

Form **990**

# Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

# 2013

Department of the Treasury  
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

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

Open to Public Inspection

**A** For the 2013 calendar year, or tax year beginning JUL 1, 2013 and ending JUN 30, 2014


|   |  |   |   |
|---|--|---|---|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br>GREATERGOOD.ORG                           |   | <b>D</b> Employer identification number<br>20-4846675 |
|   | Doing Business As  |   |   |
|   | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite  | <b>E</b> Telephone number<br>206-268-5400             |
|   | 600 UNIVERSITY AVENUE  | 1000  |   |
| City or town, state or province, country, and ZIP or foreign postal code<br>SEATTLE, WA 98101   |  | <b>G</b> Gross receipts \$ 7,133,895.   |   |
| F Name and address of principal officer: ELIZABETH BAKER<br>SAME AS C ABOVE   |  | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                          |   |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527  |  | <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions) |   |
| <b>J</b> Website: WWW.GREATERGOOD.ORG   |  | <b>H(c)</b> Group exemption number  |   |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other   |  | <b>L</b> Year of formation: 2006 <b>M</b> State of legal domicile: WA   |   |

## Part I Summary

|                                    |  |  |                                  |                     |
|------------------------------------|--|--|----------------------------------|---------------------|
| <b>Activities &amp; Governance</b> | 1 Briefly describe the organization's mission or most significant activities: GREATERGOOD.ORG IS DEVOTED TO ADDRESSING HEALTH AND WELL-BEING OF PEOPLE (PARTICULARLY WOMEN AND |  |                                  |                     |
|                                    | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.                                      |  |                                  |                     |
|                                    | 3  | Number of voting members of the governing body (Part VI, line 1a)                  | 6                                |                     |
|                                    | 4  | Number of independent voting members of the governing body (Part VI, line 1b)      | 6                                |                     |
|                                    | 5  | Total number of individuals employed in calendar year 2013 (Part V, line 2a)       | 6                                |                     |
|                                    | 6  | Total number of volunteers (estimate if necessary)                                 | 6                                |                     |
|                                    | 7a   | Total unrelated business revenue from Part VIII, column (C), line 12               | 0.                               |                     |
|                                    | b Net unrelated business taxable income from Form 990-T, line 34   | 0.   |                                  |                     |
| <b>Revenue</b>                     |  |  | <b>Prior Year</b>                | <b>Current Year</b> |
|                                    | 8  | Contributions and grants (Part VIII, line 1h)                                      | 1,673,128.                       | 5,241,534.          |
|                                    | 9  | Program service revenue (Part VIII, line 2g)                                       | 0.                               | 0.                  |
|                                    | 10   | Investment income (Part VIII, column (A), lines 3, 4, and 7d)                      | 0.                               | 0.                  |
|                                    | 11   | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)           | 1,271,281.                       | 1,892,361.          |
|                                    | 12   | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 2,944,409.                       | 7,133,895.          |
| <b>Expenses</b>                    | 13   | Grants and similar amounts paid (Part IX, column (A), lines 1-3)                   | 2,555,084.                       | 4,336,763.          |
|                                    | 14   | Benefits paid to or for members (Part IX, column (A), line 4)                      | 0.                               | 0.                  |
|                                    | 15   | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | 171,408.                         | 424,232.            |
|                                    | 16a  | Professional fundraising fees (Part IX, column (A), line 11e)                      | 0.                               | 0.                  |
|                                    |  | b Total fundraising expenses (Part IX, column (D), line 25)                        | 31,191.                          |                     |
|                                    | 17   | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                       | 144,863.                         | 910,212.            |
| 18                                 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  | 2,871,355.   | 5,671,207.                       |                     |
| 19                                 | Revenue less expenses. Subtract line 18 from line 12   | 73,054.  | 1,462,688.                       |                     |
| <b>Net Assets or Fund Balances</b> |  |  | <b>Beginning of Current Year</b> | <b>End of Year</b>  |
|                                    | 20   | Total assets (Part X, line 16)   | 402,320.                         | 2,843,524.          |
|                                    | 21   | Total liabilities (Part X, line 26)  | 0.                               | 43,448.             |
| 22                                 | Net assets or fund balances. Subtract line 21 from line 20   | 402,320.   | 2,800,076.                       |                     |

## Part II Signature Block

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

|                  |   |         |
|------------------|---|---------|
| <b>Sign Here</b> |  | 5/13/15 |
|                  | Signature of officer  | Date    |
|                  | ELIZABETH BAKER, EXECUTIVE DIRECTOR   |         |
|                  | Type or print name and title  |         |

|                               |   |                                       |   |   |                   |
|-------------------------------|---|---------------------------------------|---|---|-------------------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br>KAREN L. DUNN | Preparer's signature<br>KAREN L. DUNN | Date<br>05/12/14  | Check if self-employed <input type="checkbox"/> | PTIN<br>P00192887 |
|                               | Firm's name<br>CLARK NUBER, PS              | Firm's EIN<br>91-1194016              | Firm's address<br>10900 NE 4TH STREET, SUITE 1700<br>BELLEVUE, WA 98004 | Phone no.<br>425-454-4919                       |                   |

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: GREATERGOOD.ORG IS DEVOTED TO ADDRESSING THE HEALTH AND WELL-BEING OF PEOPLE (PARTICULARLY WOMEN AND CHILDREN), ANIMALS, AND THE PLANET. THE ORGANIZATION WILL MAKE EDUCATIONAL MATERIALS AVAILABLE TO THE GENERAL PUBLIC AND PROVIDE FUNDING TO OTHER REGISTERED CHARITABLE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] Yes [ ] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 3,894,182. including grants of \$ 3,064,788. ) (Revenue \$ ) ANIMAL WELFARE (RESCUED ANIMALS): \$3,064,788 WAS RAISED AND GRANTED TO ANIMAL WELFARE ORGANIZATIONS FOR ITEMS LIKE FOOD, VACCINATIONS, SHELTER RENOVATIONS, ENRICHMENT, SPAY/NEUTER, EDUCATION AND TRAINING, AND DISASTER PREPAREDNESS AND RESPONSE.

4b (Code: ) (Expenses \$ 516,198. including grants of \$ 417,954. ) (Revenue \$ ) BREAST CANCER & WOMEN'S HEALTH: \$417,954 RAISED AND GRANTED TO NON-PROFIT PARTNERS TO PAY FOR FREE MAMMOGRAMS FOR WOMEN IN NEED. FUNDS WERE DELIVERED TO VARIOUS HOSPITALS AND CLINICS IN THE U.S. WHERE MAMMOGRAM SCREENING SERVICES WERE PROVIDED.

4c (Code: ) (Expenses \$ 504,905. including grants of \$ 408,810. ) (Revenue \$ ) HUNGER & POVERTY: \$408,810 RAISED AND DISTRIBUTED TO CHARITIES ADDRESSING HUNGER AND POVERTY IN THE US 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.

4d Other program services (Describe in Schedule O.) (Expenses \$ 572,242. including grants of \$ 445,211. ) (Revenue \$ )

4e Total program service expenses 5,487,527.

**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)?<br><i>If "Yes," complete Schedule A</i>  | X   |    |
| 2   | Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?   | X   |    |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>  |     | X  |
| 4   | <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>   |     | X  |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>   |     | X  |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>  |     | X  |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>  |     | X  |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>   |     | X  |
| 9   | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>            |     | X  |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>  |     | X  |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.  |     |    |
| a   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>   |     | X  |
| b   | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>   |     | X  |
| c   | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>   |     | X  |
| d   | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>  |     | X  |
| e   | Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>   |     | X  |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>  |     | X  |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>  | X   |    |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>  |     | X  |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>   |     | X  |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?  |     | X  |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | X   |    |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>  | X   |    |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>  |     | X  |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>  |     | X  |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>  |     | X  |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>  |     | X  |
| 20a | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>   |     | X  |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   |     |    |

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

|     |  | Yes | No |
|-----|--|-----|----|
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....  | X   |    |
| 22  | Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....  |     | X  |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....  | X   |    |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....                            |     | X  |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....  |     |    |
| c   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....   |     |    |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....  |     |    |
| 25a | <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....  |     | X  |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....                                       |     | X  |
| 26  | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II .....   |     | X  |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> ..... |     | X  |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  |     |    |
| a   | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| b   | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....  |     | X  |
| c   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....  |     | X  |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....  | X   |    |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....  |     | X  |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations?<br><i>If "Yes," complete Schedule N, Part I</i> .....   |     | X  |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....  |     | X  |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....  |     | X  |
| 34  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....  |     | X  |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....  |     | X  |
| b   | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....   |     |    |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....   |     | X  |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....   |     | X  |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?<br><b>Note.</b> All Form 990 filers are required to complete Schedule O .....   | X   |    |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O check

Main table with columns for question numbers (1a-14b), Yes/No responses, and numerical values. Includes questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 501(c)(7), Form 501(c)(12), Form 4947(a)(1), and Form 501(c)(29).

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed NONE; 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.; 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: JOHN GEHRT - 206-248-5477 600 UNIVERSITY AVE, #1000, SEATTLE, WA 98101

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees... List all of the organization's current key employees... List the organization's five current highest compensated employees... List all of the organization's former officers, key employees, and highest compensated employees... List all of the organization's former directors or trustees...

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

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

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include Julia Christophersen (President), John Gehrt (Treasurer), Eve Higgs (Secretary), Jennifer Feron (Board Member), Scott Garrepy (Board Member), Kimberly Klintworth (Board Member), and Elizabeth Baker (Executive Director).





**Part VIII Statement of Revenue**

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

|  |   |   | (A)           | (B)                                | (C)                        | (D)  |
|--|---|---|---------------|------------------------------------|----------------------------|--|
|  |   |   | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b>        | <b>1 a</b> Federated campaigns  | <b>1a</b>   |               |                                    |                            |  |
|  | <b>b</b> Membership dues  | <b>1b</b>   |               |                                    |                            |  |
|  | <b>c</b> Fundraising events   | <b>1c</b>   |               |                                    |                            |  |
|  | <b>d</b> Related organizations  | <b>1d</b>   |               |                                    |                            |  |
|  | <b>e</b> Government grants (contributions)  | <b>1e</b>   |               |                                    |                            |  |
|  | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above   | <b>1f</b> 5,241,534.                                  |               |                                    |                            |  |
|  | <b>g</b> Noncash contributions included in lines 1a-1f: \$  | 2,136,479.  |               |                                    |                            |  |
|  | <b>h Total.</b> Add lines 1a-1f   |   | 5,241,534.    |                                    |                            |  |
|  | <b>Program Service Revenue</b>  | <b>Business Code</b>                                  |               |                                    |                            |  |
| <b>2 a</b>   |   |   |               |                                    |                            |  |
| <b>b</b>   |   |   |               |                                    |                            |  |
| <b>c</b>   |   |   |               |                                    |                            |  |
| <b>d</b>   |   |   |               |                                    |                            |  |
| <b>e</b>   |   |   |               |                                    |                            |  |
| <b>f</b> All other program service revenue                           |   |   |               |                                    |                            |  |
| <b>g Total.</b> Add lines 2a-2f                                      |   |   |               |                                    |                            |  |
| <b>Other Revenue</b>   | <b>3</b> Investment income (including dividends, interest, and other similar amounts)   |   |               |                                    |                            |  |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds   |   |               |                                    |                            |  |
|  | <b>5</b> Royalties  |   | 1,892,361.    |                                    |                            | 1,892,361.   |
|  | <b>6 a</b> Gross rents  | (i) Real  |               |                                    |                            |  |
|  |   | (ii) Personal   |               |                                    |                            |  |
|  |   | <b>b</b> Less: rental expenses                        |               |                                    |                            |  |
|  |   | <b>c</b> Rental income or (loss)                      |               |                                    |                            |  |
|  | <b>d</b> Net rental income or (loss)  |   |               |                                    |                            |  |
|  | <b>7 a</b> Gross amount from sales of assets other than inventory   | (i) Securities  |               |                                    |                            |  |
|  |   | (ii) Other  |               |                                    |                            |  |
|  |   | <b>b</b> Less: cost or other basis and sales expenses |               |                                    |                            |  |
|  |   | <b>c</b> Gain or (loss)                               |               |                                    |                            |  |
|  | <b>d</b> Net gain or (loss)   |   |               |                                    |                            |  |
|  | <b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | <b>a</b>  |               |                                    |                            |  |
|  |   | <b>b</b> Less: direct expenses                        | <b>b</b>      |                                    |                            |  |
| <b>c</b> Net income or (loss) from fundraising events                |   |   |               |                                    |                            |  |
| <b>9 a</b> Gross income from gaming activities. See Part IV, line 19 | <b>a</b>  |   |               |                                    |                            |  |
|  | <b>b</b> Less: direct expenses  | <b>b</b>  |               |                                    |                            |  |
|  | <b>c</b> Net income or (loss) from gaming activities  |   |               |                                    |                            |  |
| <b>10 a</b> Gross sales of inventory, less returns and allowances    | <b>a</b>  |   |               |                                    |                            |  |
|  | <b>b</b> Less: cost of goods sold   | <b>b</b>  |               |                                    |                            |  |
|  | <b>c</b> Net income or (loss) from sales of inventory   |   |               |                                    |                            |  |
| <b>Miscellaneous Revenue</b>   |   | <b>Business Code</b>                                  |               |                                    |                            |  |
| <b>11 a</b>  |   |   |               |                                    |                            |  |
|  | <b>b</b>  |   |               |                                    |                            |  |
|  | <b>c</b>  |   |               |                                    |                            |  |
|  | <b>d</b> All other revenue  |   |               |                                    |                            |  |
|  | <b>e Total.</b> Add lines 11a-11d   |   |               |                                    |                            |  |
| <b>12 Total revenue.</b> See instructions.                           |   |   | 7,133,895.    | 0.                                 | 0.                         | 1,892,361.   |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21   | 3,498,203.            | 3,498,203.                      |  |                             |
| <b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22   |                       |                                 |  |                             |
| <b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16  | 838,560.              | 838,560.                        |  |                             |
| <b>4</b> Benefits paid to or for members   |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees  | 109,410.              | 65,646.                         | 21,882.                                | 21,882.                     |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages  | 260,989.              | 242,610.                        | 12,589.                                | 5,790.                      |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  |                       |                                 |  |                             |
| <b>9</b> Other employee benefits   | 27,072.               | 23,858.                         | 2,634.                                 | 580.                        |
| <b>10</b> Payroll taxes  | 26,761.               | 22,563.                         | 2,417.                                 | 1,781.                      |
| <b>11</b> Fees for services (non-employees):   |                       |                                 |  |                             |
| <b>a</b> Management  |                       |                                 |  |                             |
| <b>b</b> Legal   | 1,863.                |                                 | 1,863.                                 |                             |
| <b>c</b> Accounting  | 51,226.               |                                 | 51,226.                                |                             |
| <b>d</b> Lobbying  |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17   |                       |                                 |  |                             |
| <b>f</b> Investment management fees  |                       |                                 |  |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)   | 31,514.               | 25,219.                         | 6,295.                                 |                             |
| <b>12</b> Advertising and promotion  | 515,481.              | 491,849.                        | 22,658.                                | 974.                        |
| <b>13</b> Office expenses  | 191,773.              | 183,539.                        | 8,207.                                 | 27.                         |
| <b>14</b> Information technology   |                       |                                 |  |                             |
| <b>15</b> Royalties  |                       |                                 |  |                             |
| <b>16</b> Occupancy  | 20,458.               | 3,982.                          | 16,476.                                |                             |
| <b>17</b> Travel   | 74,892.               | 68,543.                         | 6,192.                                 | 157.                        |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings   | 625.                  | 575.                            | 50.                                    |                             |
| <b>20</b> Interest   |                       |                                 |  |                             |
| <b>21</b> Payments to affiliates   |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization  |                       |                                 |  |                             |
| <b>23</b> Insurance  |                       |                                 |  |                             |
| <b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) |                       |                                 |  |                             |
| <b>a</b> CHILDREN'S TOYS   | 22,380.               | 22,380.                         |  |                             |
| <b>b</b>   |                       |                                 |  |                             |
| <b>c</b>   |                       |                                 |  |                             |
| <b>d</b>   |                       |                                 |  |                             |
| <b>e</b> All other expenses  |                       |                                 |  |                             |
| <b>25</b> Total functional expenses. Add lines 1 through 24e   | 5,671,207.            | 5,487,527.                      | 152,489.                               | 31,191.                     |
| <b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.                                     |                       |                                 |  |                             |

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

**Part X Balance Sheet**

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

|   |  | (A)<br>Beginning of year |            | (B)<br>End of year |
|---|--|--------------------------|------------|--------------------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   | 12,033.                  | <b>1</b>   | 577,875.           |
|   | <b>2</b> Savings and temporary cash investments .....  |                          | <b>2</b>   |                    |
|   | <b>3</b> Pledges and grants receivable, net .....  |                          | <b>3</b>   |                    |
|   | <b>4</b> Accounts receivable, net .....  | 390,287.                 | <b>4</b>   | 2,262,716.         |
|   | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....   |                          | <b>5</b>   |                    |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L ..... |                          | <b>6</b>   |                    |
|   | <b>7</b> Notes and loans receivable, net .....   |                          | <b>7</b>   |                    |
|   | <b>8</b> Inventories for sale or use .....   |                          | <b>8</b>   |                    |
|   | <b>9</b> Prepaid expenses and deferred charges .....   | 0.                       | <b>9</b>   | 2,933.             |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b>               |            |                    |
|   | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b>               | <b>10c</b> |                    |
|   | <b>11</b> Investments - publicly traded securities .....   |                          | <b>11</b>  |                    |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   |                          | <b>12</b>  |                    |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                          | <b>13</b>  |                    |
|   | <b>14</b> Intangible assets .....  |                          | <b>14</b>  |                    |
|   | <b>15</b> Other assets. See Part IV, line 11 .....   |                          | <b>15</b>  |                    |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) ..... | 402,320.   | <b>16</b>                | 2,843,524. |                    |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 0.                       | <b>17</b>  | 43,448.            |
|   | <b>18</b> Grants payable .....   |                          | <b>18</b>  |                    |
|   | <b>19</b> Deferred revenue .....   |                          | <b>19</b>  |                    |
|   | <b>20</b> Tax-exempt bond liabilities .....  |                          | <b>20</b>  |                    |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                          | <b>21</b>  |                    |
|   | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....   |                          | <b>22</b>  |                    |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   |                          | <b>23</b>  |                    |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                          | <b>24</b>  |                    |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....  |                          | <b>25</b>  |                    |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   | 0.                       | <b>26</b>  | 43,448.            |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>   |                          |            |                    |
|   | <b>27</b> Unrestricted net assets .....  | 402,320.                 | <b>27</b>  | 2,707,000.         |
|   | <b>28</b> Temporarily restricted net assets .....  |                          | <b>28</b>  | 93,076.            |
|   | <b>29</b> Permanently restricted net assets .....  |                          | <b>29</b>  |                    |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>  |                          |            |                    |
|   | <b>30</b> Capital stock or trust principal, or current funds .....   |                          | <b>30</b>  |                    |
|   | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                          | <b>31</b>  |                    |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds .....   |                          | <b>32</b>  |                    |
| <b>33</b> Total net assets or fund balances .....                         | 402,320.   | <b>33</b>                | 2,800,076. |                    |
| <b>34</b> Total liabilities and net assets/fund balances .....            | 402,320.   | <b>34</b>                | 2,843,524. |                    |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |            |
|-----------|--|-----------|------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 7,133,895. |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 5,671,207. |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 1,462,688. |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | <b>4</b>  | 402,320.   |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  |            |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |            |
| <b>7</b>  | Investment expenses  | <b>7</b>  |            |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |            |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)   | <b>9</b>  | 935,068.   |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 2,800,076. |

**Part XII Financial Statements and Reporting**

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

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>1</b>  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   |     |    |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant?<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | X  |
| <b>2b</b> | Were the organization's financial statements audited by an independent accountant?<br>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:<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | X   |    |
| <b>2c</b> | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.   | X   |    |
| <b>3a</b> | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  |     | X  |
| <b>3b</b> | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits  |     |    |

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2013**

Open to Public Inspection

|  |   |
|--|---|
| Name of the organization<br><p style="text-align:center">GREATERGOOD.ORG</p> | Employer identification number<br><p style="text-align:center">20-4846675</p> |
|--|---|

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.  
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

|  | Yes      | No |
|--|----------|----|
| (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ..... | 11g(i)   |    |
| (ii) A family member of a person described in (i) above? .....   | 11g(ii)  |    |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? .....  | 11g(iii) |    |
- h Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? |    | (v) Did you notify the organization in col. (i) of your support? |    | (vi) Is the organization in col. (i) organized in the U.S.? |    | (vii) Amount of monetary support |
|------------------------------------|----------|---|---|----|--|----|---|----|----------------------------------|
|                                    |          |   | Yes   | No | Yes  | No | Yes   | No |                                  |
|                                    |          |   |   |    |  |    |   |    |                                  |
|                                    |          |   |   |    |  |    |   |    |                                  |
|                                    |          |   |   |    |  |    |   |    |                                  |
|                                    |          |   |   |    |  |    |   |    |                                  |
|                                    |          |   |   |    |  |    |   |    |                                  |
|                                    |          |   |   |    |  |    |   |    |                                  |
|                                    |          |   |   |    |  |    |   |    |                                  |
|                                    |          |   |   |    |  |    |   |    |                                  |
| <b>Total</b>                       |          |   |   |    |  |    |   |    |                                  |

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2009   | (b) 2010   | (c) 2011   | (d) 2012   | (e) 2013   | (f) Total   |
|--|------------|------------|------------|------------|------------|-------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 2,304,383. | 1,878,114. | 1,138,382. | 1,673,128. | 5,241,534. | 12,235,541. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |            |            |            |            |            |             |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |            |            |            |            |            |             |
| <b>4 Total.</b> Add lines 1 through 3 .....  | 2,304,383. | 1,878,114. | 1,138,382. | 1,673,128. | 5,241,534. | 12,235,541. |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ..... |            |            |            |            |            | 1,982,477.  |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |            |            |            |            |            | 10,253,064. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2009   | (b) 2010   | (c) 2011   | (d) 2012   | (e) 2013   | (f) Total                |
|--|------------|------------|------------|------------|------------|--------------------------|
| <b>7</b> Amounts from line 4 .....   | 2,304,383. | 1,878,114. | 1,138,382. | 1,673,128. | 5,241,534. | 12,235,541.              |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....  | 1,535,425. | 1,485,339. | 1,509,789. | 1,271,281. | 1,892,361. | 7,694,195.               |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....  |            |            |            |            |            |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....  |            |            |            |            |            |                          |
| <b>11 Total support.</b> Add lines 7 through 10  |            |            |            |            |            | 19,929,736.              |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....  |            |            |            |            | 12         |                          |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... |            |            |            |            |            | <input type="checkbox"/> |

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

|   |           |       |                                     |
|---|-----------|-------|-------------------------------------|
| <b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) .....  | <b>14</b> | 51.45 | %                                   |
| <b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14 .....  | <b>15</b> | 47.13 | %                                   |
| <b>16a 33 1/3% support test - 2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  |           |       | <input checked="" type="checkbox"/> |
| <b>b 33 1/3% support test - 2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....   |           |       | <input type="checkbox"/>            |
| <b>17a 10% -facts-and-circumstances test - 2013.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....    |           |       | <input type="checkbox"/>            |
| <b>b 10% -facts-and-circumstances test - 2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... |           |       | <input type="checkbox"/>            |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  |           |       | <input type="checkbox"/>            |

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....                                 |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)  |          |          |          |          |          |           |

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

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

|  |           |   |
|--|-----------|---|
| <b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 .....                      | <b>16</b> | % |

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

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17 .....                        | <b>18</b> | % |

**19a 33 1/3% support tests - 2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions





**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2013**

**Name of the organization**

GREATERGOOD.ORG

**Employer identification number**

20-4846675

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

|   |  |
|---|--|
| Name of organization<br><br>GREATERGOOD.ORG | Employer identification number<br><br>20-4846675 |
|---|--|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 1          |                                   | \$ 533,811.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          |                                   | \$ 150,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          |                                   | \$ 335,700.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          |                                   | \$ 180,351.                | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          |                                   | \$ 205,000.                | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6          |                                   | \$ 1,210,222.              | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|   |  |
|---|--|
| Name of organization<br><br>GREATERGOOD.ORG | Employer identification number<br><br>20-4846675 |
|---|--|

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|------------------------------|--|--|----------------------|
| 4                            | ADOPTION SUPPLIES<br>_____<br>_____<br>_____ | \$ 180,351.                                    | 06/01/14             |
| 5                            | PET FOOD<br>_____<br>_____<br>_____          | \$ 205,000.                                    | 04/01/14             |
| 6                            | PET FOOD<br>_____<br>_____<br>_____          | \$ 1,210,222.                                  | 06/01/14             |
|                              | _____<br>_____<br>_____                      | \$ _____                                       | _____                |
|                              | _____<br>_____<br>_____                      | \$ _____                                       | _____                |
|                              | _____<br>_____<br>_____                      | \$ _____                                       | _____                |

|   |  |
|---|--|
| Name of organization<br><br>GREATERGOOD.ORG | Employer identification number<br><br>20-4846675 |
|---|--|

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. 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 information once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

Name of the organization

GREATEROOD.ORG

Employer identification number

20-4846675

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

|  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements .....   | 2a                              |
| b Total acreage restricted by conservation easements .....   | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) .....   | 2c                              |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register ..... | 2d                              |

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

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

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

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

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

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

Yes  No

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

(i) Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

a Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

|                                 | Amount    |
|---------------------------------|-----------|
| c Beginning balance             | <b>1c</b> |
| d Additions during the year     | <b>1d</b> |
| e Distributions during the year | <b>1e</b> |
| f Ending balance                | <b>1f</b> |

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     |                  |                |                    |                      |                     |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            |                  |                |                    |                      |                     |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  %
- b Permanent endowment  %
- c Temporarily restricted endowment  %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

|        | Yes | No |
|--------|-----|----|
| 3a(i)  |     |    |
| 3a(ii) |     |    |
| 3b     |     |    |

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land                  |                                      |                                 |                              |                |
| b Buildings              |                                      |                                 |                              |                |
| c Leasehold improvements |                                      |                                 |                              |                |
| d Equipment              |                                      |                                 |                              |                |
| e Other                  |                                      |                                 |                              |                |

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)  0.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security)      | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives .....   |                |   |
| (2) Closely-held equity interests .....                                   |                |   |
| (3) Other .....   |                |   |
| (A)   |                |   |
| (B)   |                |   |
| (C)   |                |   |
| (D)   |                |   |
| (E)   |                |   |
| (F)   |                |   |
| (G)   |                |   |
| (H)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ |                |   |

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

| (a) Description   | (b) Book value |
|---|----------------|
| (1)   |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ |                |

**Part X Other Liabilities.**

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

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ |                |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

|          |  |           |            |
|----------|--|-----------|------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements                       | <b>1</b>  | 6,822,206. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                            |           |            |
| <b>a</b> | Net unrealized gains on investments  | <b>2a</b> |            |
| <b>b</b> | Donated services and use of facilities   | <b>2b</b> |            |
| <b>c</b> | Recoveries of prior year grants  | <b>2c</b> |            |
| <b>d</b> | Other (Describe in Part XIII.)   | <b>2d</b> |            |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>  | <b>2e</b> | 0.         |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>   | <b>3</b>  | 6,822,206. |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                           |           |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                               | <b>4a</b> |            |
| <b>b</b> | Other (Describe in Part XIII.)   | <b>4b</b> | 311,689.   |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>  | <b>4c</b> | 311,689.   |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) | <b>5</b>  | 7,133,895. |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

|          |   |           |            |
|----------|---|-----------|------------|
| <b>1</b> | Total expenses and losses per audited financial statements                                      | <b>1</b>  | 5,671,207. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                               |           |            |
| <b>a</b> | Donated services and use of facilities  | <b>2a</b> |            |
| <b>b</b> | Prior year adjustments  | <b>2b</b> |            |
| <b>c</b> | Other losses  | <b>2c</b> |            |
| <b>d</b> | Other (Describe in Part XIII.)  | <b>2d</b> |            |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>   | <b>2e</b> | 0.         |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>  | <b>3</b>  | 5,671,207. |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                              |           |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                                | <b>4a</b> |            |
| <b>b</b> | Other (Describe in Part XIII.)  | <b>4b</b> |            |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>   | <b>4c</b> | 0.         |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) | <b>5</b>  | 5,671,207. |

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SECTION 481 NET POSITIVE ADJUSTMENT FOR CASH TO ACCRUAL ACCOUNTING METHOD

CHANGE, TO BE RECOGNIZED EVENLY OVER FOUR YEARS.

\$1,246,757/4 = \$311,689 311,689.



**SCHEDULE F**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No. 1545-0047

**2013**

Open to Public Inspection

|   |  |
|---|--|
| Name of the organization<br><br>GREATERGOOD.ORG | Employer identification number<br><br>20-4846675 |
|---|--|

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

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

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

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

| (a) Region   | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
|--|-------------------------------------|--|---|--|--|
| CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS, | 0                                   | 0  | GRANT-MAKING  | N/A  | 145,100.   |
| EAST ASIA AND THE PACIFIC  | 0                                   | 0  | GRANT-MAKING  | N/A  | 321,660.   |
| EUROPE (INCLUDING ICELAND & GREENLAND)                                 | 0                                   | 0  | GRANT-MAKING  | N/A  | 300.   |
| MIDDLE EAST AND NORTH AFRICA   | 0                                   | 0  | GRANT-MAKING  | N/A  | 9,100.   |
| NORTH AMERICA  | 0                                   | 0  | GRANT-MAKING  | N/A  | 23,000.  |
| RUSSIA AND NEIGHBORING STATES  | 0                                   | 0  | GRANT-MAKING  | N/A  | 800.   |
| SOUTH AMERICA  | 0                                   | 0  | GRANT-MAKING  | N/A  | 107,000.   |
| SOUTH ASIA   | 0                                   | 0  | GRANT-MAKING  | N/A  | 81,700.  |
| <b>3 a</b> Sub-total .....   | 0                                   | 0  |   |  | 688,660.   |
| <b>b</b> Total from continuation sheets to Part I .....                | 0                                   | 0  |   |  | 149,900.   |
| <b>c Totals</b> (add lines 3a and 3b) .....                            | 0                                   | 0  |   |  | 838,560.   |

**Part I** Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

| (a) Region          | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|---------------------|-------------------------------------|---|--|--|-----------------------------------|
| SUB-SAHARAN AFRICA  | 0                                   | 0   | GRANT-MAKING   | N/A  | 149,900.                          |
|                     |                                     |   |  |  |                                   |
|                     |                                     |   |  |  |                                   |
|                     |                                     |   |  |  |                                   |
|                     |                                     |   |  |  |                                   |
|                     |                                     |   |  |  |                                   |
|                     |                                     |   |  |  |                                   |
|                     |                                     |   |  |  |                                   |
|                     |                                     |   |  |  |                                   |
|                     |                                     |   |  |  |                                   |
|                     |                                     |   |  |  |                                   |
|                     |                                     |   |  |  |                                   |
|                     |                                     |   |  |  |                                   |
|                     |                                     |   |  |  |                                   |
|                     |                                     |   |  |  |                                   |
|                     |                                     |   |  |  |                                   |
| <b>Totals</b> ..... |                                     |   |  |  | 149,900.                          |

**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<br>(a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region                        | (d) Purpose of grant                              | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------------------------------|--|-----------------------------------|---|--------------------------|---------------------------------|-----------------------------------|--|---|
|                               |  | SOUTH ASIA                        | LITERACY & CHILDREN'S EDUCATION                   | 15,140.                  | CHECK                           | 0.                                |  |   |
|                               |  | EAST ASIA AND THE PACIFIC         | RESCUED ANIMALS                                   | 15,000.                  | CHECK                           | 0.                                |  |   |
|                               |  | SUB-SAHARAN AFRICA                | LITERACY & CHILDREN'S EDUCATION                   | 22,314.                  | CHECK                           | 0.                                |  |   |
|                               |  | SUB-SAHARAN AFRICA                | HUNGER & POVERTY, LITERACY & CHILDREN'S EDUCATION | 6,630.                   | CHECK                           | 0.                                |  |   |
|                               |  | SOUTH AMERICA                     | CHILDREN'S HEALTH & WELL BEING, HUNGER & POVERTY  | 14,594.                  | WIRE                            | 0.                                |  |   |
|                               |  | CENTRAL AMERICA AND THE CARIBBEAN | HUNGER & POVERTY, LITERACY & CHILDREN'S EDUCATION | 49,935.                  | CHECK                           | 0.                                |  |   |
|                               |  | SUB-SAHARAN AFRICA                | HUNGER & POVERTY                                  | 7,560.                   | WIRE                            | 0.                                |  |   |
|                               |  | CENTRAL AMERICA AND THE CARIBBEAN | HUNGER & POVERTY                                  | 8,154.                   | CHECK                           | 0.                                |  |   |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... 26

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

| <b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) |  |                              |   |                          |                                 |                                   |  |   |
|---|--|------------------------------|---|--------------------------|---------------------------------|-----------------------------------|--|---|
| <b>1</b><br>(a) Name of organization  | (b) IRS code section and EIN (if applicable) | (c) Region                   | (d) Purpose of grant                              | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|   |  | EAST ASIA AND THE PACIFIC    | RESCUED ANIMALS                                   | 30,459.                  | CHECK                           | 0.                                |  |   |
|   |  | EAST ASIA AND THE PACIFIC    | RESCUED ANIMALS                                   | 58,862.                  | CHECK                           | 0.                                |  |   |
|   |  | EAST ASIA AND THE PACIFIC    | RESCUED ANIMALS                                   | 46,808.                  | CHECK                           | 0.                                |  |   |
|   |  | SOUTH ASIA                   | RESCUED ANIMALS                                   | 8,365.                   | CHECK                           | 0.                                |  |   |
|   |  | SUB-SAHARAN AFRICA           | RESCUED ANIMALS                                   | 15,753.                  | CHECK                           | 0.                                |  |   |
|   |  | EAST ASIA AND THE PACIFIC    | HUNGER & POVERTY                                  | 13,000.                  | CHECK                           | 0.                                |  |   |
|   |  | MIDDLE EAST AND NORTH AFRICA | HUNGER & POVERTY                                  | 9,120.                   | CHECK                           | 0.                                |  |   |
|   |  | SUB-SAHARAN AFRICA           | HUNGER & POVERTY                                  | 32,333.                  | CHECK                           | 0.                                |  |   |
|   |  | SUB-SAHARAN AFRICA           | HUNGER & POVERTY, LITERACY & CHILDREN'S EDUCATION | 27,547.                  | CHECK                           | 0.                                |  |   |

| <b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) |  |                                   |  |                          |                                 |                                   |  |   |
|---|--|-----------------------------------|--|--------------------------|---------------------------------|-----------------------------------|--|---|
| <b>1</b><br>(a) Name of organization  | (b) IRS code section and EIN (if applicable) | (c) Region                        | (d) Purpose of grant   | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|   |  | SOUTH ASIA                        | CHILDREN'S HEALTH & WELL BEING   | 11,720.                  | CHECK                           | 0.                                |  |   |
|   |  | NORTH AMERICA                     | RESCUED ANIMALS  | 6,037.                   | CHECK                           | 0.                                |  |   |
|   |  | CENTRAL AMERICA AND THE CARIBBEAN | BREAST CANCER & WOMEN'S HEALTH, CHILDREN'S HEALTH & WELL BEING, HUNGER & | 12,309.                  | CHECK                           | 0.                                |  |   |
|   |  | SUB-SAHARAN AFRICA                | BREAST CANCER & WOMEN'S HEALTH, CHILDREN'S HEALTH & WELL BEING, HUNGER & | 12,614.                  | CHECK                           | 0.                                |  |   |
|   |  | EAST ASIA AND THE PACIFIC         | CHILDREN'S HEALTH & WELL BEING, HUNGER & POVERTY                         | 8,432.                   | CHECK                           | 0.                                |  |   |
|   |  | SOUTH ASIA                        | LITERACY & CHILDREN'S EDUCATION  | 9,206.                   | CHECK                           | 0.                                |  |   |
|   |  | SOUTH ASIA                        | LITERACY & CHILDREN'S EDUCATION  | 8,255.                   | CHECK                           | 0.                                |  |   |
|   |  | SOUTH ASIA                        | PROTECTING/RESTORING ENVIRONMENT   | 5,390.                   | CHECK                           | 0.                                |  |   |
|   |  | EAST ASIA AND THE PACIFIC         | RESCUED ANIMALS  | 90,946.                  | CHECK                           | 0.                                |  |   |

| <b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) |   |                                   |                                  |                                 |  |  |   |  |
|---|---|-----------------------------------|----------------------------------|---------------------------------|--|--|---|--|
| <b>1</b><br><b>(a)</b> Name of organization   | <b>(b)</b> IRS code section and EIN (if applicable) | <b>(c)</b> Region                 | <b>(d)</b> Purpose of grant      | <b>(e)</b> Amount of cash grant | <b>(f)</b> Manner of cash disbursement | <b>(g)</b> Amount of non-cash assistance | <b>(h)</b> Description of non-cash assistance | <b>(i)</b> Method of valuation (book, FMV, appraisal, other) |
|   |   | CENTRAL AMERICA AND THE CARIBBEAN | HUNGER & POVERTY                 | 50,449.                         | CHECK                                  | 0.                                       |   |  |
|   |   | EAST ASIA AND THE PACIFIC         | HUNGER & POVERTY                 | 20,828.                         | CHECK                                  | 0.                                       |   |  |
|   |   | EAST ASIA AND THE PACIFIC         | PROTECTING/RESTORING ENVIRONMENT | 8,221.                          | CHECK                                  | 0.                                       |   |  |
|   |   | EAST ASIA AND THE PACIFIC         | HUNGER & POVERTY                 | 13,000.                         | CHECK                                  | 0.                                       |   |  |
|   |   | SOUTH ASIA                        | RESCUED ANIMALS                  | 7,141.                          | CHECK                                  | 0.                                       |   |  |
|   |   | SOUTH AMERICA                     | PROTECTING/RESTORING ENVIRONMENT | 91,960.                         | CHECK                                  | 0.                                       |   |  |
|   |   |                                   |                                  |                                 |  |  |   |  |
|   |   |                                   |                                  |                                 |  |  |   |  |
|   |   |                                   |                                  |                                 |  |  |   |  |



**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to 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)* .....  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* .....  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* .....  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* .....  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)* .....  Yes  No



**Part V Supplemental Information**

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

PART I, LINE 2:

EACH NON-PROFIT THAT RECEIVES GRANTS FROM GREATERGOOD.ORG IS REQUIRED TO SUPPLY PROOF OF THEIR NON-PROFIT STATUS UNDER THE LAWS OF THE COUNTRY IN WHICH IT WAS FORMED PRIOR TO RECEIVING FUNDS. THEY MUST ALSO SIGN A MEMO OF UNDERSTANDING THAT OUTLINES OUR INTENTIONS FOR USE OF FUNDS AND THAT THEY AGREE TO USE THE FUNDS AS SPECIFIED. AFTER THE END OF OUR FISCAL YEAR, WE REQUIRE A REPORT FROM EACH CHARITY THAT RECAPS HOW FUNDS WERE USED. IF FUNDS ARE NOT USED PROPERLY OR DOCUMENTATION FOR HOW FUNDS WERE USED IS NOT PROVIDED, FUTURE FUNDS CAN BE WITHHELD. WHEN POSSIBLE, ACTUAL SITE VISITS ARE CONDUCTED TO SEE ACTUAL EVIDENCE OF THE USE OF FUNDS.

PART II, COLUMN (D):

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: BREAST CANCER & WOMEN'S HEALTH, CHILDREN'S HEALTH & WELL BEING, HUNGER & POVERTY

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: BREAST CANCER & WOMEN'S HEALTH, CHILDREN'S HEALTH & WELL BEING, HUNGER & POVERTY

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

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

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

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| <b>1 (a)</b> Name and address of organization or government                                   | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| 1MATTERS.ORG<br>3450 W. CENTRAL AVE, #108<br>TOLEDO, OH 43606                                 | 26-2052237     | 501C3                                | 9,526.                          | 0.                                       |  |   | HUNGER & POVERTY                          |
| AMERICAN RED CROSS SNOHOMISH COUNTY - 2530 LOMBARD AVENUE - EVERETT, WA 98201                 | 53-0196605     | 501C3                                | 5,240.                          | 0.                                       |  |   | HUNGER & POVERTY                          |
| AMERICAN-ITALIAN CANCER FOUNDATION, THE - 112 EAST 71ST STREET, SUITE 2B - NEW YORK, NY 10021 | 13-3035711     | 501C3                                | 15,000.                         | 0.                                       |  |   | BREAST CANCER & WOMEN'S HEALTH            |
| ANA'S ANGELS<br>4525 HOOD ROAD<br>JACKSONVILLE, FL 32257                                      | 56-2408865     | 501C3                                | 0.                              | 6,000.                                   | COST   |   | DONATED PET FOOD                          |
| ANIMAL FOUNDATION, THE<br>655 N MOJAVE ROAD<br>LAS VEGAS, NV 89101                            | 88-0144253     | 501C3                                | 0.                              | 6,100.                                   | COST   |   | DONATED PET FOOD                          |
| ANIMAL FRIENDS HUMANE SOCIETY<br>1820 PRINCETON ROAD<br>HAMILTON, OH 45011                    | 31-0588218     | 501C3                                | 0.                              | 6,085.                                   | COST   |   | DONATED PET FOOD                          |

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 101.

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

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

Schedule I (Form 990) (2013)

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

| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance   |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--------------------------------------|
| ANIMAL LIFELINE<br>1111 EASTON ROAD, WARRINGTON<br>PAVILION, #24 - WARRINGTON, PA<br>18976 | 20-4444813 | 501C3                         | 24,935.                  | 0.                                |   |  | RESCUED ANIMALS                      |
| ANIMAL RESCUE LEAGUE OF BERKS<br>COUNTY, THE - 58 KENNEL ROAD -<br>BIRDSBORO, PA 19508     | 23-1417505 | 501C3                         | 0.                       | 6,100.                            | COST  |  | DONATED PET FOOD                     |
| ARIZONA ANIMAL WELFARE LEAGUE<br>25 N 40TH STREET<br>PHOENIX, AZ 85034                     | 23-7149453 | 501C3                         | 0.                       | 57,340.                           | COST  |  | DONATED PET FOOD                     |
| ASPCA<br>424 EAST 92ND STREET<br>NEW YORK, NY 10128  | 13-1623829 | 501C3                         | 63,808.                  | 65,149.                           | COST  |  | RESCUED ANIMALS, DONATED<br>PET FOOD |
| AUSTIN PETS ALIVE!<br>1156 W. CESAR CHAVEZ STREET<br>AUSTIN, TX 78703                      | 74-2893360 | 501C3                         | 0.                       | 6,100.                            | COST  |  | DONATED PET FOOD                     |
| AUTISM SPEAKS<br>1060 STATE ROAD, 2ND FLOOR<br>PRINCETON, NJ 08540                         | 20-2329938 | 501C3                         | 22,183.                  | 0.                                |   |  | CHILDREN'S HEALTH & WELL<br>BEING    |
| BAKERSFIELD SPCA<br>3000 GIBSON STREET<br>BAKERSFIELD, CA 93308                            | 95-2141790 | 501C3                         | 0.                       | 6,100.                            | COST  |  | DONATED PET FOOD                     |
| BALTIMORE HUMANE SOCIETY<br>1601 NICODEMUS ROAD<br>REISTERSTOWN, MD 21136                  | 52-0623165 | 501C3                         | 0.                       | 6,949.                            | COST  |  | DONATED PET FOOD                     |
| BASIC NEEDS FOUNDATION<br>439 EAST 247TH STREET<br>CARSON, CA 90745                        | 26-4498035 | 501C3                         | 0.                       | 15,839.                           | COST  |  | DONATED PET FOOD                     |

Schedule I (Form 990)

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

| (a) Name and address of organization or government  | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| BEAGLE FREEDOM PROJECT<br>4804 LAUREL CANYON BLVD, #534<br>NORTH HOLLYWOOD, CA 91607            | 55-0882647 | 501C3                         | 0.                       | 6,450.                            | COST  |  | DONATED PET FOOD                   |
| BEST FRIENDS ANIMAL SOCIETY<br>5001 ANGEL CANYON ROAD<br>KANAB, UT 84741                        | 23-7147797 | 501C3                         | 0.                       | 12,200.                           | COST  |  | DONATED PET FOOD                   |
| BLACK AND ORANGE CAT FOUNDATION<br>PO BOX 126<br>PLAIN CITY, OH 43064                           | 20-3597894 | 501C3                         | 0.                       | 6,207.                            | COST  |  | DONATED PET FOOD                   |
| BLIND CAT RESCUE & SANCTUARY, INC.<br>3101 E. GREAT MARSH CHURCH ROAD<br>ST. PAULS, NC 28384    | 20-3410498 | 501C3                         | 6,000.                   | 0.                                |   |  | RESCUED ANIMALS                    |
| BOBBI AND THE STRAYS<br>2 RIDER PLACE<br>FREEPORT, NY 11520                                     | 11-3444285 | 501C3                         | 0.                       | 8,433.                            | COST  |  | DONATED PET FOOD                   |
| BRAZORIA COUNTY HUMANE SOCIETY<br>6219 FARM TO MARKET 1128<br>MANVEL, TX 77578                  | 23-7404451 | 501C3                         | 0.                       | 6,100.                            | COST  |  | DONATED PET FOOD                   |
| CARING HANDS HUMANE SOCIETY<br>1400 SE 3RD STREET<br>NEWTON, KS 67114                           | 48-0998278 | 501C3                         | 0.                       | 10,775.                           | COST  |  | DONATED PET FOOD                   |
| CAT HOUSE ON THE KINGS, THE<br>7120 S. KINGS RIVER ROAD<br>PARLIER, CA 93648                    | 27-0015288 | 501C3                         | 0.                       | 26,352.                           | COST  |  | DONATED PET FOOD                   |
| CENTRAL OKLAHOMA HUMANE SOCIETY<br>9300 N. MAY AVENUE, SUITE 400-281<br>OKLAHOMA CITY, OK 73120 | 20-8446621 | 501C3                         | 0.                       | 5,950.                            | COST  |  | DONATED PET FOOD                   |

Schedule I (Form 990)

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

| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| CHURCHILL FOUNDATION, THE<br>4191 HINSON STREET<br>LAS VEGAS, NV 89118                                   | 23-2904826 | 501C3                         | 0.                       | 8,433.                            | COST  |  | DONATED PET FOOD                   |
| CITY OF SAN ANTONIO ANIMAL CARE SERVICES - 4710 HWY 151 - SAN ANTONIO, TX 78227                          | 74-6002070 | GOVERNMENT                    | 0.                       | 6,100.                            | COST  |  | DONATED PET FOOD                   |
| CONTRA COSTA HUMANE SOCIETY<br>171 MAYHEW WAY<br>PLEASANT HILL, CA 94523                                 | 68-0281428 | 501C3                         | 0.                       | 6,100.                            | COST  |  | DONATED PET FOOD                   |
| COUNTY OF LOS ANGELES, DEPARTMENT OF ANIMAL CARE AND CONTROL - 5898 CHERRY AVENUE - LONG BEACH, CA 90805 | 95-6000927 | GOVERNMENT                    | 0.                       | 48,375.                           | COST  |  | DONATED PET FOOD                   |
| COUNTY OF LOS ANGELES, BALDWIN PARK ANIMAL CARE CENTER - 4275 N. ELTON STREET - BALDWIN PARK, CA 91706   | 95-6000927 | GOVERNMENT                    | 0.                       | 6,100.                            | COST  |  | DONATED PET FOOD                   |
| FEED OUR VETERANS<br>PO BOX 1<br>NEW YORK MILLS, NY 13417  | 26-3108361 | 501C3                         | 23,335.                  | 0.                                |   |  | HUNGER & POVERTY                   |
| FEEDING AMERICA<br>PO BOX 96749<br>WASHINGTON, DC 20090  | 36-3673599 | 501C3                         | 42,852.                  | 0.                                |   |  | HUNGER & POVERTY                   |
| FELINE RESCUE, INC.<br>593 FAIRVIEW AVENUE NORTH<br>ST PAUL, MN 55104                                    | 41-1876072 | 501C3                         | 0.                       | 5,100.                            | COST  |  | DONATED PET FOOD                   |
| FIRST BOOK<br>1319 F STREET NW<br>WASHINGTON, DC 20004   | 52-1779606 | 501C3                         | 14,415.                  | 0.                                |   |  | LITERACY & CHILDREN'S EDUCATION    |

Schedule I (Form 990)

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| FUND FOR ANIMALS, INC., THE<br>200 WEST 57TH STREET<br>NEW YORK, NY 10019                | 13-6218740 | 501C3                         | 81,519.                  | 0.                                |   |  | RESCUED ANIMALS                    |
| GEORGIA SPCA<br>1175 BUFORD HIGHWAY, STE 109<br>SUWANEE, GA 30024                        | 20-8927871 | 501C3                         | 0.                       | 6,100.                            | COST  |  | DONATED PET FOOD                   |
| GOATHOUSE REFUGE<br>680 ALTON ALSTON ROAD<br>PITTSBORO, NC 27312                         | 26-0893521 | 501C3                         | 0.                       | 10,775.                           | COST  |  | DONATED PET FOOD                   |
| HALO, PURELY FOR PETS<br>12400 RACK TRACK ROAD<br>TAMPA, FL 33626                        | 26-4497518 | 501C3                         | 50,000.                  | 0.                                |   |  | RESCUED ANIMALS                    |
| HOME FOR LIFE<br>PO BOX 847<br>STILLWATER, MN 55082                                      | 41-1867244 | 501C3                         | 19,431.                  | 0.                                |   |  | RESCUED ANIMALS                    |
| HOMEWARD PET ADOPTION CENTER<br>13132 NE 177TH PLACE<br>WOODINVILLE, WA 98072            | 91-1526803 | 501C3                         | 0.                       | 6,969.                            | COST  |  | DONATED PET FOOD                   |
| HOMEWARD TRAILS ANIMAL RESCUE<br>11116 FAIRFAX STATION ROAD<br>FAIRFAX STATION, VA 22039 | 32-0086330 | 501C3                         | 0.                       | 5,466.                            | COST  |  | DONATED PET FOOD                   |
| HUMANE SOCIETY OF BOULDER VALLEY,<br>THE - 2323 55TH STREET - BOULDER,<br>CO 80301       | 84-0152768 | 501C3                         | 5,060.                   | 0.                                |   |  | RESCUED ANIMALS                    |
| HUMANE SOCIETY OF CENTRAL OREGON<br>61170 SE 27TH STREET<br>BEND, OR 97702               | 93-0616957 | 501C3                         | 0.                       | 40,464.                           | COST  |  | DONATED PET FOOD                   |

Schedule I (Form 990)

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

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| HUMANE SOCIETY OF PIKES PEAK REGION - 610 ABBOT LANE - COLORADO SPRINGS, CO 80905  | 84-0410111 | 501C3                         | 15,606.                  | 0.                                |   |  | RESCUED ANIMALS                    |
| HUMANE SOCIETY OF THE UNITED STATES - PO BOX 87598 - MONTGOMERY VILLAGE, MD 20866  | 52-1769464 | 501C3                         | 46,193.                  | 0.                                |   |  | RESCUED ANIMALS                    |
| IFAW<br>290 SUMMER STREET<br>YARMOUTH PORT, MA 02675                               | 31-1594197 | 501C3                         | 66,893.                  | 0.                                |   |  | RESCUED ANIMALS                    |
| K-9 KARMA ANIMAL ADVOCATES INC.<br>32105 W 31ST STREET S<br>CHENEY, KS 67025       | 27-2916837 | 501C3                         | 0.                       | 5,075.                            | COST  |  | DONATED PET FOOD                   |
| KARUNA BULLY RESCUE<br>628 NEW HAVEN ROAD, SUITE 8<br>NAUGATUCK, CT 06770          | 45-0896993 | 501C3                         | 0.                       | 5,192.                            | COST  |  | DONATED PET FOOD                   |
| KENTUCKY ONE HEALTH<br>529 S. JACKSON ST.<br>LOUISVILLE, KY 40202                  | 61-1029769 | 501C3                         | 15,000.                  | 0.                                |   |  | BREAST CANCER & WOMEN'S HEALTH     |
| KITTY BUNGALOW<br>1793 WEST 24TH STREET<br>LOS ANGELES, CA 90018                   | 27-1297223 | 501C3                         | 0.                       | 17,225.                           | COST  |  | DONATED PET FOOD                   |
| KITTY COTTAGE ADOPTION CENTER<br>317 W. JOHNSON HIGHWAY<br>EAST NORRITON, PA 19401 | 23-3086025 | 501C3                         | 0.                       | 12,200.                           | COST  |  | DONATED PET FOOD                   |
| KOOTENAI HUMANE SOCIETY<br>11650 N RAMSEY ROAD<br>HAYDEN, ID 83835                 | 82-0334845 | 501C3                         | 0.                       | 12,200.                           | COST  |  | DONATED PET FOOD                   |

Schedule I (Form 990)

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

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| LAKOTA ANIMAL CARE PROJECT<br>PO BOX 763<br>CUSTER, SD 57730   | 45-0551967 | 501C3                         | 20,645.                  | 0.                                |   |  | RESCUED ANIMALS                    |
| LEGACY BOXER RESCUE<br>755 PORT AMERICA PLACE, SUITE 335<br>GRAPEVINE, TX 76051                        | 20-0891607 | 501C3                         | 0.                       | 6,100.                            | COST  |  | DONATED PET FOOD                   |
| LEKOTEK<br>2001 N CLYBOURN AVE, SUITE 100<br>CHICAGO, IL 60614   | 36-2244895 | 501C3                         | 37,061.                  | 0.                                |   |  | CHILDREN'S HEALTH & WELL BEING     |
| LIFELINE ANIMAL PLACEMENT AND PROTECTION - 310 W 45TH N - WICHITA, KS 67204                            | 48-1221562 | 501C3                         | 0.                       | 8,120.                            | COST  |  | DONATED PET FOOD                   |
| LOST OUR HOME PET FOUNDATION<br>2323 S. HARDY DRIVE<br>TEMPE, AZ 85284                                 | 37-1589959 | 501C3                         | 0.                       | 10,775.                           | COST  |  | DONATED PET FOOD                   |
| LOUISIANA BREAST & CERVICAL HEALTH PROGRAM - 2020 GRAVIER ST., 3RD FLOOR - NEW ORLEANS, LA 70112       | 72-1115391 | 501C3                         | 15,000.                  | 0.                                |   |  | BREAST CANCER & WOMEN'S HEALTH     |
| LOVE THAT DOG HOLLYWOOD<br>HOLLYWOOD CENTER STUDIOS, BLDG. 34, 1040 N LAS PALMAS AVENUE - LOS ANGELES, | 27-4956143 | 501C3                         | 0.                       | 6,450.                            | COST  |  | DONATED PET FOOD                   |
| MARICOPA COUNTY ANIMAL CARE & CONTROL - 2630 W RIO SALADO PARKWAY - MESA, AZ 85201                     | 86-6000472 | GOVERNMENT                    | 0.                       | 8,198.                            | COST  |  | DONATED PET FOOD                   |
| METROWEST HUMANE SOCIETY<br>30 POND STREET<br>ASHLAND, MA 01721  | 04-2600449 | 501C3                         | 0.                       | 6,100.                            | COST  |  | DONATED PET FOOD                   |

Schedule I (Form 990)



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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| MUCH LOVE ANIMAL RESCUE<br>P.O. BOX 341721<br>LOS ANGELES, CA 90034                        | 95-4765624 | 501C3                         | 0.                       | 6,450.                            | COST  |  | DONATED PET FOOD                   |
| NATIONAL AUTISM ASSOCIATION<br>20 ALICE AGNEW DRIVE<br>ATTLEBORO FALLS, MA 02763           | 20-0032380 | 501C3                         | 25,892.                  | 0.                                |   |  | CHILDREN'S HEALTH & WELL BEING     |
| NATIONAL BREAST CANCER FOUNDATION<br>2600 NETWORK BLVD., SUITE 300<br>FRISCO, TX 75034     | 75-2391148 | 501C3                         | 209,848.                 | 0.                                |   |  | BREAST CANCER & WOMEN'S HEALTH     |
| NATIONAL MILL DOG RESCUE<br>PO BOX 88468<br>COLORADO SPRINGS, CO 80908                     | 26-0574783 | 501C3                         | 13,724.                  | 0.                                |   |  | RESCUED ANIMALS                    |
| NEVADA HEALTH CENTER<br>1799 MOUNT MARIAH DRIVE<br>LAS VEGAS, NV 89106                     | 94-3199117 | 501C3                         | 15,000.                  | 0.                                |   |  | BREAST CANCER & WOMEN'S HEALTH     |
| NORTHEAST ANIMAL SHELTER<br>347 HIGHLAND AVENUE<br>SALEM, MA 01970                         | 51-0183474 | 501C3                         | 0.                       | 6,100.                            | COST  |  | DONATED PET FOOD                   |
| NORTHWEST HARVEST<br>PO BOX 12272<br>SEATTLE, WA 98102                                     | 91-0826037 | 501C3                         | 15,000.                  | 0.                                |   |  | HUNGER & POVERTY                   |
| NOVANT HEALTH FOUNDATION<br>PRESBYTERIAN MED - 200 HAWTHORNE<br>LANE - CHARLOTTE, NC 28204 | 58-1413074 | 501C3                         | 15,000.                  | 0.                                |   |  | BREAST CANCER & WOMEN'S HEALTH     |
| OHIO HEALTH FOUNDATION<br>500 THOMAS LANE<br>COLUMBUS, OH 43214                            | 24-7446919 | 501C3                         | 15,000.                  | 0.                                |   |  | BREAST CANCER & WOMEN'S HEALTH     |

Schedule I (Form 990)

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| OHS<br>9300 N. DECATUR STREET<br>PORTLAND, OR 97203  | 93-0386880 | 501C3                         | 0.                       | 6,100.                            | COST  |  | DONATED PET FOOD                   |
| OPERATION SUPPORT OUR TROOPS - AMERICA - 1807 S WASHINGTON, SUITE 110, #359 - NAPERVILLE, IL 60565 | 20-4275756 | 501C3                         | 8,980.                   | 0.                                |   |  | HUNGER & POVERTY                   |
| PACIFIC MARINE MAMMAL CENTER<br>20612 LAGUNA CANYON ROAD<br>LAGUNA BEACH, CA 92651                 | 95-3680896 | 501C3                         | 41,515.                  | 0.                                |   |  | RESCUED ANIMALS                    |
| PAWFECT MATCH<br>127 RIDGE LAKE DRIVE<br>APEX, NC 27539  | 20-4342710 | 501C3                         | 0.                       | 5,466.                            | COST  |  | DONATED PET FOOD                   |
| PENNSYLVANIA SPCA<br>350 EAST ERIE AVENUE<br>PHILADELPHIA, PA 19134                                | 22-1352269 | 501C3                         | 10,120.                  | 0.                                |   |  | RESCUED ANIMALS                    |
| PET ADOPTION FUND<br>7507 DEERING AVENUE<br>CANOGA PARK, CA 91303                                  | 95-3842460 | 501C3                         | 0.                       | 6,100.                            | COST  |  | DONATED PET FOOD                   |
| PETFINDER.COM FOUNDATION<br>4729 E SUNRISE DRIVE, #119<br>TUCSON, AZ 85718                         | 87-0694641 | 501C3                         | 337,720.                 | 0.                                |   |  | RESCUED ANIMALS                    |
| PETS FOR PATRIOTS<br>218 E PARK AVE, SUITE 543<br>LONG BEACH, NY 11561                             | 27-1082210 | 501C3                         | 13,075.                  | 0.                                |   |  | RESCUED ANIMALS                    |
| PETS FOR VETS<br>409 BLACK DIAMOND DRIVE<br>WILMINGTON, NC 28411                                   | 27-1250302 | 501C3                         | 26,375.                  | 0.                                |   |  | RESCUED ANIMALS                    |

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| PETS LIFELINE<br>19686 8TH STREET EAST<br>SONOMA COUNTY, CA 95476                       | 94-2851279 | 501C3                         | 0.                       | 6,100.                            | COST  |  | DONATED PET FOOD                   |
| PIMA ANIMAL CARE CENTER<br>4000 N. SILVERBELL ROAD<br>TUCSON, AZ 85745                  | 86-6000543 | GOVERNMENT                    | 0.                       | 5,466.                            | COST  |  | DONATED PET FOOD                   |
| PIMA COUNTY HEALTH DEPARTMENT<br>3950 S. COUNTRY CLUB RD, SUITE 300<br>TUCSON, AZ 85714 | 86-6000543 | GOVERNMENT                    | 15,000.                  | 0.                                |   |  | BREAST CANCER & WOMEN'S HEALTH     |
| PREMIER COMMUNITY HEALTH<br>23 JASPER ST.<br>DAYTON, OH 45409                           | 31-1122883 | 501C3                         | 15,000.                  | 0.                                |   |  | BREAST CANCER & WOMEN'S HEALTH     |
| RED PAW EMERGENCY RELIEF TEAM<br>1328 SOUTH 24TH STREET<br>PHILADELPHIA, PA 19146       | 45-2973875 | 501C3                         | 0.                       | 6,100.                            | COST  |  | DONATED PET FOOD                   |
| REDROVER<br>PO BOX 188890<br>SACRAMENTO, CA 95818                                       | 68-0124097 | 501C3                         | 27,555.                  | 0.                                |   |  | RESCUED ANIMALS                    |
| REMOTE AREA MEDICAL VOLUNTEER<br>CORPS - 1834 BEECH STREET -<br>KNOXVILLE, TN 37920     | 62-1650446 | 501C3                         | 13,795.                  | 0.                                |   |  | RESCUED ANIMALS                    |
| RESCUE ANIMAL MP3 PROJECT<br>7211 WALES AVE NW<br>NORTH CANTON, OH 44720                | 30-0699068 | 501C3                         | 5,593.                   | 0.                                |   |  | RESCUED ANIMALS                    |
| RESCUE BANK<br>6363 WOODWAY, SUITE 975<br>HOUSTON, TX 77057                             | 83-0460930 | 501C3                         | 141,034.                 | 0.                                |   |  | RESCUED ANIMALS                    |

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| ROLLING DOG FARM<br>PO BOX 150<br>LANCASTER, NH 03584                               | 81-0537598 | 501C3                         | 9,873.                   | 0.                                |   |  | RESCUED ANIMALS                    |
| SAN DIEGO HUMANE SOCIETY<br>5500 GAINES ST<br>SAN DIEGO, CA 92110                   | 95-1661688 | 501C3                         | 9,040.                   | 0.                                |   |  | RESCUED ANIMALS                    |
| SANTA BARBARA COUNTY ANIMAL SERVICES - 548 W FOSTER ROAD -<br>SANTA MARIA, CA 93455 | 95-6002283 | GOVERNMENT                    | 0.                       | 6,100.                            | COST  |  | DONATED PET FOOD                   |
| SHELTER TRANSPORT ANIMAL RESCUE TEAM - PO BOX 4792 - VALLEY VILLAGE, CA 91617       | 45-4258426 | 501C3                         | 0.                       | 5,466.                            | COST  |  | DONATED PET FOOD                   |
| SKY ISLAND ALLIANCE<br>PO BOX 41165<br>TUCSON, AZ 85717                             | 86-0796748 | 501C3                         | 39,675.                  | 0.                                |   |  | PROTECTING/RESTORING ENVIRONMENT   |
| SPCA OF WAKE COUNTY<br>200 PETFINDER LANE<br>RALEIGH, NC 27603                      | 56-0891732 | 501C3                         | 0.                       | 7,886.                            | COST  |  | DONATED PET FOOD                   |
| SPCA OF WESTCHESTER<br>590 NORTH STATE ROAD<br>BRIARCLIFF MANOR, NY 10510           | 13-1740069 | 501C3                         | 0.                       | 51,260.                           | COST  |  | DONATED PET FOOD                   |
| START RESCUE<br>PO BOX 4792<br>VALLEY VILLAGE, CA 91617                             | 45-4258426 | 501C3                         | 0.                       | 15,543.                           | COST  |  | DONATED PET FOOD                   |
| SWEETPEA FRIENDS<br>1090 PLEASANT STREET, ROUTE 122<br>PAXTON, MA 01612             | 04-3550699 | 501C3                         | 0.                       | 6,100.                            | COST  |  | DONATED PET FOOD                   |

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| TOWN OF HEMPSTEAD ANIMAL SHELTER<br>3320 BELTAGH AVENUE<br>WANTAGH, NY 11793                | 11-6001929 | GOVERNMENT                    | 0.                       | 6,100.                            | COST  |  | DONATED PET FOOD   |
| UNIVERSITY OF MICHIGAN<br>1000 OAKBROOK DRIVE, SUITE 100<br>ANN ARBOR, MI 48104             | 38-6006309 | 501C3                         | 112,274.                 | 0.                                |   |  | BREAST CANCER & WOMEN'S HEALTH, CHILDREN'S HEALTH & WELL BEING |
| VETERAN HOMESTEAD<br>69 HIGH STREET<br>FITCHBURG, MA 01420                                  | 04-3199887 | 501C3                         | 12,101.                  | 0.                                |   |  | HUNGER & POVERTY   |
| VETERANS VILLAGE OF SAN DIEGO<br>4141 PACIFIC HIGHWAY<br>SAN DIEGO, CA 92110                | 95-3649525 | 501C3                         | 12,110.                  | 0.                                |   |  | HUNGER & POVERTY   |
| WASHINGTON ANIMAL RESCUE LEAGUE,<br>THE - 71 OGLETHORPE STREET NW -<br>WASHINGTON, DC 20011 | 53-0162440 | 501C3                         | 0.                       | 16,358.                           | COST  |  | DONATED PET FOOD   |
|   |            |                               |                          |                                   |   |  |  |
|   |            |                               |                          |                                   |   |  |  |
|   |            |                               |                          |                                   |   |  |  |
|   |            |                               |                          |                                   |   |  |  |

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

EACH NON-PROFIT THAT RECEIVES GRANTS FROM GREATERGOOD.ORG IS  
 REQUIRED TO SUPPLY PROOF OF THEIR NON-PROFIT STATUS PRIOR TO RECEIVING  
 FUNDS. THEY MUST ALSO SIGN A MEMO OF UNDERSTANDING THAT OUTLINES OUR  
 INTENTIONS FOR USE OF FUNDS AND THAT THEY AGREE TO USE THE FUNDS AS  
 SPECIFIED. AFTER THE END OF OUR FISCAL YEAR, WE REQUIRE A REPORT FROM EACH  
 CHARITY THAT RECAPS HOW FUNDS WERE USED. IF FUNDS ARE NOT USED PROPERLY OR  
 DOCUMENTATION FOR HOW FUNDS WERE USED IS NOT PROVIDED, FUTURE FUNDS CAN BE  
 WITHHELD.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

**2013**

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

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

GREATERTGOOD.ORG

Employer identification number

20-4846675

**Part I Questions Regarding Compensation**

|   | Yes  | No   |  |  |  |  |   |  |  |  |
|---|--|--|--|--|--|--|---|--|--|--|
| <p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table> | <input type="checkbox"/> First-class or charter travel                   | <input type="checkbox"/> Housing allowance or residence for personal use | <input type="checkbox"/> Travel for companions               | <input type="checkbox"/> Payments for business use of personal residence | <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   | <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |  |  |
| <input type="checkbox"/> First-class or charter travel  | <input type="checkbox"/> Housing allowance or residence for personal use |  |  |  |  |  |   |  |  |  |
| <input type="checkbox"/> Travel for companions  | <input type="checkbox"/> Payments for business use of personal residence |  |  |  |  |  |   |  |  |  |
| <input type="checkbox"/> Tax indemnification and gross-up payments  | <input type="checkbox"/> Health or social club dues or initiation fees   |  |  |  |  |  |   |  |  |  |
| <input type="checkbox"/> Discretionary spending account   | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |  |  |  |  |  |   |  |  |  |
| <p><b>b</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 .....</p>  | <b>1b</b>  |  |  |  |  |  |   |  |  |  |
| <p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? .....</p>  | <b>2</b>   |  |  |  |  |  |   |  |  |  |
| <p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>  | <input type="checkbox"/> Compensation committee                          | <input type="checkbox"/> Written employment contract                     | <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    | <input type="checkbox"/> Form 990 of other organizations           | <input type="checkbox"/> Approval by the board or compensation committee |   |  |  |  |
| <input type="checkbox"/> Compensation committee   | <input type="checkbox"/> Written employment contract                     |  |  |  |  |  |   |  |  |  |
| <input type="checkbox"/> Independent compensation consultant  | <input type="checkbox"/> Compensation survey or study                    |  |  |  |  |  |   |  |  |  |
| <input type="checkbox"/> Form 990 of other organizations  | <input type="checkbox"/> Approval by the board or compensation committee |  |  |  |  |  |   |  |  |  |
| <p><b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p><b>a</b> Receive a severance payment or change-of-control payment? .....</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>  | <b>4a</b>  | X  |  |  |  |  |   |  |  |  |
|   | <b>4b</b>  | X  |  |  |  |  |   |  |  |  |
|   | <b>4c</b>  | X  |  |  |  |  |   |  |  |  |
| <p><b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b></p> <p><b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p><b>a</b> The organization? .....</p> <p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>  | <b>5a</b>  | X  |  |  |  |  |   |  |  |  |
|   | <b>5b</b>  | X  |  |  |  |  |   |  |  |  |
| <p><b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p><b>a</b> The organization? .....</p> <p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>  | <b>6a</b>  | X  |  |  |  |  |   |  |  |  |
|   | <b>6b</b>  | X  |  |  |  |  |   |  |  |  |
| <p><b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....</p>  | <b>7</b>   | X  |  |  |  |  |   |  |  |  |
| <p><b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....</p>   | <b>8</b>   | X  |  |  |  |  |   |  |  |  |
| <p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....</p>  | <b>9</b>   |  |  |  |  |  |   |  |  |  |

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

Schedule J (Form 990) 2013

**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 in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

| (A) Name and Title                        |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported as deferred in prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|   |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| (1) ELIZABETH BAKER<br>EXECUTIVE DIRECTOR | (i)  | 92,838.  | 0.                                  | 0.                                  | 0.   | 2,048.                  | 94,886.                         | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |



**Part III** Supplemental Information

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

PART I, LINE 3:

THE INDIVIDUAL REPORTED ON SCHEDULE J, PART II IS

COMPENSATED BY AN UNRELATED ORGANIZATION.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization: **GREATERGOD.ORG** Employer identification number: **20-4846675**

**Part I Types of Property**

|  | (a)<br>Check if applicable | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art   |                            |   |  |   |
| 2 Art - Historical treasures                                 |                            |   |  |   |
| 3 Art - Fractional interests                                 |                            |   |  |   |
| 4 Books and publications                                     |                            |   |  |   |
| 5 Clothing and household goods                               |                            |   |  |   |
| 6 Cars and other vehicles                                    |                            |   |  |   |
| 7 Boats and planes   |                            |   |  |   |
| 8 Intellectual property                                      |                            |   |  |   |
| 9 Securities - Publicly traded                               |                            |   |  |   |
| 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  |                            |   |  |   |
| 20 Drugs and medical supplies                                |                            |   |  |   |
| 21 Taxidermy   |                            |   |  |   |
| 22 Historical artifacts                                      |                            |   |  |   |
| 23 Scientific specimens                                      |                            |   |  |   |
| 24 Archeological artifacts                                   |                            |   |  |   |
| 25 Other ▶ ( PET FOOD, SUP )                                 | X                          | 11  | 1,623,496.   | FAIR MARKET VALUE   |
| 26 Other ▶ ( ADVERTISING )                                   | X                          | 12  | 490,603.   | FAIR MARKET VALUE   |
| 27 Other ▶ ( KID'S TOYS )                                    | X                          | 4   | 22,380.  | FAIR MARKET VALUE   |
| 28 Other ▶ ( )   |                            |   |  |   |

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

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

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

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER OF ITEMS REPRESENTS THE NUMBER OF CONTRIBUTIONS

RECEIVED.

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

GREATERGOOD.ORG

Employer identification number

20-4846675

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

CHILDREN), ANIMALS, AND THE PLANET.

THE ORGANIZATION WILL MAKE EDUCATIONAL MATERIALS AVAILABLE TO THE

GENERAL PUBLIC AND PROVIDE FUNDING TO OTHER REGISTERED CHARITABLE

ORGANIZATIONS THAT ALLEVIATE AND ADDRESS THE ROOT CAUSES OF WORLD

HUNGER AND FOOD INSECURITY, EARLY DETECTION & TREATMENT OF BREAST

CANCER, PREVENTION & TREATMENT OF CHILDHOOD ILLNESS & DISEASE,

CHILDREN'S EDUCATION, PROTECTING AND RESTORING THE ENVIRONMENT, AND

PROVIDING FUNDING FOR THE CARE & FEEDING OF RESCUED ANIMALS.

FORM 990, PART I, LINE 6:

THE NUMBER OF VOLUNTEERS CONSISTS OF THE 6 BOARD MEMBERS.

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

ORGANIZATIONS FOCUSING PRIMARILY WITHIN THE FOLLOWING AREAS AND

CONCERNS:

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

INSECURITY

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

HEALTH CONCERNS

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

CHILDREN'S HEALTH AND WELL-BEING CONCERNS

4. CHILDREN'S EDUCATION

5. PROTECTING AND RESTORING THE ENVIRONMENT

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

SHELTERS AND SANCTUARIES AND ADDRESSING THE ROOT CAUSES OF THEIR

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

Schedule O (Form 990 or 990-EZ) (2013)

|   |  |
|---|--|
| Name of the organization<br>GREATERGOOD.ORG | Employer identification number<br>20-4846675 |
|---|--|

## CONDITIONS

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

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

EXPLANATION: CARE AND FEEDING OF RESCUED ANIMALS: GREATERGOOD.ORG

OFFERED LIVE SEMINARS AT SHELTERS AROUND THE COUNTRY TO INCREASE

ADOPTION RATES THROUGH GROOMING, PHOTOGRAPHY, AND BEHAVIORAL TRAINING.

WE ALSO BEGAN GRANTING FOOD TO SHELTERS ACROSS THE COUNTRY, AND

OFFERING RENOVATION GRANTS TO SHELTERS WHERE WE SEND BUILDERS INTO THE

SHELTER TO MAKE PHYSICAL IMPROVEMENTS.

LITERACY AND EDUCATION: GREATERGOOD.ORG LAUNCHED THE GROW PROGRAM WHICH

AIMS TO REMOVE BARRIERS BETWEEN WOMEN IN DEVELOPING COUNTRIES AND A

QUALITY EDUCATION. FUNDS RAISED WERE USED TO START A HIGH SCHOOL IN

HAITI, OPERATE SCHOOL BUSES IN SOUTH ASIA, AND PROVIDE MEALS AND SCHOOL

SUPPLIES TO FEMALE STUDENTS IN VARIOUS COUNTRIES AROUND THE WORLD.

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

LITERACY & CHILDREN'S EDUCATION AND HEALTH:

\$291,299 RAISED AND GRANTED TO VARIOUS NON-PROFIT GROUPS PROVIDING

PROGRAMS THAT SUPPORT CHILDREN'S LITERACY, EDUCATION AND BASIC HEALTH

IN THE US AND ABROAD. FUNDS WERE USED TO DISTRIBUTE BOOKS TO

UNDERPRIVILEGED CHILDREN DOMESTICALLY AND SUPPLY LOCAL LANGUAGE BOOKS

IN SCHOOLS OVERSEAS, IN ADDITION TO PROVIDING SHOES, SUPPLIES AND

UNIFORMS TO SCHOOL AGED GIRLS IN AFRICA AND SOUTH ASIA. FUNDS WERE ALSO

USED TO PROVIDE BASIC HEALTH SERVICES, SUCH AS THE ADMINISTRATION OF

VITAMIN A TO PREVENT CHILDHOOD ILLNESS AND DISEASE, PROVIDE HIV TESTING

TO NEWBORNS, FUND AMPUTEE AND MOBILE HEALTH SERVICES TO CHILDREN IN

|   |  |
|---|--|
| Name of the organization<br>GREATERGOOD.ORG | Employer identification number<br>20-4846675 |
|---|--|

HAITI, AND SUPPLY CLEAN CHILDBIRTH KITS TO THIRD WORLD MOTHERS.

EXPENSES \$ 382,152. INCLUDING GRANTS OF \$ 291,299. REVENUE \$ 0.

PROTECTING/RESTORING THE ENVIRONMENT.

EXPENSES \$ 190,090. INCLUDING GRANTS OF \$ 153,912. REVENUE \$ 0.

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

JULIA CHRISTOPHERSEN, JENNIFER FERMON, AND ELIZABETH BAKER

HAVE A BUSINESS RELATIONSHIP.

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

THE 990 IS REVIEWED BY THE PRESIDENT AND TREASURER PRIOR TO

FILING. IT IS PROVIDED TO THE REMAINING BOARD MEMBERS ONCE IT HAS BEEN

FILED.

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

OUR CONFLICT OF INTEREST POLICY APPLIES TO ANY DIRECTOR,

PRINCIPAL OFFICER OR MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED

POWERS, WHO HAS DIRECT OR INDIRECT FINANCIAL INTEREST. WE HAVE SIX PEOPLE

WHO FALL UNDER THIS DEFINITION.

1. DUTY TO DISCLOSE

IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, AN

INTERESTED PERSON MUST DISCLOSE THE EXISTENCE AND NATURE OF HIS OR HER

FINANCIAL INTEREST TO THE BOARD OF DIRECTORS (BOARD) [OR SPECIAL COMMITTEES

WITH BOARD DELEGATED POWERS (E.G. CONFLICTS OR COMPENSATION COMMITTEES)]

CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT.

|   |  |
|---|--|
| Name of the organization<br>GREATERGOOD.ORG | Employer identification number<br>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 OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE.

|   |  |
|---|--|
| Name of the organization<br>GREATERGOOD.ORG | Employer identification number<br>20-4846675 |
|---|--|

B. IF, AFTER HEARING THE RESPONSE OF THE MEMBER AND MAKING SUCH FURTHER INVESTIGATION AS MAY BE WARRANTED IN THE CIRCUMSTANCES, THE BOARD OR COMMITTEE DETERMINES THAT THE MEMBER IS AN INTERESTED PERSON AND HAS FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION.

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

GREATERGOOD EXECUTIVE DIRECTOR COMPENSATION WAS REVIEWED PRIOR TO HIRE BY THE BOARD BASED ON EXPERIENCE AND COMPARATIVE STUDIES OF SIMILAR POSITIONS. THE BOARD VOTED TO ACCEPT THE SALARY FOR THE EXECUTIVE DIRECTOR. THE EXECUTIVE DIRECTOR HAS THE AUTHORITY GIVEN BY THE BOARD TO HIRE OTHER EMPLOYEES, INCLUDING KEY EMPLOYEES WITH COMPENSATION COMMISERATE WITH POSITION, EXPERIENCE AND SIMILAR COMPARATIVE SALARIES. THE LAST COMPENSATION REVIEW WAS COMPLETED SEPTEMBER OF 2012.

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

THE 990 IS POSTED ON OUR WEBSITE AT WWW.GREATERGOOD.ORG. GOVERNING DOCUMENTS ARE AVAILABLE ON REQUEST. THE FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC THROUGH THE ANNUAL REPORT.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

|  |            |
|--|------------|
| SECTION 481 NET POSITIVE ADJUSTMENT FOR CASH TO ACCRUAL ACCOUNTING METHOD CHANGE, TO BE RECOGNIZED EVENLY OVER FOUR YEARS. | 1,246,757. |
| SECTION 481 ADJUSTMENT RECOGNIZED IN 2013. \$1,246,757/4   | -311,689.  |
| TOTAL TO FORM 990, PART XI, LINE 9   | 935,068.   |

FORM 990, PART XII, LINE 1:

IN 2014 GREATERGOOD.ORG ADOPTED THE ACCRUAL BASIS OF



Name of the organization

GREATERGOOD.ORG

Employer identification number

20-4846675

ACCOUNTING.

# Application for Change in Accounting Method

OMB No. 1545-0152

|  |   |
|--|---|
| Name of filer (name of parent corporation if a consolidated group) (see instructions)<br><br><b>GREATERGOOD.ORG</b><br>Number, street, and room or suite no. If a P.O. box, see the instructions.<br><b>600 UNIVERSITY AVENUE, SUITE 1000</b><br>City or town, state, and ZIP code<br><b>SEATTLE, WA 98101</b><br>Name of applicant(s) (if different than filer) and identification number(s) (see instructions) | <b>Identification number (see instructions)</b><br><b>20-4846675</b><br>Principal business activity code number (see instructions)<br><b>624200</b><br>Tax year of change begins (MM/DD/YYYY) <b>07/01/2013</b><br>Tax year of change ends (MM/DD/YYYY) <b>06/30/2014</b><br>Name of contact person (see instructions)<br><b>JOHN GEHRT</b><br>Contact person's telephone number<br><b>206-248-5477</b> |
|--|---|

If the applicant is a member of a consolidated group, check this box

If **Form 2848**, Power of Attorney and Declaration of Representative, is attached (see instructions for when Form 2848 is required), check this box

|  |   |
|--|---|
| <b>Check the box to indicate the type of applicant.</b><br><input type="checkbox"/> Individual<br><input type="checkbox"/> Corporation<br><input type="checkbox"/> Controlled foreign corporation (Sec. 957)<br><input type="checkbox"/> 10/50 corporation (Sec. 904(d)(2)(E))<br><input type="checkbox"/> Qualified personal service corporation (Sec. 448(d)(2))<br><input checked="" type="checkbox"/> Exempt organization. Enter Code section ▶ <b>501(C)(3)</b> | <b>Check the appropriate box to indicate the type of accounting method change being requested.</b> (see instructions)<br><input type="checkbox"/> Depreciation or Amortization<br><input type="checkbox"/> Financial Products and/or Financial Activities of Financial Institutions<br><input checked="" type="checkbox"/> Other (specify) ▶ <b>CHANGE TO AN OVERALL ACCRUAL METHOD</b> |
|--|---|

**Caution.** To be eligible for approval of the requested change in method of accounting, the taxpayer must provide all information that is relevant to the taxpayer or to the taxpayer's requested change in method of accounting. This includes all information requested on this Form 3115 (including its instructions), as well as any other information that is not specifically requested.

**The taxpayer must attach all applicable supplemental statements requested throughout this form.**

## Part I Information For Automatic Change Request

|  |  | Yes | No |
|--|--|-----|----|
| <b>1</b> Enter the applicable designated automatic accounting method change number for the requested automatic change. Enter only one designated automatic accounting method change number, except as provided for in guidance published by the IRS. If the requested change has no designated automatic accounting method change number, check "Other," and provide both a description of the change and citation of the IRS guidance providing the automatic change. See instructions.<br><br>▶ (a) Change No. <u>122</u> (b) Other <input type="checkbox"/> Description ▶ _____ |  |     |    |
| <b>2</b> Do any of the scope limitations described in section 4.02 of Rev. Proc. 2008-52 cause automatic consent to be unavailable for the applicant's requested change? If "Yes," attach an explanation.  |  |     | X  |

**Note.** Complete Part II below and then Part IV, and also Schedules A through E of this form (if applicable).

## Part II Information For All Requests

|  |  | Yes | No |
|--|--|-----|----|
| <b>3</b> Did or will the applicant cease to engage in the trade or business to which the requested change relates, or terminate its existence, in the tax year of change (see instructions)?<br>If "Yes," the applicant is not eligible to make the change under automatic change request procedures.                      |  |     | X  |
| <b>4a</b> Does the applicant (or any present or former consolidated group in which the applicant was a member during the applicable tax year(s)) have any Federal income tax return(s) under examination (see instructions)?<br>If "No," go to line 5.   |  |     | X  |
| <b>b</b> Is the method of accounting the applicant is requesting to change an issue (with respect to either the applicant or any present or former consolidated group in which the applicant was a member during the applicable tax year(s)) either (i) under consideration or (ii) placed in suspense (see instructions)? |  |     |    |

**Signature (see instructions)**

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

**Filer**

**Preparer (other than filer/applicant)**

\_\_\_\_\_  
 Signature and date  
**ELIZABETH BAKER, EXECUTIVE DIRECTOR**  
 Name and title (print or type)

KAREN L. DUNN, JD, LLM      MAY 12, 2015  
 Signature of individual preparing the application and date  
 KAREN L. DUNN, JD, LLM  
 Name of individual preparing the application (print or type)  
 CLARK NUBER P.S.  
 Name of firm preparing the application

| <b>Part II Information For All Requests</b> (continued)   | <b>Yes</b> | <b>No</b> |
|---|------------|-----------|
| <b>4c</b> Is the method of accounting the applicant is requesting to change an issue pending (with respect to either the applicant or any present or former consolidated group in which the applicant was a member during the applicable tax year(s)) for any tax year under examination (see instructions)? . . . . .  | N/A        |           |
| <b>d</b> Is the request to change the method of accounting being filed under the procedures requiring that the operating division director consent to the filing of the request (see instructions)? . . . . .<br>If "Yes," attach the consent statement from the director.  | N/A        |           |
| <b>e</b> Is the request to change the method of accounting being filed under the 90-day or 120-day window period? . . . . .<br>If "Yes," check the box for the applicable window period and attach the required statement (see instructions).<br><input type="checkbox"/> 90 day <input type="checkbox"/> 120 day:    Date examination ended ▶ _____  | N/A        |           |
| <b>f</b> If you answered "Yes" to line 4a, enter the name and telephone number of the examining agent and the tax year(s) under examination.<br>Name ▶ _____ Telephone number ▶ _____ Tax year(s) ▶ _____   |            |           |
| <b>g</b> Has a copy of this Form 3115 been provided to the examining agent identified on line 4f? . . . . .   | N/A        |           |
| <b>5a</b> Does the applicant (or any present or former consolidated group in which the applicant was a member during the applicable tax year(s)) have any Federal income tax return(s) before Appeals and/or a Federal court? . . . . .<br>If "Yes," enter the name of the (check the box) <input type="checkbox"/> Appeals officer and/or <input type="checkbox"/> counsel for the government, telephone number, and the tax year(s) before Appeals and/or a Federal court.<br>Name ▶ _____ Telephone number ▶ _____ Tax year(s) ▶ _____ |            | X         |
| <b>b</b> Has a copy of this Form 3115 been provided to the Appeals officer and/or counsel for the government identified on line 5a? . . . . .   | N/A        |           |
| <b>c</b> Is the method of accounting the applicant is requesting to change an issue under consideration by Appeals and/or a Federal court (for either the applicant or any present or former consolidated group in which the applicant was a member for the tax year(s) the applicant was a member) (see instructions)? . . . . .<br>If "Yes," attach an explanation.   |            | X         |
| <b>6</b> If the applicant answered "Yes" to line 4a and/or 5a with respect to any present or former consolidated group, attach a statement that provides each parent corporation's (a) name, (b) identification number, (c) address, and (d) tax year(s) during which the applicant was a member that is under examination, before an Appeals office, and/or before a Federal court.  |            |           |
| <b>7</b> If, for federal income tax purposes, the applicant is either an entity (including a limited liability company) treated as a partnership or an S corporation, is it requesting a change from a method of accounting that is an issue under consideration in an examination, before Appeals, or before a Federal court, with respect to a Federal income tax return of a partner, member, or shareholder of that entity? . . . . .<br>If "Yes," the applicant is <b>not</b> eligible to make the change.                           | N/A        |           |
| <b>8a</b> Does the applicable revenue procedure (advance consent or automatic consent) state that the applicant does not receive audit protection for the requested change (see instructions)? . . . . .  |            | X         |
| <b>b</b> If "Yes," attach an explanation.   |            |           |
| <b>9a</b> Has the applicant, its predecessor, or a related party requested or made (under either an automatic change procedure or a procedure requiring advance consent) a change in method of accounting within the past 5 years (including the year of the requested change)? . . . . .   |            | X         |
| <b>b</b> If "Yes," for each trade or business, attach a description of each requested change in method of accounting (including the tax year of change) and state whether the applicant received consent.   |            |           |
| <b>c</b> If any application was withdrawn, not perfected, or denied, or if a Consent Agreement granting a change was not signed and returned to the IRS, or the change was not made or not made in the requested year of change, attach an explanation.   |            |           |
| <b>10a</b> Does the applicant, its predecessor, or a related party currently have pending any request (including any concurrently filed request) for a private letter ruling, change in method of accounting, or technical advice? . . . . .  |            | X         |
| <b>b</b> If "Yes," for each request attach a statement providing the name(s) of the taxpayer, identification number(s), the type of request (private letter ruling, change in method of accounting, or technical advice), and the specific issue(s) in the request(s).  |            |           |
| <b>11</b> Is the applicant requesting to change its <b>overall</b> method of accounting? . . . . .<br>If "Yes," check the appropriate boxes below to indicate the applicant's present and proposed methods of accounting. Also, complete Schedule A on page 4 of this form. <b>SEE STATEMENT 1</b>  | X          |           |
| <b>Present method:</b> <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input checked="" type="checkbox"/> Hybrid (attach description)   |            |           |
| <b>Proposed method:</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Hybrid (attach description)  |            |           |

| <b>Part II Information For All Requests (continued)</b> |   |           |                                       | <b>Yes</b> | <b>No</b>                             |           |
|---|---|-----------|---------------------------------------|------------|---------------------------------------|-----------|
| <b>12</b>   | If the applicant is either (i) <b>not</b> changing its overall method of accounting, or (ii) is changing its overall method of accounting and also changing to a special method of accounting for one or more items, attach a detailed and complete description for each of the following:  |           |                                       |            |                                       |           |
| <b>a</b>  | The item(s) being changed.  |           |                                       |            |                                       |           |
| <b>b</b>  | The applicant's present method for the item(s) being changed.   |           |                                       |            |                                       |           |
| <b>c</b>  | The applicant's proposed method for the item(s) being changed.  |           |                                       |            |                                       |           |
| <b>d</b>  | The applicant's present overall method of accounting (cash, accrual, or hybrid).  |           |                                       |            |                                       |           |
| <b>13</b>   | Attach a detailed and complete description of the applicant's trade(s) or business(es), and the principal business activity code for each. If the applicant has more than one trade or business as defined in Regulations section 1.446-1(d), describe: whether each trade or business is accounted for separately; the goods and services provided by each trade or business and any other types of activities engaged in that generate gross income; the overall method of accounting for each trade or business; and which trade or business is requesting to change its accounting method as part of this application or a separate application. <i>SEE STATEMENT 2</i> |           |                                       |            |                                       |           |
| <b>14</b>   | Will the proposed method of accounting be used for the applicant's books and records and financial statements? For insurance companies, see the instructions . . . . .<br>If "No," attach an explanation.   |           |                                       | X          |                                       |           |
| <b>15a</b>  | Has the applicant engaged, or will it engage, in a transaction to which section 381(a) applies (e.g., a reorganization, merger, or liquidation) during the proposed tax year of change determined without regard to any potential closing of the year under section 381(b)(1)? . . . . .  |           |                                       |            | X                                     |           |
| <b>b</b>  | If "Yes," for the items of income and expense that are the subject of this application, attach a statement identifying the methods of accounting used by the parties to the section 381(a) transaction immediately before the date of distribution or transfer and the method(s) that would be required by section 381(c)(4) or (c)(5) absent consent to the change(s) requested in this application.   |           |                                       |            |                                       |           |
| <b>16</b>   | Does the applicant request a conference with the IRS National Office if the IRS proposes an adverse response?   |           |                                       | X          |                                       |           |
| <b>17</b>   | If the applicant is changing to either the overall cash method, an overall accrual method, or is changing its method of accounting for any property subject to section 263A, any long-term contract subject to section 460, or inventories subject to section 474, enter the applicant's gross receipts for the 3 tax years preceding the tax year of change.   |           |                                       |            |                                       |           |
|   | 1st preceding year ended: mo. 06 / 30   | yr. 2013  | 2nd preceding year ended: mo. 06 / 30 | yr. 2012   | 3rd preceding year ended: mo. 06 / 30 | yr. 2011  |
|   | \$  | 2,944,409 | \$                                    | 2,648,171  | \$                                    | 3,363,453 |

| <b>Part III Information For Advance Consent Request</b> |   |  |  | <b>Yes</b> | <b>No</b> |
|---|---|--|--|------------|-----------|
| <b>18</b>   | Is the applicant's requested change described in any revenue procedure, revenue ruling, notice, regulation, or other published guidance as an automatic change request? . . . . .<br>If "Yes," attach an explanation describing why the applicant is submitting its request under advance consent request procedures.   |  |  |            | N/A       |
| <b>19</b>   | Attach a full explanation of the legal basis supporting the proposed method for the item being changed. Include a detailed and complete description of the facts that explains how the law specifically applies to the applicant's situation and that demonstrates that the applicant is authorized to use the proposed method. Include all authority (statutes, regulations, published rulings, court cases, etc.) supporting the proposed method. Also, include either a discussion of the contrary authorities or a statement that no contrary authority exists. |  |  |            |           |
| <b>20</b>   | Attach a copy of all documents related to the proposed change (see instructions).   |  |  |            |           |
| <b>21</b>   | Attach a statement of the applicant's reasons for the proposed change.  |  |  |            |           |
| <b>22</b>   | If the applicant is a member of a consolidated group for the year of change, do all other members of the consolidated group use the proposed method of accounting for the item being changed? . . . . .<br>If "No," attach an explanation.  |  |  |            | N/A       |
| <b>23a</b>  | Enter the amount of <b>user fee</b> attached to this application (see instructions). ▶ \$ _____   |  |  |            |           |
| <b>b</b>  | If the applicant qualifies for a reduced user fee, attach the required information or certification (see instructions).   |  |  |            |           |

| <b>Part IV Section 481(a) Adjustment</b> |   |  |  | <b>Yes</b> | <b>No</b> |
|--|---|--|--|------------|-----------|
| <b>24</b>                                | Does the applicable revenue procedure, revenue ruling, notice, regulation, or other published guidance require the applicant to implement the requested change in method of accounting on a cut-off basis rather than a section 481(a) adjustment? . . . . .<br>If "Yes," do not complete lines 25, 26, and 27 below.   |  |  |            | X         |
| <b>25</b>                                | Enter the section 481(a) adjustment. Indicate whether the adjustment is an increase (+) or a decrease (-) in income. ▶ \$ <u>1,246,757</u> Attach a summary of the computation and an explanation of the methodology used to determine the section 481(a) adjustment. If it is based on more than one component, show the computation for each component. If more than one applicant is applying for the method change on the same application, attach a list of the name, identification number, principal business activity code (see instructions), and the amount of the section 481(a) adjustment attributable to each applicant. <i>SEE STATEMENT 3</i> |  |  |            |           |

| <b>Part IV Section 481(a) Adjustment</b> (continued) |   | Yes | No  |
|--|---|-----|-----|
| <b>26</b>  | If the section 481(a) adjustment is an increase to income of less than \$25,000, does the applicant elect to take the entire amount of the adjustment into account in the year of change?                                 |     | N/A |
| <b>27</b>  | Is any part of the section 481(a) adjustment attributable to transactions between members of an affiliated group, a consolidated group, a controlled group, or other related parties?<br>If "Yes," attach an explanation. |     | N/A |

**Schedule A—Change in Overall Method of Accounting** (If Schedule A applies, Part I below must be completed.)

| <b>Part I Change in Overall Method</b> (see instructions) |  | Amount       |
|---|--|--------------|
| <b>1</b>  | Enter the following amounts as of the close of the tax year preceding the year of change. If none, state "None." Also, attach a statement providing a breakdown of the amounts entered on lines 1a through 1g.   |              |
| <b>a</b>  | Income accrued but not received (such as accounts receivable) SEE STATEMENT 3  | \$ 1,320,537 |
| <b>b</b>  | Income received or reported before it was earned (such as advanced payments). Attach a description of the income and the legal basis for the proposed method   | NONE         |
| <b>c</b>  | Expenses accrued but not paid (such as accounts payable) SEE STATEMENT 3   | (73,780)     |
| <b>d</b>  | Prepaid expenses previously deducted   | NONE         |
| <b>e</b>  | Supplies on hand previously deducted and/or not previously reported  | NONE         |
| <b>f</b>  | Inventory on hand previously deducted and/or not previously reported. Complete Schedule D, Part II   | NONE         |
| <b>g</b>  | Other amounts (specify). Attach a description of the item and the legal basis for its inclusion in the calculation of the section 481(a) adjustment. ▶   |              |
| <b>h</b>  | <b>Net section 481(a) adjustment</b> (Combine lines 1a–1g.) Indicate whether the adjustment is an increase (+) or decrease (-) in income. Also enter the net amount of this section 481(a) adjustment amount on Part IV, line 25.  | \$ 1,246,757 |
| <b>2</b>  | Is the applicant also requesting the recurring item exception under section 461(h)(3)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |              |
| <b>3</b>  | Attach copies of the profit and loss statement (Schedule F (Form 1040) for farmers) and the balance sheet, if applicable, as of the close of the tax year preceding the year of change. Also attach a statement specifying the accounting method used when preparing the balance sheet. If books of account are not kept, attach a copy of the business schedules submitted with the Federal income tax return or other return (e.g., tax-exempt organization returns) for that period. If the amounts in Part I, lines 1a through 1g, do not agree with those shown on both the profit and loss statement and the balance sheet, attach a statement explaining the differences. SEE STATEMENT 3 |              |

| <b>Part II Change to the Cash Method For Advance Consent Request</b> (see instructions)  |  |
|--|--|
| Applicants requesting a change to the cash method must attach the following information: |  |
| <b>1</b>   | A description of inventory items (items whose production, purchase, or sale is an income-producing factor) and materials and supplies used in carrying out the business. |
| <b>2</b>   | An explanation as to whether the applicant is required to use the accrual method under any section of the Code or regulations.   |

**Schedule B—Change to the Deferral Method for Advance Payments** (see instructions)

|          |   |
|----------|---|
| <b>1</b> | If the applicant is requesting to change to the Deferral Method for advance payments described in section 5.02 of Rev. Proc. 2004-34, 2004-1 C.B. 991, attach the following information:  |
| <b>a</b> | A statement explaining how the advance payments meet the definition in section 4.01 of Rev. Proc. 2004-34.  |
| <b>b</b> | If the applicant is filing under the automatic change procedures of Rev. Proc. 2008-52, the information required by section 8.02(3)(a)-(c) of Rev. Proc. 2004-34.   |
| <b>c</b> | If the applicant is filing under the advance consent provisions of Rev. Proc. 97-27, the information required by section 8.03(2)(a)-(f) of Rev. Proc. 2004-34.  |
| <b>2</b> | If the applicant is requesting to change to the deferral method for advance payments described in Regulations section 1.451-5(b)(1)(ii), attach the following.  |
| <b>a</b> | A statement explaining how the advance payments meet the definition in Regulations section 1.451-5(a)(1).   |
| <b>b</b> | A statement explaining what portions of the advance payments, if any, are attributable to services, whether such services are integral to the provisions of goods or items, and whether any portions of the advance payments that are attributable to non-integral services are less than five percent of the total contract prices. See Regulations sections 1.451-5(a)(2)(i) and (3). |
| <b>c</b> | A statement explaining that the advance payments will be included in income no later than when included in gross receipts for purposes of the applicant's financial reports. See Regulations section 1.451-5(b)(1)(ii).   |
| <b>d</b> | A statement explaining whether the inventorable goods exception of Regulations section 1.451-5(c) applies and if so, when substantial advance payments will be received under the contracts, and how the exception will limit the deferral of income.   |

**Schedule C—Changes Within the LIFO Inventory Method** (see instructions)**Part I General LIFO Information**

Complete this section if the requested change involves changes within the LIFO inventory method. Also, attach a copy of all **Forms 970**, Application To Use LIFO Inventory Method, filed to adopt or expand the use of the LIFO method.

- 1** Attach a description of the applicant's present and proposed LIFO methods and submethods for each of the following items:
  - a** Valuing inventory (e.g., unit method or dollar-value method).
  - b** Pooling (e.g., by line or type or class of goods, natural business unit, multiple pools, raw material content, simplified dollar-value method, inventory price index computation (IPIC) pools, vehicle-pool method, etc.).
  - c** Pricing dollar-value pools (e.g., double-extension, index, link-chain, link-chain index, IPIC method, etc.).
  - d** Determining the current-year cost of goods in the ending inventory (i.e., most recent acquisitions, earliest acquisitions during the current year, average cost of current-year acquisitions, or other permitted method).
- 2** If any present method or submethod used by the applicant is not the same as indicated on Form(s) 970 filed to adopt or expand the use of the method, attach an explanation.
- 3** If the proposed change is not requested for all the LIFO inventory, attach a statement specifying the inventory to which the change is and is not applicable.
- 4** If the proposed change is not requested for all of the LIFO pools, attach a statement specifying the LIFO pool(s) to which the change is applicable.
- 5** Attach a statement addressing whether the applicant values any of its LIFO inventory on a method other than cost. For example, if the applicant values some of its LIFO inventory at retail and the remainder at cost, identify which inventory items are valued under each method.
- 6** If changing to the IPIC method, attach a completed Form 970.

**Part II Change in Pooling Inventories**

- 1** If the applicant is proposing to change its pooling method or the number of pools, attach a description of the contents of, and state the base year for, each dollar-value pool the applicant presently uses and proposes to use.
- 2** If the applicant is proposing to use natural business unit (NBU) pools or requesting to change the number of NBU pools, attach the following information (to the extent not already provided) in sufficient detail to show that each proposed NBU was determined under Regulations section 1.472-8(b)(1) and (2):
  - a** A description of the types of products produced by the applicant. If possible, attach a brochure.
  - b** A description of the types of processes and raw materials used to produce the products in each proposed pool.
  - c** If all of the products to be included in the proposed NBU pool(s) are not produced at one facility, state the reasons for the separate facilities, the location of each facility, and a description of the products each facility produces.
  - d** A description of the natural business divisions adopted by the taxpayer. State whether separate cost centers are maintained and if separate profit and loss statements are prepared.
  - e** A statement addressing whether the applicant has inventories of items purchased and held for resale that are not further processed by the applicant, including whether such items, if any, will be included in any proposed NBU pool.
  - f** A statement addressing whether all items including raw materials, goods-in-process, and finished goods entering into the entire inventory investment for each proposed NBU pool are presently valued under the LIFO method. Describe any items that are not presently valued under the LIFO method that are to be included in each proposed pool.
  - g** A statement addressing whether, within the proposed NBU pool(s), there are items both sold to unrelated parties and transferred to a different unit of the applicant to be used as a component part of another product prior to final processing.
- 3** If the applicant is engaged in manufacturing and is proposing to use the multiple pooling method or raw material content pools, attach information to show that each proposed pool will consist of a group of items that are substantially similar. See Regulations section 1.472-8(b)(3).
- 4** If the applicant is engaged in the wholesaling or retailing of goods and is requesting to change the number of pools used, attach information to show that each of the proposed pools is based on customary business classifications of the applicant's trade or business. See Regulations section 1.472-8(c).

Schedule D—Change in the Treatment of Long-Term Contracts Under Section 460, Inventories, or Other Section 263A Assets (see instructions)

Part I Change in Reporting Income From Long-Term Contracts (Also complete Part III on pages 7 and 8.)

- 1 To the extent not already provided, attach a description of the applicant's present and proposed methods for reporting income and expenses from long-term contracts. Also, attach a representative actual contract (without any deletion) for the requested change. If the applicant is a construction contractor, attach a detailed description of its construction activities.
2a Are the applicant's contracts long-term contracts as defined in section 460(f)(1) (see instructions)?
b If "Yes," do all the contracts qualify for the exception under section 460(e) (see instructions)?
c If line 2b is "Yes," is the applicant requesting to use the percentage-of-completion method using cost-to-cost under Regulations section 1.460-4(b)?
d If line 2c is "No," is the applicant requesting to use the exempt-contract percentage-of-completion method under Regulations section 1.460-4(c)(2)?
3a Does the applicant have long-term manufacturing contracts as defined in section 460(f)(2)?
b If "Yes," attach an explanation of the applicant's present and proposed method(s) of accounting for long-term manufacturing contracts.
c Attach a description of the applicant's manufacturing activities, including any required installation of manufactured goods.
4 To determine a contract's completion factor using the percentage-of-completion method:
a Will the applicant use the cost-to-cost method in Regulations section 1.460-4(b)?
b If line 4a is "No," is the applicant electing the simplified cost-to-cost method (see section 460(b)(3) and Regulations section 1.460-5(c))?
5 Attach a statement indicating whether any of the applicant's contracts are either cost-plus long-term contracts or Federal long-term contracts.

Part II Change in Valuing Inventories Including Cost Allocation Changes (Also complete Part III on pages 7 and 8.)

- 1 Attach a description of the inventory goods being changed.
2 Attach a description of the inventory goods (if any) NOT being changed.
3a Is the applicant subject to section 263A? If "No," go to line 4a
b Is the applicant's present inventory valuation method in compliance with section 263A (see instructions)? If "No," attach a detailed explanation

4a Check the appropriate boxes below.

Identification methods:

- Specific identification
FIFO
LIFO
Other (attach explanation)

Valuation methods:

- Cost
Cost or market, whichever is lower
Retail cost
Retail, lower of cost or market
Other (attach explanation)

Table with 3 columns: Inventory Being Changed (Present method, Proposed method), Inventory Not Being Changed (Present method). Includes a shaded cell for value entry.

- b Enter the value at the end of the tax year preceding the year of change
5 If the applicant is changing from the LIFO inventory method to a non-LIFO method, attach the following information (see instructions).
a Copies of Form(s) 970 filed to adopt or expand the use of the method.
b Only for applicants requesting advance consent. A statement describing whether the applicant is changing to the method required by Regulations section 1.472-6(a) or (b), or whether the applicant is proposing a different method.
c Only for applicants requesting an automatic change. The statement required by section 22.01(5) of the Appendix of Rev. Proc. 2008-52 (or its successor).

**Part III Method of Cost Allocation** (Complete this part if the requested change involves either property subject to section 263A or long-term contracts as described in section 460 (see instructions)).

**Section A—Allocation and Capitalization Methods**

Attach a description (including sample computations) of the present and proposed method(s) the applicant uses to capitalize direct and indirect costs properly allocable to real or tangible personal property produced and property acquired for resale, or to allocate and, where appropriate, capitalize direct and indirect costs properly allocable to long-term contracts. Include a description of the method(s) used for allocating indirect costs to intermediate cost objectives such as departments or activities prior to the allocation of such costs to long-term contracts, real or tangible personal property produced, and property acquired for resale. The description must include the following:

- 1 The method of allocating direct and indirect costs (i.e., specific identification, burden rate, standard cost, or other reasonable allocation method).
- 2 The method of allocating mixed service costs (i.e., direct reallocation, step-allocation, simplified service cost using the labor-based allocation ratio, simplified service cost using the production cost allocation ratio, or other reasonable allocation method).
- 3 The method of capitalizing additional section 263A costs (i.e., simplified production with or without the historic absorption ratio election, simplified resale with or without the historic absorption ratio election including permissible variations, the U.S. ratio, or other reasonable allocation method).

**Section B—Direct and Indirect Costs Required To Be Allocated**

Check the appropriate boxes showing the costs that are or will be fully included, to the extent required, in the cost of real or tangible personal property produced or property acquired for resale under section 263A or allocated to long-term contracts under section 460. Mark "N/A" in a box if those costs are not incurred by the applicant. If a box is not checked, it is assumed that those costs are not fully included to the extent required. Attach an explanation for boxes that are not checked.

|  | Present method | Proposed method |
|--|----------------|-----------------|
| 1 Direct material . . . . .  |                |                 |
| 2 Direct labor . . . . .   |                |                 |
| 3 Indirect labor . . . . .   |                |                 |
| 4 Officers' compensation (not including selling activities) . . . . .  |                |                 |
| 5 Pension and other related costs . . . . .  |                |                 |
| 6 Employee benefits . . . . .  |                |                 |
| 7 Indirect materials and supplies . . . . .  |                |                 |
| 8 Purchasing costs . . . . .   |                |                 |
| 9 Handling, processing, assembly, and repackaging costs . . . . .  |                |                 |
| 10 Offsite storage and warehousing costs . . . . .   |                |                 |
| 11 Depreciation, amortization, and cost recovery allowance for equipment and facilities placed in service and not temporarily idle . . . . . |                |                 |
| 12 Depletion . . . . .   |                |                 |
| 13 Rent . . . . .  |                |                 |
| 14 Taxes other than state, local, and foreign income taxes . . . . .   |                |                 |
| 15 Insurance . . . . .   |                |                 |
| 16 Utilities . . . . .   |                |                 |
| 17 Maintenance and repairs that relate to a production, resale, or long-term contract activity . . . . .                                     |                |                 |
| 18 Engineering and design costs (not including section 174 research and experimental expenses) . . . . .                                     |                |                 |
| 19 Rework labor, scrap, and spoilage . . . . .   |                |                 |
| 20 Tools and equipment . . . . .   |                |                 |
| 21 Quality control and inspection . . . . .  |                |                 |
| 22 Bidding expenses incurred in the solicitation of contracts awarded to the applicant . . . . .   |                |                 |
| 23 Licensing and franchise costs . . . . .   |                |                 |
| 24 Capitalizable service costs (including mixed service costs) . . . . .   |                |                 |
| 25 Administrative costs (not including any costs of selling or any return on capital) . . . . .  |                |                 |
| 26 Research and experimental expenses attributable to long-term contracts . . . . .  |                |                 |
| 27 Interest . . . . .  |                |                 |
| 28 Other costs (Attach a list of these costs.) . . . . .   |                |                 |



Part III Method of Cost Allocation (see instructions) (continued)

Section C—Other Costs Not Required To Be Allocated (Complete Section C only if the applicant is requesting to change its method for these costs.)

Table with 3 columns: Line number, Description, Present method, Proposed method. Rows include Marketing, selling, advertising, and distribution expenses; Research and experimental expenses; Bidding expenses; General and administrative costs; Income taxes; Cost of strikes; Warranty and product liability costs; Section 179 costs; On-site storage; Depreciation, amortization, and cost recovery allowance; Other costs.

Schedule E—Change in Depreciation or Amortization (see instructions)

Applicants requesting approval to change their method of accounting for depreciation or amortization complete this section. Applicants must provide this information for each item or class of property for which a change is requested.

Note. See the List of Automatic Accounting Method Changes in the instructions for information regarding automatic changes under sections 56, 167, 168, 197, 1400I, 1400L, or former section 168. Do not file Form 3115 with respect to certain late elections and election revocations (see instructions).

- 1 Is depreciation for the property determined under Regulations section 1.167(a)-11 (CLADR)?
2 Is any of the depreciation or amortization required to be capitalized under any Code section (e.g., section 263A)?
3 Has a depreciation, amortization, or expense election been made for the property (e.g., the election under sections 168(f)(1), 179, or 179C)?
4a To the extent not already provided, attach a statement describing the property being changed.
b If the property is residential rental property, did the applicant live in the property before renting it?
c Is the property public utility property?
5 To the extent not already provided in the applicant's description of its present method, attach a statement explaining how the property is treated under the applicant's present method.
6 If the property is not currently treated as depreciable or amortizable property, attach a statement of the facts supporting the proposed change to depreciate or amortize the property.
7 If the property is currently treated and/or will be treated as depreciable or amortizable property, provide the following information for both the present (if applicable) and proposed methods:
a The Code section under which the property is or will be depreciated or amortized.
b The applicable asset class from Rev. Proc. 87-56, 1987-2 C.B. 674, for each asset depreciated under section 168 (MACRS) or under section 1400L; the applicable asset class from Rev. Proc. 83-35, 1983-1 C.B. 745, for each asset depreciated under former section 168 (ACRS); an explanation why no asset class is identified for each asset for which an asset class has not been identified by the applicant.
c The facts to support the asset class for the proposed method.
d The depreciation or amortization method of the property, including the applicable Code section (e.g., 200% declining balance method under section 168(b)(1)).
e The useful life, recovery period, or amortization period of the property.
f The applicable convention of the property.
g A statement of whether or not the additional first-year special depreciation allowance (for example, as provided by section 168(k), 168(l), 168(m), 168(n), 1400L(b), or 1400N(d)) was or will be claimed for the property. If not, also provide an explanation as to why no special depreciation allowance was or will be claimed.

**GREATERGOOD.ORG**  
**EIN: 20-4846675**  
**FORM 3115, PART II, LINE 11**

PRESENT TAX ACCOUNTING METHOD: MODIFIED CASH

**GREATERGOOD.ORG**  
**EIN: 20-4846675**  
**FORM 3115, PART II, LINE 13**

GREATERGOOD.ORG IS A NON-PROFIT PUBLIC CHARITY, EXEMPT UNDER IRC §501(C) (3). ITS PRIMARY PURPOSE IS DEVOTED TO ADDRESSING THE HEALTH AND WELL-BEING OF PEOPLE, ANIMALS, AND THE PLANET. THE ORGANIZATION MAKES EDUCATIONAL MATERIALS AVAILABLE TO THE GENERAL PUBLIC AND PROVIDES FUNDING TO OTHER REGISTERED CHARITABLE ORGANIZATIONS THAT FOCUS PRIMARILY WITHIN THE FOLLOWING AREAS:

- ALLEVIATING AND ADDRESSING THE ROOT CAUSES OF WORLD HUNGER AND FOOD INSECURITY
- EARLY DETECTION AND TREATMENT OF BREAST CANCER
- PREVENTION AND TREATMENT OF CHILDHOOD ILLNESS, DISEASE AND OTHER CHILDREN'S HEALTH CONCERNS
- CHILDREN'S EDUCATION
- PROTECTING AND RESTORING THE ENVIRONMENT
- PROVIDING FUNDING FOR THE CARE AND FEEDING OF RESCUED ANIMALS

GREATERGOOD.ORG  
 EIN 20-4846675  
 FORM 3115, PART IV, LINE 25  
 FORM 3115, SCHEDULE A, LINE 1  
 FORM 3115, SCHEDULE A, LINE 3

**BALANCE SHEET:**

|   | <b>CASH BASIS<br/>6/30/2013</b> | <b>IRC SECTION 481<br/>ADJUSTMENT</b> | <b>ACCRUAL BASIS<br/>6/30/2013</b> |
|---|---------------------------------|---------------------------------------|------------------------------------|
| CASH, NON-INTEREST BEARING              | 12,033                          | -                                     | 12,033                             |
| ACCOUNTS RECEIVABLE                     | 390,287                         | 1,320,537                             | 1,710,824                          |
| <b>TOTAL ASSETS</b>                     | <b>402,320</b>                  | <b>1,320,537</b>                      | <b>1,722,857</b>                   |
| ACCOUNTS PAYABLE                        | -                               | (73,780)                              | (73,780)                           |
| <b>TOTAL LIABILITIES</b>                | <b>-</b>                        | <b>(73,780)</b>                       | <b>(73,780)</b>                    |
| <b>NET ASSETS</b>                       | <b>(402,320)</b>                | <b>(1,246,757)</b>                    | <b>(1,649,077)</b>                 |
| <b>TOTAL LIABILITIES AND NET ASSETS</b> | <b>(402,320)</b>                | <b>(1,320,537)</b>                    | <b>(1,722,857)</b>                 |

**6/30/2013 CASH BASIS INCOME STATEMENT:**

REVENUES:

|                      |                  |
|----------------------|------------------|
| CONTRIBUTION REVENUE | 1,673,128        |
| ROYALTIES            | 1,271,281        |
| <b>TOTAL REVENUE</b> | <b>2,944,409</b> |

EXPENSES:

|                            |                  |
|----------------------------|------------------|
| GRANTS                     | 2,555,084        |
| COMPENSATION               | 143,878          |
| PENSION PLAN CONTRIBUTIONS | -                |
| OTHER EMPLOYEE BENEFITS    | 14,906           |
| PAYROLL TAXES              | 12,624           |
| ACCOUNTING FEES            | 75,986           |
| OTHER PROFESSIONAL FEES    | 382              |
| OFFICE EXPENSE             | 56,212           |
| OCCUPANCY                  | 1,441            |
| TRAVEL                     | 10,049           |
| CONFERENCE, CONVENTIONS    | 793              |
| <b>TOTAL EXPENSES</b>      | <b>2,871,355</b> |

|  |               |
|--|---------------|
| <b>CASH BASIS NET INCOME 6/30/2013</b> | <b>73,054</b> |
|--|---------------|