (b) Description of noncash property given (See instructions.)	No. from		FMV (or estimate)	
(a) No. from Part I (b) Cat FOOD, TREATS (c) FMV (or estimate) (See instructions.) (d) Date received (a) No. (b) (b) (c) FMV (or estimate) (See instructions.) (a) No. (c) FMV (or estimate) (See instructions.) (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received (d) Date received (a) No. (b) (See instructions.) (a) No. (c) FMV (or estimate) (See instructions.) (a) No. (c) FMV (or estimate) (See instructions.) (a) No. (b) Co FMV (or estimate) (See instructions.) (b) FMV (or estimate) (See instructions.)		DOG AND CAT FOOD, TREATS		
No. from Part I CAT FOOD, TREATS (a) No. from Part I Dog AND CAT FOOD, TREATS, CHOCOLATE BARS (a) No. from Part I Dog AND CAT FOOD, TREATS, CHOCOLATE BARS (a) No. from Description of noncash property given (b) Date received (c) FMV (or estimate) (See instructions.) (d) Date received (d) Date received (d) Date received (e) FMV (or estimate) (See instructions.) (g) Date received (c) FMV (or estimate) (See instructions.) (d) Date received (e) FMV (or estimate) (See instructions.)	3		\$ <u>11,146,546.</u>	_12/31/22_
\$ 3,397,152. 12/31/22 (a) No. (b) Compared (Compared to the part of the part	No. from		FMV (or estimate)	
(a) No. (b) Compared (c) FMV (or estimate) (See instructions.) Dog AND CAT FOOD, TREATS, CHOCOLATE BARS Supplies Compared (Compared to the content of		CAT FOOD, TREATS		
No. from Part I Dog AND CAT FOOD, TREATS, CHOCOLATE BARS (a) No. from Part I Dog AND CAT FOOD, TREATS AND SUPPLEMENTS, SUPPLIES Dog AND CAT FOOD, TREATS AND SUPPLEMENTS, SUPPLIES Dog AND CAT FOOD, TREATS AND SUPPLEMENTS, SUPPLIES (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (Cc) FMV (or estimate) (See instructions.) Date received	4		\$ 3,397,152.	_12/31/22_
\$ 20,476,156. 12/31/22 (a) No. from Part I Description of noncash property given (See instructions.) Dog AND CAT FOOD, TREATS AND SUPPLEMENTS, SUPPLIES	No. from	• •	FMV (or estimate)	1
(a) No. from Part I Dog AND CAT FOOD, TREATS AND SUPPLEMENTS, SUPPLIES 6 (c) FMV (or estimate) (See instructions.) Date received	5	DOG AND CAT FOOD, TREATS, CHOCOLATE BARS		
No. from Part I Description of noncash property given Output Dog AND CAT FOOD, TREATS AND SUPPLEMENTS, SUPPLIES Output Dog AND CAT FOOD, TREATS AND SUPPLEMENTS, SUPPLIES			\$ 20,476,156.	12/31/22
	No. from	• •	FMV (or estimate)	1 ' '
\$ 11,217,145. 12/31/22	6	DOG AND CAT FOOD, TREATS AND SUPPLEMENTS, SUPPLIES		
			\$ <u>11,217,145.</u>	12/31/22 Schedule B (Form 990) (2022)

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Name of organization Employer identification number

GREATER GOOD CHARITIES

20-4846675

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7_	DOG AND CAT FOOD, TREATS AND SUPPLIES		
		\$6,296,677.	12/31/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
8	DOG AND CAT FOOD, TREATS		
		\$ 17,530,318.	12/31/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
9	PET PHARMACEUTICALS		
		\$ \$ 2,745,737.	12/31/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
		Ψ	Cala dula D (Farm 000) (000

Page 4

Schedule B (Form 990) (2022) Name of organization **Employer identification number** GREATER GOOD CHARITIES 20-4846675 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

223454 11-15-22 Schedule B (Form 990) (2022)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

GREATER GOOD CHARITIES

Employer identification number 20-4846675

Par			or Accounts. Complete if the			
	organization answered "Yes" on Form 990, Part IV, lin	e 6. (a) Donor advised funds	(b) Funds and other accounts			
	Takel assessed as and of season	(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2 3	Aggregate value of contributions to (during year) Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	eed funds			
J	are the organization's property, subject to the organization's	_				
6	Did the organization inform all grantees, donors, and donor a					
	for charitable purposes and not for the benefit of the donor o					
Par						
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).				
	Preservation of land for public use (for example, recrea	tion or education) Preservation o	f a historically important land area			
	Protection of natural habitat	Preservation o	f a certified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form				
	day of the tax year.		Held at the End of the Tax Year			
	Total number of conservation easements		l l			
			I I			
	Number of conservation easements on a certified historic stru		2c			
d	Number of conservation easements included in (c) acquired a	•				
•	historic structure listed in the National Register					
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organization during the tax			
4	year Number of states where property subject to conservation eas	coment is located				
5	Does the organization have a written policy regarding the per					
Ŭ	violations, and enforcement of the conservation easements it		Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting,					
			,			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year			
8	Does each conservation easement reported on line 2(d) abov	e 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	on easements in its revenue and expense	statement and			
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statem	ents that describes the			
Dos	organization's accounting for conservation easements.	i Aut Historiaal Trassures or Of	thay Cimilay Assats			
Par	t III Organizations Maintaining Collections of		ther Similar Assets.			
	Complete if the organization answered "Yes" on Form					
па	If the organization elected, as permitted under FASB ASC 95	•				
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public					
h	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.					
D	b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,					
	provide the following amounts relating to these items:	exhibition, education, or research in full	lerance of public service,			
	(i) Revenue included on Form 990, Part VIII, line 1		\$			
2	If the organization received or held works of art, historical trea					
_	the following amounts required to be reported under FASB A		J , F			
а	Revenue included on Form 990, Part VIII, line 1	· ·	\$			
	Assets included in Form 990, Part X					
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2022			

Par	t III Organizations Maintaining Co	llections of Art,	Historical Tre	easures, o	r Other S	imilar Asse	ets (continued)
3	Using the organization's acquisition, accession						
	collection items (check all that apply):		-				
а	a Public exhibition d Loan or exchange program						
b							
С							
4	Provide a description of the organization's colle	ections and explain h	now they further th	ne organizatio	n's exempt	purpose in Pa	art XIII.
5	During the year, did the organization solicit or r	· ·	· ·	-	•	-	
	to be sold to raise funds rather than to be main		•	•			Yes No
Par	t IV Escrow and Custodial Arrange						V, line 9, or
	reported an amount on Form 990, Part 2		_				
1a	Is the organization an agent, trustee, custodian	or other intermediar	y for contribution	s or other ass	sets not incl	uded	
	on Form 990, Part X?					[Yes No
b	If "Yes," explain the arrangement in Part XIII an						
	•	•	-				Amount
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 Form						Yes No
	If "Yes," explain the arrangement in Part XIII. C						
Par							
		(a) Current year	(b) Prior year	(c) Two yea		Three years ba	ck (e) Four years back
1a	Beginning of year balance						
b	Contributions						
С	Net investment earnings, gains, and losses						
d	Grants or scholarships						
	Other expenditures for facilities						
	and programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the currer	nt vear end balance (line 1g. column (a)) held as:			
а	Board designated or quasi-endowment	•	%	,,,			
b	Permanent endowment	%					
c	Term endowment %						
_	The percentages on lines 2a, 2b, and 2c should	d equal 100%.					
За	Are there endowment funds not in the possess	•	on that are held a	nd administer	ed for the		
	organization by:	9					Yes No
	(i) Unrelated organizations						3a(i)
	(ii) Related organizations						··· - · · ·
b	If "Yes" on line 3a(ii), are the related organization	ons listed as required	on Schedule R?				3b
4	Describe in Part XIII the intended uses of the o						
	t VI Land, Buildings, and Equipme						_
	Complete if the organization answered	'Yes" on Form 990, F	Part IV, line 11a. S	See Form 990	, Part X, line	e 10.	
	Description of property	(a) Cost or oth basis (investme	er (b) Cos	t or other (other)	(c) Accu	ımulated ciation	(d) Book value
12	Land	'		3,000.	20010		23,000.
b				-,			23,000.
C	Buildings						
d	Equipment	I	37	6,902.	2.8	1,135.	95,767.
	Other			0,002.	20	_,	23,707.
	. Add lines 1a through 1e. (Column (d) must equ	•	00/11mn /D\ 11m = 4	00.)			118,767.
. J.a	. , .aaoo ta tiiroagii to. [Colullili (a) Illust eat	iai i Ullii 33U. Pail Λ.	colultil (D), lifle I	UU.1			,

Schedule D (Form 990) 2022

Schedule D (Form	990) 2022 GREATER	GOOD	CHARITIES	20-4846675 Page 3	
Part VII Inve	stments - Other Securitie	s.		·	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.					
(a) Description of s	Security or category (including name of se	curity)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1) Financial deriva	atives				

(a) Description of Security of Category (including name of security)

(b) Book Value

(c) Method of Valuation: Cost of end-of-year market Value

(l) Financial derivatives

(2) Closely held equity interests

(3) Other

(A)

(B)

(C)

(D)

(E)

(F)

(G)

(H)

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE LIABILITY	714,588.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	714,588.

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

Schedule D (Form 990) 2022

Pai	rt XI Reconciliation of Revenue per Audited Financial S	Statements With I	Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 12a.				_
1	Total revenue, gains, and other support per audited financial statements			1	154,704,051	•
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	45,264.			
b	Donated services and use of facilities	2b	457,159.			
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	502,423	
3	Subtract line 2e from line 1			3	154,201,628	•
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
С	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	154,201,628	•
Pa	rt XII Reconciliation of Expenses per Audited Financial	Statements With	Expenses per P	?¤tıır	n	
			Expended per i	ictai	•••	
	Complete if the organization answered "Yes" on Form 990, Part I		Expended per 1			
1	Complete if the organization answered "Yes" on Form 990, Part I' Total expenses and losses per audited financial statements	V, line 12a.			 154,698,227	<u>.</u>
2	Complete if the organization answered "Yes" on Form 990, Part IV Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	V, line 12a.				•
2	Complete if the organization answered "Yes" on Form 990, Part I' Total expenses and losses per audited financial statements	V, line 12a.				•
2 a	Complete if the organization answered "Yes" on Form 990, Part IV Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	V, line 12a.				•
2 a	Complete if the organization answered "Yes" on Form 990, Part IV Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	V, line 12a. 2a 2b				•
2 a	Complete if the organization answered "Yes" on Form 990, Part IV Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c			154,698,227	
2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	457,159.	1 2e	154,698,227 457,159	•
2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	457,159.	1 2e	154,698,227	•
2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	457,159.	1 2e	154,698,227 457,159	•
2 a b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	457,159.	1 2e	154,698,227 457,159	•
2 a b c d e 3 4 a	Complete if the organization answered "Yes" on Form 990, Part IV Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 4a	457,159.	1 2e	154,698,227 457,159	•
2 a b c d e 3 4 a b	Complete if the organization answered "Yes" on Form 990, Part IV Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	457,159.	2e 3	154,698,227 457,159 154,241,068	<u> </u>
2 a b c d e 3 4 a b c 5	Complete if the organization answered "Yes" on Form 990, Part IV Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	457,159.	2e 3	154,698,227 457,159 154,241,068	<u>.</u>

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 PROVISION FOR INCOME TAXES HAS BEEN RECORDED. THE COMPANY FOLLOWS FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC) 740-10, INCOME TAXES, RELATING TO ACCOUNTING FOR UNCERTAIN TAX POSITIONS. ASC 740-10 PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT PROCESS FOR ACCOUNTING FOR UNCERTAIN TAX POSITIONS AND ALSO PROVIDES GUIDANCE ON VARIOUS RELATED MATTERS SUCH AS DERECOGNITION,

Schedule D (Form 990) 2022

SCHEDULE F (Form 990)

United States.

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.

Open to Public

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service

Inspection

Name of the organization

Employer identification number

GREATER GOOD CHARITIES 20-4846675 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, 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

			In be duplicated if additional space is n	,	(f) Total
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to	(e) If activity listed in (d) is a program service, describe specific type	(f) Total expenditures for and investments
		contractors in the region	recipients located in the region)	of service(s) in the region	in the region
CENTRAL AMERICA AND		<u>_</u>			
THE CARIBBEAN -					
ANTIGUA & BARBUDA,					
ARUBA, BAHAMAS,	0	0	GRANTMAKING		165,671.
EAST ASIA AND THE					· ·
PACIFIC - AUSTRALIA,					
BRUNEI, BURMA,					
CAMBODIA,	0	0	GRANTMAKING		400,276.
EUROPE (INCLUDING					,
ICELAND & GREENLAND)				DISTRIBUTION OF PRODUCTS	
- ALBANIA, ANDORRA,			GRANTMAKING AND PROGRAM	FOR ANIMAL AND HUMAN	
AUSTRIA, BELGIUM	1	2	SERVICE	 WELFARE	3,310,493.
NORTH AMERICA -					<u> </u>
CANADA AND MEXICO,					
BUT NOT THE UNITED			GRANTMAKING AND PROGRAM	EXPLORATION, STUDY, AND	
STATES	0	4	SERVICE	PROTECTING BIODIVERSITY	1,474,653.
RUSSIA AND					<u> </u>
NEIGHBORING STATES -				DISTRIBUTION OF PRODUCTS	
ARMENIA, AZERBIJAN,			GRANTMAKING AND PROGRAM	FOR ANIMAL AND HUMAN	
BELARUS,	0	0	SERVICE	 WELFARE	1,554,121.
SOUTH AMERICA -					<u> </u>
ARGENTINA, BOLIVIA,					
BRAZIL, CHILE,					
COLUMBIA, ECUADOR,	0	0	 GRANTMAKING		785.
SOUTH ASIA -					
AFGHANISTAN,					
BANGLADESH, BHUTAN,					
INDIA, MALDIVES,	0	0	 GRANTMAKING		2,113.
SUB-SAHARAN AFRICA -					, ,
ANGOLA, BENIN,					
BOTSWANA, BURKINA					
FASO,	0	0	 GRANTMAKING		44,587.
3 a Subtotal	1	6			6,952,699.
b Total from continuation					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
sheets to Part I	0	0			0.
c Totals (add lines 3a					

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

Schedule F (Form 990) 2022

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		NORTH AMERICA						
		(CANADA AND	SUPPORT RESCUED				PET PRODUCTS, PET	
		MEXICO)	ANIMALS	0.		38,602.	FOOD	FMV
		EUROPE (INCLUDING						
		ICELAND AND	SUPPORT RESCUED					
			ANIMALS	0.		35 908	PET FOOD	FMV
		OKULINIZAND /	INTIMUS	0.		33,300.	111 1000	I IIV
		RUSSIA AND	SUPPORT					
		NEIGHBORING	PROTECTING/RESTORING					
		STATES	ENVIRONMENT	81,728.	WIRE	0.		
		RUSSIA AND						
			SUPPORT RESCUED					
		STATES	ANIMALS	25,000.	WIRE	0.		
		RUSSIA AND						
			SUPPORT RESCUED					
			ANIMALS	67,012.	WIRE	0.		
				,				
		EUROPE (INCLUDING						
		ICELAND AND	SUPPORT RESCUED					
		GREENLAND)	ANIMALS	0.		29,892.	PET FOOD	FMV
		RUSSIA AND	GIIDDODE HIMOED C					
			SUPPORT HUNGER & POVERTY	20 000	WIDE	,		
		STATES	FOVERTI	20,000.	MTVE	0.		
		RUSSIA AND						
		NEIGHBORING	SUPPORT HUNGER &					
			POVERTY	6,400.	CHECK	٥.		

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) 2022

Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the I	United States.	(Schedule F (Form 9	90). Part II. line	1)	r ago z
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(a) Region	(d) Purpose of grant	(e) Amount	(f) Manner of	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NODELL MEDICA						
		NORTH AMERICA (CANADA AND	SUPPORT RESCUED				משל	
		MEXICO)	ANIMALS	0.		62,152.	PET PRODUCTS, PET	FMV
		HIMICO,	MINIBO	٠.		02,132.	1002	111
		EUROPE (INCLUDING						
			SUPPORT HUNGER &					
		GREENLAND)	POVERTY	0.		6,684.	APPAREL	FMV
		NORTH AMERICA	SUPPORT					
			PROTECTING/RESTORING					
		MEXICO)	ENVIRONMENT	6,401.	СНЕСК	0.		
			SUPPORT LITERACY &			_		
		AND THE CARIBBEAN	CHILDREN'S EDUCATION	65,000.	CHECK	0.		
		NODELL AMEDICA						
		NORTH AMERICA (CANADA AND	SUPPORT RESCUED				DEM DDODIGMG DEM	
		MEXICO)	ANIMALS	0.		42,924.	PET PRODUCTS, PET	FMV
		MEXICO)	HITHALD	0.		42,524.	FOOD	r m
		RUSSIA AND						
			SUPPORT HUNGER &					
			POVERTY	61,907.	 WIRE	0.		
				,				
		EUROPE (INCLUDING						
		ICELAND AND	SUPPORT RESCUED				PET PRODUCTS, PET	
		GREENLAND)	ANIMALS	2,500.	WIRE	32,580.	FOOD	FMV
			SUPPORT					
			PROTECTING/RESTORING					
		AND THE CARIBBEAN	ENVIRONMENT	32,000.	WIRE	0.		
		EUROPE (INCLUDING	GUDDODE DEGCTO				DEM DDODUSES 5	
			SUPPORT RESCUED	_			PET PRODUCTS, PET	ENGZ
		GREENLAND)	ANIMALS	0.		1393170.	եր <u>որ</u>	FMV

Part II C	Continuation of	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	f organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			DIIGGIA AND	GIIDDOD#					
			RUSSIA AND NEIGHBORING	SUPPORT					
			NEIGHBORING STATES	PROTECTING/RESTORING	13,750.	MIDE	0.		
			BIRIES	ENVIRONMENT	13,730.	WIKE	0.		
				SUPPORT					
			EAST ASIA AND THE	PROTECTING/RESTORING					
			PACIFIC	ENVIRONMENT	27,234.	 WIRE	0.		
			EUROPE (INCLUDING						
			ICELAND AND	SUPPORT RESCUED				PET PRODUCTS, PET	
			GREENLAND)	ANIMALS	0.		592,306.		FMV
				SUPPORT					
			RUSSIA AND	PROTECTING/RESTORING					
			NEIGHBORING	ENVIRONMENT, RESCUED					
			STATES	ANIMALS, HUNGER &	196,760.	WIRE	0.		
			RUSSIA AND						
			NEIGHBORING	SUPPORT HUNGER &					
			STATES	POVERTY	7,000.	WIRE	0.		
				SUPPORT					
				PROTECTING/RESTORING	40.040	L			
			PACIFIC	ENVIRONMENT	19,040.	WIRE	0.		
			DIIGGTA AND						
			RUSSIA AND NEIGHBORING	SUPPORT HUNGER &					
			STATES	POVERTY	145,000.	WIDE	0.		
			DIAIES	FOVERTI	143,000.	WIKE	· ·		
				SUPPORT					
			SUB-SAHARAN	PROTECTING/RESTORING					
			AFRICA	ENVIRONMENT	12,120.	CHECK	0.		
					, ,				
			RUSSIA AND						
			NEIGHBORING	SUPPORT RESCUED					
			STATES	ANIMALS	0.		24,986.	PET PRODUCTS	FMV

Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the I	United States.	(Schedule F (Form 9	90). Part II. line	1)	r ugo z
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			GUDDODE DEGGUED				DEM DEODUCES DEM	
			SUPPORT RESCUED ANIMALS	0.		66,614.	PET PRODUCTS, PET	FMV
		IND THE CARTEDERIN	rii i i i i i i i i i i i i i i i i i i	••		00,014.	1 002	1111
		RUSSIA AND						
		NEIGHBORING	SUPPORT HUNGER &					
		STATES	POVERTY	292,665.	WIRE	0.		
		NORTH AMERICA	GIIDDODE DEGGIIDD				DEE DOONIGES DEE	
			SUPPORT RESCUED ANIMALS	0.		47,078.	PET PRODUCTS, PET	FMV
		MEXICO)	HITHALD	0.		47,070.	ГООД	r HV
		NORTH AMERICA						
		(CANADA AND	SUPPORT RESCUED				PET PRODUCTS, PET	
		MEXICO)	ANIMALS	0.		224,363.	FOOD	FMV
		NORTH AMERICA						
			SUPPORT RESCUED			5 040		
		MEXICO)	ANIMALS	0.		5,840.	PET PRODUCTS	FMV
		EUROPE (INCLUDING						
			SUPPORT RESCUED					
		GREENLAND)	ANIMALS	0.		705,417.	PET FOOD	FMV
		NORTH AMERICA						
			SUPPORT RESCUED			l	PET PRODUCTS, PET	
		MEXICO)	ANIMALS	0.		152,200.	FOOD	FMV
			CIIDDODE DDEACH CANCED					
			SUPPORT BREAST CANCER & WOMEN'S HEALTH,					
		PACIFIC	HUNGER & POVERTY	348,917.	 WIRE	0.		
				, / •		<u> </u>		
			SUPPORT HUNGER &					
		AFRICA	POVERTY	16,700.	WIRE	0.		

Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the I	United States.	(Schedule F (Form 9	90). Part II. line	1)	r ago z
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(a) Region	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA						
			CHDDODE RECCHED				PET PRODUCTS, PET	
			SUPPORT RESCUED ANIMALS	0.		8,944.		FMV
		HIMICO,	MIMIO	· ·		0,544.	1 00B	1117
		NORTH AMERICA						
			SUPPORT RESCUED					
			ANIMALS	0.		244,195.	PET FOOD	FMV
						,		
		NORTH AMERICA						
		(CANADA AND	SUPPORT RESCUED				PET PRODUCTS, PET	
		MEXICO)	ANIMALS	0.		244,709.	FOOD	FMV
		NORTH AMERICA						
		(CANADA AND	SUPPORT RESCUED			l	PET PRODUCTS, PET	
		MEXICO)	ANIMALS	0.		112,466.	FOOD	FMV
		NORTH AMERICA						
			SUPPORT RESCUED	_		l	PET PRODUCTS, PET	
		MEXICO)	ANIMALS	0.		47,562.	FOOD	FMV
		NORTH AMERICA	GUDDODE DEGGUED				DEE DOORIGES DEE	
			SUPPORT RESCUED			131,023.	PET PRODUCTS, PET	EM7
		MEXICO)	ANIMALS	0.		131,023.	F00D	FMV
		NORTH AMERICA						
			SUPPORT RESCUED				PET PRODUCTS, PET	
			ANIMALS	0.		66,596.	· ·	FMV
		,		•		00,000.		

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. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash assistance noncash assistance RUSSIA AND NEIGHBORING BLANKETS FOR SUPPORT HUNGER & POVERTY STATES 10,500 0. 533,193. HUMANITARIAN SUPPORT FMV

Schedule F (Form 990) 2022 (Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	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 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? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	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? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2022

Page 5

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.

PART II, COLUMN (D):

REGION: RUSSIA AND NEIGHBORING STATES

(D) PURPOSE OF GRANT: SUPPORT PROTECTING/RESTORING ENVIRONMENT, RESCUED ANIMALS, HUNGER & POVERTY

Schedule F (Form 990) 2022

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Open to Public Attach to Form 990. Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization							Employer identification number
GREATER GO	OOD CHARI	TIES					20-4846675
Part I General Information on Grants ar	nd Assistance						
 Does the organization maintain records to criteria used to award the grants or assis Describe in Part IV the organization's pro 	tance?				-	stance, and the selection	on X Yes No
Part II Grants and Other Assistance to I recipient that received more than \$					anization answered "\	Yes" on Form 990, Part	IV, line 21, for any
1 (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 noncash assistance	(h) Purpose of grant or assistance
4 PAWS ANIMAL RESCUE PO BOX 735 WILLIS, MI 48191	27-3741642	501(C)(3)	0.	7,222,527.	FMV	PET FOOD, PET PRODUCTS, PET PHARMACEUTICALS	SUPPORT FOR RESCUED
A PATHWAY TO HOPE 148 LINDA VISTA AVE NORTH HALEDON, NJ 07508	27-4036880	501(C)(3)	4,012.	9,704.	FMV	PET PRODUCTS	SUPPORT FOR RESCUED
ACADIANA OUTREACH CENTER P.O. BOX 2747 LAFAYETTE, LA 70502	58-1925867		0.	42,322.		APPAREL, HOUSEWARE, HYGIENE PRODUCTS, PET	SUPPORT FOR HUNGER &
AGAPE LOVE FROM ABOVE TO OUR COMMUNITY - 19 EAST 7TH STREET - BLOOMSBURG, PA 17815	61-1591692	501(C)(3)	0.	645,598.	FMV	PET FOOD, PET	SUPPORT FOR RESCUED
AKWESASNE ANIMAL SOCIETY 147 BEAVER MEADOW RD, AKWESASNE, NY AKWESASNE, NY 13655	47-4583980	501(C)(3)	0.	34,796.	FMV	APPAREL, HYGIENE PRODUCTS, PET PHARMACEUTICALS	SUPPORT FOR HUNGER & POVERTY, RESCUED ANIMALS
ALAQUA ANIMAL REFUGE 179 DUGAS WAY FREEPORT, FL 32439	02-0806313	501(C)(3)	0.	196,008.	FMV	PET FOOD, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS

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

318.

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

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

SEE PART IV FOR COLUMN (G) DESCRIPTIONS

Schedule I (Form 990) 2022

OMB No. 1545-0047

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	art II.)	
(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
ALL ABOUT ANIMALS RESCUE (AZ)							
3206 W ROSS AVE							SUPPORT FOR RESCUED
PHOENIX, AZ 85027	27-5410456	501(C)(3)	5,000.	5,252.	FMV	PET PRODUCTS	ANIMALS
,			,	,			
ALOHA ILIO RESCUE							
P.O. BOX 492364							SUPPORT FOR RESCUED
KEAAU, HI 96749	46-5495854	501(C)(3)	50,010.	0.			ANIMALS
AMERICAN BELGIAN MALINOIS RESCUE							
P.O. BOX 847							SUPPORT FOR RESCUED
STEVENS POINT, WI 54481	81-6099454	501(C)(3)	9,500.	10,661.	FMV	PET PRODUCTS	ANIMALS
AMORY HUMANE SOCIETY							
1317 OLD HWY 6							SUPPORT FOR RESCUED
AMORY, MS 38821	64-0753915	501(C)(3)	0.	10,585.	FMV	PET PRODUCTS	ANIMALS
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	01 0733313	301(0)(3)	•	10,303.		I II I I I I I I I I I I I I I I I I I	
ANIMAL BALANCE							
PO BOX 66406 , PORTLAND						PET	SUPPORT FOR RESCUED
OR, OR 97290	68-0630714	501(C)(3)	0.	6,416.	FMV	PHARMACEUTICALS	ANIMALS
ANIMAL CARE CENTERS OF NEW YORK							
CITY - 11 PARK PLACE 805 - NEW							SUPPORT FOR RESCUED
YORK, NY 10007	13-3788986	501(C)(3)	210.	10,423.	FMV	PET PRODUCTS	ANIMALS
ANIMAL PROTECTION SOCIETY - FRIDAY							GUDDODE TOD DEGGUED
HARBOR - 938 CATTLE POINT ROAD, PO	91-1717047	E01/G)/2)	0.	E 111	EW7	DEM DEODITOMO	SUPPORT FOR RESCUED
BOX 1355 - FRIDAY HARBOR, WA 98250	91-1/1/04/	501(C)(3)	0.	5,111.	FMV	PET PRODUCTS	ANIMALS
ANIMAL RESCUE LEAGUE OF IOWA						PET FOOD, PET	
5452 NE 22ND ST.						PRODUCTS, PET	SUPPORT FOR RESCUED
DES MOINES, IA 50313	42-0680427	501(C)(3)	0.	480,173.	FMV	PHARMACEUTICALS	ANIMALS
	12 3333127		†	200,270.	F		
ANIMAL RESCUE NEW ORLEANS (ARNO)							
271 PLAUCHE STREET						PET FOOD, PET	SUPPORT FOR RESCUED
JEFFERSON, LA 70123	51-0569173	501(C)(3)	0.	36,576.	FMV	PRODUCTS	ANIMALS

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	art II.)	
(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
ANIMAL RESCUE OF FRESNO							
4949 E MCKINLEY AVE STE B						PET FOOD, PET	SUPPORT FOR RESCUED
FRESNO, CA 93727	91-1838253	501(C)(3)	0.	41,040.	FMV	PRODUCTS	ANIMALS
ARIZONA ANIMAL WELFARE LEAGUE						PET FOOD, PET	
25 NORTH 40TH ST.						PRODUCTS, PET	SUPPORT FOR RESCUED
PHOENIX, AZ 85034	23-7149453	501(C)(3)	2,500.	1,071,595.	FMV	PHARMACEUTICALS	ANIMALS
ARIZONA HUMANE SOCIETY							
1521 W. DOBBINS ROAD							SUPPORT FOR RESCUED
PHOENIX, AZ 85041	86-0135567	501(C)(3)	0.	5,002.	FMV	PET PRODUCTS	ANIMALS
ASHEVILLE HUMANE SOCIETY							
14 FOREVER FRIEND LANE							SUPPORT FOR RESCUED
ASHEVILLE, NC 28806	56-1444098	501(C)(3)	6,000.	10,189.	EM7	PET PRODUCTS	ANIMALS
ADDITION NO 20000	30 1111030	501(0)(3)	0,000.	10,103.	1114	I II TROBUCID	MITHID
ASSOCIATED HUMANE SOCIETIES							
124 EVERGREEN AVE						PET FOOD, PET	SUPPORT FOR RESCUED
NEWARK, NJ 07114-2133	22-1487122	501(C)(3)	0.	63,132.	FMV	PRODUCTS	ANIMALS
ATLANTA HUMANE SOCIETY							
1551 PERRY BOULEVARD NW						PET FOOD, PET	SUPPORT FOR RESCUED
ATLANTA, GA 30318	58-0685900	501(C)(3)	0.	738,282.	FMV	PRODUCTS	ANIMALS
BALTIMORE ANIMAL RESCUE AND CARE							
SHELTER - 2490 GILES ROAD -						L	SUPPORT FOR RESCUED
BALTIMORE, MD 21225	86-1130456	501(C)(3)	250.	5,236.	FMV	PET PRODUCTS	ANIMALS
BAYOU BUDDIES							
26178 GLENBROOKE DR							SUPPORT FOR RESCUED
DENHAM SPRINGS, LA 70726-6553	88-3309159	501(C)(3)	13,850.	9,628.	FMV	PET PRODUCTS	ANIMALS
						APPAREL,	
BERKELEY-EAST BAY HUMANE SOCIETY						HYGIENE	
2700 NINTH STREET						PRODUCTS, PET	SUPPORT FOR HUNGER &
BERKELEY, CA 94710	94-1347069	501(C)(3)	0.	56,096.	FMV	PHARMACEUTICALS	POVERTY, RESCUED ANIMAL

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	1
(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
BLIND CAT RESCUE & SANCTUARY, INC.							
3101 E. GREAT MARSH CHURCH ROAD							SUPPORT FOR RESCUED
ST. PAULS, NC 28384	20-3410498	501(C)(3)	15,737.	10,662.	FMV	PET PRODUCTS	ANIMALS
BORDERLANDS RESTORATION NETWORK							SUPPORT FOR
PO BOX 121							PROTECTING/RESTORING
PATAGONIA, AZ 85624	47-2581032	501(C)(3)	0.	19,843.	FMV	PLANTING SEEDS	ENVIRONMENT
DOWN ING. CDEEN (WADDEN, COUNTY, WINANE							
BOWLING GREEN/WARREN COUNTY HUMANE SOCIETY - 1924 LOUISVILLE ROAD -							SUPPORT FOR RESCUED
BOWLING GREEN, KY 42101	61-0653278	501/C)/3)	0.	8,513.	EW77	PET PRODUCTS	ANIMALS
BOWLING GREEN, RI 42101	01 0033270	301(0/(3/	· · ·	0,313.	r riv	APPAREL,	ANTEADS
BOYS & GIRLS CLUBS OF THE NORTH						HOUSEWARE,	
VALLEY - 601 WALL STREET - CHICO,						CHILDREN'S	SUPPORT FOR HUNGER &
CA 95928	68-0294846	501(C)(3)	0.	31,587.	FMV	TOYS	POVERTY
				, -		APPAREL,	
BULLY BABY RESCUE						HYGIENE	
6953 LA VALLEE KINGSHILL						PRODUCTS, PET	SUPPORT FOR HUNGER &
SAINT CROIX, VI 00850	27-3661758	501(C)(3)	0.	263,348.	FMV	FOOD, PET	POVERTY, RESCUED ANIMALS
BULLY BABY RESCUE							
6953 LA VALLEE						PET	SUPPORT FOR RESCUED
KINGSHILL, VI 00850	27-3661758	501(C)(3)	6,500.	2,939.	FMV	PHARMACEUTICALS	ANIMALS
BUTTE HUMANE SOCIETY							
13391 GARNER LANE						PET FOOD, PET	SUPPORT FOR RESCUED
CHICO, CA 95973	94-1580621	501(C)(3)	0.	36,720.	FMV	PRODUCTS	ANIMALS
CABOT ANIMAL SUPPORT SERVICES							
2951 S. FIRST ST						PET FOOD, PET	SUPPORT FOR RESCUED
CABOT, AR 72023	71-0334905	501(C)(3)	0.	131,491.	FMV	PRODUCTS	ANIMALS
CALIFORNIA LABRADORS RETRIEVERS	,1 0334703		1	131,431.		I RODOCID	111111111111111111111111111111111111111
AND MORE RESCUE - 825 COLLEGE							
BLVD, STE 102 PMB 356 - OCEANSIDE,							SUPPORT FOR RESCUED
CA 92057	45-1589323	501(C)(3)	6,117.	5,317.	FMV	PET PRODUCTS	ANIMALS

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) 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
CAPITAL HUMANE SOCIETY							
2320 PARK BLVD							SUPPORT FOR RESCUED
LINCOLN, NE 68502	47-0376622	501(C)(3)	10,000.	0.			ANIMALS
CARA'S HOUSE						PET	
9894 AIRLINE HWY							SUPPORT FOR RESCUED
SORRENTO, LA 70778	90-0877497	501(C)(3)	4,063.	66,424.	FMV	, PET PRODUCTS	ANIMALS
CASTLE OF DREAMS ANIMAL RESCUE							
434 CLIFFWOOD AVE							SUPPORT FOR RESCUED
CLIFFWOOD, NJ 07721	20-0034726	501(C)(3)	0.	30,575.	FMV	PET PRODUCTS	ANIMALS
				55,575			
CAT FRIENDS							
P.O. BOX 240052						PET FOOD, PET	SUPPORT FOR RESCUED
HONOLULU, HI 96824	99-0347808	501(C)(3)	0.	115,702.	FMV	PRODUCTS	ANIMALS
CAT TALES INC							
PO BOX 165	25 24 22 22	504 (5) (0)	0.40=	2 - 4 - 2		L	SUPPORT FOR RESCUED
WARMINSTER, PA 18974	35-2182828	501(C)(3)	3,107.	3,540.	FMV	PET PRODUCTS	ANIMALS
CATNIP FOUNDATION							
82060 HIGHWAY 25						PET FOOD, PET	SUPPORT FOR RESCUED
FOLSOM, LA 70437	47-4528787	501(C)(3)	290.	83,267.	FMV	PRODUCTS	ANIMALS
CAUSE 4 PAWS PET FOOD BANK							
7201 E SOLANO DR							SUPPORT FOR RESCUED
SCOTTSDALE, AZ 85250	46-2714043	501(C)(3)	0.	538,242.	EW7	PET FOOD, PET PRODUCTS	ANIMALS
SCOTISDADE, AZ 03230	40 2714043	501(0/(5/	· ·	330,242.	PHV	FRODUCTS	ANTIMALO
CC'S CUPBOARD PET FOOD PANTRY							
26700 HIGHLAND RD						PET FOOD, PET	SUPPORT FOR RESCUED
RICHMOND HEIGHTS, OH 44143	84-4484018	501(C)(3)	0.	1,055,001.	FMV	PRODUCTS	ANIMALS
·				•		APPAREL,	
CENTRAL CALIFORNIA ANIMAL DISASTER						HYGIENE	
TEAM - 5132 N PALM AVE. #113 -						PRODUCTS, PET	SUPPORT FOR HUNGER &
FRESNO, CA 93704	45-1686477	501(C)(3)	10,000.	28,068.	FMV	PRODUCTS	POVERTY, RESCUED ANIMALS

Page 1

Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(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
CHARITY HQ						PET	
4301 NORTHEAST LAURELHURST PLACE						PHARMACEUTICALS	SUPPORT FOR RESCUED
PORTLAND, OR 97213	87-1402056	501(C)(3)	0.	22,789.	FMV	, PET PRODUCTS	ANIMALS
CHARLESTON ANIMAL SOCIETY						PET	
2455 REMOUNT ROAD						PHARMACEUTICALS	SUPPORT FOR RESCUED
NORTH CHARLESTON, SC 29406	57-6021863	501(C)(3)	1,500.	7,254.	FMV	PET PRODUCTS	ANIMALS
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,	
CHAR-WILLS GERMAN SHEPHERD RESCUE						PET	
P.O. BOX 132						PHARMACEUTICALS	SUPPORT FOR RESCUED
NEW RINGGOLD, PA 17960	47-4295233	501(C)(3)	7,450.	40,162.	FMV	, PET PRODUCTS	ANIMALS
CHERISHED TAILS SENIOR SANCTUARY							
33817 EAGLET RD							SUPPORT FOR RESCUED
MARANA, AZ 85658	82-0814145	501(C)(3)	5,250.	0.			ANIMALS
,			,=				
CITRUS COUNTY ANIMAL SERVICES							
4030 S. AIRPORT RD							SUPPORT FOR RESCUED
INVERNESS , FL 34450	59-6000548	501(C)(3)	5,000.	3,120.	FMV	PET PRODUCTS	ANIMALS
						PET FOOD, PET	
CITY HELP INC OF PHOENIX, DBA						PRODUCTS,	
PHOENIX DREAM CENTER - 3210 GRAND						STORAGE	SUPPORT FOR RESCUED
AVE - PHOENIX, AZ 85017	86-1001113	501(C)(3)	0.	4,323,969.	FMV	SUPPLIES	ANIMALS
CITY OF DOTHAN ANIMAL SERVICES						PET	
295 JERRY DRIVE , SELECT						PHARMACEUTICALS	SUPPORT FOR RESCUED
DOTHAN, AL 36303	63-6001243	CITY OF DOTHAN	0.	101,476.	FMV	PET PRODUCTS	ANIMALS
CITY OF LOS ANGELES DEPARTMENT OF			-	, -			
ANIMAL SERVICES - 221 N FIGUEROA							
ST , SUITE 600 - LOS ANGELES, CA							SUPPORT FOR RESCUED
90012	95-6000735	CITY OF LOS ANGE	385.	5,387.	FMV	PET PRODUCTS	ANIMALS
CITY OF SACRAMENTO - FRONT STREET							
ANIMAL SHELTER - 2127 FRONT STREET	04 6000410	CIMY OF CACRAMEN	_		EW7	DEM DDODIGMS	SUPPORT FOR RESCUED
- SACRAMENTO, CA 95818	94-6000410	CITY OF SACRAMEN	0.	7,176.	L.W.∧	PET PRODUCTS	ANIMALS

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa	rt II.)	10 1010013 Fac
(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
CLARKSDALE ANIMAL RESCUE EFFORT &							
SHELTER (CARES) - 1645 DESOTO							SUPPORT FOR RESCUED
AVENUE - CLARKSDALE, MS 38614	45-3765360	501(C)(3)	0.	11,120.	FMV	PET PRODUCTS	ANIMALS
CODY'S FRIENDS							
P.O. BOX 36502						PET FOOD, PET	SUPPORT FOR RESCUED
TUCSON, AZ 85704	47-4052727	501(C)(3)	0.	1,993,363.	FMV	PRODUCTS	ANIMALS
COLORADO HORSE RESCUE NETWORK						DEM	GIIDDODE EOD DEGGIED
38705 BIG SPRINGS RD	47-2431562	E01/G\/3\	2 100	96,124.	EW17	PET PHARMACEUTICALS	SUPPORT FOR RESCUED ANIMALS
RUSH, CO 80833	47-2431302	501(C)(3)	2,100.	90,124.	FMV	PHARMACEUTICALS	ANIMALS
COLORADO PET PANTRY							
P.O. BOX 323						PET FOOD, PET	SUPPORT FOR RESCUED
BOULDER, CO 80306	45-4210185	501(C)(3)	0.	424,786.	FMV	PRODUCTS	ANIMALS
201							
COLUMBUS HUMANE						PET FOOD, PET	GIIDDODE EOD DEGGIED
3015 SCIOTO DARBY EXECUTIVE COURT HILLIARD , OH 43026	31-4379492	501(C)(3)	0.	1,713,857.	FMV	PRODUCTS, PET PHARMACEUTICALS	SUPPORT FOR RESCUED ANIMALS
midding, on 19020	31 13/3131	301(0)(3)	1	1,710,007.			
COMMUNITY ACTION NORTH BAY							
416 UNION AVE.							SUPPORT FOR HUNGER &
FAIRFIELD, CA 94533	68-0041385	501(C)(3)	0.	75,500.	FMV	APPAREL	POVERTY
COMPASSIONATE ANIMAL RESCUE FOR							
MEDICAL AID - 27672 CROWN VALLEY							SUPPORT FOR RESCUED
PARKWAY - MISSION VIEJO, CA 92691	45-3324735	501(C)(3)	0.	20,730.	FMV	PET FOOD	ANIMALS
,							
CONNECTICUT HUMANE SOCIETY							
701 RUSSELL ROAD						PET FOOD, PET	SUPPORT FOR RESCUED
NEWINGTON, CT 06111	06-0667605	501(C)(3)	175.	398,454.	FMV	PRODUCTS	ANIMALS
CRITTER CAMP EXOTIC PET SANCTUARY							
824 CHURCH STREET							SUPPORT FOR RESCUED
GERMAN VALLEY, IL 61039	20-4170986	501(C)(3)	4,500.	4,961.	FMV	PET PRODUCTS	ANIMALS

Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	<u> </u>
(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
CROSSING PATHS ANIMAL RESCUE 210 DEAVERS TOWN ROAD CLEVELAND, AL 35049	06-1803505	501(C)(3)	38,515.	0.			SUPPORT FOR RESCUED
DARBSTER FOUNDATION DBA DARBSTER RESCUE - 109 DOVER ROAD - CHICHESTER, NH 03258	27-0879529	501(C)(3)	21,509.	0.			SUPPORT FOR RESCUED
DAYS END FARM HORSE RESCUE 1372 WOODBINE ROAD WOODBINE, MD 21797	52-1759077	501(C)(3)	0.	85,574.	FMV	PET PHARMACEUTICALS	SUPPORT FOR RESCUED ANIMALS
DELAWARE HUMANE ASSOCIATION 701 A STREET WILMINGTON, DE 19801	51-0082499	501(C)(3)	0.	58,905.	FMV	PET FOOD, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
DEPARTMENT OF VETERANS AFFAIRS DBA MIAMI VA HEALTHCARE SYSTEM - 1201 NW 16TH STREET - MIAMI, FL 33186	74-1612229	GOVT.	0.	14,728.	FMV	APPAREL, HYGIENE PRODUCTS, PET PRODUCTS	SUPPORT FOR HUNGER & POVERTY, RESCUED ANIMALS
DEPARTMENT OF VETERANS AFFAIRS DBA PHOENIX VA HEALTH CENTER - 650 E INDIAN SCHOOL ROAD - PHOENIX, AZ 85012	74-1612229	GOVT.	0.	30,594.		APPAREL, HYGIENE PRODUCTS, PET PRODUCTS	SUPPORT FOR HUNGER & POVERTY, RESCUED ANIMALS
EDEN ANIMAL HAVEN 1649 E 562ND ROAD BRIGHTON, MO 65617-7159	47-1992772	501(C)(3)	7,139.	0.			SUPPORT FOR RESCUED ANIMALS
EL FARO DE LOS ANIMALES, INC. PO BOX 637 PUNTA SANTIAGO PUNTA SANTIAGO, PR 00741	66-0601885	501(C)(3)	21,725.	0.			SUPPORT FOR RESCUED ANIMALS
ELMBROOK HUMANE SOCIETY 20950 ENTERPRISE AVE BROOKFIELD, WI 53045	39-6091712	501(C)(3)	6,630.	7,988.	FMV	PET PHARMACEUTICALS , PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa	art II.)	T ago
(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
FANCY CATS & DOGS RESCUE TEAM							
13110 PELFREY LANE							SUPPORT FOR RESCUED
FAIRFAX, VA 22033	54-1859914	501(C)(3)	6,974.	0.			ANIMALS
			,,,,,,				
FEEDING FURRY FRIENDS							
21233 LITHIUM ST NW						PET FOOD, PET	SUPPORT FOR RESCUED
MINNEAPOLIS, MN 55303	83-2754250	501(C)(3)	0.	2,364,583.	FMV	PRODUCTS	ANIMALS
						APPAREL,	
FEEDING TAMPA BAY						HYGIENE	
4702 TRANSPORT DRIVE, BUILDING 6						PRODUCTS, PET	SUPPORT FOR HUNGER &
TAMPA, FL 33605	59-2116576	501(C)(3)	10,000.	2,384,231.	FMV	FOOD, PET	POVERTY, RESCUED ANIMALS
FELINES & CANINES							
6379 N PAULINA STREET							SUPPORT FOR RESCUED
CHICAGO, IL 60660	36-2922975	501(C)(3)	0.	11,985.	FMV	PET PRODUCTS	ANIMALS
FENCES FOR FIDO						DEE 100D DEE	GUDDODE FOR REGUIED
PO BOX 42265	30-0554675	501/C\/3\	889.	63,226.	EM77	PET FOOD, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
PORTLAND, OR 97242	30-0354673	501(C)(3)	869.	63,226.	FMV	PRODUCTS	ANIMALS
FERAL CAT CARETAKERS COALITION							
11956 DOROTHY STREET , #7						PET FOOD, PET	SUPPORT FOR RESCUED
LOS ANGELES, CA 90049	95-4781600	501(C)(3)	0.	322,433.	FMV	PRODUCTS	ANIMALS
,				,			
FERNDALE CAT SHELTER							
821 LIVERNOIS						PET FOOD, PET	SUPPORT FOR RESCUED
FERNDALE, MI 48220	47-0979290	501(C)(3)	0.	708,523.	FMV	PRODUCTS	ANIMALS
FIX WEST TEXAS							
5023 PRINCETON AVE, STE 17						PET FOOD, PET	SUPPORT FOR RESCUED
MIDLAND, TX 79703	84-4108520	501(C)(3)	0.	118,786.	FMV	PRODUCTS	ANIMALS
FLORIDA KEYS SPCA							
5230 COLLEGE RD	CE 000156:	F01/G\/3\		2 22 4	7347	DEED DROPESSES	SUPPORT FOR RESCUED
KEY WEST, FL 33040	65-0891564	DOT(C)(3)	49.	8,334.	L.W.∧	PET PRODUCTS	ANIMALS

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	- Fage
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FOOD BANK OF EL DORADO COUNTY 4550 BUSINESS DR CAMERON PARK, CA 95682	68-0457594	501(C)(3)	0.	27,772.	FMV	APPAREL, HYGIENE PRODUCTS, PET PRODUCTS	SUPPORT FOR HUNGER & POVERTY, RESCUED ANIMALS
FRESNO HUMANE ANIMAL SERVICES 760 W NIELSEN AVE FRESNO, CA 93706	47-4798338	501(c)(3)	0.	124,325.	FMV	PET FOOD, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
FRIENDLY FERALS 90-06 71ST AVENUE FOREST HILLS, NY 11375	26-2249492	501(C)(3)	0.	2,926,919.	FMV	PET FOOD, PET	SUPPORT FOR RESCUED
FRIENDS INVOLVED IN DOG OUTREACH / FIDO PET FOOD BANK - 14186 FIR STREET - OREGON CITY, OR 97045	34-1987249	501(C)(3)	0.	5,247.	FMV	PET PRODUCTS	SUPPORT FOR RESCUED
FRIENDS OF CABOT ANIMAL SUPPORT SERVICES - 2951 S. FIRST ST - CABOT, AR 72023	85-2249842	501(C)(3)	0.	320,870.	FMV	PET FOOD, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
FRIENDS OF CHARLOTTE-MECKLENBURG ANIMAL SERVICES - 8315 BYRUM DR - CHARLOTTE, NC 28217	85-2684463	501(C)(3)	0.	14,928.	FMV	PET PHARMACEUTICALS	SUPPORT FOR RESCUED
FRIENDS OF DALLAS ANIMAL SERVICES 3333 LEE PKWY, STE. 600 DALLAS, TX 75219	83-4099633	501(C)(3)	0.	72,000.	FMV	PET PRODUCTS	SUPPORT FOR RESCUED
FRIENDS OF MONTGOMERY COUNTY ANIMALS - PO BOX 386 - GERMANTOWN, MD 20875	23-7370815	501(C)(3)	6,000.	5,473.	FMV	PET PRODUCTS	SUPPORT FOR RESCUED
FRIENDS OF PIMA ANIMAL CARE CENTER PO BOX 85370 TUCSON, AZ 85754	47-4160770	501(C)(3)	0.	999,887.	FMV	PET FOOD, PET PRODUCTS, PET PHARMACEUTICALS	SUPPORT FOR RESCUED

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Part II Continuation of Grants and Other A	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(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
FRIENDS OF RUSSELL COUNTY ANIMALS 447 DENNISON CHAPEL RD. LEBANON, VA 24266	81-0983361	501(C)(3)	0.	6,978.	FMV	PET PRODUCTS	SUPPORT FOR RESCUED
FROSTED FACES FOUNDATION 1448 PINE ST RAMONA, CA 92065	47-1274069	501(C)(3)	0.	6,940.	FMV	PET PHARMACEUTICALS	SUPPORT FOR RESCUED ANIMALS
GALVESTON COUNTY CONTINUUM OF CARE COUNCIL - 4700 BROADWAY, SUITE E100A - GALVESTON, TX 77551	85-1328908	501(C)(3)	0.	15,554.	FMV	APPAREL, HYGIENE PRODUCTS, PET PRODUCTS	SUPPORT FOR HUNGER &
GAP MINISTRIES COMMUNITY WAREHOUSE 2025 WEST HIGHWAY DRIVE TUCSON, AZ 85705	99-9987861	501(C)(3)	0.	408,774.		PET FOOD, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
GATEWAY PET GUARDIANS 725 N. 15TH STREET EAST ST. LOUIS, IL 62205	26-0096240	501(C)(3)	5,000.	6,180,432.	FMV	APPAREL, HYGIENE PRODUCTS, PET FOOD, PET	SUPPORT FOR HUNGER & POVERTY, RESCUED ANIMALS
GEORGIA JACK RUSSELL RESCUE 2008 BETHEL RD. NE CONYERS, GA 30012	20-8818021	501(C)(3)	2,000.	3,996.	FMV	PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
GIVE A DOG A HOME RESCUE 187 DOWNS ROAD SEBEC, ME 04481	27-5241306	501(C)(3)	110.	97,358.	FMV	PET FOOD, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
GIVE ME SHELTER PROJECT 47-48 196 STREET FLUSHING, NY 11358	45-3207025	501(C)(3)	10,215.	0.			SUPPORT FOR RESCUED ANIMALS
GLEANING FOR THE WORLD, INC. 7539 STAGE ROAD , P.O. BOX 645 CONCORD, VA 24538	54-1930105	501(C)(3)	0.	1,106,176.	FMV	PET FOOD, PET PRODUCTS	SUPPORT FOR RESCUED

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	ırt II.)	ray
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GOD'S DOGS RESCUE							
12750 TRAWALTER LANE						PET FOOD, PET	SUPPORT FOR RESCUED
VON ORMY, TX 78073	47-2023186	501(C)(3)	0.	449,783.	FMV	PRODUCTS	ANIMALS
GOOD SHEPHERD HUMANE SOCIETY / AR							
6486 HWY 62 W						PET FOOD, PET	SUPPORT FOR RESCUED
EUREKA SPRINGS, AR 72632	71-0458910	501(C)(3)	0.	1,054,226.	EW/	PRODUCTS	ANIMALS
Editinal Strangs, Inc. 72002	71 0130310	301(0)(3)	1	1,031,220.		INOBOCID	
GOOD WORLD ANIMAL RESCUE AND							
PROTECTION - 404 GARDEN STATE							SUPPORT FOR RESCUED
DRIVE - CHERRY HILL, NJ 08002	84-3779390	501(C)(3)	6,586.	0.			ANIMALS
GREAT LAKES BENGAL RESCUE							
10720 HITE CREEK ROAD						PET FOOD, PET	SUPPORT FOR RESCUED
LOUISVILLE, KY 40241	26-1120616	501(C)(3)	0.	1,617,695.	FMV	PRODUCTS	ANIMALS
						APPAREL,	
GREATER BIRMINGHAM HUMANE SOCIETY						HYGIENE	
300 SNOW DRIVE						PRODUCTS, PET	SUPPORT FOR HUNGER &
BIRMINGHAM, AL 35209-6301	63-0288810	501(C)(3)	17,985.	1,996,606.	FMV	FOOD, PET	POVERTY, RESCUED ANIMALS
GREENHILL HUMANE SOCIETY							
88530 GREEN HILL RD						PET FOOD, PET	SUPPORT FOR RESCUED
EUGENE, OR 97402	93-0467412	501(C)(3)	175.	114,120.	FMV	PRODUCTS	ANIMALS
	70 0107111	552(5)(5)	175.			11.020012	
GULF COAST HUMANE SOCIETY							
2010 ARCADIA STREET						PET FOOD, PET	SUPPORT FOR RESCUED
FORT MYERS, FL 39916	59-0806978	501(C)(3)	1,970.	39,000.	FMV	PRODUCTS	ANIMALS
				-			
HALFWAY HOME ANIMAL RESCUE							
4160 SHADES BRIDGE RD						PET FOOD, PET	SUPPORT FOR RESCUED
GREENFIELD, TN 38230	84-4375710	501(C)(3)	0.	43,458.	FMV	PRODUCTS	ANIMALS
WANTE A MEADE DEED CUSTOME							
HAVE A HEART PET SHELTER							GIIDDODM EOD DEGGUED
657 HIGHWAY 202 WEST	47_5419421	501/C\/3\	2 000	10 700	EMT7	DEM DDODUCMC	SUPPORT FOR RESCUED
YELLVILLE, AR 72687	47-5419421	DOT(C)(2)	3,000.	10,720.	L m A	PET PRODUCTS	ANIMALS

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	. ,	if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
HAWAIIAN HUMANE SOCIETY							
2700 WAIALAE AVENUE							SUPPORT FOR RESCUED
HONOLULU, HI 96826	99-0073490	501(C)(3)	9,320.	0.			ANIMALS
HEARTS ALIVE VILLAGE							
1750 S RAINBOW BLVD #4						PET FOOD, PET	SUPPORT FOR RESCUED
LAS VEGAS, NV 89146	46-3622732	501(C)(3)	0.	985,562.	FMV	PRODUCTS	ANIMALS
HELEN SANDERS CATPAWS							
1198 PACIFIC COAST HWY, STE D-227							SUPPORT FOR RESCUED
SEAL BEACH, CA 90740	27-1400697	501(C)(3)	6,035.	0.			ANIMALS
HELPING PAWS ACROSS BORDERS							
16 CHAMISA RD						PET	SUPPORT FOR RESCUED
PLACITAS, NM 87043	46-4129178	501(C)(3)	0.	58,411.	FMV	PHARMACEUTICALS	ANIMALS
HENRY'S HOUSE, FERAL COMMUNITY,							
INC - 4365 COMMERCE DR BUFORD,						PET FOOD, PET	SUPPORT FOR RESCUED
GA 30518	81-2710918	501(C)(3)	0.	4,733,903.	FMV	PRODUCTS	ANIMALS
HOMEWARD BOUND CAT ADOPTIONS							
2675 E. FLAMINGO RD, SUITE #3							SUPPORT FOR RESCUED
LAS VEGAS, NV 89121	26-0569097	501(C)(3)	7,750.	0.			ANIMALS
HOMEWARD TRAILS ANIMAL RESCUE							
11116 FAIRFAX STATION RD.							SUPPORT FOR RESCUED
FAIRFAX STATION, VA 22039	32-0086630	501(C)(3)	50.	10,628.	FMV	PET PRODUCTS	ANIMALS
HORRY COUNTY ANIMAL CARE &				,,,			
ENVIRONMENTAL SERVICES - 1923							
INDUSTRIAL PARK ROAD - CONWAY, SC							SUPPORT FOR RESCUED
29526	57-6000365	HORRY COUNTY	8,000.	10,561.	FMV	PET PRODUCTS	ANIMALS
HORSE HAVEN OF TENNESSEE							
P.O. BOX 30393						PET	SUPPORT FOR RESCUED
KNOXVILLE, TN 37930	62-1791407	501(C)(3)	0.	95,920.	FMV		ANIMALS

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HOUNDHAVEN, INC.							
10051 DOG PATCH LANE							SUPPORT FOR RESCUED
MINNEOLA, FL 34715	59-3655448	501(C)(3)	9,876.	0.			ANIMALS
HOUSTON FOOD BANK							
535 PORTWALL STREET							SUPPORT FOR RESCUED
HOUSTON, TX 77029	74-2181456	501(C)(3)	0.	400,000.	FMV	PET PRODUCTS	ANIMALS
						APPAREL,	
HOUSTON HUMANE SOCIETY						HYGIENE	
14700 ALMEDA ROAD						PRODUCTS, PET	SUPPORT FOR HUNGER &
HOUSTON, TX 77053	74-1340341	501(C)(3)	10,255.	2,150,065.	FMV	FOOD, PET	POVERTY, RESCUED ANIMALS
HOHAMON DEMA ALTUM							
HOUSTON PETS ALIVE!							SUPPORT FOR RESCUED
2800 ANTOINE DR. #2854 HOUSTON, TX 77092	46-5455638	501(C)(3)	7,935.	0.			ANIMALS
HOOSTON, TX 77032	40 3433030	301(0/(3/	7,555.	· · ·			ANTEADS
HUB CITY HUMANE SOCIETY							
95 JACKSON ROAD							SUPPORT FOR RESCUED
HATTIESBURG, MS 39402	27-5160904	501(C)(3)	570.	7,285.	FMV	PET PRODUCTS	ANIMALS
HUMANE ANIMAL WELFARE SOCIETY OF						PET	GUDDODE FOR REGUED
WAUKESHA COUNTY - 701 NORTHVIEW RD	39-6108644	E01/G\/3\	1 000	14,284.	EM7	PHARMACEUTICALS PET PRODUCTS	SUPPORT FOR RESCUED
- WAUKESHA, WI 53188	39-0100044	501(C)(3)	1,000.	14,204.	FMV	, PET PRODUCTS	ANIMALS
HUMANE RESCUE ALLIANCE						PET FOOD, PET	
71 OGLETHORPE ST NW						PRODUCTS, PET	SUPPORT FOR RESCUED
WASHINGTON, DC 20011	53-0219724	501(C)(3)	1,525.	1,396,498.	FMV	PHARMACEUTICALS	ANIMALS
,			_, -,				
HUMANE SOCIETY NAPLES							
370 AIRPORT PULLING ROAD N						PET FOOD, PET	SUPPORT FOR RESCUED
NAPLES, FL 34104	59-1033966	501(C)(3)	0.	241,484.	FMV	PRODUCTS	ANIMALS
						DDD 7000	
HUMANE SOCIETY OF BROWARD COUNTY						PET FOOD, PET	GUDDODE FOR REGUES
2070 GRIFFIN ROAD	F0 (0003304	F01/G1/31	71 ,00	00.000	73.67	PRODUCTS, PET	SUPPORT FOR RESCUED
FT LAUDERDALE, FL 33312	59-6002321	DOT(C)(3)	71,499.	90,099.	F.W∧	PHARMACEUTICALS	ANIMALS

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HUMANE SOCIETY OF CARROLL COUNTY 2517 LITTLESTOWN PIKE WESTMINSTER, MD 21158	52-0689149	501(C)(3)	220.	172,443.	FMV	PET FOOD, PET	SUPPORT FOR RESCUED
HUMANE SOCIETY OF DICKSON COUNTY 311 TENNSCO DRIVE DICKSON, TN 37055	62-1330414	501(C)(3)	10,000.	0.			SUPPORT FOR RESCUED
HUMANE SOCIETY OF GREENWOOD 2820 AIRPORT ROAD GREENWOOD, SC 29649	57-0384155	501(C)(3)	0.	7,740.	FMV	PET PRODUCTS	SUPPORT FOR RESCUED
HUMANE SOCIETY OF JEFFERSON COUNTY 822 EPCO DRIVE DANDRIDGE, TN 37725	58-1393263	501(C)(3)	0.	17,558.	FMV	PET PHARMACEUTICALS , PET PRODUCTS	SUPPORT FOR RESCUED
HUMANE SOCIETY OF LACKAWANNA 967 GRIFFIN POND ROAD CLARKS SUMMIT, PA 18411	24-0831491	501(C)(3)	5,000.	40,920.	FMV	PET FOOD, PET PRODUCTS	SUPPORT FOR RESCUED
HUMANE SOCIETY OF MARION COUNTY INC 701 NW 14TH RD - OCALA, FL 34475	59-6196017	501(C)(3)	6,018.	0.			SUPPORT FOR RESCUED
HUMANE SOCIETY OF PUERTO RICO PO BOX 2387 GUAYNABO, PR 00970	66-0329776	501(C)(3)	20.	643,592.	FMV	PET FOOD, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
HUMANE SOCIETY OF SARASOTA COUNTY 2331 15TH STREET SARASOTA , FL 34237	59-6014943	501(C)(3)	0.	22,688.	FMV	PET PHARMACEUTICALS , PET PRODUCTS	SUPPORT FOR RESCUED
HUMANE SOCIETY OF SHEBOYGAN COUNTY 3107 N 20TH STREET SHEBOYGAN, WI 53083	39-1050684	501(C)(3)	4,381.	3,592.	FMV	PET PRODUCTS	SUPPORT FOR RESCUED

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HUMANE SOCIETY OF SOUTHERN ARIZONA							
635 W ROGER RD						PET FOOD, PET	SUPPORT FOR RESCUED
TUCSON, AZ 85705	86-0112798	501(C)(3)	0.	459,450.	FMV	PRODUCTS	ANIMALS
HUMANE SOCIETY OF STILLWATER							
1710 S. MAIN STREET						PET	SUPPORT FOR RESCUED
STILLWATER, OK 74074	73-1317491	501(C)(3)	19,080.	15,634.	FMV	PHARMACEUTICALS	ANIMALS
HUMANE SOCIETY OF TAOS DBA STRAY				25,772.			
HEARTS ANIMAL SHELTER - PO BOX							
622, 1200 ST FRANCIS LN - TAOS, NM							SUPPORT FOR RESCUED
87571	85-0342062	501(C)(3)	0.	13,094.	FMV	PET PRODUCTS	ANIMALS
HUMANE SOCIETY OF THE OHIO VALLEY							
90 MOUNT TOM RD							SUPPORT FOR RESCUED
MARIETTA, OH 45750	31-4393873	501(C)(3)	1,000.	4,654.	FMV	PET PRODUCTS	ANIMALS
HUMANE SOCIETY OF TULSA						PET FOOD, PET	
9521-B S. RIVERSIDE DRIVE, BOX 542	72 1571476	F01/G)/2)		661 755	T167	PRODUCTS, PET	SUPPORT FOR RESCUED
TULSA, OK 74137	73-1571476	501(C)(3)	0.	661,755.	F.W.	PHARMACEUTICALS	ANIMALS
HUMANE SOCIETY OF WEST MICHIGAN							
3077 WILSON DR. NW							SUPPORT FOR RESCUED
GRAND RAPIDS, MI 49534	38-1360926	501(C)(3)	0.	5,387.	FMV	PET PRODUCTS	ANIMALS
,				7 7 7 7 7			
HUMANE SOCIETY OF WESTERN MONTANA						PET	
P.O. BOX 1059, 5930 HWY 93 SOUTH						PHARMACEUTICALS	SUPPORT FOR RESCUED
MISSOULA, MT 59804	81-0290933	501(C)(3)	386.	8,460.	FMV	, PET PRODUCTS	ANIMALS
HUMANE SOCIETY OF WICHITA COUNTY							
4360 OLD IOWA PARK RD							SUPPORT FOR RESCUED
WICHITA FALLS, TX 76305	75-1154363	501(C)(3)	1,010.	11,859.	FMV	PET PRODUCTS	ANIMALS
HIMANITHY HEDOEC							
HUMANITY HEROES 28470 WITHERSPOON PKWY							SUPPORT FOR RESCUED
	85-0503023	501(C)(3)	0.	714,804.	EW//	PET FOOD, PET PRODUCTS	ANIMALS
VALENCIA, CA 91355	05-0503023	hor(c)(3)	<u>ı </u>	/14,004.	r m v	FYODOCIP	интипо

Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
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HUMPHREYS COUNTY HUMANE SOCIETY							
112 YOUNG ROAD							SUPPORT FOR RESCUED
WAVERLY, TN 37185	62-1651766	501(C)(3)	3,000.	10,192.	FMV	PET PRODUCTS	ANIMALS
			,	, -		PET	
IBERVILLE PARISH ANIMAL SHELTER						PHARMACEUTICALS	
AND CONTROL - 59815 BAYOU ROAD -						, PET	SUPPORT FOR RESCUED
PLAQUEMINE, LA 70764	72-0636914	IBERVILLE PARISH	17,905.	768,413.	FMV	PRODUCTS, PET	ANIMALS
IDAHO HUMANE SOCIETY							
1300 S. BIRD ST.						PET	SUPPORT FOR RESCUED
BOISE, ID 83709	82-0212536	501(C)(3)	7,420.	57,170.	FMV	PHARMACEUTICALS	ANIMALS
ILLINOIS EQUINE HUMANE CENTER, NFP							
47W635 BEITH ROAD						PET	SUPPORT FOR RESCUED
MAPLE PARK , IL 60151	26-3120493	501(C)(3)	0.	110,308.	FMV	PHARMACEUTICALS	ANIMALS
TWEED THE WINTERDING TOO CONTINUE							
INTERFAITH MINISTRIES FOR GREATER HOUSTON - 3202 SAN JACINTO ST						DEM HOOD DEM	SUPPORT FOR RESCUED
HOUSTON - 3202 SAN JACINIO SI	74-1488102	501(C)(3)	0.	153,600.	EW7	PET FOOD, PET PRODUCTS	ANIMALS
HOUSTON, 12 //004	74-1400102	501(0/(3/	0.	133,000.	FMV	FRODUCIS	ANTHALS
IOWA HUMANE ALLIANCE							
6540 6TH ST SW						PET FOOD, PET	SUPPORT FOR RESCUED
CEDAR RAPIDS, IA 52404	26-1992986	501(C)(3)	0.	1,321,348.	FMV	PRODUCTS	ANIMALS
,				, ,			
IT TAKES A VILLAGE ANIMAL RESCUE &							
RESOURCES - 1510 GRANDVIEW AVENUE							SUPPORT FOR RESCUED
SUITE 1 - MUSCATINE, IA 52761	86-2154869	501(C)(3)	3,632.	5,714.	FMV	PET PRODUCTS	ANIMALS
JACKSON COUNTY ANIMAL SHELTER							
86 COUNTY FARM RD.						PET FOOD, PET	SUPPORT FOR RESCUED
COTTAGEVILLE, WV 25239	55-6000331	JACKSON COUNTY	0.	46,201.	FMV	PRODUCTS	ANIMALS
						APPAREL,	
JAMESON HUMANE						HYGIENE	
1199 CUTTINGS WHARF ROAD						PRODUCTS, PET	SUPPORT FOR HUNGER &
NAPA, CA 94559	47-1230166	501(C)(3)	0.	96,468.	FMV	PRODUCTS, PET	POVERTY, RESCUED ANIMALS

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
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JEFFERSON PROTECTION AND ANIMAL							
WELFARE SERVICES - 2701 LAPALCO						PET	SUPPORT FOR RESCUED
BLVD - HARVEY, LA 70058	72-6013920	JEFFERSON PARISH	0.	63,850.	FMV	PHARMACEUTICALS	ANIMALS
				23,222		APPAREL,	
JESSE BROWN VA MEDICAL CENTER						HYGIENE	
820 S. DAMEN AVE						PRODUCTS, PET	SUPPORT FOR HUNGER &
CHICAGO, IL 60612	36-3957782	501(C)(3)	0.	32,608.	FMV	PRODUCTS	POVERTY, RESCUED ANIMALS
-				,			· ·
KANAWHA-CHARLESTON HUMANE							
ASSOCIATION - 1248 GREENBRIER ST.						PET FOOD, PET	SUPPORT FOR RESCUED
- CHARLESTON, WV 25311	55-0435381	501(C)(3)	0.	243,964.	FMV	PRODUCTS	ANIMALS
KANSAS CITY PET PROJECT							
7077 ELMWOOD AVE							SUPPORT FOR RESCUED
KANSAS CITY, MO 64132	45-3067615	501(C)(3)	2,060.	4,998.	FMV	PET PRODUCTS	ANIMALS
KAUAI SPCA							
P.O. BOX 1018				_			SUPPORT FOR RESCUED
KILAUEA, HI 96754	81-3486997	501(C)(3)	29,415.	0.			ANIMALS
KEEP OUR PETS FOOD BANK							
652 BELAIR AVE						PET FOOD, PET	SUPPORT FOR RESCUED
MURRELLS INLET, SC 29576	45-4480781	501(C)(3)	0.	806,867.	FM7	PRODUCTS	ANIMALS
HORREDE TREET, SC 23070	13 1100,01	301(0)(3)	•	000,007.		11020015	
KENTUCKY HUMANE SOCIETY						PET	
1000 LYNDON LANE, SUITE B						PHARMACEUTICALS	SUPPORT FOR RESCUED
LOUISVILLE, KY 40222	61-0463938	501(C)(3)	٥.	222,062.	FMV	PET PRODUCTS	ANIMALS
			-	, -		APPAREL,	
KENTUCKY RIVER REGIONAL ANIMAL						HYGIENE	
SHELTER - 194 ANIMAL SHELTER LN -						PRODUCTS, PET	SUPPORT FOR HUNGER &
HAZARD, KY 41701	61-1155329	501(C)(3)	5,000.	479,746.	FMV	FOOD, PET	POVERTY, RESCUED ANIMALS
•		·	, , ,	,		,	,
KITTY CITY, INC./THE PET							
COMPASSION CENTER - 3780 HOMEWOOD						PET FOOD, PET	SUPPORT FOR RESCUED
ROAD - MEMPHIS, TN 38118	45-3972342	501(C)(3)	0.	1,451,108.	FMV	PRODUCTS	ANIMALS

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	10 1010075 F2
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KURTH MEMORIAL ANIMAL SHELTER							
1901 HILL ST							SUPPORT FOR RESCUED
LUFKIN, TX 75904	75-6000591	CITY OF LUFKIN	20,250.	0.			ANIMALS
LAFAYETTE ANIMAL SHELTER & CARE							
CENTER - 410 N. DUGAS RD -						PET	SUPPORT FOR RESCUED
LAFAYETTE, LA 70507	72-1335255	501(C)(3)	1,878.	15,009.	FMV	PHARMACEUTICALS	ANIMALS
LAFOURCHE PARISH ANIMAL SHELTER						PET	
934 HIGHWAY 3185						PHARMACEUTICALS	SUPPORT FOR RESCUED
THIBODAUX, LA 70301	72-6000634	LAFOURCHE PARISH	2,800.	51,847.	FMV	, PET PRODUCTS	ANIMALS
LAKE LOWELL ANIMAL RESCUE 12888 PHEASANT CIR NAMPA, ID 83686	83-2356957	501(C)(3)	19,240.	35,929.	FMV	PET PHARMACEUTICALS , PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
LAKESHORE PAWS							
4611 EVANS AVE							SUPPORT FOR RESCUED
VALPARAISO, IN 46383	45-1658156	501(C)(3)	5,194.	0.			ANIMALS
,			, -				
LAST CHANCE ANIMAL RESCUE							
8500 BENSVILLE ROAD							SUPPORT FOR RESCUED
WALDORF, MD 20603	52-2328626	501(C)(3)	0.	6,460.	FMV	PET PRODUCTS	ANIMALS
LAUNCH LEEVILLE NON PROFIT DBA							
PAWSITIVE ENFORCEMENT PROJECT - PO						PET FOOD, PET	SUPPORT FOR RESCUED
BOX 487 - GOLDEN MEADOW, LA 70357	45-4564130	501(C)(3)	0.	167,932.	FMV	PRODUCTS	ANIMALS
LEFLORE COUNTY HUMANE SOCIETY							
601 IONE STREET	22 7212201	E01/G)/3)	11.	10 055	EM7	DEM DDODUCES	SUPPORT FOR RESCUED
GREENWOOD, MS 38930	23-7313381	DUI(C)(3)	116.	12,057.	h.W.A	PET PRODUCTS	ANIMALS
LIBERTY HUMANE SOCIETY							
235 JERSEY CITY BLVD							SUPPORT FOR RESCUED
JERSEY CITY, NJ 07305	22-3585263	501(C)(3)	3,000.	4,610.	FMV	PET PRODUCTS	ANIMALS

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	ırt II.)	
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LITTLE ANGELS PROJECT							
29348 ROADSIDE DR						PET FOOD, PET	SUPPORT FOR RESCUED
AGOURA HILLS, CA 91301	81-1635505	501 (C) (3)	0.	1,417,263.	EMT/	PRODUCTS	ANIMALS
LOS ANGELES COUNTY DEPARTMENT OF	01 1033303	301(0)(3)	0.	1,417,203.	r m v	F RODUCID	ANTHALS
ANIMAL CARE AND CONTROL - 5898						PET FOOD, PET	
						1	CIIDDODA EOD DECCIIED
CHERRY AVENUE - LONG BEACH, CA 90805	05 0000027	LOS ANGELES COUN	187.	2 014 570	EM7	PRODUCTS, PET PHARMACEUTICALS	SUPPORT FOR RESCUED ANIMALS
90805	95-9000927	LOS ANGELES COUN	107.	2,814,570.	r m v	PHARMACEUTICALS	ANIMALS
LOUDON COUNTY FRIENDS OF ANIMALS							
231 OLIGI CIRCLE							SUPPORT FOR RESCUED
LOUDON, TN 37774	46-3105831	501/C)/3\	8,730.	0.			ANIMALS
LOODON, IN 37774	40-3103631	501(C)(3)	6,730.	٠.			ANIMALS
LOUISA COUNTY ANIMAL SHELTER							
18 SACRED HEART AVE						PET FOOD, PET	SUPPORT FOR RESCUED
MINERAL, VA 23117	54-6001398	LOUISA COUNTY	0.	87,600.	EM/	PRODUCTS	ANIMALS
MINDIAND, VII ZOIII	34 0001330	ECCIBIT COUNTY	••	07,000.	I II V	T KODOCID	INTERES
LOUISIANA SPCA							
1700 MARDI GRAS BLVD						PET FOOD, PET	SUPPORT FOR RESCUED
NEW ORLEANS, LA 70114	72-0471368	501(C)(3)	500.	154,403.	FMV	PRODUCTS	ANIMALS
THE CREMENT, HI FOILI	72 0172300	301(0)(3)	300.	131,103.		INOBOCID	
LUCKY DOG ANIMAL RESCUE						PET	
5159 LANGSTON BOULEVARD						PHARMACEUTICALS	SUPPORT FOR RESCUED
ARLINGTON, VA 22207	30-0559037	501(C)(3)	12,140.	393,499.	FMV	PET PRODUCTS	ANIMALS
						,	
LUCKY DOG REFUGE							
36 PULASKI STREET							SUPPORT FOR RESCUED
STAMFORD, CT 06902	84-4146698	501(C)(3)	10,202.	0.			ANIMALS
,			,				
MARYLAND SPCA							
3300 FALLS RD						PET FOOD, PET	SUPPORT FOR RESCUED
BALTIMORE, MD 21211	52-6001558	501(C)(3)	0.	146,521.	FMV	PRODUCTS	ANIMALS
			••				
MEALS ON WHEELS MINISTRIES							
3001 ROBERTSON RD						PET FOOD, PET	SUPPORT FOR RESCUED
TYLER, TX 75701	23-7313019	L	0.	169,412.	L	PRODUCTS	ANIMALS

Schedule I (Form 990) GREATER G	OOD CHARI	TIES				2	20-4846675 Page
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
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MICHELSON FOUND ANIMALS FOUNDATION							
5060 W JEFFERSON BLVD						PET FOOD, PET	SUPPORT FOR RESCUED
LOS ANGELES, CA 90016	20-3944602	501(C)(3)	0.	209,720.	FMV	PRODUCTS	ANIMALS
MICHIGAN HUMANE SOCIETY						PET FOOD, PET	
30300 TELEGRAPH RD. STE. 220						PRODUCTS, PET	SUPPORT FOR RESCUED
BINGHAM FARMS, MI 48025	38-1358206	501(C)(3)	794.	3,643,593.	FMV	PHARMACEUTICALS	ANIMALS
MIDLANDS HUMANE SOCIETY							
1020 RAILROAD AVE							SUPPORT FOR RESCUED
COUNCIL BLUFFS, IA 51503	20-5105144	501(C)(3)	0.	6,313.	FMV	PET PRODUCTS	ANIMALS
econorii biorra, in orono	20 3103111	301(0)(3)	· ·	0,313.		THI TROBUCTS	IN III III III III II II II II II II II
MINN-KOTA PAWS							
2125 1ST AVE S						PET FOOD, PET	SUPPORT FOR RESCUED
FARGO, ND 58103	30-0245020	501(C)(3)	0.	306,360.	FMV	PRODUCTS	ANIMALS
MISFIT ANGELS OF SOUTH JERSEY							
12 N HOOD AVE							SUPPORT FOR RESCUED
AUDUBON, NJ 08106	84-4352415	501(C)(3)	0.	7,535.	FMV	PET PRODUCTS	ANIMALS
MOVIMIENTO SOCIAL PRO BIENESTAR				7,111		APPAREL,	
ANIMAL CORP - QUINTAS DE CUPEY						HYGIENE	
A-11 14TH STEET - SAN JUAN, PR						PRODUCTS, PET	SUPPORT FOR HUNGER &
00926	66-0866412	501(C)(3)	0.	94,713.	FMV	FOOD, PET	POVERTY, RESCUED ANIMALS
MUTTVILLE							
255 ALABAMA ST						PET	SUPPORT FOR RESCUED
SAN FRANCISCO, CA 94103	26-0416747	501(C)(3)	0.	9,144.	FMV	PHARMACEUTICALS	ANIMALS
			-	, -		APPAREL,	
NASHVILLE HUMANE ASSOCIATION						HYGIENE	
213 OCEOLA AVE						PRODUCTS, PET	SUPPORT FOR HUNGER &
NASHVILLE, TN 37209	62-0672999	501(C)(3)	0.	512,020.	FMV	FOOD, PET	POVERTY, RESCUED ANIMALS
NAMIONAL AIDEDALE DECOME INC							
NATIONAL AIREDALE RESCUE, INC. 8524 MAGGIE AVE.							SUPPORT FOR RESCUED
•	27-0054363	501(C)(3)	2,000.	4,004.	EW7	PET PRODUCTS	ANIMALS
LAS VEGAS, NV 89143-1326	21-0034303	DOT(C)(3)	2,000.	4,004.	T. 1.1 A	ETI FRODUCTS	ANIMALS

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
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NATIVE AMERICAN CONNECTIONS							
4520 N. CENTRAL AVE., SUITE 600							SUPPORT FOR RESCUED
PHOENIX, AZ 85012	86-0293585	501(C)(3)	0.	5,321.	FMV	PET PRODUCTS	ANIMALS
NEVADA SPCA							
5375 PROCYON STREET SUITE 108						PET FOOD, PET	SUPPORT FOR RESCUED
LAS VEGAS, NV 89118	88-0187383	501(C)(3)	15.	327,386.	FMV	PRODUCTS	ANIMALS
NEW ENGLAND EQUINE RESCUE (NEER)						PET	
NORTH, INC - 52 ASH STREET - WEST						PHARMACEUTICALS	SUPPORT FOR RESCUED
NEWBURY, MA 01985	45-4007146	501(C)(3)	0.	78,891.	FMV	, PET PRODUCTS	ANIMALS
NEW WANDSWIFE GDGA							
NEW HAMPSHIRE SPCA							GUDDODE HOD DEGGUED
P.O. BOX 196, 104 PORTSMOUTH AVENUE STRATHAM, NH 03885	02-6000614	501/C\/3\	0.	5,893.	EM77	PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
STRATIAN, NO 03003	02-0000014	301(0)(3)	0.	3,093.	FHV	FEI FRODUCIS	ANIMALIS
NO KILL LOUISVILLE							
P.O. BOX 6655						PET FOOD, PET	SUPPORT FOR RESCUED
LOUISVILLE, KY 40206	27-2368180	501(C)(3)	0.	69,018.	FMV	PRODUCTS	ANIMALS
NORTH BAY ANIMAL SERVICES							
840 HOPPER ST						PET FOOD, PET	SUPPORT FOR RESCUED
PETALUMA , CA 94952	82-4614629	501(C)(3)	0.	156,000.	FMV	PRODUCTS	ANIMALS
NORTHERN OKLAHOMA HUMANE SOCIETY							
900 W PROSPECT AVE							SUPPORT FOR RESCUED
PONCA CITY, OK 74601	73-1245251	501(C)(3)	2,110.	18,745.	FMV	PET PRODUCTS	ANIMALS
NYE COUNTY ANIMAL SHELTER						DEE 1005 555	GUDDODE HOD DEGGES
2101 E CALVADA BLVD SUITE 200	00 6000111	NVE COUNTY		05 007	EW7	PET FOOD, PET	SUPPORT FOR RESCUED
PAHRUMP, NV 89048	88-6000111	NIE COUNTY	0.	85,987.	t ti ∧	PRODUCTS	ANIMALS
OKLAHOMA PET COLLECTIVE SOCIETY							
128 S 122ND EAST AVE							SUPPORT FOR RESCUED
TULSA, OK 74128	85-4369910	501(C)(3)	1,602.	8,044.	FMV	PET PRODUCTS	ANIMALS

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa	rt II.)	1
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OLD FRIENDS SENIOR DOGS, INC.							
765 NONAVILLE ROAD						PET	SUPPORT FOR RESCUED
MOUNT JULIET, TN 37122	45-5084188	501(C)(3)	0.	17,034.	FMV	PHARMACEUTICALS	ANIMALS
OPERATION KINDNESS							
3201 EARHART DRIVE	75 1552250	F01/G)/2)		1.60 402	T167	PET FOOD, PET PRODUCTS	SUPPORT FOR RESCUED
CARROLLTON, TX 75006	75-1553350	501(C)(3)	0.	160,423.	F.W.		ANIMALS
OREGON HUMANE SOCIETY						APPAREL, HYGIENE	
1067 NE COLUMBIA BLVD						PRODUCTS PET	SUPPORT FOR HUNGER &
PORTLAND , OR 97211	93-0386880	501/C)/3)	0.	105,809.	EM77	FOOD, PET	POVERTY, RESCUED ANIMALS
ORGANIZATION OF HOPE (BRIDGING	33-0300000	301(0)(3)	0.	103,803.	r m v	FOOD, FEI	FOVERIT, RESCUED ANIMALS
HOPE) - 218 EAST LEXINGTON STREET,							
SUITE 600/601 - BALTIMORE, MD						PET FOOD, PET	SUPPORT FOR RESCUED
21202	30-0590424	501(C)(3)	0.	18,623.	FMV	PRODUCTS	ANIMALS
	00 0000121		•	20,020.		111020012	
OTRA MAS							
27252, CALLE ARROYO						PET	SUPPORT FOR RESCUED
SAN JUAN CAPISTRANO, CA 92675	46-3891778	501(C)(3)	0.	89,548.	FMV	PHARMACEUTICALS	ANIMALS
PALM BEACH SHELTER DOG PROJECT							
2770 TWIN OAKS WAY	47 2252154	F01/G)/2)		F 000	T167	DEE DEODIGE	SUPPORT FOR RESCUED
WELLINGTON, FL 33414	47-3353154	501(C)(3)	0.	5,809.	F.W.	PET PRODUCTS	ANIMALS
PALM VALLEY ANIMAL SOCIETY							
P.O. BOX 1829						PET FOOD, PET PRODUCTS, PET	SUPPORT FOR RESCUED
EDINBURG, TX 78540	74-1819910	501 (C) (3)	0.	1,225,621.	EW7	PHARMACEUTICALS	ANIMALS
EDINDONG, IX 70340	74 1013310	301(0/(3/	0.	1,223,021.	r riv	INAMIACEOTICALS	ANTEADS
PANOLA COUNTY HUMANE SOCIETY							
468 WOODLAND ROAD							SUPPORT FOR RESCUED
BATESVILLE, MS 38606	64-0933775	501(C)(3)	0.	12,385.	FMV	PET PRODUCTS	ANIMALS
			· ·	22,533.			
PAW SALVATION INC							
PO BOX 489 POSEN						PET FOOD, PET	SUPPORT FOR RESCUED
POSEN, IL 60469	83-2619561	501(C)(3)	0.	369,677.	FMV	PRODUCTS	ANIMALS

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PAWS ATLANTA							
5287 COVINGTON HIGHWAY							SUPPORT FOR RESCUED
DECATUR, GA 30035	58-6074088	501(C)(3)	8,470.	0.			ANIMALS
PAZA TREE OF LIFE							
1005 MITMAN ROAD							SUPPORT FOR RESCUED
EASTON, PA 18040	83-3581282	501(C)(3)	0.	94,428.	FMV	PET PRODUCTS	ANIMALS
PEARL RIVER COUNTY SPCA							
1700 PALESTINE ROAD, PO BOX 191						PET FOOD, PET	SUPPORT FOR RESCUED
PICAYUNE, MS 39466	64-0798887	501(C)(3)	0.	370,830.	FMV	PRODUCTS	ANIMALS
				2,2,222			
PEGGY ADAMS ANIMAL RESCUE LEAGUE							
3200 N. MILITARY TRAIL						PET	SUPPORT FOR RESCUED
WEST PALM BEACH, FL 33409	59-0637811	501(C)(3)	0.	75,272.	FMV	PHARMACEUTICALS	ANIMALS
				,			
PENINSULA SPCA							
523 J CLYDE MORRIS BLVD							SUPPORT FOR RESCUED
NEWPORT NEWS, VA 23601	54-0676370	501(C)(3)	6,065.	0.			ANIMALS
PENNSYLVANIA SOCIETY FOR THE							
PREVENTION OF CRUELTY TO ANIMALS						PET FOOD, PET	
(PSPCA) - 350 EAST ERIE AVE						PRODUCTS, PET	SUPPORT FOR RESCUED
PHILADELPHIA, PA 19134	23-1352269	501(C)(3)	6,916.	844,185.	FMV	PHARMACEUTICALS	ANIMALS
PET FOOD PANTRY OF EASTERN NC							
PO BOX 2492						PET FOOD, PET	SUPPORT FOR RESCUED
GREENVILLE, NC 27836	47-1475565	501(C)(3)	0.	388,367.	FMV	PRODUCTS	ANIMALS
·				•			
PHILADELPHIA ANIMAL WELFARE						PET FOOD, PET	
SOCIETY (PAWS) - 100 N. 2ND STREET						PRODUCTS, PET	SUPPORT FOR RESCUED
- PHILADELPHIA, PA 19106	26-3862631	501(C)(3)	275.	82,820.	FMV	PHARMACEUTICALS	ANIMALS
PROGRESSIVE ANIMAL WELFARE SOCIETY							GUDDODE HOD DEGGEED
(PAWS) - 15305 44TH AVE W -	01 6072154	E01/G)/2)	_	E 040	EMZ	DEM DDODUGEG	SUPPORT FOR RESCUED
LYNNWOOD, WA 98087	91-6073154	DOT(C)(2)	0.	5,249.	L W A	PET PRODUCTS	ANIMALS

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PROTECTIVE ANIMAL WELFARE SOCIETY PAWS KC) - 7833 WORNALL RD - KANSAS CITY, MO 64114	27-1087517	501(C)(3)	0.	2,057,508.	FMV	PET FOOD, PET PRODUCTS	SUPPORT FOR RESCUED
PUPPY KITTY NY CITY INC 6329 75TH STREET MIDDLE VILLAGE , NY 11379	83-1059040	501(C)(3)	0.	766,046.	FMV	PET FOOD, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
PURRFECT CAT RESCUE 318 N. RTE 31 CRYSTAL LAKE, IL 60012	82-3455689	501(c)(3)	6,103.	0.			SUPPORT FOR RESCUED
PURRFECT PALS 230 MCRAE ROAD NE ARLINGTON, WA 98223	94-3127448	501(C)(3)	3,500.	5,997.	FMV	PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
RAINBOW'S EDGE ANIMAL REFUGE 697 PINE HAVEN DR. TILLMAN, SC 29943	30-0008001	501(C)(3)	0.	2,304,117.	FMV	PET FOOD, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
RANCHO COASTAL HUMANE SOCIETY 389 REQUEZA ST ENCINITAS, CA 92024	95-2151583	501(C)(3)	3,200.	114,608.	FMV	PET FOOD, PET PRODUCTS	SUPPORT FOR RESCUED
RANDALL'S RESCUE PO BOX 1281 MOUNT LAUREL, NJ 08054	45-5189759	501(C)(3)	0.	343,360.	FMV	PET FOOD, PET PRODUCTS	SUPPORT FOR RESCUED
RED FEATHER FARM 5662 OLD RURAL HALL RD WINSTON SALEM, NC 27105-1828	85-3666789	501(c)(3)	5,000.	55,516.	FMV	PET PHARMACEUTICALS , PET PRODUCTS	SUPPORT FOR RESCUED
RESCUE MISSION OF TRENTON 98 CARROLL STREET TRENTON, NJ 08609	21-0656182	501(C)(3)	0.	92,160.	FMV	PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS

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						PET FOOD, PET	
RESCUE PACK CHICAGO						PRODUCTS, PET	
1306 W NORTHWEST HWY			_				SUPPORT FOR RESCUED
PALATINE, IL 60067	81-1738093	501(C)(3)	0.	5,654,814.	FMV	, STORAGE	ANIMALS
REZDAWG RESCUE, INC						PET FOOD, PET	
PO BOX 448						PRODUCTS, PET	SUPPORT FOR RESCUED
LAFAYETTE, CO 80026	46-1412023	501(C)(3)	0.	844,096.	FMV	PHARMACEUTICALS	ANIMALS
REZ-SOLUTIONS AND ANIMAL SHELTER,							
INC - PO BOX 2081 - FORT DEFIANCE,						PET	SUPPORT FOR RESCUED
AZ 86504	87-1278981	501(C)(3)	0.	42,652.	FMV	PHARMACEUTICALS	ANIMALS
RHODE ISLAND SPCA							
186 AMARAL ST							SUPPORT FOR RESCUED
RIVERSIDE, RI 02915-2223	05-0262716	501(C)(3)	44,800.	4,331.	FMV	PET PRODUCTS	ANIMALS
RHODESIAN RIDGEBACK RESCUE, INC						PET	
P.O. BOX 4141	26 4220202	E01/Q\/3\	8 000	10 005	EMZ		SUPPORT FOR RESCUED
LEESBURG, VA 20177	36-4239382	501(C)(3)	8,000.	12,225.	FMV	, PET PRODUCTS	ANIMALS
ROCKIN PETS FOUNDATION							
2390 CRENSHAW BLVD SUITE E #157							SUPPORT FOR RESCUED
TORRANCE, CA 90501	46-3666335	501(C)(3)	0.	31,949.	FMV	PET FOOD	ANIMALS
				,			
ROCKY MOUNTAIN FELINE RESCUE							
2390 S DELAWARE STREET							SUPPORT FOR RESCUED
DENVER, CO 80223	84-0862418	501(C)(3)	5,305.	0.			ANIMALS
SAN DIEGO HUMANE SOCIETY						PET FOOD, PET	
5500 GAINES ST						PRODUCTS, PET	SUPPORT FOR RESCUED
SAN DIEGO, CA 92110	95-1661688	501(C)(3)	15.	2,422,548.	FMV	PHARMACEUTICALS	ANIMALS
GAVE A DEED DEGGEE ADODUTOV AVE							
SAVE A PET RESCUE, ADOPTION AND							GIIDDODE FOR REGUIED
TRANSPORT, INC 206 VULCAN WAY -	20-1285614	501 (C) (3)	12 700	10,677.	PM77	PET PRODUCTS	SUPPORT FOR RESCUED
DOTHAN, AL 36301	20-1283614	DOT(C)(2)	13,780.	10,6/7.	L _{II} A	FET PRODUCTS	ANIMALS

Schedule I (Form 990) GREATER	GOOD CHARI	TIES				2	20-4846675 Page 1
Part II Continuation of Grants and Other	er Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	art II.)	
(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
SCOTT'S WISH INC							
742 MILLIKENS BND COVINGTON, LA 70433	26-3566004	501(C)(3)	0.	6,978.	FMV	PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
SEATTLE AREA FELINE RESCUE 14717 AURORA AVE N							SUPPORT FOR RESCUED
SHORELINE, WA 98133	91-2041961	501(C)(3)	110.	8,252.	FMV	PET PRODUCTS	ANIMALS
SEATTLE HUMANE PET						APPAREL, HYGIENE	GILDDONE BOD WINGED C
13212 SE EASTGATE WAY BELLEVUE, WA 98005	91-0282060	501(C)(3)	5,100.	133,046.	FMV	PRODUCTS, PET FOOD, PET	SUPPORT FOR HUNGER & POVERTY, RESCUED ANIMALS
SHARE FOOD PROGRAM 2901 W. HUNTING PARK AVE							SUPPORT FOR RESCUED
PHILADELPHIA, PA 19129	23-2360819	501(C)(3)	0.	144,283.	FMV	PET PRODUCTS	ANIMALS
SHELTER PARTNERSHIP 520 S.GRAND AVENUE, SUITE 695 LOS ANGELES , CA 90071	95-3976214	501(C)(3)	0.	133,680.	FMV	APPAREL	SUPPORT FOR HUNGER &
SHENANDOAH SHEPHERD RESCUE PO BOX 764	01 4546600	501 (Q) (Q)	6.000	5 004			SUPPORT FOR RESCUED
STEPHENS CITY, VA 22655	81-4746690	501(C)(3)	6,293.	5,004.	F.W.	PET PRODUCTS	ANIMALS
SHUTT'ER DOWN RANCH 4455 COUNTY ROAD 702 FARMERVILLE, TX 75442	81-4633428	501(C)(3)	0.	4,773,958.	FMV	PET FOOD, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
SIMPLY CATS 2833 S VICTORY VIEW WAY							SUPPORT FOR RESCUED
BOISE, ID 83709	82-0445263	501(C)(3)	14,725.	0.			ANIMALS
SIOUXLAND HUMANE SOCIETY 1015 TRI-VIEW AVENUE							SUPPORT FOR RESCUED
SIOUX CITY, IA 51103	42-6000336	501(C)(3)	3,043.	3,159.	FMV	PET PRODUCTS	ANIMALS

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
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SKIP PROGRAM							
243 RIDGEWOOD DR						PET FOOD, PET	SUPPORT FOR RESCUED
MILLERSBURG, PA 17061	27-1897051	501(C)(3)	0.	509,600.	FMV	PRODUCTS	ANIMALS
	2, 20,,002		•			111020012	
SNOUTS OF SEDONA							
40 BOBCAT CT.							SUPPORT FOR RESCUED
SEDONA, AZ 86351	88-2303002	501(C)(3)	6,000.	4,580.	FMV	PET PRODUCTS	ANIMALS
,			,	,			
SOCIETY AGAINST VIVISECTION ANIMAL							
RESCUE - 9356 SULTANA AVE -							SUPPORT FOR RESCUED
FONTANA, CA 92335	95-3871186	501(C)(3)	0.	15,153.	FMV	PET FOOD	ANIMALS
SOCIETY FOR THE PREVENTION OF							
CRUELTY TO ANIMALS TAMPA BAY							
FLORIDA INC. DBA SPCA - 9099 130TH							SUPPORT FOR RESCUED
AVENUE N LARGO, FL 33773	59-0715928	501(C)(3)	0.	6,240.	FMV	PET PRODUCTS	ANIMALS
SONOMA COUNTY CHANGE PROGRAM							
3810 FOWLER ROAD						PET	SUPPORT FOR RESCUED
WEST SACRAMENTO, CA 95691	26-2135318	501(C)(3)	0.	86,600.	FMV	PHARMACEUTICALS	ANIMALS
SOS RESCUE							
2929 INGLESIDE AVE							
MACON		504 (5) (0)		4 005 550		PET FOOD, PET	SUPPORT FOR RESCUED
, GA 31204	82-0989311	501(C)(3)	0.	1,237,558.	FMV	PRODUCTS	ANIMALS
SOUL DOG RESCUE							
4844 KLAMATH STREET						PET	SUPPORT FOR RESCUED
ENGLEWOOD, CO 80110	45-4137227	501(C)(3)	0.	38,588.	EM7/	PHARMACEUTICALS	ANIMALS
LIGHE 100D, CO 00110	42 412/22/	301(0)(3)	· · · · · ·	30,300.	T 11 V	I II II II II I I I I I I I I I I I I	F114 T.111110
SOUTH FLORIDA WILDLIFE CENTER							
3200 SW 4TH AVE							SUPPORT FOR RESCUED
FORT LAUDERDALE, FL 33315	23-7086391	501(C)(3)	0.	9,179.	FMV	PET PRODUCTS	ANIMALS
			†	3,1,3.			
SOUTH SUBURBAN HUMANE SOCIETY							
21800 CENTRAL AVE							SUPPORT FOR RESCUED
MATTESON, IL 60443	23-7165004	501(C)(3)	205.	10,356.	FMV	PET PRODUCTS	ANIMALS

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa	ırt II.)	- Fage
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						APPAREL,	
SOUTHERN ARIZONA VA HEALTH CARE						HYGIENE	
SYSTEM - 3601 SOUTH 6TH AVE -						PRODUCTS, PET	SUPPORT FOR HUNGER &
TUCSON, AZ 85723	86-0096757	501(C)(3)	0.	10,278.	FMV	PRODUCTS	POVERTY, RESCUED ANIMALS
						APPAREL,	
SPALDING COUNTY ANIMAL CARE AND						HYGIENE	
CONTROL - 105 JUSTICE BOULEVARD -						PRODUCTS, PET	SUPPORT FOR HUNGER &
GEORGIA, GA 30224	58-6000886	SPALDING COUNTY	0.	94,491.	FMV	FOOD, PET	POVERTY, RESCUED ANIMALS
SPAY-NEUTER ASSISTANCE PROGRAM,							
INC P.O. BOX 70286 - HOUSTON,							SUPPORT FOR RESCUED
TX 77270	76-0608925	501/01/31	0.	30,000.	EM77	PET PRODUCTS	ANIMALS
1X //2/0	76-0608923	501(C)(3)	0.	30,000.	FMV	PET PRODUCTS	ANIMALS
SPCA EAST TEXAS							
P.O. BOX 132899						PET FOOD, PET	SUPPORT FOR RESCUED
TYLER, TX 75713	27-2188982	501(C)(3)	0.	38,100.	FMV	PRODUCTS	ANIMALS
SPCA FLORIDA						PET FOOD, PET	
5850 BRANNEN RD S						PRODUCTS, PET	SUPPORT FOR RESCUED
LAKELAND, FL 33813	59-1939655	501(C)(3)	0.	721,712.	FMV	PHARMACEUTICALS	ANIMALS
SPCA OF BRAZORIA COUNTY							
141 CANNA LANE						PET FOOD, PET	SUPPORT FOR RESCUED
	23-7404451	E01/G)/3)	1 175	20 665	EM77	PRODUCTS	ANIMALS
LAKE JACKSON, TX 77566	23-7404451	501(C)(3)	1,175.	38,665.	FMV	PRODUCTS	ANIMALS
SPCA OF TEXAS						PET FOOD, PET	
2400 LONE STAR DRIVE						PRODUCTS, PET	SUPPORT FOR RESCUED
DALLAS, TX 75212	75-1216660	501(C)(3)	0.	184,937.	FMV	PHARMACEUTICALS	ANIMALS
SPCA OF WESTCHESTER							
590 NORTH STATE ROAD							SUPPORT FOR RESCUED
BRIARCLIFF MANOR, NY 10510	13-1740069	501(C)(3)	100.	10,673.	FMV	PET PRODUCTS	ANIMALS
						APPAREL,	
SPCA SERVING ERIE COUNTY						HYGIENE	
300 HARLEM ROAD						PRODUCTS, PET	SUPPORT FOR HUNGER &
WEST SENECA, NY 14224	16-0425315	501(C)(3)	0.	75,524.	FMV	FOOD, PET	POVERTY, RESCUED ANIMALS

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	art II.)	J
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SPERANZA ANIMAL RESCUE							
1216 BRANDT ROAD							SUPPORT FOR RESCUED
MECHANICSBURG, PA 17055	45-5131283	501(C)(3)	8,500.	9,053.	FMV	PET PRODUCTS	ANIMALS
			,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
SPOKANIMAL CARE							
710 N NAPA ST							SUPPORT FOR RESCUED
SPOKANE, WA 99202	91-1223929	501(C)(3)	1.	16,832.	FMV	PET PRODUCTS	ANIMALS
ST FRANCIS SOCIETY							
PO BOX 261614							SUPPORT FOR RESCUED
TAMPA, FL 33685	59-3469332	501(C)(3)	10,675.	0.			ANIMALS
ST. CHARLES PARISH ANIMAL SHELTER						PET FOOD, PET	
921 DEPUTY JEFF G. WATSON DRIVE						PRODUCTS, PET	SUPPORT FOR RESCUED
LULING, LA 70070	72-6001208	ST. CHARLES PARI	295.	380,073.	FMV	PHARMACEUTICALS	ANIMALS
CE CLATE COUNTY ANTWAL CONTROL							
ST. CLAIR COUNTY ANIMAL CONTROL 3378 GRISWOLD RD							GUDDODE EOD DEGGUED
	39 6006430	ST. CLAIR COUNTY	2 500	7 702	EM7	PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
PORT HURON, MI 48060	38-0000420	ST. CLAIR COUNTY	2,500.	7,703.	r m v	APPAREL,	ANIMALS
ST. HUBERT'S ANIMAL WELFARE CENTER						HYGIENE	
575 WOODLAND AVE, PO BOX 159						PRODUCTS, PET	SUPPORT FOR HUNGER &
MADISON, NJ 07940	22-1627726	501(C)(3)	109,620.	280,394.	EMT/	FOOD, PET	POVERTY, RESCUED ANIMALS
MADISON, NO 0/940	22-102//20	301(C)(3)	109,020.	200,394.	FHV	FOOD, FEI	FOVERIT, RESCUED ANIMALS
ST. LANDRY PARISH GOVERNMENT							
(ANIMAL CONTROL) - 255 HANGAR ROAD						PET FOOD, PET	SUPPORT FOR RESCUED
- OPELOUSAS, LA 70570	72-6001256	ST. LANDRY PARIS	0.	561,661.	FMV	PRODUCTS	ANIMALS
,				, , , , , , ,			
ST. LOUIS AREA FOOD BANK							
70 CORPORATE WOODS DRIVE						PET FOOD, PET	SUPPORT FOR RESCUED
BRIDGETON, MO 63044	43-1253102	501(C)(3)	0.	261,972.	FMV	PRODUCTS	ANIMALS
ST. MARTIN PARISH ANIMAL SERVICES						PET FOOD, PET	
1004 INDUSTRIAL PARK RD						PRODUCTS, PET	SUPPORT FOR RESCUED
SAINT MARTINVILLE, LA 70582	72-6001273	ST. MARTIN PARIS	2,690.	71,572.	FMV	PHARMACEUTICALS	ANIMALS

(a) Name and address of	(1) 51) (2) 150		(-1) A	(-) A	(6) Madia ad a f	(a) Description of	(1) D
(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
T. PAWS / KIBBLE KITCHEN							
3275 E. PLATTE, UNIT A&B						PET FOOD, PET	SUPPORT FOR RESCUED
COLORADO SPRINGS, CO 80909	27-1133755	501(C)(3)	0.	482,362.	FMV	PRODUCTS	ANIMALS
				202,002.			
ST. TAMMANY PARISH DEPARTMENT OF							
ANIMAL SERVICES - 31078 HWY 36 -							SUPPORT FOR RESCUED
LACOMBE, LA 70445	72-6001304	ST. TAMMANY PARI	0.	5,219.	FMV	PET PRODUCTS	ANIMALS
STARFISH ANIMAL RESCUE							
25317 SCOTT DRIVE							SUPPORT FOR RESCUED
PLAINFIELD, IL 60544	27-0244848	501(C)(3)	8,000.	11,993.	FMV	PET PRODUCTS	ANIMALS
STRAY DOG RANCH							
585 CARNEYS BRANCH TRL SE						PET FOOD, PET	SUPPORT FOR RESCUED
BOLIVIA, NC 28422	46-3532760	501(C)(3)	0.	1,511,363.	FMV	PRODUCTS	ANIMALS
STRAY PAWS ANIMAL HAVEN							
9858 RUSH ST			_			PET FOOD, PET	SUPPORT FOR RESCUED
EL MONTE, CA 91733	83-1526587	501(C)(3)	0.	156,000.	FMV	PRODUCTS	ANIMALS
CMDAY DECOME OF CM. LOUIC							
STRAY RESCUE OF ST. LOUIS 2320 PINE ST.							SUPPORT FOR RESCUED
	43-1823801	E01/C\/2\	14 000	9,988.	EM7	PET PRODUCTS	ANIMALS
ST. LOUIS, MO 63103	43-1823801	501(C)(3)	14,000.	9,366.	FMV	PET PRODUCTS	ANIMALS
SUMMIT COUNTY ANIMAL CONTROL							
175 S. MAIN STREET						PET FOOD, PET	SUPPORT FOR RESCUED
AKRON, OH 44308	34-1334462	SUMMIT COUNTY	0.	718,378.	EM/	PRODUCTS	ANIMALS
inition, on 11500	31 1331102	DOINITI COUNTY	•	710,370.		INOBOCID	
SUSQUEHANNA SPCA							
5082-5088 STATE HIGHWAY 28							SUPPORT FOR RESCUED
COOPERSTOWN, NY 13326	15-0544693	501(C)(3)	2,056.	29,940.	FMV	PET PRODUCTS	ANIMALS
			2,000.				
TAYLOR COUNTY HUMANE SOCIETY							
PO BOX 4045							SUPPORT FOR RESCUED
GRAFTON, WV 26354	31-1737498	501(C)(3)	0.	6,646.	FMV	PET PRODUCTS	ANIMALS

Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa	art II.)	1
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FEACHER'S PET RESCUE							
19 BLACKBERRY LANE							SUPPORT FOR RESCUED
COUDERSPORT, PA 16915	26-2970828	501(C)(3)	0.	5,670.	FMV	PET FOOD	ANIMALS
TERREBONNE PARISH ANIMAL SHELTER						PET	
P. O. BOX 2768							SUPPORT FOR RESCUED
HOUMA, LA 70361	72-6001390	TERREBONNE PARIS	1,287.	6,537.	FMV	, PET PRODUCTS	ANIMALS
TEXAS A&M VETERINARY MEDICAL			,				
TEACHING HOSPITAL - 408 RAYMOND							
STOTZER - COLLEGE STATION, TX						PET	SUPPORT FOR RESCUED
77845	74-2245072	501(C)(3)	0.	128,332.	FMV	PHARMACEUTICALS	ANIMALS
TEXAS CHIHUAHUA RESCUE, INC							
512 RIDGEVIEW DRIVE							SUPPORT FOR RESCUED
PLEASANTON, TX 78064	47-4107414	501(C)(3)	0.	6,049.	FMV	PET PRODUCTS	ANIMALS
,				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
TEXAS HUMANE HEROES							
10930 EAST CRYSTAL FALL PARKWAY							SUPPORT FOR RESCUED
LEANDER, TX 78641	74-2069592	501(C)(3)	0.	5,233.	FMV	PET PRODUCTS	ANIMALS
THE BRIDGE CLINIC, INC							
1 DECLARATION DRIVE/@ CHEROKEE DRIV							SUPPORT FOR RESCUED
BENSALEM, PA 19020	46-1158857	501(C)(3)	0.	6,306.	FMV	PET PRODUCTS	ANIMALS
THE CAT HOUSE ON THE KINGS							
7120 SOUTH KINGS RIVER ROAD							SUPPORT FOR RESCUED
PARLIER, CA 93648	27-0015288	501(C)(3)	53,513.	10,536.	EM7	PET PRODUCTS	ANIMALS
TARDIER, CA 93040	27 0013200	501(0)(3)	33,313.	10,550.	r m v	FEI PRODUCTS	ANTHALIS
THE CATTERY CAT SHELTER							
PO BOX 8575							SUPPORT FOR RESCUED
CORPUS CHRISTI, TX 78468	26-0178205	501(C)(3)	0.	36,000.	FMV	PET PRODUCTS	ANIMALS
THE FLORIDA STATE BEEKEEPERS							SUPPORT FOR
ASSOCIATION - 5231 NE 14TH TERR -			_			POLLEN	PROTECTING/RESTORING
FORT LAUDERDALE , FL 33334	35-2440224	501(C)(3)	0.	158,650.	FMV	SUBSTITUTE	ENVIRONMENT

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Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa I	rt II.) T	
(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 ROAD 130 HOBART, IN 46342	35-0989082	501(C)(3)	7,785.	0.			SUPPORT FOR RESCUED
THE HUMANE SOCIETY OF NORTH MYRTLE BEACH - 409 BAY STREET, PO BOX 3369 - NORTH MYRTLE BEACH, SC 29582	57-1116175	501(C)(3)	6,955.	0.			SUPPORT FOR RESCUED ANIMALS
			,,,,,,,				
THE HUMANE SOCIETY OF THE UNITED STATES (HSUS) - 1255 23RD ST. NW, SUITE 450 - WASHINGTON, DC 20037	53-0225390	501(C)(3)	0.	22,825.	FMV	PET PHARMACEUTICALS	SUPPORT FOR RESCUED ANIMALS
THE INNER PUP 465 LOWERLINE						PET FOOD, PET PRODUCTS, PET	SUPPORT FOR RESCUED
NEW ORLEANS, LA 70118	47-1728816	501(C)(3)	0.	54,821.	FMV	PHARMACEUTICALS	ANIMALS
THE LAST RESORT ANIMAL RESCUE 441 MORSETOWN ROAD WEST MILFORD, NJ 07480	26-2985185	501(C)(3)	3,500.	6,005.	FMV	PET PRODUCTS	SUPPORT FOR RESCUED
THE LEHIGH COUNTY HUMANE SOCIETY AND VET CLINIC - 640 DIXON ST - ALLENTOWN, PA 18103	23-1365372	501(C)(3)	0.	5,102.	FMV	PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
THE LITTLE LION FOUNDATION 233 WEST ARTESIA BLVD LONG BEACH, CA 90805	81-3553796	501(C)(3)	0.	6,368.	E-MV/	PET PRODUCTS	SUPPORT FOR RESCUED
THE PANTRY BY FEEDING HAWAII TOGETHER - 2522 ROSE STREET -	01 3333730	501(6)(3)	0.	,		APPAREL, HYGIENE PRODUCTS, PET	SUPPORT FOR HUNGER &
HONOLULU, HI 96819	47-0901806	501(C)(3)	2,180.	22,976.	FMV	FOOD, PET	POVERTY, RESCUED ANIMALS
THE PET PROJECT FOR PETS INC 2200 NW 9TH AVENUE WILTON MANORS, FL 33311	37-1440098	501(C)(3)	8,000.	4,678,800.	FMV	PET FOOD, PET PRODUCTS	SUPPORT FOR RESCUED

Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa	rt II.)	
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THREE LITTLE PITTIES RESCUE							
509 RUSTIC LANE							SUPPORT FOR RESCUED
FRIENDSWOOD, TX 77546	82-4437410	501(C)(3)	9,458.	9,818.	FMV	PET PRODUCTS	ANIMALS
,			, , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
THREE RING RANCH							
75-809 KEAOLANI DR							SUPPORT FOR RESCUED
KAILUA KONA, HI 96740	99-0344980	501(C)(3)	19,800.	0.			ANIMALS
						PET FOOD, PET	
TIGGERTOWN, INC						PRODUCTS,	
8430 EAST BRAINERD ROAD						STORAGE	SUPPORT FOR RESCUED
CHATTANOOGA, TN 37421	81-3743659	501(C)(3)	0.	2,053,314.	FMV	SUPPLIES	ANIMALS
TIMBER'S LEGACY							
78-07 73 PLACE	46 4056350	504 (5) (0)					SUPPORT FOR RESCUED
GLENDALE, NY 11385	46-1276358	501(C)(3)	9,870.	0.			ANIMALS
TNR RIVERSIDE							
8428 WILLIAMSBURG PLACE						PET FOOD, PET	SUPPORT FOR RESCUED
RIVERSIDE, CA 92504	30-0880247	501(C)(3)	0.	1,172,892.	FMV	PRODUCTS	ANIMALS
TWO LEGS FOUR PAWS, INC.							
10901 s.w. 59TH STREET						PET FOOD, PET	SUPPORT FOR RESCUED
MUSTANG, OK 73064	84-2345729	501(C)(3)	0.	2,763,528.	FMV	PRODUCTS	ANIMALS
UNDERDOG ANIMAL RESCUE AND REHAB						PET FOOD, PET	
4561 SUNNY ACRES LANE						PRODUCTS, PET	SUPPORT FOR RESCUED
MOAB, UT 84532	82-3156476	501(C)(3)	0.	127,270.	FMV	PHARMACEUTICALS	ANIMALS
INTERD ANTWAL DELEVES							
UNITED ANIMAL FRIENDS						DEM HOOF SHE	GUDDODE HOD DEGGUES
2600 HECKETHORN RD	20 0260727	E01/G\/3\	0.	227 400	EW7	PET FOOD, PET	SUPPORT FOR RESCUED
PRESCOTT, AZ 86301	20-0360727	DUT(C)(2)	1	337,400.	L til A	PRODUCTS APPAREL,	ANIMALS
UNITED MILITARY CARE						HYGIENE	
1220 OLD CANTON ROAD						PRODUCTS, PET	SUPPORT FOR HUNGER &
MARIETTA, GA 30062	46-0552042	501(C)(3)	0.	9,133.	EW/	PRODUCTS	POVERTY, RESCUED ANIMA
PARTETIA, GA 30002	40-0332042	Por(C)(3)	1 0.	9,133.	E 14	FRODUCIS	FOVERII, KESCUED ANIMA

	OOD CHARI						20-4846675 Page
Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(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
UNITED PET FUND 9401 TOWNE SQUARE AVENUE BLUE ASH, OH 45242	27-2582105	501(C)(3)	0.	6,281,371.	FMV	PET FOOD, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
UNIVERSITY OF LOUISVILLE 511 S. FLOYD ST, MDR-012 LOUISVILLE, KY 40202	61-1014882	501(C)(3)	0.	120,398.	FMV	PET FOOD, PET	SUPPORT FOR RESCUED
UTAH VALLEY ANIMAL RESCUE 5182 W 6300 S SPANISH FORK, UT 84660-4224	47-1264869	501(C)(3)	0.	68,448.	FMV	PET FOOD, PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
VETERINARIANS FOR PUERTO RICO, CORP - 5606 BUTTON BUCK CIRCLE - COLUMBIA , MO 65202	82-3040280	501(C)(3)	0.	55,587.	FMV	PET PHARMACEUTICALS	SUPPORT FOR RESCUED ANIMALS
VOLUSIA COUNTY ANIMAL SERVICES 1250 INDIAN LAKE RD DAYTONA BEACH, FL 32124	59-6000885	VOLUSIA COUNTY	0.	24,021.	FMV	PET FOOD, PET PRODUCTS, PET PHARMACEUTICALS	SUPPORT FOR RESCUED ANIMALS
VUN-VEQ RESCUE 2431 HOLLYHILL DR. SAN ANTONIO, TX 78222	47-4206121	501(C)(3)	0.	72,000.	FMV	PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS
WAGS AND WHISKERS PET RESCUE 2156 PILLSBURY RD #155 CHICO, CA 95926	47-4727620	501(C)(3)	0.	2,295,596.	FMV	PET FOOD, PET PRODUCTS, PET PHARMACEUTICALS	SUPPORT FOR RESCUED ANIMALS
WATERMELON MOUNTAIN RANCH 1380 RIO RANCHO BLVD SE, STE 374 RIO RANCHO, NM 87124	85-0480585	501(C)(3)	5,010.	0.			SUPPORT FOR RESCUED ANIMALS
WAYSIDE WAIFS 3901 MARTHA TRUMAN RD KANSAS CITY, MO 64137	44-0605374	501(C)(3)	0.	5,383.	FMV	PET PRODUCTS	SUPPORT FOR RESCUED ANIMALS

WEST PALM BEACH, FL 33410 59-3275434 GOVT. 0. 14,502.FMV PRODUCTS POVERTY, RESCUED ANIMA APPAREL, HYGIENE PRODUCTS, PET SUPPORT FOR HUNGER & SUPPORT FOR HUNGER & POVERTY, RESCUED ANIMA APPAREL, HYGIENE PRODUCTS, PET SUPPORT FOR HUNGER & SUPPORT FOR RESCUED ANIMA WHISPERING ACRES FARM ANIMAL SANCTUARY - 7496 NORWALK RD - MEDINA, OH 44256 87-0932801 501(c)(3) 22,670. 0. SUPPORT FOR RESCUED ANIMALS WHISPERING WILLOWS SENIOR DOG SANCTUARY, INC 22051 OLD 64 HIGHWAY - HERMITAGE, MO 65668 82-2293495 501(c)(3) 0. 6,467.FMV PHARMACEUTICALS ANIMALS WHITE KISSES GREAT DANE RESCUE PO BOX 64518 PET FOOD, PET SUPPORT FOR RESCUED LUBBOCK, TX 79407 47-2111892 501(c)(3) 0. 1,310,922.FMV PRODUCTS ANIMALS PAPAREL, HYGIENE PRODUCTS, PET SUPPORT FOR HUNGER & SUPPORT FOR HU	Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
MEST PALM BEACH VA REALTHCARE WESTERN 1385 N MILITARY TRAIL - WESTERN NORTH CAROLINA VA HEALTH WESTERN NORTH CAROLINA VA HEALTH CAME SYSTEM - 1100 TUNNEL ROAD - ASSEMULLE, NC 28805 56-1853237 DOVT. 0. 14,502. FMV PRODUCTS, PET SUPPORT FOR HUNGER & WILISPERING MILLOWS SENIOR DOG SANCTUARY - 7496 NORMALK RD - WEDINA, OH 44256 87-0932801 501(C)(3) 22,670. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0		(b) EIN		(d) Amount of cash grant	noncash	valuation (book, FMV,		
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PO BOX 64518 LUBBOCK, TX 79407 47-2111892 501(C)(3) 0. 1,310,922.FMV PRODUCTS ANIMALS APPAREL, HYGIENE PRODUCTS, PET SUPPORT FOR RESCUED APPAREL, HYGIENE PRODUCTS, PET SUPPORT FOR RESCUED APPAREL, HYGIENE PRODUCTS, PET SUPPORT FOR HUNGER & WISE, VA 24293 82-1780442 501(C)(3) 0. 22,806.FMV FOOD, PET POVERTY, RESCUED ANIMA PRODUCTS APPAREL, HYGIENE PRODUCTS, PET SUPPORT FOR HUNGER & POVERTY, RESCUED ANIMA	MUTTE VICES CREAT DAME RESCUE							
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	WISE, VA 24293	82-1780442	501(C)(3)	0.	22,806.	FMV	FOOD, PET	POVERTY, RESCUED ANIMALS

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.	•	-			
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SUPPORT FOR RESCUED ANIMALS	27	0.	13,972.	FMV	PET PRODUCTS
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
PART I, LINE 2:					
EACH NON-PROFIT THAT RECEIVES GRAN	IS FROM G	REATER GOO	DD CHARITIE	S IS	
REQUIRED TO SUPPLY PROOF OF THEIR 1	NON-PROFI	T STATUS E	PRIOR TO RE	CEIVING	
FUNDS. THEY MUST ALSO SIGN A MEMO	OF UNDERS	TANDING TH	AT OUTLINE	S OUR	
INTENTIONS FOR USE OF FUNDS AND THE	AT THEY A	GREE TO US	SE THE FUND	S AS	
SPECIFIED. THROUGHOUT THE YEAR, WE	REOUIRE	REPORTS FF	ROM EACH CH	ARITY THAT	
RECAPS HOW FUNDS WERE USED. IF FUND					
FOR HOW FUNDS WERE USED IS NOT PRO					
TOTAL TOTAL PORTION TO NOT THO	· IDID, FO	TONE TONDE	, CIM, DD WI	TIMEDE WILLIAM	
POSSIBLE ACTUAL SITE VISITS ARE CO	NDUCTED I	O SEE ACTU	JAL EVIDENC	E OF THE USE	

Part IV | Supplemental Information

OF FUNDS.

PART II, LINE 1, COLUMN (G):

NAME OF ORGANIZATION OR GOVERNMENT: ACADIANA OUTREACH CENTER

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

PRODUCTS, PET PRODUCTS

NAME OF ORGANIZATION OR GOVERNMENT: AKWESASNE ANIMAL SOCIETY

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

PHARMACEUTICALS, PET PRODUCTS

NAME OF ORGANIZATION OR GOVERNMENT: BERKELEY-EAST BAY HUMANE SOCIETY

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

PHARMACEUTICALS, PET PRODUCTS

NAME OF ORGANIZATION OR GOVERNMENT: BULLY BABY RESCUE

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

FOOD, PET PRODUCTS

NAME OF ORGANIZATION OR GOVERNMENT: FEEDING TAMPA BAY

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

FOOD, PET PRODUCTS, STORAGE SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: GATEWAY PET GUARDIANS

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

FOOD, PET PRODUCTS, PET PHARMACEUTICALS

NAME OF ORGANIZATION OR GOVERNMENT: GREATER BIRMINGHAM HUMANE SOCIETY

Part IV Supplemental Information

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

FOOD, PET PRODUCTS, PET PHARMACEUTICALS

NAME OF ORGANIZATION OR GOVERNMENT: HOUSTON HUMANE SOCIETY

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

FOOD, PET PRODUCTS, PET PHARMACEUTICALS

NAME OF ORGANIZATION OR GOVERNMENT:

IBERVILLE PARISH ANIMAL SHELTER AND CONTROL

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

PRODUCTS, PET FOOD

NAME OF ORGANIZATION OR GOVERNMENT: JAMESON HUMANE

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

PRODUCTS, PET FOOD

NAME OF ORGANIZATION OR GOVERNMENT:

KENTUCKY RIVER REGIONAL ANIMAL SHELTER

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

FOOD, PET PRODUCTS, PET PHARMACEUTICALS

NAME OF ORGANIZATION OR GOVERNMENT:

MOVIMIENTO SOCIAL PRO BIENESTAR ANIMAL CORP

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

FOOD, PET PRODUCTS

NAME OF ORGANIZATION OR GOVERNMENT: NASHVILLE HUMANE ASSOCIATION

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

Part IV | Supplemental Information

FOOD, PET PRODUCTS, PET PHARMACEUTICALS

NAME OF ORGANIZATION OR GOVERNMENT: OREGON HUMANE SOCIETY

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

FOOD, PET PRODUCTS

NAME OF ORGANIZATION OR GOVERNMENT: RESCUE PACK CHICAGO

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

PHARMACEUTICALS, STORAGE SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: SEATTLE HUMANE PET

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

FOOD, PET PRODUCTS, PET PHARMACEUTICALS

NAME OF ORGANIZATION OR GOVERNMENT:

SPALDING COUNTY ANIMAL CARE AND CONTROL

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

FOOD, PET PRODUCTS, PET PHARMACEUTICALS

NAME OF ORGANIZATION OR GOVERNMENT: SPCA SERVING ERIE COUNTY

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

FOOD, PET PRODUCTS, PET PHARMACEUTICALS

NAME OF ORGANIZATION OR GOVERNMENT: ST. HUBERT'S ANIMAL WELFARE CENTER

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

FOOD, PET PRODUCTS, PET PHARMACEUTICALS

NAME OF ORGANIZATION OR GOVERNMENT: THE PANTRY BY FEEDING HAWAII TOGETHER

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

ZUZZ

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

GREATER GOOD CHARITIES

Employer identification number 20-4846675

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
7	organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		х
h	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		х
_	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			37
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
•	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		<u> </u>

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

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)	297,138.	0.	0.	4,500.	16,257.	317,895.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) NOAH HORTON	(i)	195,581.	0.	0.	2,938.	9,851.	208,370.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) STEPHEN MINTER	(i)	187,738.	0.	0.	0.	9,828.	197,566.	0.
GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JEMIMAH OKANTEY	(i)	182,200.	0.	0.	2,738.	9,809.	194,747.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MELISSA RUBIN	(i)	178,333.	0.	0.	2,675.	1,002.	182,010.	0.
EXECUTIVE VP, FUNDRAISING	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DENISE ST. JEAN	(i)	147,215.	0.	0.	2,213.	9,866.	159,294.	0.
EXECUTIVE VP, COMMUNICATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) DENISE BINGLER	(i)	138,241.	0.	0.	0.	16,615.	154,856.	0.
VP, PROGRAMS	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) TARA LOLLER	(i)	140,533.	0.	0.	2,113.	9,752.	152,398.	0.
VP, CORP. PARTNERSHIPS & MAJOR GIFTS	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) SEAN CHERRY	(i)	138,500.	0.	0.	2,082.	9,841.	150,423.	0.
VP, DIGITAL MARKETING	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

SCHEDULE L

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

2022

Open To Public Inspection

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Nam	e of the organization										Em	oloyer	ident	ificati	on nu	mber
				OOD CHAR									466	75		
Pa	rt I Excess Bene	fit Transa	actio	ons (section 50	01(c)(3), secti	on 501	(c)(4), and se	ction	501(c)(29) orga	nizatio	ns on	ly).			
	Complete if the o	organization	answ	vered "Yes" on F	orm 9	90, Pa	art IV, lir	ne 25a or 25b	o, or F	orm 990-EZ, P	art V, I	ine 40	b.			
1	(a) Name of disqualified p	erson	(b) R	Relationship bety			ified	14	~) Do	scription of tran	eactio	n		(d) Correcte		cted?
	(a) Name of disquamed p	CISOII		person and or	ganiza	ation		,,	5) De	Scription of trai	isactio	11		Y	es	No
														_	_	
														-		
														-	-+	
		-												-	_	
_	Enter the amount of toy i	naurrad bu t	bo or	ranization man	0000	or dioc	alifiad	noroono dur	ina +h	a vaar under						
2	Enter the amount of tax i section 4958	•		•	•		•	•	•	•		Φ.				
2	Enter the amount of tax,			ahove reimbure												
3	Litter the amount of tax,	ii ariy, ori iii	IC 2, 6	above, reimburs	eu by	uie oiç	yai iizati					Ψ				
Pa	rt II Loans to and	l/or From	Inte	erested Pers	sons.											
	Complete if the c	organization	answ	vered "Yes" on F	orm 9	90-EZ.	Part V	. line 38a or F	orm	990. Part IV. lin	e 26: d	or if th	e orga	nizatio	n	
	reported an amo						,	,		,	,		3			
	(a) Name of	(b) Relation	ship	(c) Purpose	(d) Lo	an to or	(e)	Original	(f)	Balance due	(g)	ln	(h) Ap	proved ard or	(i) W	/ritten
	interested person	with organiz	ation	of loan		n the zation?	princi	pal amount		L	defa			nmittee? agreeme		ment?
					То	From					Yes	No	Yes	No	Yes	No
									-		-		-	_		
									-		-					
Toto								\$	l					L		L
Tota Pa	rt III Grants or As	sistance	Ben	efiting Inter	ested	l Per	sons.	Ф								
	Complete if the c			•				ne 27.								
	(a) Name of interested p			(b) Relationship			· ·) Amount of		(d) Type	of		(e) Purp	ose o	f
	(-, · · · · · · · · · · · · · ·		`	interested pers				assistance		assistan			•	assist		
				the organiza	ation											
										· ·						
							1									

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

Schedule L (Form 990) 2022 GREATER GOOD CHARITIES

Part IV Business Transactions Involving Interested Persons.

•	ed "Yes" on Form 990, Part IV, line 28a, 28	b, or 28c.	Ţ	(a) Ob-	vina -f
(a) Name of interested person	(b) Relationship between interested person and the organization				aring of ation's lues?
OHAD TENTICAL COM	ODEA MOD / HOUNDED	11 200	DETADID CEME	Yes	No
CHARITYUSA.COM CHARITYUSA.COM	CREATOR/FOUNDER CREATOR/FOUNDER		REIMBURSEME		X
CHARITYUSA.COM	CREATOR/FOUNDER CREATOR/FOUNDER		ROYALTIES F ADVERTISING		X
CHARTITODA:COM	CREATOR/ FOUNDER	491,175.	ADVERTISING		Δ_
D-17 0 1 11 6 11					
Part V Supplemental Information.					
Provide additional information for res	sponses to questions on Schedule L (see in	nstructions).			
SCH L, PART IV, BUSINESS	TRANCACTIONS THUOLUTION	C TNTFPFCTF	ים סקקפטאופ.		
SCII II, FART IV, BOSINESS	TRANSACTIONS INVOLVIN	G INTERESTE	id FERSONS.		
(A) NAME OF PERSON: CHARI	TYUSA.COM				
(D) DESCRIPTION OF TRANSA	CTION: REIMBURSEMENT	OF EMPLOYEE	SALARIES A	ND	
BENEFITS, RENT EXPENSES,	ACCOUNTING SERVICES A	ND BANK EXE	ENSES PAID	ON	
	3.D.T				
BEHALF OF GREATER GOOD CH	ARITIES.				
(A) NAME OF PERSON: CHARI	TYUSA.COM				
(D) DESCRIPTION OF TRANSA	CTION: ROYALTIES FROM	CHARITYUSA	FOR A		
	G=	~~ ~= ~===			
NONEXCLUSIVE LICENSE TO U	SE THE NAME AND/OR LO	GO OF GREAT	ER GOOD		
CHARITIES ON WEBSITE ADVE	PUTSING AND IN CONNEC	תבראו אורדים ת	ישר כאו.ד חד		
CHARTITED ON WEDDITE ADVE	KIIDING AND IN CONNEC	IION WIIII I	IIE DADE OF		
CHARITYUSA.COM PRODUCTS.					
(A) NAME OF PERSON: CHARI	TYUSA.COM				
/D \ DECORTOMION OF MDANCA	COLON. ADVEDUTCING EV	DENCE			
(D) DESCRIPTION OF TRANSA	CIION: ADVERTISING EX.	LENSE			

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Employer identification number GREATER GOOD CHARITIES 20-4846675

D	GREATER GOOD	CHARL	1150		20 1	040075	
Pa	rt I Types of Property	T .			T		
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	termining	s
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods	X		1,842,892.	FAIR MARKET	VALUE	
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	X	4	24,323.	FAIR MARKET	VALUE	
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory	Х	12	92,710,173.	FAIR MARKET	VALUE	
20	Drugs and medical supplies	Х	12	4,628,676.	FAIR MARKET	VALUE	
21	Taxidermy			, , .			
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other (PET PRODUCTS)	Х	12	34.944.660.	FAIR MARKET	VALUE	
26	Other (KIDS' TOYS)	X	12		FAIR MARKET		
27	Other (
28	Other (
29	Number of Forms 8283 received by the organiz	zation during	the tax vear for c	ontributions			
	for which the organization completed Form 82	-	•			0	
	To whom the organization completed from oz	00,1 411 1, 2	once / tott lowledg	omone		Yes	No
30a	During the year, did the organization receive by	v contributio	n any property rep	orted in Part I lines 1 throug	sh 28 that it	103	140
ooa	must hold for at least 3 years from the date of						
	exempt purposes for the entire holding period'					30a	Х
h		'				30a	
	If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance is	nolicy that ra	acuires the review	of any nonetandard contribut	tions?	31 X	
31		-	*	•		31 X	
32a	Does the organization hire or use third parties		•			00-	x
						32a	
	If "Yes," describe in Part II.	-l (-) 5		. fanbiah aak /-\ !- !	-ld		
33	If the organization didn't report an amount in c	oiumn (c) foi	r a type of property	ror which column (a) is che	cked,		
	describe in Part II.						

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

232142 09-09-22 Schedule M (Form 990) 2022

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2022 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

GREATER GOOD CHARITIES

Employer identification number 20-4846675

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

STRATEGICALLY 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

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.

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

<u>Schedule O (Form 990) 2022</u> Page **2**

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

- 2. DETERMINING WHETHER A CONFLICT OF INTEREST EXISTS AFTER DISCLOSURE OF

 THE FINANCIAL INTEREST, THE INTERESTED PERSON SHALL LEAVE THE BOARD OR

 COMMITTEE MEETING WHILE THE FINANCIAL INTEREST IS DISCUSSED AND VOTED UPON.

 THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF

 INTEREST EXISTS.
- 3. PROCEDURES FOR ADDRESSING THE CONFLICT OF INTEREST -
- A. THE CHAIRPERSON OF THE BOARD OR COMMITTEE SHALL, IF APPROPRIATE, APPOINT

 A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE

 PROPOSED TRANSACTION OR ARRANGEMENT.
- B. AFTER EXERCISING DUE DILIGENCE, THE BOARD OR COMMITTEE SHALL DETERMINE
 WHETHER THE CORPORATION CAN OBTAIN A MORE ADVANTAGEOUS TRANSACTION OR

 ARRANGEMENT WITH REASONABLE EFFORTS FROM A PERSON OR ENTITY THAT WOULD NOT
 GIVE RISE TO A CONFLICT OF INTEREST.
- C. IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY

 ATTAINABLE UNDER CIRCUMSTANCES THAT WOULD NOT GIVE RISE TO A CONFLICT OF

 INTEREST, THE BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE

 DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE

 CORPORATION'S BEST INTEREST AND FOR ITS OWN BENEFIT AND WHETHER THE

 TRANSACTION IS FAIR AND REASONABLE TO THE CORPORATION AND SHALL MAKE ITS

 DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT IN

 CONFORMITY WITH SUCH DETERMINATION.
- 4. VIOLATIONS OF THE CONFLICT OF INTEREST POLICY -
- A. IF THE BOARD OR COMMITTEE HAS REASONABLE CAUSE TO BELIEVE THAT A MEMBER

 HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT SHALL

 INFORM THE MEMBER OF THE BASIS FOR SUCH BELIEF AND AFFORD THE MEMBER AN

Schedule O (Form 990) 2022 Page 2

Name of the organization GREATER GOOD CHARITIES

Employer identification number 20-4846675

OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE.

B. IF, AFTER HEARING THE RESPONSE OF THE MEMBER AND MAKING SUCH FURTHER

INVESTIGATION AS MAY BE WARRANTED IN THE CIRCUMSTANCES, THE BOARD OR

COMMITTEE DETERMINES THAT THE MEMBER IS AN INTERESTED PERSON AND HAS FAILED

TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT SHALL TAKE

APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION.

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

COMPENSATION COMMITTEE REVIEWS CEO SALARY BASED ON CURRENT DATA FOR SIMILAR SIZED ORGANIZATIONS. COMPENSATION COMMITTEE REVIEWS HIGHLY COMPENSATED EMPLOYEES AFTER EACH REVIEW CYCLE. THE LAST CEO COMPENSATION REVIEW OCCURRED IN APRIL 2023.

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.

FORM 990 PART XII LINE 2C

THE AUDIT COMMITTEE OVERSEES THE AUDIT.

Schedule O (Form 990) 20	J22			 Page 2
Name of the organization		OOD CHARITIE	S	Employer identification number 20-4846675

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047

Open to Public Inspection

Name of	the organization GREATER GOOD (CHARITIES				E	mployer identific 20-48466		ımber
Part I	Identification of Disregarded Entities. Comple	ete if the organization answered "Yes	s" on Form 990, Part IV, line 33	3.					
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	r (d) Total inco	me End-of-year a	assets	Direct co	(f) ontrolling itity	9
Part II	Identification of Related Tax-Exempt Organiz organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 990	, Part IV, line 34, b	ecause it had one or	r more	e related tax-exen	npt	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Dire	(f) ect controlling entity	contr	g) 512(b)(13) rolled tity?
					501(c)(3))			Yes	No
		_							

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

Page 2

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. Part III

(b)	(c)	(d)	(e)	(f)	(g)	(h)		(i)	(j)	(k)
Primary activity	(state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	end-of-year	1	tions?	Code V-UBI amount in box 20 of Schedule	General of managin partner?	Percentage ownership
	country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	<u> </u>
1										
1										
	(b) Primary activity	Primary activity Legal domicile (state or foreign			Primary activity Legal domicile (state or foreign foreign Compared to the foreign foreign Compared to the foreign foreign Compared to the foreign for					

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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income		(h) Percentage ownership	contr enti	tity?
FUNDACJA GREATER GOOD CHARITIES EUROPE UNITED NATIONS RONDO, NO. 1, LOK. P. XXI, PLA			GREATER GOOD						No
WARSAW, POLAND 00-124	CHARITABLE COMPANY	POLAND	CHARITIES	C CORP	50.	5,292.	100%	X	

Page 3

Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

1 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?

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X
					1b	Х	
С	Gift, grant, or capital contribution from related organization(s)				1c		X
					1d		X
	type (a-s)			1e		X	
f	Dividends from related organization(s)				1f		_X_
g	Sale of assets to related organization(s)				1g		<u>X</u>
h	Purchase of assets from related organization(s)				1h		_X_
i	Exchange of assets with related organization(s)				1i		_X_
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		<u>X</u>
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
ı	Performance of services or membership or fundraising solicitations for related organization(s))			11		_X_
					1m		_X_
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		_X_
0	Sharing of paid employees with related organization(s)				10		<u>X</u>
р	Reimbursement paid to related organization(s) for expenses				1p		_X_
					1q		<u>X</u>
r	Other transfer of cash or property to related organization(s)				1r		_X_
s	Other transfer of cash or property from related organization(s)				1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must of	complete this	s line, including covered re	elationships and transaction thresholds.			
		saction		(d) Method of determining amount invo	lved		
1)							
2)							
3)							
4)							
5)							
۵.							
6)				<u> </u>		000;	2005
3216	63 09-14-22			Schedule R	(Forn	า 990)	2022

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) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocation Yes N	General of managing partner? Yes No	(k) r Percentage ownership