

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)

2014
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2014 calendar year, or tax year beginning JUL 1, 2014 **and ending** JUN 30, 2015

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization GREATERGOOD.ORG		D Employer identification number 20-4846675
	Doing business as		E Telephone number 206-268-5400
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	600 UNIVERSITY AVENUE SEATTLE, WA 98101		1000
F Name and address of principal officer: ELIZABETH BAKER SAME AS C ABOVE			G Gross receipts \$ 17,832,066.
I 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			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J Website: WWW.GREATERGOOD.ORG			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			H(c) Group exemption number ▶
L Year of formation: 2006		M State of legal domicile: WA	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: GREATERGOOD.ORG IS DEVOTED TO ADDRESSING HEALTH AND WELL-BEING OF PEOPLE (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)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	10
	6 Total number of volunteers (estimate if necessary)	6	9
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	5,241,534.	15,336,272.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	231,033.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,892,361.	2,264,761.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,133,895.	17,832,066.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,336,763.	14,354,595.
	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)	424,232.	942,883.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 60,636.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	910,212.	887,007.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,671,207.	16,184,485.
19 Revenue less expenses. Subtract line 18 from line 12	1,462,688.	1,647,581.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	2,843,524.	4,276,124.
	22 Net assets or fund balances. Subtract line 21 from line 20	43,448.	140,156.
		2,800,076.	4,135,968.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	ELIZABETH BAKER, EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name KAREN L. DUNN	Preparer's signature KAREN L. DUNN	Date 05/04/16	Check if self-employed <input type="checkbox"/>	PTIN P00192887
	Firm's name ▶ CLARK NUBER, PS	Firm's EIN ▶ 91-1194016	Phone no. 425-454-4919		
	Firm's address ▶ 10900 NE 4TH STREET, SUITE 1700 BELLEVUE, WA 98004				

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 13,350,438. including grants of \$ 11,998,783.) (Revenue \$ 231,033.) ANIMAL WELFARE (RESCUED ANIMALS): \$11,998,783 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. GREATERGOOD.ORG'S NEW RESCUE BANK PROGRAM IS OUR LOGISTICS SERVICES COMPONENT, RESPONSIBLE FOR SECURING, TRANSPORTING, STORING AND DISTRIBUTING IN-KIND DONATIONS TO APPROVED ANIMAL WELFARE NON-PROFIT RECIPIENTS. THE PROGRAM CONFORMS TO OUR INTERNAL GUIDELINES FOR EVALUATING AND RESPONDING TO GRANT APPLICATIONS, DELIVERING PRODUCTS SUCH AS PET FOOD, VACCINES, LITTER AND OTHER SUPPLIES INSTEAD OF FINANCIAL GRANTS. THE NATIONAL RESCUE BANK NETWORK SERVES BOTH ONGOING NEEDS OF ANIMAL WELFARE ORGANIZATIONS AS WELL AS MAKING PRODUCTS

4b (Code:) (Expenses \$ 1,182,394. including grants of \$ 1,062,683.) (Revenue \$) LITERACY & CHILDREN'S EDUCATION AND HEALTH: \$1,062,683 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 HAITI, AND SUPPLY CLEAN CHILDBIRTH KITS TO THIRD WORLD MOTHERS.

4c (Code:) (Expenses \$ 848,876. including grants of \$ 762,932.) (Revenue \$) HUNGER & POVERTY: \$762,932 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 \$ 589,923. including grants of \$ 530,197.) (Revenue \$)

4e Total program service expenses 15,971,631.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		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? <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?		X

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

X

Table with columns for question number, description, and Yes/No checkboxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: JOHN GEHRT - 206-248-5477 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 (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JULIA CHRISTOPHERSEN PRESIDENT	3.00	X		X				0.	0.	0.
(2) JOHN GEHRT TREASURER	2.00	X		X				0.	0.	0.
(3) EVE HIGGS SECRETARY	1.00	X		X				0.	0.	0.
(4) JENNIFER FERMON BOARD MEMBER	1.00	X						0.	0.	0.
(5) SCOTT GARREPY BOARD MEMBER	1.00	X						0.	0.	0.
(6) KIMBERLY KLINTWORTH BOARD MEMBER	1.00	X						0.	0.	0.
(7) TIM KUNIN BOARD MEMBER	1.00	X						0.	0.	0.
(8) DAVID SAMUELSON BOARD MEMBER	1.00	X						0.	0.	0.
(9) GREG HESTERBERG BOARD MEMBER	1.00	X						0.	0.	0.
(10) ELIZABETH BAKER EXECUTIVE DIRECTOR	30.00			X				95,655.	0.	4,149.

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	15,336,272.			
	g Noncash contributions included in lines 1a-1f: \$		11,364,021.			
	h Total. Add lines 1a-1f		15,336,272.			
Program Service Revenue	2 a PET FOOD STORAGE/HANDL	Business Code				
		493000	231,033.	231,033.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
g Total. Add lines 2a-2f		231,033.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties		2,264,761.			2,264,761.
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses	b			
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a						
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions.			17,832,066.	231,033.	0.	2,264,761.

Part IX Statement of Functional Expenses

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

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	13,118,952.	13,118,952.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,235,643.	1,235,643.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	130,143.	78,086.	26,029.	26,028.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	691,324.	660,065.	14,970.	16,289.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	60,390.	56,505.	3,162.	723.
10 Payroll taxes	61,026.	55,744.	2,738.	2,544.
11 Fees for services (non-employees):				
a Management				
b Legal	3,237.	1,988.	1,249.	
c Accounting	43,913.	1,597.	42,316.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	80,971.	69,141.	7,705.	4,125.
12 Advertising and promotion	11,942.	9,325.	2,309.	308.
13 Office expenses	560,018.	538,070.	13,999.	7,949.
14 Information technology	27,480.	27,480.		
15 Royalties				
16 Occupancy	35,209.	948.	34,261.	
17 Travel	118,103.	111,953.	3,480.	2,670.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,143.	3,143.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,991.	2,991.		
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a _____				
b _____				
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	16,184,485.	15,971,631.	152,218.	60,636.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	577,875.	1	844,450.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	2,262,716.	4	2,965,234.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	353,370.
	9 Prepaid expenses and deferred charges	2,933.	9	10,080.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 26,481.		
	b Less: accumulated depreciation	10b 2,991.	10c 0.	23,490.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	79,500.
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,843,524.	16	4,276,124.	
Liabilities	17 Accounts payable and accrued expenses	43,448.	17	140,156.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	43,448.	26	140,156.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,707,000.	27	4,135,968.
	28 Temporarily restricted net assets	93,076.	28	0.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	2,800,076.	33	4,135,968.
34 Total liabilities and net assets/fund balances	2,843,524.	34	4,276,124.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	17,832,066.
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,184,485.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,647,581.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,800,076.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-311,689.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,135,968.

Part XII Financial Statements and Reporting

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

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

OMB No. 1545-0047

2014

Open to Public Inspection

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

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,878,114.	1,138,382.	1,673,128.	5,241,534.	15,336,272.	25,267,430.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3	1,878,114.	1,138,382.	1,673,128.	5,241,534.	15,336,272.	25,267,430.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,485,087.
6 Public support. Subtract line 5 from line 4.						22,782,343.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	1,878,114.	1,138,382.	1,673,128.	5,241,534.	15,336,272.	25,267,430.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	1,485,339.	1,509,789.	1,271,281.	1,892,361.	2,264,761.	8,423,531.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						33,690,961.
12 Gross receipts from related activities, etc. (see instructions)					12	231,033.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	67.62 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	51.45 %
16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2014. 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 - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2014

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

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.

OMB No. 1545-0047

2014

Name of the organization

GREATERGGOOD.ORG

Employer identification number

20-4846675

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ _____ 558,250.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ _____ 952,126.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ _____ 313,161.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ _____ 459,281.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ _____ 4,809,244.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ _____ 4,298,908.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	BOOKS _____ _____ _____	\$ 558,250.	01/01/15
2	PET FOOD _____ _____ _____	\$ 952,126.	06/01/15
3	PET FOOD _____ _____ _____	\$ 313,161.	08/01/14
5	PET FOOD _____ _____ _____	\$ 4,809,244.	03/15/15
6	PET FOOD _____ _____ _____	\$ 4,298,908.	06/01/15
	_____ _____ _____	\$ _____	

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

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

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" 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.**

OMB No. 1545-0047

2014

Open to Public Inspection

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" 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 value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
- 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
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- Number of states where property subject to conservation easement is located ▶ _____
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 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)?
- 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.

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

(i) Revenue included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included 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	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

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

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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		26,481.	2,991.	23,490.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				23,490.

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)		
Total. (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)		
Total. (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)	
Total. (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)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	17,997,536.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	477,159.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	477,159.
3	Subtract line 2e from line 1	3	17,520,377.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	311,689.
c	Add lines 4a and 4b	4c	311,689.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	17,832,066.

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.

1	Total expenses and losses per audited financial statements	1	16,661,644.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	477,159.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	477,159.
3	Subtract line 2e from line 1	3	16,184,485.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	16,184,485.

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 (2ND OF FOUR YEAR RECOGNITION) 311,689.

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

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

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

THE \$477,159 VALUE OF DONATED ADVERTISING SPACE FROM GOOGLE ADWORDS HAS

BEEN REMOVED FROM BOTH IN-KIND DONATED REVENUE, AND IN-KIND DONATED

EXPENSE.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

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

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in 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	165,900.
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	0	0	GRANT-MAKING	N/A	361,400.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	GRANT-MAKING	N/A	1,900.
MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	0	0	GRANT-MAKING	N/A	9,800.
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	0	GRANT-MAKING	N/A	95,200.
RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBAIJAN, BELARUS,	0	0	GRANT-MAKING	N/A	16,900.
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,	0	0	GRANT-MAKING	N/A	117,200.
SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES,	0	0	GRANT-MAKING	N/A	247,500.
3 a Sub-total	0	0			1,015,800.
b Total from continuation sheets to Part I	0	0			219,800.
c Totals (add lines 3a and 3b)	0	0			1,235,600.

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

Schedule F (Form 990) 2014

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	RESCUED ANIMALS	10,000.	WIRE	0.		
		SOUTH ASIA	HUNGER & POVERTY	10,000.	WIRE	0.		
		SOUTH ASIA	LITERACY & CHILDREN'S EDUCATION	7,798.	CHECK	0.		
		SUB-SAHARAN AFRICA	LITERACY & CHILDREN'S EDUCATION	6,629.	CHECK	0.		
		SUB-SAHARAN AFRICA	BREAST CANCER & WOMEN'S HEALTH, CHILDREN'S HEALTH & WELL BEING, HUNGER &	31,370.	CHECK	0.		
		RUSSIA AND NEIGHBORING STATES	RESCUED ANIMALS	5,909.	WIRE	0.		
		SOUTH ASIA	RESCUED ANIMALS	9,504.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HUNGER & POVERTY, LITERACY & CHILDREN'S EDUCATION	41,809.	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 **49**

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

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	HUNGER & POVERTY	5,710.	WIRE	0.		
		SUB-SAHARAN AFRICA	CHILDREN'S HEALTH & WELL BEING, LITERACY & CHILDREN'S EDUCATION	9,693.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	RESCUED ANIMALS	798.	CHECK	0.		
		RUSSIA AND NEIGHBORING STATES	RESCUED ANIMALS	2,505.	CHECK	0.		
		SOUTH ASIA	RESCUED ANIMALS	18,769.	CHECK	0.		
		NORTH AMERICA	RESCUED ANIMALS	12,740.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	RESCUED ANIMALS	2.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	RESCUED ANIMALS	11,433.	CHECK	0.		
		NORTH AMERICA	RESCUED ANIMALS	930.	CHECK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		RUSSIA AND NEIGHBORING STATES	RESCUED ANIMALS	8,475.	CHECK	0.		
		SOUTH ASIA	RESCUED ANIMALS	12,174.	CHECK	0.		
		SUB-SAHARAN AFRICA	RESCUED ANIMALS	36,983.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	CHILDREN'S HEALTH & WELL BEING, LITERACY & CHILDREN'S EDUCATION	5,268.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	LITERACY & CHILDREN'S EDUCATION	6,055.	CHECK	0.		
		SOUTH ASIA	RESCUED ANIMALS	13,407.	CHECK	0.		
		NORTH AMERICA	PROTECTING/RESTORING ENVIRONMENT	7,610.	CHECK	0.		
		NORTH AMERICA	RESCUED ANIMALS	12,500.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	HUNGER & POVERTY	15,529.	CHECK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	RESCUED ANIMALS	10,960.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	HUNGER & POVERTY, LITERACY & CHILDREN'S EDUCATION	121,436.	WIRE	0.		
		SUB-SAHARAN AFRICA	LITERACY & CHILDREN'S EDUCATION	11,127.	WIRE	0.		
		SOUTH ASIA	HUNGER & POVERTY	5,000.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	HUNGER & POVERTY	2,810.	CHECK	0.		
		SUB-SAHARAN AFRICA	HUNGER & POVERTY	21,401.	CHECK	0.		
		SUB-SAHARAN AFRICA	HUNGER & POVERTY, LITERACY & CHILDREN'S EDUCATION	24,988.	CHECK	0.		
		SOUTH ASIA	CHILDREN'S HEALTH & WELL BEING, HUNGER & POVERTY	28,381.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	CHILDREN'S HEALTH & WELL BEING	7,000.	CHECK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	HUNGER & POVERTY	11,350.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	BREAST CANCER & WOMEN'S HEALTH, CHILDREN'S HEALTH & WELL BEING, HUNGER &	11,909.	CHECK	0.		
		SOUTH AMERICA	HUNGER & POVERTY	840.	CHECK	0.		
		SUB-SAHARAN AFRICA	BREAST CANCER & WOMEN'S HEALTH, CHILDREN'S HEALTH & WELL BEING, HUNGER &	34,301.	CHECK	0.		
		SOUTH ASIA	LITERACY & CHILDREN'S EDUCATION	27,918.	CHECK	0.		
		SOUTH ASIA	LITERACY & CHILDREN'S EDUCATION	6,357.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	RESCUED ANIMALS	190,335.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HUNGER & POVERTY	101,494.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	HUNGER & POVERTY	201.	CHECK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	LITERACY & CHILDREN'S EDUCATION	46,000.	WIRE	0.		
		NORTH AMERICA	RESCUED ANIMALS	8,255.	CHECK	0.		
		SOUTH AMERICA	PROTECTING/RESTORING ENVIRONMENT	112,772.	CHECK	0.		
		SOUTH ASIA	RESCUED ANIMALS	11,500.	CHECK	0.		
		NORTH AMERICA	RESCUED ANIMALS	0.		15,300.	PET FOOD	FMV

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; do not file with Form 990)* Yes No

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

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

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

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

Part V Supplemental Information

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

PART I, LINE 2:

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

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

Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
1MATTERS.ORG 3450 W. CENTRAL AVE. #108 TOLEDO, OH 43606	26-2052237	501C3	15,995.	0.			HUNGER & POVERTY
FEEDING AMERICA PO BOX 96749 WASHINGTON, DC 20090-6749	36-3673599	501C3	11,597.	0.			HUNGER & POVERTY
ANIMAL LIFELINE 1111 EASTON ROAD, WARRINGTON PAVILION #24 - WARRINGTON, PA 18976	20-4444813	501C3	14,990.	0.			RESCUED ANIMALS
ANIMAL RESCUE LEAGUE OF IOWA 5452 NE 22ND ST. DES MOINES, IA 50313	42-0680427	501C3	5,500.	1,125.	COST	PET FOOD	RESCUED ANIMALS
ARCTIC SLOPE NATIVE ASSOCIATION, LTD - PO BOX 1232 - BARROW, AK 99723	91-0873623	501C3	20,000.	0.			BREAST CANCER & WOMEN'S HEALTH
ASPCA 520 EIGHTH AVE 7TH FLOOR NEW YORK, NY 10018	13-1623829	501C3	10,685.	115,255.	COST	PET FOOD	RESCUED ANIMALS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **158.**

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) (2014)

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
AUSTIN PETS ALIVE 1156 W. CESAR CHAVEZ ST AUSTIN, TX 78703	74-2893360	501C3	15,619.	30,865.	COST	PET FOOD, VACCINATIONS, MEDICAL TESTS	RESCUED ANIMALS
AUTISM SPEAKS 1060 STATE ROAD, 2ND FLOOR PRINCETON, NJ 08540	20-2329938	501C3	32,006.	0.			CHILDREN'S HEALTH & WELL BEING
BAPTIST MEMORIAL HOSPITAL FOR WOMEN - 50 HUMPHREYS BLVD, STE 23 - MEMPHIS, TN 38120	62-0123940	501C3	20,000.	0.			BREAST CANCER & WOMEN'S HEALTH
BAT WORLD SANCTUARY 299 HIGH POINT RD WEATHERFORD, TX 76088	75-2503642	501C3	20,000.	0.			RESCUED ANIMALS
BLIND CAT RESCUE & SANCTUARY, INC. 3101 E. GREAT MARSH CHURCH ROAD ST. PAULS, NC 28384	20-3410498	501C3	37,296.	0.			RESCUED ANIMALS
BREAST CARE FOR WASHINGTON 4 ATLANTIC STREET SW WASHINGTON, DC 20032	45-4474713	501C3	20,000.	0.			BREAST CANCER & WOMEN'S HEALTH
CHASE FOX CANCER CENTER 333 COTTMAN AVENUE PHILADELPHIA, PA 19111-2497	23-6296135	501C3	15,000.	0.			BREAST CANCER & WOMEN'S HEALTH
CMAP EXPRESS 1101 FOURTH STREET, STE 101A ALEXANDRIA, LA 71301	02-0751416	501C3	20,000.	0.			BREAST CANCER & WOMEN'S HEALTH
FEED OUR VETERANS PO BOX 1 NEW YORK MILLS, NY 13417	26-3108361	501C3	5,300.	0.			HUNGER & POVERTY

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
FENCES FOR FIDO PO BOX 42265 PORTLAND, OR 97242	30-0554675	501C3	13,436.	0.			RESCUED ANIMALS
FIRST BOOK 1319 F STREET NW WASHINGTON, DC 20004	52-1779606	501C3	16,527.	0.			LITERACY & CHILDREN'S EDUCATION
FIXNATION P.O. BOX 26 WOODLAND HILLS, CA 91367	83-0452460	501C3	18,318.	0.			RESCUED ANIMALS
FOOD RECOVERY NETWORK 4321 HARTWICK ROAD, SUITE 320 COLLEGE PARK, MD 20740	45-3836775	501C3	108,534.	0.			HUNGER & POVERTY
FRED HUTCHINSON CANCER RESEARCH CENTER - 1100 FAIRVIEW AVE, J5-200 - SEATTLE, WA 98109	23-7156071	501C3	20,000.	0.			BREAST CANCER & WOMEN'S HEALTH
HELP HUMANE SOCIETY 17122 BEL RAY PLACE BELTON, MO 64012	43-1787083	501C3	8,320.	0.			RESCUED ANIMALS
HOME FOR LIFE PO BOX 847 STILLWATER, MN 55082	41-1867244	501C3	12,915.	0.			RESCUED ANIMALS
HUMANE SOCIETY OF THE UNITED STATES - PO BOX 87598 - MONTGOMERY VILLAGE, MD 20866	53-0225390	501C3	78,016.	11,919.	COST	PET FOOD	RESCUED ANIMALS
IFAW 290 SUMMER STREET YARMOUTH PORT, MA 02675	31-1594197	501C3	55,809.	27,535.	COST	PET FOOD	RESCUED ANIMALS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JACKSON GALAXY FOUNDATION 9190 W. OLYMPIC BL. UNIT 411 BEVERLY HILLS, CA 90212	46-5247982	501C3	29,264.	0.			RESCUED ANIMALS
KITTEN RESCUE 914 WESTWOOD BLVD. #583 LOS ANGELES, CA 90024	95-4670174	501C3	13,402.	40,948.	COST	PET FOOD	RESCUED ANIMALS
LEKOTEK 2001 N CLYBOURN AVE, SUITE 100 CHICAGO, IL 60614	36-2244895	501C3	48,814.	0.			CHILDREN'S HEALTH & WELL BEING
LIONS, TIGERS & BEARS 22402 MARTIN WAY ALPINE, CA 91901	33-0938499	501C3	5,675.	0.			RESCUED ANIMALS
MAMMOSAFE PO BOX 398 ANAHUAC, TX 77514	80-0924419	501C3	20,000.	0.			BREAST CANCER & WOMEN'S HEALTH
MARSHFIELD CLINIC 1000 N OAK AVE MARSHFIELD, WI 54449	39-0452970	501C3	20,000.	0.			BREAST CANCER & WOMEN'S HEALTH
METHODIST HEALTHCARE FOUNDATION 1441 BECKLEY AVENUE DALLAS, TX 75203	75-1548343	501C3	20,000.	0.			BREAST CANCER & WOMEN'S HEALTH
NATIONAL AUTISM ASSOCIATION ONE PARK AVENUE, SUITE 1 PORTSMOUTH, RI 02871	20-0032380	501C3	35,656.	0.			CHILDREN'S HEALTH & WELL BEING
NATIONAL MILL DOG RESCUE PO BOX 88468 COLORADO SPRINGS, CO 80908	26-0574783	501C3	16,130.	0.			RESCUED ANIMALS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIVE AMERICAN ADVANCEMENT FOUNDATION - PO BOX 64877 - TUCSON, AZ 85728	45-2725155	501C3	8,813.	1,260.	COST	CHILDREN'S TOYS	LITERACY & CHILDREN'S EDUCATION, CHILDREN'S HEALTH & WELL BEING
NEIGHBORHOOD CATS 2576 BROADWAY #555 NEW YORK, NY 10025	13-4133456	501C3	8,610.	0.			RESCUED ANIMALS
NEVADA HEALTH CENTER 1799 MOUNT MARIAH DRIVE LAS VEGAS, NV 89106	94-3199117	501C3	20,000.	0.			BREAST CANCER & WOMEN'S HEALTH
NORTHWEST HARVEST PO BOX 12272 SEATTLE, WA 98102	91-0826037	501C3	15,000.	0.			HUNGER & POVERTY
NORTON HEALTHCARE FOUNDATION 3999 DUTCHMANS LANE, SUITE 3C LOUISVILLE, KY 40207	31-0914919	501C3	20,000.	0.			BREAST CANCER & WOMEN'S HEALTH
NOVANT HEALTH FOUNDATION PRESBYTERIAN MED - 200 HAWTHORNE LANE - CHARLOTTE, NC 28204	58-1413074	501C3	25,000.	0.			BREAST CANCER & WOMEN'S HEALTH
OHIO HEALTH FOUNDATION 180 EAST BROAD STREET, 31ST FLOOR COLUMBUS, OH 43215	23-7446919	501C3	20,000.	0.			BREAST CANCER & WOMEN'S HEALTH
OPERATION SUPPORT OUR TROOPS - AMERICA - 1807 S WASHINGTON SUITE 110 #359 - NAPERVILLE, IL 60565	20-4275756	501C3	63,030.	0.			HUNGER & POVERTY
PACIFIC MARINE MAMMAL CENTER 20612 LAGUNA CANYON ROAD LAGUNA BEACH, CA 92651	95-3680896	501C3	6,135.	0.			RESCUED ANIMALS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PETS FOR PATRIOTS 218 E PARK AVE, SUITE 543 LONG BEACH, NY 11561	27-1082210	501C3	14,750.	0.			RESCUED ANIMALS
PETS FOR VETS P.O. BOX 10860 WILMINGTON, NC 28404	27-1250302	501C3	12,395.	0.			RESCUED ANIMALS
POODLE RESCUE OF HOUSTON 13302 SCHROEDER ROAD HOUSTON, TX 77070	81-0673717	501C3	12,895.	0.			RESCUED ANIMALS
PURRFECT PALS 230 MCRAE ROAD NE ARLINGTON, WA 98223	94-3127448	501C3	11,500.	0.			RESCUED ANIMALS
REDROVER 3800 J STREET, SUITE 100 SACRAMENTO, CA 95817	68-0124097	501C3	15,645.	0.			RESCUED ANIMALS
REMOTE AREA MEDICAL VOLUNTEER CORPS - 1834 BEECH STREET - KNOXVILLE, TN 37920	62-1650446	501C3	7,385.	0.			RESCUED ANIMALS, HUNGER & POVERTY
RESCUE BANK 11950 PEBBLE ROCK DR HOUSTON, TX 77077	83-0460930	501C3	32,151.	975,408.	COST	PET FOOD	RESCUED ANIMALS
ROLLING DOG FARM P.O. BOX 150 LANCASTER, NH 03584	81-0537598	501C3	7,200.	0.			RESCUED ANIMALS
SHADOW CATS P.O. BOX 720 ROUND ROCK, TX 78680	75-3152265	501C3	8,225.	0.			RESCUED ANIMALS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SKY ISLAND ALLIANCE PO BOX 41165 TUCSON, AZ 85717	86-0796748	501C3	12,060.	0.			PROTECTING/RESTORING ENVIRONMENT
ST. ELIZABETH HEALTHCARE 1 MEDICAL VILLAGE DRIVE EDGEWOOD, KY 41017	61-0445850	501C3	20,000.	0.			BREAST CANCER & WOMEN'S HEALTH
SURVIVE DAT 2020 GRAVIER ST, 3RD FLOOR NEW ORLEANS, LA 70112	72-1115391	501C3	20,000.	0.			BREAST CANCER & WOMEN'S HEALTH
TEAM RUBICON 300 N. CONTINENTAL BLVD., SUITE 10 EL SEGUNDO, CA 90245	27-1720480	501C3	5,743.	0.			HUNGER & POVERTY
THE CAT HOUSE ON THE KINGS 7120 SOUTH KINGS RIVER ROAD PARLIER, CA 93648	27-0015288	501C3	9,120.	30,041.	COST	PET FOOD	RESCUED ANIMALS
THE FUND FOR ANIMALS, INC. PO BOX 87598 MONTGOMERY VILLAGE, MD 20866	13-6218740	501C3	92,715.	0.			RESCUED ANIMALS
UNIVERSITY OF MICHIGAN 1000 OAKBROOK DRIVE, SUITE 100 ANN ARBOR, MI 48104	38-6006309	501C3	141,925.	0.			BREAST CANCER & WOMEN'S HEALTH, CHILDREN'S HEALTH & WELL BEING
VANDERBILT-INGRAM CANCER CENTER 691 PRESTON BUILDING NASHVILLE, TN 37232-6838	75-1548343	501C3	30,000.	0.			BREAST CANCER & WOMEN'S HEALTH
VETERAN HOMESTEAD 69 HIGH STREET FITCHBURG, MA 01420	04-3199887	501C3	51,241.	0.			RESCUED ANIMALS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VETERANS VILLAGE OF SAN DIEGO 4141 PACIFIC HIGHWAY SAN DIEGO, CA 92110	95-3649525	501C3	51,241.	0.			RESCUED ANIMALS
WESTSIDE GERMAN SHEPHERD RESCUE OF LA - 2721 WIGTOWN RD - LOS ANGELES, CA 90064	41-2078176	501C3	6,500.	500.	COST	PET FOOD	RESCUED ANIMALS
SPCA OF CINCINNATI 3949 COLERAIN AVENUE CINCINNATI, OH 45223	31-0543284	501C3	0.	5,127.	COST	PET FOOD	RESCUED ANIMALS
SPCA SERVING ERIE COUNTY 205 ENSMINGER ROAD TONAWANDA, NY 14150	16-0425315	501C3	0.	5,127.	COST	PET FOOD	RESCUED ANIMALS
TREE HOUSE HUMANE SOCIETY 1212 W. CARMEN AVENUE CHICAGO, IL 60640	23-7444825	501C3	1,000.	87,165.	COST	PET FOOD	RESCUED ANIMALS
PET ALLIANCE OF GREATER ORLANDO 2727 CONROY ROAD ORLANDO, FL 32839	59-0637883	501C3	0.	5,127.	COST	PET FOOD	RESCUED ANIMALS
MIAMI-DADE COUNTY ANIMAL SERVICES 7401 NORTHWEST 74TH STREET MIAMI, FL 33166		GOVERNMENT	0.	15,382.	COST	PET FOOD	RESCUED ANIMALS
FRIENDS OF THE DEARBORN ANIMAL SHELTER - 2661 GREENFIELD - DEARBORN, MI 48120	38-3171570	501C3	0.	10,255.	COST	PET FOOD	RESCUED ANIMALS
ST. PAWS COLORADO SPRINGS 3275 E. PLATTE, UNIT E PEYTON, CO 80831	27-1133755	501C3	0.	108,032.	COST	PET FOOD	RESCUED ANIMALS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS FOR LIFE 107 E. 22ND STREET HOUSTON, TX 77008	26-0020294	501C3	0.	30,764.	COST	PET FOOD	RESCUED ANIMALS
FOOTHILLS ANIMAL SHELTER 580 MCINTYRE STREET GOLDEN, CO 80401	46-2809962	501C3	0.	45,609.	COST	PET FOOD	RESCUED ANIMALS
ANIMAL FRIENDS 562 CAMP HORNE RD PITTSBURGH, PA 15237	25-0951565	501C3	0.	52,474.	COST	PET FOOD	RESCUED ANIMALS
PENNSYLVANIA SPCA 350 EAST ERIE AVENUE PHILADELPHIA, PA 19134	23-1352269	501C3	890.	27,987.	COST	PET FOOD	RESCUED ANIMALS
ANIMAL DEFENSE LEAGUE OF TX 11300 NACOGDOCHES ROAD SAN ANTONIO, TX 78217	74-6002033	501C3	0.	11,665.	COST	PET FOOD	RESCUED ANIMALS
RUTHERFORD COUNTY PAWS 285 JOHN RICE BOULEVARD MURFREESBORO, TN 37129	62-6000818	GOVERNMENT	0.	18,874.	COST	PET FOOD	RESCUED ANIMALS
WASHINGTON ANIMAL RESCUE LEAGUE 71 OGLETHORPE STREET, NW WASHINGTON, DC 20011	53-0162440	501C3	1,500.	34,113.	COST	PET TOYS	RESCUED ANIMALS
LOST DOG AND CATRESCUE FOUNDATION P.O. BOX 50037 ARLINGTON, VA 22205	31-1789600	501C3	0.	11,205.	COST	PET TOYS	RESCUED ANIMALS
WASHINGTON HUMANE 590 MACARTHUR BLVD, NW, SUITE 200 WASHINGTON, DC 20007	53-0219724	501C3	0.	11,205.	COST	PET TOYS AND SUPPLIES	RESCUED ANIMALS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANIMAL WELFARE LEAGUE OF ALEXANDRIA - 4101 EISENHOWER AVENUE - ALEXANDRIA, VA 22304	54-0796610	501C3	0.	11,205.	COST	PET TOYS	RESCUED ANIMALS
PHILADELPHIA READS 325 CHESTNUT ST. SUITE 903 PHILADELPHIA, PA 19106	27-1723052	501C3	0.	269,500.	COST	BOOKS	LITERACY & CHILDREN'S EDUCATION
THE MARYLAND BOOK BANK 501 N CALVERT ST BALTIMORE, MD 21278	46-2714742	501C3	0.	134,750.	COST	BOOKS	LITERACY & CHILDREN'S EDUCATION
THE LITERACY COOPERATIVE 1331 EUCLID AVE CLEVELAND, OH 44115	90-0453660	501C3	0.	154,000.	COST	BOOKS	LITERACY & CHILDREN'S EDUCATION
HUMANE SOCIETY OF CENTRAL OREGON 61170 SE 27TH STREET BEND, OR 97702	93-0616957	501C3	0.	57,030.	COST	PET FOOD	RESCUED ANIMALS
4 PAWS 4 LIFE 3000 SOUTH JAMAICA COURT SUITE 140 AURORA, CO 80014	45-4932922	501C3	0.	6,900.	COST	PET FOOD	RESCUED ANIMALS
SPCA OF WESTCHESTER 590 NORTH STATE ROAD BRIARCLIFF MANOR, NY 10510	13-1740069	501C3	0.	102,268.	COST	PET FOOD	RESCUED ANIMALS
4 PAWS ANIMAL RESCUE PO BOX 735 WILLIS, MI 48191	27-3741642	501C3	0.	438,446.	COST	PET FOOD	RESCUED ANIMALS
A NEW LEASH ON LIFE 213 JIM DRAPER BLVD LEBANON, TN 37087	62-1048196	501C3	0.	9,279.	COST	PET FOOD	RESCUED ANIMALS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACTION FOR ANIMALS P. O. BOX 835 MUNCIE, IN 47302	35-1508888	501C3	0.	440,373.	COST	PET FOOD	RESCUED ANIMALS
ADOPT A BOXER RESCUE 18 HILLCREST DR. DICKSON CITY, PA 18447	20-1921004	501C3	0.	15,432.	COST	PET FOOD	RESCUED ANIMALS
ALMOST HOME - PREMIER PET SUPPLY EVENT - 25503 CLARA LANE - SOUTHFIELD, MI 48034	32-0034753	501C3	0.	6,461.	COST	PET FOOD	RESCUED ANIMALS
ANIMAL ALLIANCE 1432 ROUTE 179N LAMBERTVILLE, NJ 08530	77-0632827	501C3	0.	7,564.	COST	PET FOOD	RESCUED ANIMALS
ANIMAL COMPASSION TEAM OF CALIFORNIA - 2789 SOUTH ORANGE AVE - FRESNO, CA 93725	27-0647770	501C3	0.	6,068.	COST	PET FOOD	RESCUED ANIMALS
ANIMAL RESCUE FORCE, INC 5 PINE TREE ROAD FARMINGVILLE, NY 11738	11-2549668	501C3	0.	261,791.	COST	PET FOOD	RESCUED ANIMALS
ANIMAL RESOURCE FOUNDATION - ARF IOWA - P. O. BOX 273 - PALO, IA 52324	94-3471348	501C3	0.	94,805.	COST	PET FOOD	RESCUED ANIMALS
ARIZONA ANIMAL WELFARE LEAGUE 25 N. 40TH STREET PHOENIX, AZ 85034	23-7149453	501C3	0.	43,370.	COST	PET FOOD	RESCUED ANIMALS
AZALEA CITY CAT COALITION PO BOX 1612 MOBILE, AL 36633	26-1999865	501C3	0.	103,795.	COST	PET FOOD	RESCUED ANIMALS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BADASS BROOKLYN ANIMAL RESCUE 143 N. 11TH STREET BROOKLYN, NY 11249	46-1354684	501C3	0.	12,740.	COST	PET FOOD	RESCUED ANIMALS
CANINE COLLECTIVE 4265 MAYNAR ROAD DELAWARE, OH 43015	26-1495848	501C3	0.	516,419.	COST	PET FOOD	RESCUED ANIMALS
CARE - COALITION FOR ANIMAL RESCUE & EDUCATION - 2317 S. BIG BEND BLVD. - ST. LOUIS, MO 63143	02-0727541	501C3	0.	158,091.	COST	PET FOOD	RESCUED ANIMALS
CAT CARE SOCIETY 5787 WEST 6TH AVE LAKEWOOD, CO 80214	20-8179233	501C3	0.	10,700.	COST	PET FOOD	RESCUED ANIMALS
CHIHUAHUA & SMALL DOG RESCUE, INC PO BOX 31653 COLORADO SPRINGS, CO 80931	20-3492450	501C3	0.	6,900.	COST	PET FOOD	RESCUED ANIMALS
COFFEE CO HS 1329 MCARTHUR STREET MANCHESTER, TN 37349	62-1543154	501C3	0.	7,559.	COST	PET FOOD	RESCUED ANIMALS
THE SIMON FOUNDATION 120 RESCUE LANE BLOOMFIELD, CT 06002	56-2489875	501C3	0.	6,580.	COST	PET FOOD	RESCUED ANIMALS
COVE ANIMAL SHELTER 40 SHORE ROAD GLEN COVE, NY 11542	47-2487205	501C3	0.	5,774.	COST	PET FOOD	RESCUED ANIMALS
CREME DE LA CREME ANIMAL FOUNDATION - 3212 EAST BEND - ALGONQUIN, IL 60102	27-2551004	501C3	0.	781,337.	COST	PET FOOD	RESCUED ANIMALS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DETROIT DOG RESCUE 27500 GROESBECK ROSEVILLE, MI 48066	27-5299891	501C3	0.	6,955.	COST	PET FOOD	RESCUED ANIMALS
DOWNTOWN DOGS RESCUE PO BOX 3043 JACKSON, TN 38303	30-0568280	501C3	0.	6,182.	COST	PET FOOD	RESCUED ANIMALS
EDUCATING CANINES ASSISTING WITH DISABILITIES - 149 NEWFIELD ROAD - TORRINGTON, CT 06801	06-1436718	501C3	0.	6,900.	COST	PET FOOD	RESCUED ANIMALS
EVERY CREATURE COUNTS 1245 FACTORY CIRCLE FORT LUPTON, CO 80621	84-1214288	501C3	1,000.	17,100.	COST	PET FOOD	RESCUED ANIMALS
FOOD BANK FOR NEW YORK CITY 39 BROADWAY, 10TH FLOOR NEW YORK, NY 10006	13-3179546	501C3	0.	114,073.	COST	PET FOOD	RESCUED ANIMALS
FOR THE LOVE OF DOGS 917 ROCKY TOP LANE SALE CREEK, TN 37373	38-3752113	501C3	0.	477,725.	COST	PET FOOD	RESCUED ANIMALS
FORGOTTEN FELINES 312444 S. PARKER ROAD AURORA, CO 80014	27-0348575	501C3	0.	7,650.	COST	PET FOOD	RESCUED ANIMALS
GENTLE BEN'S GIANT BREED RESCUE 805 HARTZELL SCHOOL ROAD NEW BRIGHTON, PA 15066	26-2933371	501C3	0.	6,955.	COST	PET FOOD	RESCUED ANIMALS
GERMAN SHEPHERD OF ORANGE COUNTY 120 TUSTIN AVENUE SUITE C-1111 NEWPORT BEACH, CA 92663	20-3455479	501C3	0.	6,955.	COST	PET FOOD	RESCUED ANIMALS

Schedule I (Form 990)

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

(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
GOATHOUSE REFUGE 680 ALSTON ALSTON ROAD PITTSBORO, NC 27312	26-0893521	501C3	0.	10,184.	COST	PET FOOD	RESCUED ANIMALS
GREAT PLAINS SPCA 5428 ANTIOCH DR. MERRIAM, KS 66202	05-0552529	501C3	0.	5,516.	COST	PET FOOD	RESCUED ANIMALS
GUIDE DOGS FOR THE BLIND 350 LOS RANCHITOS ROAD SAN RAFAEL, CA 94903	95-1586088	501C3	0.	6,955.	COST	PET FOOD	RESCUED ANIMALS
HELEN WOODWARD ANIMAL CENTER PO BOX 64 RANCHO SANTA FE, CA 92607	23-7228287	501C3	0.	32,667.	COST	PET FOOD	RESCUED ANIMALS
HOMECOMINGS DOG RESCUE 401 SAULSBURY ST. LAKEWOOD, CO 80226	47-1853823	501C3	0.	6,900.	COST	PET FOOD	RESCUED ANIMALS
HS OF DICKSON COUNTY 410 ENO RD DICKSON, TN 37055	62-1330414	501C3	0.	6,616.	COST	PET FOOD	RESCUED ANIMALS
HUMANE SOCIETY OF SARASOTA COUNTY 2331 15TH ST. SARASOTA, FL 34237	59-6014943	501C3	0.	6,034.	COST	PET FOOD	RESCUED ANIMALS
THE STRAY HEARTS RESCUE 1200 ST. FRANCIS LANE TAOS, MN 87571	45-5158941	501C3	0.	6,358.	COST	PET FOOD	RESCUED ANIMALS
TAILSPIN CARES 4501 HABERSHAM ST SAVANNAH, GA 31405	46-3063799	501C3	0.	6,542.	COST	PET FOOD	RESCUED ANIMALS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CAT NETWORK 16955 SW 288TH STREET HOMESTEAD, FL 33030	65-0597008	501C3	0.	5,092.	COST	PET FOOD	RESCUED ANIMALS
KARUNA BULLY 628 NEW HAVEN ROAD, SUITE 8 NAUGATUCK, CT 06770	45-0896993	501C3	0.	6,955.	COST	PET FOOD	RESCUED ANIMALS
KENTUCKY PETS ALIVE 18 VILLAGE PLAZA #238 SHELBYVILLE, KY 40065	27-2368180	501C3	0.	739,251.	COST	PET FOOD	RESCUED ANIMALS
KOOTENAI HS 11650 N RAMSEY RD HAYDEN, ID 83835	82-0334845	501C3	0.	6,955.	COST	PET FOOD	RESCUED ANIMALS
LINDA BLAIR WORLDHEART FOUNDATION/ TAILWAGGERS EVENT - 10061 RIVERSIDE DR. - TOLUCA LAKE, CA 91602	20-0279278	501C3	0.	13,833.	COST	PET FOOD	RESCUED ANIMALS
LONE STAR PYRES AND PAWS NORTH TEXAS - PO BOX 128 - MERIT, TX 75458	80-0190229	501C3	0.	107,092.	COST	PET FOOD	RESCUED ANIMALS
LONGMONT HUMANE 9595 NELSON ROAD LONGMONT, CO 80503	84-0645455	501C3	0.	5,310.	COST	PET FOOD	RESCUED ANIMALS
LOST OUR HOME 2323 SOUTH HARDY DR. TEMPE, AZ 85282	02-0651198	501C3	0.	6,504.	COST	PET FOOD	RESCUED ANIMALS
LOUISIANA PET PANTRY 400 CONVENTION STREET, SUITE 700 BATON ROUGE, LA 70802	47-2729190	501C3	0.	102,434.	COST	PET FOOD	RESCUED ANIMALS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARICOPA COUNTY ANIMAL CARE & CONTROL - HOLIDAY KIBBLE DROP SPROUTS - 2630 W RIO SALADO PKWY - MESA, AZ 85201	86-1008549	GOVERNMENT	0.	6,034.	COST	PET FOOD	RESCUED ANIMALS
MIDWEST ANIMAL RESCUE 83RD AVE N BROOKLYN PARK, MN 55443	20-8496665	501C3	0.	6,663.	COST	PET FOOD	RESCUED ANIMALS
MOSBY FOUNDATION PO BOX 218 DEERFIELD, VA 24423	20-1468817	501C3	0.	276,871.	COST	PET FOOD	RESCUED ANIMALS
MUSIC CITY ANIMAL RESCUE 2112 FORGE RIDGE CIRCLE NASHVILLE, TN 37217	46-3553373	501C3	0.	6,258.	COST	PET FOOD	RESCUED ANIMALS
NASHVILLE HUMANE SOCIETY 213 OCEOLA AVENUE NASHVILLE, TN 37209	62-0672999	501C3	0.	13,297.	COST	PET FOOD	RESCUED ANIMALS
NORTH TEXAS FOOD BANK 4500 S. COCKERELL HILL RD. DALLAS, TX 75236	75-1785357	501C3	0.	72,106.	COST	PET FOOD	RESCUED ANIMALS
OLDIES BUT GOODIES COCKER RESCUE PO BOX 361 NEWINGTON, VA 22122	54-1833707	501C3	1,000.	6,182.	COST	PET FOOD	RESCUED ANIMALS
OSCEOLA ANIMAL CONTROL 3910 OLD CANOE CREEK ROAD SAINT CLOUD, FL 34769	59-6000780	501C3	0.	6,663.	COST	PET FOOD	RESCUED ANIMALS
OZARK HAVEN RESCUE 1433 CESSNA RD. CABOOL, MO 65689	20-8891982	501C3	0.	52,445.	COST	PET FOOD	RESCUED ANIMALS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PALS - PETS ARE LOVING SUPPORT 2115 LIDELL DRIVE NE ATLANTA, GA 30324	27-3654775	501C3	0.	917,101.	COST	PET FOOD	RESCUED ANIMALS
PAWS FOR SENIORS P.O. BOX 738 BEALETON, VA 22712-7927	05-4243418	501C3	3,000.	6,955.	COST	PET FOOD	RESCUED ANIMALS
PETS AND PEOPLE HUMANE SOCIETY, OK P. O. BOX 850587 YUKON, OK 73085	73-1435577	501C3	500.	413,458.	COST	PET FOOD	RESCUED ANIMALS
PETS ARE WONDERFUL SUPPORT (PAWS LA) - 1150 S. HOPE STREET, UNIT A - LOS ANGELES, CA 90015	95-4178092	501C3	0.	40,149.	COST	PET FOOD	RESCUED ANIMALS
PETS LIFELINE 19686 8TH STREET EAST SONOMA, CA 95476	94-2851279	501C3	0.	14,945.	COST	PET FOOD	RESCUED ANIMALS
PIKES PEAK PET PANTRY PO BOX 38554 COLORADO SPRINGS, CO 80937	26-2035161	501C3	0.	19,756.	COST	PET FOOD	RESCUED ANIMALS
PIMA ANIMAL CARE AND CONTROL 4000 SILVERBELL RD TUCSON, AZ 85745	86-6000543	501C3	0.	6,492.	COST	PET FOOD	RESCUED ANIMALS
PUPPY RESCUE 911 INC 615 ELLIS BLVD ELLIS GROVE, MO 62241	46-5164516	501C3	0.	612,544.	COST	PET FOOD	RESCUED ANIMALS
RAINBOW'S EDGE ANIMAL REFUGE 697 PINE HAVEN DRIVE TILLMAN, SC 29943	30-0008001	501C3	0.	642,514.	COST	PET FOOD	RESCUED ANIMALS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAFARI - PREMIER PET SUPPLY EVENT PO BOX 522353 LIVONIA, MI 48153	27-3905435	501C3	0.	6,461.	COST	PET FOOD	RESCUED ANIMALS
SAN ANTONIO FOOD BANK 5200 OLD HIGHWAY 90 WEST SAN ANTONIO, TX 78227	74-2122979	501C3	0.	184,527.	COST	PET FOOD	RESCUED ANIMALS
SATCHEL'S LAST RESORT 8101 COASH RD. SARASOTA, FL 34231	04-3585931	501C3	0.	6,034.	COST	PET FOOD	RESCUED ANIMALS
SAVED ME 858 NORTH 3RD STREET PHILADELPHIA, PA 19123	47-1358668	501C3	0.	13,116.	COST	PET FOOD	RESCUED ANIMALS
SEATTLE HUMANE SOCIETY 13212 SE EASTGATE WAY BELLEVUE, WA 98005	91-0282060	501C3	0.	5,092.	COST	PET FOOD	RESCUED ANIMALS
SECOND CHANCE RESCUE AND REHOMING INC - PO BOX 2461 - HIGH SPRINGS, FL 32655	45-5030058	501C3	0.	88,846.	COST	PET FOOD	RESCUED ANIMALS
SAN MARCOS ANIMAL SERVICES (CITY OF SAN MARCOS) - 750 RIVER RD - SAN MARCOS, TX 78666	74-6002238	501C3	5,000.	3,903.	COST	PET FOOD, VACCINATIONS	RESCUED ANIMALS
WAGS AND WHISKERS RESCUE 2846 FINCH ROAD MODESTO, CA 95350	45-4319978	501C3	0.	221,092.	COST	PET FOOD	RESCUED ANIMALS

Part III Grants and Other Assistance to Domestic Individuals. 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. THROUGHOUT THE

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

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

NOT PROVIDED, FUTURE FUNDS CAN BE WITHHELD.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2014

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

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

▶ Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

GREATERGOD.ORG

Employer identification number

20-4846675

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 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:

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

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

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

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

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

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

7 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

8 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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

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

Schedule J (Form 990) 2014

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 in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ELIZABETH BAKER EXECUTIVE DIRECTOR	(i)	95,655.	0.	0.	0.	4,149.	99,804.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART II, LINE 1

ELIZABETH BAKER IS COMPENSATED BY CHARITYUSA, AN UNRELATED

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

BAKER'S COMPENSATION; THE 70% ALLOCATION FOR FISCAL YEAR 2014 WAS

\$95,655 IN BASE COMPENSATION, AND \$4,149 FOR ADDITIONAL NONTAXABLE

BENEFITS.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2014

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.

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		558,250.	FAIR MARKET VALUE
5 Clothing and household goods				
6 Cars and other vehicles	X	1	26,481.	FAIR MARKET VALUE
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	5	10,531,683.	FAIR MARKET VALUE
20 Drugs and medical supplies	X	1	62,718.	FAIR MARKET VALUE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (PET TOYS/SUPP)	X	10	142,583.	FAIR MARKET VALUE
26 Other (BUILDING TOOL)	X	1	38,800.	FAIR MARKET VALUE
27 Other (T-SHIRTS)	X	2	3,506.	FAIR MARKET VALUE
28 Other ()				

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

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

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

Schedule M (Form 990) (2014)

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

OMB No. 1545-0047

2014

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 9 VOLUNTEER BOARD MEMBERS.

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

ORGANIZATIONS FOCUSING PRIMARILY WITHIN THE FOLLOWING AREAS AND

CONCERNS:

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

INSECURITY

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

HEALTH CONCERNS

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

CHILDREN'S HEALTH AND WELL-BEING CONCERNS

4. CHILDREN'S EDUCATION

5. PROTECTING AND RESTORING THE ENVIRONMENT

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

SHELTERS AND SANCTUARIES AND ADDRESSING THE ROOT CAUSES OF THEIR

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

Schedule O (Form 990 or 990-EZ) (2014)

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

CONDITIONS

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

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

AVAILABLE FOR DISASTER RESPONSE, INCLUDING LARGE SCALE DISASTERS, LOCAL
DISASTERS AND LAW ENFORCEMENT RAIDS.

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

BREAST CANCER & WOMEN'S HEALTH:

\$372,987 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.

EXPENSES \$ 415,004. INCLUDING GRANTS OF \$ 372,987. REVENUE \$ 0.

PROTECTING/RESTORING THE ENVIRONMENT.

EXPENSES \$ 174,919. INCLUDING GRANTS OF \$ 157,210. REVENUE \$ 0.

FORM 990, PART V, LINE 7H:

GOING FORWARD, GREATERGOOD.ORG WILL ISSUE A CONTEMPORANEOUS FORM 1098-C

FOR EACH CONTRIBUTION OF A QUALIFIED VEHICLE THAT HAS A CLAIMED VALUE

OF MORE THAN \$500.

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

JULIA CHRISTOPHERSEN, JENNIFER FERMON, TIM KUNIN, GREG HESTERBERG AND

ELIZABETH BAKER HAVE A BUSINESS RELATIONSHIP.

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

FORM 990, PART VI, SECTION A, LINE 4:

A MERGER OCCURRED IN NOVEMBER 2014 WITH RESCUE BANK, A TEXAS ORGANIZATION WHICH SUPPORTS ANIMAL RESCUE AND REHABILITATION GROUPS BY PROVIDING SERVICES AND SUPPLIES TO MAKE THEM MORE SELF-RELIANT AND IMPROVE THEIR STANDARDS OF CARE. RESCUE BANK IS NOW A SIGNATURE PROGRAM OF GREATERGOOD.ORG.

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

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

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

OUR CONFLICT OF INTEREST POLICY APPLIES TO ANY DIRECTOR, PRINCIPAL OFFICER OR MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS, WHO HAS DIRECT OR INDIRECT FINANCIAL INTEREST. WE HAVE NINE PEOPLE WHO FALL UNDER THIS DEFINITION.

1. DUTY TO DISCLOSE

IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE AND NATURE OF HIS OR HER FINANCIAL INTEREST TO THE BOARD OF DIRECTORS (BOARD) [OR SPECIAL COMMITTEES WITH BOARD DELEGATED POWERS (E.G. CONFLICTS OR COMPENSATION COMMITTEES)] CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT.

2. DETERMINING WHETHER A CONFLICT OF INTEREST EXISTS

AFTER DISCLOSURE OF THE FINANCIAL INTEREST, THE INTERESTED PERSON SHALL LEAVE THE BOARD OR COMMITTEE MEETING WHILE THE FINANCIAL INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL

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

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.

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

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

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 COMMENSURATE WITH POSITION, EXPERIENCE AND SIMILAR COMPARATIVE SALARIES. THE LAST COMPENSATION REVIEW WAS COMPLETED OCTOBER OF 2014.

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

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

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

SECTION 481 ADJUSTMENT RECOGNIZED IN 2014.	\$1,246,757/4	-311,689.
--	---------------	-----------