

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning and ending

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 DELIVERING GOOD, INC. Doing business as		D Employer identification number 13-3300271
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 266 W 37TH STREET 22 FL.	E Telephone number (212) 279-5493	
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10018		G Gross receipts \$ 189,351,908.
	F Name and address of principal officer: MARK LEVENFUS SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
	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(c) Group exemption number ▶

J Website: ▶ WWW.DELIVERING-GOOD.ORG

K Form of organization: Corporation Trust Association Other ▶ **L Year of formation:** 1985 **M State of legal domicile:** NY

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	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	36
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	35
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	21
	6 Total number of volunteers (estimate if necessary)	6	376
	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 38	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	157,172,459.	189,124,706.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	924.	1,011.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-176,184.	-296,783.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	156,997,199.	188,828,934.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	153,355,437.	184,622,265.
	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)	1,394,598.	1,507,437.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 598,143.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,075,747.	1,640,170.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	156,825,782.	187,769,872.
19 Revenue less expenses. Subtract line 18 from line 12	171,417.	1,059,062.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 3,067,831.	End of Year 3,997,079.
	21 Total liabilities (Part X, line 26)	632,965.	508,151.
	22 Net assets or fund balances. Subtract line 21 from line 20	2,434,866.	3,488,928.

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			
	LISA GURWITCH, PRESIDENT AND CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name GARRETT M. HIGGINS	Preparer's signature GARRETT M. HIGGINS	Date 11/13/19	Check if self-employed <input type="checkbox"/>	PTIN P00543209
	Firm's name ▶ PKF O'CONNOR DAVIES, LLP	Firm's EIN ▶ 27-1728945	Phone no. 212-286-2600		
	Firm's address ▶ 665 FIFTH AVENUE NEW YORK, NY 10022				

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:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] 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 \$ 184,622,265. including grants of \$ 184,622,265.) (Revenue \$)

DELIVERING GOOD, INC. GLOBAL PROGRAM - DELIVERING GOOD'S GLOBAL AID PROGRAM ALLOWS US TO PROVIDE BRAND NEW CLOTHING AND ESSENTIALS TO FAMILIES AND INDIVIDUALS IN NEED IN ALL 50 U.S. STATES AS WELL AS NATIONS ACROSS THE WORLD. WORKING WITH A NETWORK OF ON-SITE COMMUNITY PARTNERS, WE SERVE THE CHILDREN, FAMILIES, AND INDIVIDUALS SUFFERING OR AT RISK FROM A WIDE RANGE OF DISADVANTAGED CIRCUMSTANCES. POPULATIONS REACHED BY OUR PROGRAMS INCLUDE FOSTER CHILDREN AND ORPHANAGES, CHILDREN OF INCARCERATED PARENTS, THE HOMELESS, INDIVIDUALS BELOW THE POVERTY LINE, MILITARY FAMILIES, SEVERELY ILL CHILDREN, VICTIMS AFFECTED BY NATURAL DISASTERS, ADULTS IN NEED, AND MANY MORE. (SEE CONTINUATION ON SCHEDULE O)

4b (Code:) (Expenses \$ 2,122,586. including grants of \$) (Revenue \$)

OTHER PROGRAMS - DELIVERING GOOD CONDUCTS, A RANGE OF ADDITIONAL, INNOVATIVE PROGRAMS TO PROVIDE USEFUL, NEW PRODUCTS TO PEOPLE IN NEED. THESE INCLUDE:

RETAIL PROGRAMS - DELIVERING GOOD'S RETAIL PROGRAM MATCHES COMMUNITY PARTNERS WITH LOCAL STORES OF NATIONAL CHAINS TO SECURE DONATIONS OF NECESSARY MERCHANDISE FOR CHILDREN, ADULTS AND FAMILIES IN NEED. THESE PROGRAMS PROVIDE AN OPPORTUNITY FOR COMPANIES TO GIVE BACK IN A MEANINGFUL WAY, AND PRESENT AN EFFICIENT, UNIFORM DONATION PROCESS ACROSS STORES IN LOCAL COMMUNITIES. (SEE CONTINUATION ON SCHEDULE O)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 186,744,851.

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?		
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	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

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

Table with 3 columns: Question ID, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, 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 (36), 1b (35), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
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

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) ALLAN ELLINGER CHAIRMAN	0.10	X		X				0.	0.	0.
(2) MICHAEL SETOLA VICE CHAIRMAN	0.10	X		X				0.	0.	0.
(3) LISA GURWITCH PRESIDENT	40.00	X		X			302,145.	0.	20,028.	
(4) MILOU GWYN VICE PRESIDENT	0.10	X		X				0.	0.	0.
(5) MARK LEVENFUS, CPA TREASURER	0.10	X		X				0.	0.	0.
(6) TODD KAHN SECRETARY	0.10	X		X				0.	0.	0.
(7) CAROLE POSTAL ASST. SECRETARY	0.10	X		X				0.	0.	0.
(8) KENNETH BARONOFF BOARD MEMBER	0.10	X						0.	0.	0.
(9) KAREN BROMLEY BOARD MEMBER	0.10	X						0.	0.	0.
(10) HAIM DABAH BOARD MEMBER	0.10	X						0.	0.	0.
(11) RICK DARLING BOARD MEMBER	0.10	X						0.	0.	0.
(12) ABBEY DONEGER BOARD MEMBER	0.10	X						0.	0.	0.
(13) MICHAEL GOLDBERG BOARD MEMBER	0.10	X						0.	0.	0.
(14) JEFFREY GOLDFARB BOARD MEMBER	0.10	X						0.	0.	0.
(15) DAVID GREENSTEIN BOARD MEMBER	0.10	X						0.	0.	0.
(16) SAM HADDAD BOARD MEMBER	0.10	X						0.	0.	0.
(17) MARC HELLER BOARD MEMBER	0.10	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(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			
(18) EDDIE HERTZMAN BOARD MEMBER	0.10	X						0.	0.	0.
(19) DEBRA JOESTER BOARD MEMBER	0.10	X						0.	0.	0.
(20) HOWARD KAHN BOARD MEMBER	0.10	X						0.	0.	0.
(21) CAROL LAPIDUS BOARD MEMBER	0.10	X						0.	0.	0.
(22) MARC MASTRONARDI BOARD MEMBER	0.10	X						0.	0.	0.
(23) SUSAN S. MCLAIN BOARD MEMBER	0.10	X						0.	0.	0.
(24) TOM NASTOS BOARD MEMBER	0.10	X						0.	0.	0.
(25) KENNETH OHASHI BOARD MEMBER	0.10	X						0.	0.	0.
(26) DAN ORWIG BOARD MEMBER	0.10	X						0.	0.	0.
1b Sub-total								302,145.	0.	20,028.
c Total from continuation sheets to Part VII, Section A								244,106.	0.	17,384.
d Total (add lines 1b and 1c)								546,251.	0.	37,412.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **3**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
FLEXPOR, LLC PO BOX 207244, DALLAS, TX 75320-7244	FREIGHT SERVICE	488,005.
SEALINES INTERNATIONAL, 250 SOUTH CENTRAL BLVD, SUITE 102, JUPITER, FL 33458	FREIGHT SERVICE	178,750.
CORE Z OPERATIONS LLC 1356 BROADWAY, NEW YORK, NY 10018	EVENT SERVICES	177,255.
NEWMARK & COMPANY REAL ESTATE INC 125 PARK AVENUE, NEW YORK, NY 10017	PROPERTY MANAGEMENT	170,512.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **4**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 7 columns: (A) Name and title, (B) Average hours per week, (C) Position (check all that apply), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entries for Jason Rabin, Steve Reiner, Joe Shamie, Cari Shapiro, Jay Silver, Gary F. Simmons, Hareesh Tharani, Lana Todorovich, Jennifer Williams-Vecchio, Jody Weintraub, Merrie Keller, and Donna Charles.

Total to Part VII, Section A, line 1c 244,106. 17,384.

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) 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	1,975,427.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	187,149,279.				
	g Noncash contributions included in lines 1a-1f: \$		184,271,673.				
	h Total. Add lines 1a-1f		189,124,706.				
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,011.			1,011.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	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 \$ 1,975,427. of contributions reported on line 1c). See Part IV, line 18	a	223,690.				
		b Less: direct expenses	b	522,974.			
		c Net income or (loss) from fundraising events		-299,284.			-299,284.
	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 OTHER REVENUE		900099	2,501.			2,501.	
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d			2,501.			
12 Total revenue. See instructions			188,828,934.	0.	0.	-295,772.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) 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	184,607,939.	184,607,939.		
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	14,326.	14,326.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	322,173.	115,798.	94,404.	111,971.
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	974,410.	573,063.	120,650.	280,697.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	24,616.	13,078.	4,083.	7,455.
9 Other employee benefits	76,428.	40,606.	12,676.	23,146.
10 Payroll taxes	109,810.	58,341.	18,213.	33,256.
11 Fees for services (non-employees):				
a Management	25,922.	13,772.	4,300.	7,850.
b Legal	7,526.	7,526.		
c Accounting	115,800.		115,800.	
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.)	1,078,079.	1,078,079.		
12 Advertising and promotion	37,931.	22,759.		15,172.
13 Office expenses	105,211.	53,592.	12,170.	39,449.
14 Information technology	44,845.	23,826.	7,438.	13,581.
15 Royalties				
16 Occupancy	132,978.	70,650.	22,056.	40,272.
17 Travel	13,109.	10,487.		2,622.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	8,056.	5,045.	840.	2,171.
20 Interest	249.		249.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	35,340.	18,775.	5,863.	10,702.
23 Insurance	3,045.		3,045.	
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 OTHER DIRECT OPERATING	23,570.	12,665.	3,685.	7,220.
b STAFF DEVELOPMENT	8,509.	4,524.	1,406.	2,579.
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	187,769,872.	186,744,851.	426,878.	598,143.
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	1,299,599.	1	1,058,390.
	2 Savings and temporary cash investments	1,004,808.	2	1,509,819.
	3 Pledges and grants receivable, net	606,124.	3	1,340,193.
	4 Accounts receivable, net		4	
	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	
	9 Prepaid expenses and deferred charges	69,150.	9	27,459.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 260,071.		
	b Less: accumulated depreciation	10b 198,853.	88,150.	10c 61,218.
	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	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)		3,067,831.	16	3,997,079.
Liabilities	17 Accounts payable and accrued expenses	521,046.	17	433,252.
	18 Grants payable		18	
	19 Deferred revenue	94,239.	19	63,444.
	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	17,680.	23	11,455.
	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		632,965.	26
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	2,125,630.	27	2,333,483.
	28 Temporarily restricted net assets	309,236.	28	1,155,445.
	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		2,434,866.	33	3,488,928.
34 Total liabilities and net assets/fund balances		3,067,831.	34	3,997,079.

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	188,828,934.
2	Total expenses (must equal Part IX, column (A), line 25)	2	187,769,872.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,059,062.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,434,866.
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	-5,000.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,488,928.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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.
- 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?
- 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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2018)

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.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization **DELIVERING GOOD, INC.** Employer identification number **13-3300271**

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 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - 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 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	134729123	133794581	217214654	157167459	189124706	832030523
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	134729123	133794581	217214654	157167459	189124706	832030523
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)						333345795
6 Public support. Subtract line 5 from line 4.						498684728

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	134729123	133794581	217214654	157167459	189124706	832030523
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	972.	759.	893.	924.	1,011.	4,559.
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.)	2,501.	2,075.	40,814.		2,501.	47,891.
11 Total support. Add lines 7 through 10						832082973
12 Gross receipts from related activities, etc. (see instructions)					12	
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 2018 (line 6, column (f) divided by line 11, column (f))	14	59.93 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	56.39 %
16a 33 1/3% support test - 2018. 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 - 2017. 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 - 2018. 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 - 2017. 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. 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 - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</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 or 990-EZ).</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 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b 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? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

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? <i>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.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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

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 (explain in Part VI.) **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) 2018

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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER REVENUE

2014 AMOUNT: \$ 2,501.

2015 AMOUNT: \$ 2,075.

2016 AMOUNT: \$ 40,814.

2018 AMOUNT: \$ 2,501.

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

OMB No. 1545-0047

2018

Name of the organization

DELIVERING GOOD, INC.

Employer identification number

13-3300271

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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization DELIVERING GOOD, INC.	Employer identification number 13-3300271
--	---

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	 <hr/> <hr/> <hr/>	\$ <u>62,363,003.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>22,268,268.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>21,237,518.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>8,208,499.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>8,204,391.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>7,604,803.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization DELIVERING GOOD, INC.	Employer identification number 13-3300271
--	---

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
7	<hr/> <hr/> <hr/>	\$ <u>5,931,100.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>4,514,873.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>3,964,774.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization DELIVERING GOOD, INC.	Employer identification number 13-3300271
--	---

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	MEN'S APPAREL _____ _____ _____	\$ <u>62,363,003.</u>	<u>12/31/18</u>
2	MEN'S APPAREL, WOMEN'S APPAREL, CHILDREN'S APPAREL _____ _____ _____	\$ <u>22,268,268.</u>	<u>12/31/18</u>
3	TOYS _____ _____ _____	\$ <u>21,237,518.</u>	<u>12/31/18</u>
4	CHILDREN'S APPAREL _____ _____ _____	\$ <u>8,208,499.</u>	<u>12/31/18</u>
5	MIXED APPAREL, SHOES, ACCESSORIES _____ _____ _____	\$ <u>8,204,391.</u>	<u>12/31/18</u>
6	CHILDREN'S APPAREL _____ _____ _____	\$ <u>7,604,803.</u>	<u>12/31/18</u>

Name of organization DELIVERING GOOD, INC.	Employer identification number 13-3300271
--	---

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	SHOES, ACCESSORIES _____ _____ _____	\$ <u>5,931,100.</u>	<u>12/31/18</u>
8	MIXED APPAREL _____ _____ _____	\$ <u>4,514,873.</u>	<u>12/31/18</u>
9	WOMEN'S APPAREL, SHOES _____ _____ _____	\$ <u>3,964,774.</u>	<u>12/31/18</u>
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization DELIVERING GOOD, INC.	Employer identification number 13-3300271
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(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" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2018
Open to Public Inspection

Name of the organization DELIVERING GOOD, INC. **Employer identification number** 13-3300271

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

	(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" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

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

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2018

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 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 on Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Temporarily restricted endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on line 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		220,431.	170,571.	49,860.
d Equipment		38,835.	27,477.	11,358.
e Other		805.	805.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				61,218.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(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" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	188,769,676.
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	92,635.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	92,635.
3	Subtract line 2e from line 1		3	188,677,041.
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	151,893.	
c	Add lines 4a and 4b		4c	151,893.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	188,828,934.

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

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

1	Total expenses and losses per audited financial statements		1	187,715,614.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	92,635.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	5,000.	
e	Add lines 2a through 2d		2e	97,635.
3	Subtract line 2e from line 1		3	187,617,979.
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	151,893.	
c	Add lines 4a and 4b		4c	151,893.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	187,769,872.

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE ORGANIZATION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. MANAGEMENT HAS DETERMINED THAT THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION AND/OR DISCLOSURE. THE ORGANIZATION IS NO LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR TAX YEARS PRIOR TO DECEMBER 31, 2015.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RE-CLASS OF OTHER CONTRIBUTIONS TO PART VIII, LINE 1 151,893.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Part XIII Supplemental Information *(continued)*

WRITE-OFF OF CONTRIBUTION RECEIVABLE 5,000.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

RE-CLASS OF OTHER CONTRIBUTIONS TO PART VIII, LINE 1 151,893.

**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.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization **DELIVERING GOOD, INC.** Employer identification number **13-3300271**

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 the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
NORTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		14,326.
3 a Subtotal	0	0			14,326.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			14,326.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	POVERTY ASSISTANCE	0.		14,326.	ASSORTED APPAREL AND OTHER ITEMS	FMV

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 **1**

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

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

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

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

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

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

Schedule F (Form 990) 2018

Part V Supplemental Information

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

PART I, LINE 2:

RECIPIENT ORGANIZATIONS MUST PROVIDE DOCUMENTATION OF THEIR EXEMPT STATUS BEFORE THEY ARE CONSIDERED FOR ASSISTANCE. FURTHER, THESE ORGANIZATIONS MUST PROVIDE DISTRIBUTION REPORTS AND NOTIFY DELIVERING GOOD, INC. OF ANY CHANGES TO THEIR EXEMPT STATUS PRIOR TO RECEIVING ADDITIONAL SUPPORT.

PART I, LINE 3:

ACCRUAL METHOD IS USED TO ACCOUNT FOR EXPENDITURES AS REQUIRED BY U.S. GAAP, WHICH IS THE SAME METHOD USED ON THE AUDITED FINANCIAL STATEMENTS.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2018

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization **DELIVERING GOOD, INC.** Employer identification number **13-3300271**

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ANNIVERSARY GALA (event type)	WOMEN'S LUNCHEON (event type)	NONE (total number)	
Revenue	1	Gross receipts	1,757,953.	441,164.	2,199,117.
	2	Less: Contributions	1,584,053.	391,374.	1,975,427.
	3	Gross income (line 1 minus line 2)	173,900.	49,790.	223,690.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	217,255.	58,000.	275,255.
	8	Entertainment	39,492.	38.	39,530.
	9	Other direct expenses	158,579.	49,610.	208,189.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			522,974.
11	Net income summary. Subtract line 10 from line 3, column (d)			-299,284.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility		13a	%
b An outside facility		13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____
 Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____
 Address ▶ _____

16 Gaming manager information:

Name ▶ _____
 Gaming manager compensation ▶ \$ _____
 Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization **DELIVERING GOOD, INC.** Employer identification number **13-3300271**

Part I General Information on Grants and Assistance

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
21 REASONS TO GIVE 160 ROBERTS DRIVE RIVERDALE, GA 30274	27-1168608	501(C)(3)	0.	52,000.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
A GIFT FOR TEACHING 6501 MAGIC WAY, BLDG 400C ORLANDO, FL 32809-5677	59-3515162	501(C)(3)	0.	39,110.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
A SENSE OF HOME 4712 ADMIRALTY WAY #1203 MARINA DEL REY, CA 90292	47-3814056	501(C)(3)	0.	10,000.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
A WISH COME TRUE 1010 WARWICK AVENUE WARWICK, RI 02888-3652	05-0398808	501(C)(3)	0.	28,931.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
AID FOR KIDS 18 MARKET SQ HOULTON, ME 04730-1733	20-3918985	501(C)(3)	0.	613,905.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
AID UNLIMITED 2170 MINSTRELS WAY FORT MILL, SC 29707	47-4377524	501(C)(3)	0.	365,980.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **156.**

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) (2018)

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
ANTIOCH OUTREACH MINISTRIES 41 WEST 124TH STREET NEW YORK, NY 10027	27-2784130	501(C)(3)	0.	5,215.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
ARAB-AMERICAN FAMILY SUPPORT CENTER - 150 COURT STREET, SUITE 3 - BROOKLYN, NY 11201-6274	11-3167245	501(C)(3)	0.	270,414.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
ARIZONA HELPING HANDS INC. 3110 E. THUNDERBIRD ROAD, STE 100 PHOENIX, AZ 85032	86-0935988	501(C)(3)	0.	5,593,371.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
ASSOCIATED HUMAN SOCIETIES AND POPCORN PARK - 124 EVERGREEN AVENUE - NEWARK, NJ 07114	22-1487122	501(C)(3)	0.	17,126.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
BABY BUNDLES 6509 NORTHPARK BOULEVARD CHARLOTTE, NC 28216-3325	27-3384164	501(C)(3)	0.	140,013.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
BABY2BABY 6435 WILSHIRE BOULEVARD LOS ANGELES, CA 90048-4907	46-4503539	501(C)(3)	0.	587,159.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
BANCO DE ALIMENTOS DE PUERTO RICO, INC. - PO BOX 2989 - BAYAMON, PR 00960	66-0444882	501(C)(3)	25,000.	0.			POVERTY ASSISTANCE
BEVERLY'S BIRTHDAYS 31 ROBBINS STATION ROAD NORTH HUNTINGDON, PA 15642	45-4248006	501(C)(3)	0.	1,125,901.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
BOTTOMLESS CLOSET 16 EAST 52ND STREET, FLOOR 15 NEW YORK, NY 10022-5337	13-4037622	501(C)(3)	0.	118,966.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE

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
BRADDOCK REDUX/FREE STORE 1151 JONES AVENUE BRADDOCK, PA 15104-1804	51-0446626	501(C)(3)	0.	859,950.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
BREAD OF LIFE MINISTRY, INC. 13188 SPURGEON ROAD LYNNVILLE, IN 47619	35-1672783	501(C)(3)	0.	170,000.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
BRIDGEPORT RESCUE MISSION 1088 FAIRFIELD AVENUE BRIDGEPORT, CT 06605	06-1362705	501(C)(3)	0.	29,929.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
CAREER WARDROBE 1822 SPRING GARDEN STREET, SIDE 3 PHILADELPHIA, PA 19130-4137	23-2900156	501(C)(3)	0.	99,015.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
CARIBBEAN AMERICAN CENTER OF NEW YORK - 195 CADMAN PLZ WEST - BROOKLYN, NY 11201-1722	13-3443781	501(C)(3)	0.	38,567.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
CARING FOR OTHERS 3537 BROWNS MILL ROAD SE, SUITE 2 ATLANTA, GA 30354-2706	16-1622195	501(C)(3)	23,000.	25,579,496.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
CARLOS BELTRAN BASEBALL ACADEMY PO BOX 1115 FLORIDA, PR 00650	66-0726399	501(C)(3)	40,000.	296,369.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
CASA CENTRAL 1343 NORTH CALIFORNIA AVENUE CHICAGO, IL 60622-2803	36-2728618	501(C)(3)	0.	66,199.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
CENTER AGAINST DOMESTIC VIOLENCE (URBAN RESOURCE INSTITUTE) - 157 EDGEcombe AVENUE - NEW YORK, NY 10030-1142	11-2415837	501(C)(3)	0.	63,792.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE

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
CENTRAL CITY NEIGHBORHOOD PARTNERS 501 SOUTH BIXEL STREET LOS ANGELES, CA 90017-2007	95-4837709	501(C)(3)	0.	1,207,699.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
CHAPMAN PARTNERSHIP 1550 N MIAMI AVE MIAMI, FL 33136-2015	65-0425069	501(C)(3)	0.	247,086.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
CHAUTAUQUA COUNTY RURAL MINISTRY 127 CENTRAL AVENUE DUNKIRK, NY 14048-1603	16-1119647	501(C)(3)	0.	179,576.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
CHERRY KIDS 420 EAST 111TH STREET, APT 2205 NEW YORK, NY 10029-3026	27-0968429	501(C)(3)	0.	126,572.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
CHILDREN OF PROMISE NYC 54 MACDONOUGH STREET BROOKLYN, NY 11216-2304	83-0440009	501(C)(3)	0.	59,278.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
CHILDREN'S HOME SOCIETY OF FLORIDA 1300 NORTH PALAFOX STREET, SUITE 10 PENSACOLA, FL 32501	59-0192430	501(C)(3)	0.	70,620.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
CHILDREN'S HUNGER FUND 4940 EISENHAWER ROAD, BLDG A SAN ANTONIO, TX 78218-3751	95-4335462	501(C)(3)	0.	1,076,451.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
CHURCH OF CHRIST OF THE APOSTOLIC FAITH - 4801 NORTH TOWNE BOULEVARD - COLUMBUS, OH 43229-5756	31-6400199	501(C)(3)	0.	8,265.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
CIRCULO DE LA HISPANIDAD, INC. 26 WEST PARK AVENUE, SUITE B LONG BEACH, NY 11561-2049	11-2525327	501(C)(3)	0.	103,667.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE

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
CITIZENS CARING FOR CHILDREN 730 WEST WILSHIRE BOULEVARD, SUITE OKLAHOMA CITY, OK 73116-7738	73-1230194	501(C)(3)	0.	12,382.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
CLOTHING OUR KIDS 26582 JOHN J WILLIAMS HIGHWAY, SUIT MILLSBORO, DE 19966-5000	45-4382079	501(C)(3)	0.	25,000.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
COMMUNITY FAMILY LIFE SERVICES 305 EAST STREET NW WASHINGTON, DC 20001-2711	52-0910609	501(C)(3)	0.	129,258.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
COMMUNITY FOUNDATION OF THE VIRGIN ISLANDS - PO BOX 11790 - ST. THOMAS, VI 00801	66-0470703	501(C)(3)	25,000.	0.			POVERTY ASSISTANCE
COMMUNITY HOPE CENTER, INC. 2198 FOUR WINDS BOULEVARD KISSIMMEE, FL 34746	80-0855060	501(C)(3)	0.	172,610.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
CONNECT FAMILY CENTER 59 PEMBROOK LN WILLINGBORO, NJ 08046-2711	22-3393766	501(C)(3)	0.	45,250.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
CRADLES TO CRAYONS 155 NORTH BEACON STREET BRIGHTON, MA 02135-2049	04-3584367	501(C)(3)	0.	51,812.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
DAUGHTERS OF DESTINY MINISTRIES 3016 WEST 63RD STREET CHICAGO, IL 60629-2702	02-0710324	501(C)(3)	0.	24,850.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
DENVER HEALTH FOUNDATION 655 NORTH BROADWAY SUITE 750 DENVER, CO 80203-3462	84-1085196	501(C)(3)	0.	481,229.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE

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
DOMESTIC VIOLENCE ADVOCACY CENTER (TREE HOUSE HAVEN) - 1515 CASTLE STREET - CELEBRATION, FL 34747-5320	26-1997681	501(C)(3)	0.	6,500.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
DOROT 44 WEST 87TH STREET, LOWER LEVEL NEW YORK, NY 10024-3504	13-3264005	501(C)(3)	0.	211,800.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
DROP-IN LEARNING CENTER - CHILD & FAMILY SERVICES OF CT - 701 MONTAUK AVENUE - NEW LONDON, CT 06320-4403	06-0869262	501(C)(3)	0.	82,330.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
EVA'S VILLAGE INC. 393 MAIN STREET PATERSON, NJ 07501-2815	22-2424542	501(C)(3)	0.	78,100.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
EVERY CHILD'S DREAM FOUNDATION 2048 ROSEBAY STREET WESTLAKE VLG, CA 91361-1821	27-1043421	501(C)(3)	0.	18,800.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
FACING HUNGER FOOD BANK 1327 SEVENTH AVENUE HUNTINGTON, WV 25701-2903	55-0625915	501(C)(3)	0.	466,581.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
FAMILIES HELPING FAMILIES OF IOWA 3516 CENTER POINT ROAD NE CEDAR RAPIDS, IA 52402-5525	71-0985937	501(C)(3)	0.	12,209.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
FAMILY CRISIS CENTER 616 WEST TAYLOR STREET HARLINGEN, TX 78550-6664	74-2243258	501(C)(3)	0.	10,000.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
FAMILY FOCUS 326 WEST 64TH STREET, SUITE 305 CHICAGO, IL 60621-3114	36-2884042	501(C)(3)	0.	86,240.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE

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
FAMILY SERVICES OF WESTCHESTER/THE SHARING SHELF - 47 PURDY AVENUE - PORT CHESTER, NY 10573-5028	13-1773419	501(C)(3)	0.	137,118.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
FARM SHARE 14125 SW 320 STREET HOMESTEAD, FL 33033	65-0342192	501(C)(3)	60,000.	5,325,150.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
FIG FAMILY RESTORATION CORP. PO BOX 6151 ELKINS PARK, PA 19027-3651	45-2903763	501(C)(3)	0.	129,680.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
FOSTER KIDS CHARITY 12830 HILLCREST ROAD, SUITE 111 DALLAS, TX 75230-1547	35-2409387	501(C)(3)	0.	499,700.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
FT. BRAGG GIRLS SOFTBALL ASSOCIATION - PO BOX 154 - FORT BRAGG, CA 95437	94-2698616	501(C)(3)	0.	228,277.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
GENERATION HOPE 415 MICHIGAN AVENUE NE, SUITE 250 WASHINGTON, DC 20017	27-3554088	501(C)(3)	0.	28,000.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
GLOBAL EMPOWERMENT MISSION INC. 1040 BISCAYNE BLVD. SUITE 2403 MIAMI, FL 33132	45-3782061	501(C)(3)	55,000.	0.			POVERTY ASSISTANCE
GRAHAM WINDHAM 301 WEST 140TH STREET - PS MS 123 NEW YORK, NY 10030	13-2926426	501(C)(3)	0.	15,000.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
H.E.R.O.E.S. CARE 330 SUN VALLEY CIRCLE DRIVE FENTON, MO 63026-4323	01-0777850	501(C)(3)	0.	9,986,717.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE

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HANDS IN SERVICE 216 OLD MILL ROAD SELLERSVILLE, PA 18960-1415	26-1992241	501(C)(3)	0.	4,234,211.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
HARLEM CHILDREN'S ZONE 35 EAST 125TH STREET NEW YORK, NY 10035-1816	23-7112974	501(C)(3)	0.	33,099.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
HEALTHRIGHT 360 1563 MISSION STREET SAN FRANCISCO, CA 94103	94-6129071	501(C)(3)	0.	637,377.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
HELPING THE HELPLESS VETS FOUNDATION - 2625 NORTH STATE HIGHWAY 360, APT 1207 - GRAND PRAIRIE, TX 75050-8760	46-5422618	501(C)(3)	0.	7,200.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
HOPE AMERICA, INC. 133 WEST MICHIGAN AVENUE, SUITE 4 YPSILANTI, MI 48197-5550	38-3730181	501(C)(3)	0.	10,000.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
HOPE CHARITIES, INC. 20300 GOVERNORS HIGHWAY OLYMPIA FIELDS, IL 60461	27-5104762	501(C)(3)	0.	23,998.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
HOPE NYC 14282 ROCKAWAY BOULEVARD JAMAICA, NY 11436-1419	81-1270080	501(C)(3)	0.	63,582.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
HOPE SUPPLY CO. 10480 SHADY TRAIL, SUITE 104 DALLAS, TX 75220-2533	75-2284779	501(C)(3)	0.	5,780,655.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
HOUR CHILDREN 36-11A 12TH STREET LONG ISLAND CITY, NY 11106	13-3647412	501(C)(3)	0.	375,720.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE

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HOUSTON AREA URBAN LEAGUE 9500 HEMPSTEAD ROAD HOUSTON, TX 77092	74-1611455	501(C)(3)	0.	2,028,108.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
INTERNATIONAL CHURCH OF LAS VEGAS 3425 CLIFF SHADOWS PARKWAY LAS VEGAS, NV 89129	88-0233607	501(C)(3)	0.	66,364.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
ISLAND HARVEST 40 MARCUS BOULEVARD HAUPPAUGE, NY 11788-3704	11-3136350	501(C)(3)	0.	6,724.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
JEHOVAH JIREL OUTREAH 3227 EDWARD STEC BOULEVARD EDISON, NJ 08837-7013	30-0509117	501(C)(3)	0.	31,212.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
JERICHO PROJECT 245 WEST 29TH STREET, RM 902 NEW YORK, NY 10001-5395	13-3213525	501(C)(3)	0.	47,480.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
JERSEY SHORE DREAM CENTER PO BOX 94 BELMAR, NJ 07719-0094	45-4840107	501(C)(3)	0.	7,000.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
JEWISH FAMILY SERVICE OF METROWEST 475 FRANKLIN STREET, SUITE 101 FRAMINGHAM, MA 01702-6236	04-2730898	501(C)(3)	0.	119,820.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
KAMILEON PROFESSIONAL DEVELOPMENT 2451 CUMBERLAND PARKWAY SE SUITE 37 ATLANTA, GA 30339-6136	46-5115573	501(C)(3)	0.	50,684.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
KIDANGO, INC. 44000 OLD WARM SPRINGS BOULEVARD FREMONT, CA 94538-6145	94-2581686	501(C)(3)	0.	379,500.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE

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KINGDOM BOUND MINISTRIES INC 22 NORTHAMPTON STREET BUFFALO, NY 14209-2116	16-1331766	501(C)(3)	0.	8,146.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
LET'S HELP THE CHILDREN OF TOMORROW - 646 F P CHURCH ROAD - LORIS, SC 29569-5572	80-0676202	501(C)(3)	0.	52,250.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
LONG ISLAND COALITION FOR THE HOMELESS - 600 ALBANY AVENUE, SUITE 2 - AMITYVILLE, NY 11701-1223	11-2770718	501(C)(3)	0.	7,000.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
LOS ANGELES DREAM CENTER 2301 BELLEVUE AVENUE LOS ANGELES, CA 90026-4017	95-1803686	501(C)(3)	0.	77,565.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
LOS ANGELES MISSION 303 EAST 5TH STREET LOS ANGELES, CA 90013-1505	95-3134049	501(C)(3)	0.	39,260.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
MASSACHUSETTS COALITION FOR THE HOMELESS - 73 BUFFUM STREET - LYNN, MA 01902-3965	22-2599662	501(C)(3)	0.	88,000.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
METHODIST CHURCH OF PUERTO RICO CALLE MARIANA BRACETTI #8 SAN JUAN, PR 00925		501(C)(3)	75,000.	14,908.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
METRO WORLD CHILD 871 BUSHWICK AVENUE BROOKLYN, NY 11221-3739	11-3382193	501(C)(3)	0.	324,279.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
MILITARY CHILDREN'S CHARITY INC. 1575 EAST 17TH STREET SANTA ANA, CA 92705-8506	27-2224992	501(C)(3)	0.	530,352.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE

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MILLENNIUM SISTAHS, INC. 543 NORTHERN PKWY UNIONDALE, NY 11553-2833	11-3523194	501(C)(3)	0.	639,495.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
MISAMEACH MISAMEACH 326 3RD STREET LAKEWOOD, NJ 08701-6300	26-2356784	501(C)(3)	0.	18,267.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
MITZVAH CIRCLE FOUNDATION 1561 GEHMAN ROAD HARLEYSVILLE, PA 19438-2930	26-3705891	501(C)(3)	0.	699,427.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
MUSTARD SEED OF CENTRAL FLORIDA 12 MUSTARD SEED LN ORLANDO, FL 32810-6271	59-2906383	501(C)(3)	0.	3,159,867.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
MY STUFF BAGS FOUNDATION 5347 STERLING CENTER DRIVE WESTLAKE VILLAGE, CA 91361-4613	95-4671812	501(C)(3)	0.	100,000.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
NATIONAL ASSOCIATION OF EACH ONE, TEACH ONE - 2110 FIRST AVENUE, #417 - NEW YORK, NY 10029	13-3163183	501(C)(3)	0.	20,000.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
NATIONAL CENTER FOR CHILDREN AND FAMILIES - 6301 GREENTREE ROAD - BETHESDA, MD 20817-3368	52-0591586	501(C)(3)	0.	1,309,378.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
NATIONAL ODD SHOE EXCHANGE PO BOX 1120 CHANDLER, AZ 85244-1120	42-1207783	501(C)(3)	0.	8,480.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
NEW ALTERNATIVES FOR CHILDREN 37 WEST 26TH STREET, FLOOR 6 NEW YORK, NY 10010-1058	13-3149298	501(C)(3)	0.	156,420.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE

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NEW DIRECTIONS FOR VETERANS 11303 WILSHIRE BOULEVARD, BLDG 116 LOS ANGELES, CA 90073	95-4242745	501(C)(3)	0.	66,531.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
NEW LIFE COMMUNITY DEVELOPMENT CORPORATION - 8210 QUEENS BOULEVARD - ELMHURST, NY 11373-4243	11-3204890	501(C)(3)	0.	8,275.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
NEW THREADS OF HOPE INC. 3001 NORTH 112TH STREET WAUWATOSA, WI 53222-4204	39-1674150	501(C)(3)	0.	112,859.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
NEW YORK DISASTER INTERFAITH SERVICES - 4 WEST 43RD STREET, SUITE 407 - NEW YORK, NY 10036-7408	01-0794539	501(C)(3)	42,500.	138,126.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
NEWARK BETHEL ASSEMBLY 107 HEDDEN TERRACE NEWARK, NJ 07108-1707	80-0475444	501(C)(3)	0.	64,728.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
NORTH STAR FOUNDATION, INC. 51 HIGGINSON AVENUE CENTRAL FALLS, RI 02863	04-3414626	501(C)(3)	0.	1,093,471.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
NORTHEAST STEM STARTER ACADEMY AT MT. VERNON - 50 COLUMBUS AVENUE, APT B21 - TUCKAHOE, NY 10707-2544	46-3284375	501(C)(3)	0.	12,950.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
NORTHSIDE CENTER FOR CHILD DEVELOPMENT - 1301 FIFTH AVENUE - NEW YORK, NY 10029-3119	13-1656679	501(C)(3)	0.	97,644.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
OFFICE OF SAMOAN AFFAIRS 454 EAST CARSON PLAZA DRIVE, SUITE CARSON, CA 90746-3216	94-2611727	501(C)(3)	0.	10,000.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE

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ON YOUR FEET, INC. 2737 VIA ORANGE WAY, SUITE 105 SPRING VALLEY, CA 91978-1748	35-2329448	501(C)(3)	0.	706,171.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
ONE SIMPLE WISH 354 SOUTH BROAD STREET TRENTON, NJ 08608-2502	26-3128590	501(C)(3)	0.	31,176.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
OPERATION BLESSING 600A LAFAYETTE ROAD PORTSMOUTH, NH 03801-5435	02-0364878	501(C)(3)	0.	279,408.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
OPERATION COMPASSION 114 STUART ROAD NE, SUITE 370 CLEVELAND, TN 37312-4803	62-1697490	501(C)(3)	0.	11,992,143.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
OPERATION HOMEFRONT 1355 CENTRAL PARKWAY SOUTH SUITE 10 SAN ANTONIO, TX 78232	32-0033325	501(C)(3)	0.	70,826.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
OPERATION SHOWER 7382 PERSHING 1E ST LOUIS, MO 63130	26-1244512	501(C)(3)	0.	12,479.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
PANOLA OUTREACH 3740 PANOLA PARKWAY 34 ALICEVILLE, AL 35442	80-0568293	501(C)(3)	0.	75,627.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
PORTFOLIO RESIDENT SERVICES 3131 W ALABAMA ST STE 300 HOUSTON, TX 77098-2038	26-4664616	501(C)(3)	0.	99,015.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
POTTER'S GATE CHARITIES INCORPORATED - PO BOX 7299 - N BRUNSWICK, NJ 08902-7299	27-2317550	501(C)(3)	0.	97,225.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE

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PROJECT HOPE CHARITIES, INC. 17020 140TH AVENUE JAMAICA, NY 11434-4602	26-0897746	501(C)(3)	0.	232,509.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
PROJECT NEW HOPE PO BOX 91 LEICESTER, MA 01524-0091	27-4555998	501(C)(3)	0.	109,915.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
PROJECTHANDUP 670 WESTPORT PARKWAY GRAPEVINE, TX 76051-6739	90-0705496	501(C)(3)	0.	120,580.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
QUEENS COMMUNITY HOUSE 10825 62ND DRIVE FOREST HILLS, NY 11375-1217	11-2375583	501(C)(3)	0.	25,000.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
RACE TRACK CHAPLAINCY OF AMERICA NY DIVISION - 2150 HEMPSTEAD TPKE - ELMONT, NY 11003-1551	27-0485424	501(C)(3)	0.	57,727.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
RAINBOW DAYS, INC. 8150 NORTH CENTRAL EXPY, SUITE 1600 DALLAS, TX 75206-1883	75-1844908	501(C)(3)	0.	377,500.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
REFORMED CHURCH OF BRONXVILLE 180 PONDFIELD ROAD BRONXVILLE, NY 10708-4811	13-1763812	501(C)(3)	0.	21,875.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
RENO RODEO FOUNDATION 59 DAMONTE RANCH PARKWAY, SUITE B-4 RENO, NV 89521-1907	88-0230538	501(C)(3)	0.	5,410,246.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
RICHARD M. BRODSKY FOUNDATION 1247 MARA COURT ATLANTIC BEACH, NY 11509-1635	47-0941830	501(C)(3)	0.	24,066.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE

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RICHLAND COUNTY CHILDREN'S AUXILIARY - 890 WEST 4TH STREET - ONTARIO, OH 44906-2565	34-1875985	501(C)(3)	0.	377,500.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
RONALD MCDONALD HOUSE 745 WEST GOVERNOR ROAD HERSHEY, PA 17033-2304	23-2204761	501(C)(3)	0.	7,600.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
ROOM TO GROW/NYC 7 WEST 30TH STREET, 3RD FLOOR NEW YORK, NY 10001	13-4012096	501(C)(3)	0.	16,665.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
SANTA CLAUS, INC. OF GREATER SAN BERNARDINO - PO BOX 2642 - SAN BERNARDINO, CA 92406-2642	95-6101275	501(C)(3)	0.	983,834.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
SECAUCUS EMERGENCY FUND 1203 PATERSON PLANK ROAD SECAUCUS, NJ 07094-1918	80-0797133	501(C)(3)	0.	2,949,259.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
SECOND HARVEST FOOD BANK OF METROLINA - 500 SPRATT STREET, SUITE B - CHARLOTTE, NC 28206-3235	56-1352593	501(C)(3)	0.	435,440.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
SECOND HARVEST FOOD BANK OF NORTHWEST LOUISIANA - 2307 TEXAS AVENUE - SHREVEPORT, LA 71103-3621	72-1328890	501(C)(3)	0.	441,129.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
SECOND HARVEST GREAT PLAINS FOOD BANK - 1720 3RD AVENUE NORTH - FARGO, ND 58102-4254	47-2229589	501(C)(3)	0.	297,182.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
SECOND HARVEST MOUNTAINEER FOOD BANK - 484 ENTERPRISE DRIVE - GASSAWAY, WV 26624-7888	55-0611100	501(C)(3)	0.	118,098.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE

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SHELTER PARTNERSHIP 520 SOUTH GRAND AVENUE, SUITE 695 LOS ANGELES, CA 90071-2660	95-3976214	501(C)(3)	0.	13,600,919.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
SHOES & CLOTHES FOR KIDS 3500 LORAIN AVENUE, SUITE 301 CLEVELAND, OH 44113	34-1554285	501(C)(3)	0.	87,435.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
SILENT CRY INC 63 WEST 124TH STREET NEW YORK, NY 10027	45-4934038	501(C)(3)	0.	46,180.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
SOLID AS A ROCK PDX INC 11936 NE SANDY BOULEVARD PORTLAND, OR 97220	82-1548759	501(C)(3)	0.	729,123.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
ST. CROIX CHRISTIAN CHURCH (C/O STX LTRG) - 3019A ESTATE ORANGE GROVE - CHRISTIANSTED, VI 00820	66-0519312	501(C)(3)	0.	49,579.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
ST. VINCENT DE PAUL 9321 SOUTH WESTERN AVENUE CHICAGO, IL 60643-6736	36-3195567	501(C)(3)	0.	41,333.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
THE LASTRAW, INC. 2001 EWING DRIVE GREENSBORO, NC 27405-9632	13-4250450	501(C)(3)	0.	258,425.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
THE NEW WORLD FOUNDATION PO BOX 20857 NEW YORK, NY 10025-0013	13-1919791	501(C)(3)	0.	1,009,131.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
THE RETREAT INC. 13 GOODFRIEND DRIVE EAST HAMPTON, NY 11937-2584	11-2862256	501(C)(3)	0.	20,000.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE

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THE RIVER FUND NEW YORK, INC. 8911 LEFFERTS BOULEVARD RICHMOND HILL, NY 11418-3219	11-3450363	501(C)(3)	0.	89,000.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
THE SECOND BEGINNING 5183 DANITA CIR EAST WILMER, AL 36587-9125	26-3796304	501(C)(3)	0.	38,700.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
TIME OF REFRESHING PRAISE AND WORSHIP - 4511 WEST HUNTING STREET - HOUSTON, TX 77026-3323	75-2974143	501(C)(3)	0.	184,000.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
TRUE TABERNACLE OF JESUS CHRIST MINISTRIES - 1670 SOUTH CONGRESS AVENUE - PALM SPRINGS, FL 33406-5904	65-0851346	501(C)(3)	0.	9,290,343.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
TULALIP TRIBES 6406 MARINE DRIVE TULALIP, WA 98271-9775	26-0807036	501(C)(3)	0.	1,248,926.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
UNDER THE BRIDGES AND ON THE STREETS - 2261 WEST 28TH STREET - LOS ANGELES, CA 90018-2533	48-1255040	501(C)(3)	0.	54,820.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
VARIETY CLUB CHARITY FOR CHILDREN INC - 600 SOUTH ADAMS ROAD, SUITE 230 - BIRMINGHAM, MI 48009-6863	38-2140520	501(C)(3)	0.	1,369,951.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
VARIETY THE CHILDREN'S CHARITY OF SOUTHERN CALIFORNIA - 4601 WILSHIRE BOULEVARD, SUITE 260 - LOS ANGELES, CA 90010-3883	95-1330495	501(C)(3)	0.	5,920.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
VARIOUS AGENCIES (DELIVERING GOODS) - 266 WEST 37TH STREET - 22ND FLOOR - NEW YORK, NY 10018	13-3300271	501(C)(3)	0.	49,270,513.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE

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
VERMONT FOSTER-ADOPTIVE FAMILY ASSOCIATION - PO BOX 205 - SOUTH BARRE, VT 05670	03-0287929	501(C)(3)	0.	7,600.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
WARDROBE FOR OPPORTUNITY 570 14TH STREET, SUITE 5 OAKLAND, CA 94612-1082	68-0369734	501(C)(3)	0.	28,000.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
WEST SIDE CENTER FOR COMMUNITY LIFE INC - 263 WEST 86TH STREET - NEW YORK, NY 10024	71-0908184	501(C)(3)	0.	7,000.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
WHITE PONY EXPRESS 3380 VINCENT ROAD, SUITE B PLEASANT HILL, CA 94523-4324	46-5220565	501(C)(3)	0.	23,000.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
WORKING WARDROBES FOR A NEW START 1851 KETTERING STREET IRVINE, CA 92614	33-0669145	501(C)(3)	0.	1,003,853.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
WORLD VISION 210 OVERLOOK DRIVE SEWICKLEY, PA 15143	95-1922279	501(C)(3)	0.	66,199.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE

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

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

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS:

RECIPIENT ORGANIZATIONS MUST PROVIDE DOCUMENTATION OF THEIR EXEMPT STATUS

BEFORE THEY ARE CONSIDERED FOR ASSISTANCE. FURTHER, THESE ORGANIZATIONS

MUST PROVIDE DISTRIBUTION REPORTS AND NOTIFY DELIVERING GOOD, INC. OF ANY

CHANGES TO THEIR EXEMPT STATUS PRIOR TO RECEIVING ADDITIONAL SUPPORT.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2018

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization: **DELIVERING GOOD, INC.**
 Employer identification number: **13-3300271**

Part I Questions Regarding Compensation

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

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

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

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

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

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

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

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

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

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

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

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

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on 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) 2018

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LISA GURWITCH PRESIDENT	(i)	289,145.	13,000.	0.	10,898.	9,130.	322,173.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 7:

THE EXECUTIVE COMMITTEE APPROVED A YEAR-END PERFORMANCE BONUS POOL FOR EMPLOYEES. THE DISTRIBUTION OF THE BONUS POOL IS DETERMINED BY THE PRESIDENT AFTER DISCUSSION WITH THE BOARD CHAIR AND TREASURER.

THE FOLLOWING INDIVIDUALS RECEIVED BONUS IN 2018:

LISA GURWITCH - \$13,000

MERRIE KELLER - \$5,000

DONNA CHARLES - \$6,000

THE BONUS IS TAXABLE TO THE RECIPIENTS AND INCLUDED IN THEIR FORM W-2S.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

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

Name of the organization **DELIVERING GOOD, INC.** Employer identification number **13-3300271**

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				
5 Clothing and household goods	X		184,271,673.	COST
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
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 isn't 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 nonstandard 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 didn't 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) 2018

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

Multiple horizontal lines for supplemental information.

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.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

DELIVERING GOOD, INC.

Employer identification number

13-3300271

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

THE MISSION OF DELIVERING GOOD IS TO UNITE RETAILERS, MANUFACTURERS,
FOUNDATIONS, AND INDIVIDUALS TO PROVIDE PEOPLE IMPACTED BY POVERTY AND
TRAGEDY WITH NEW MERCHANDISE. THE ORGANIZATION WORKS WITH A NETWORK OF
AGENCY PARTNERS TO DISTRIBUTE GOODS, AND BRING HOPE, DIGNITY AND
SELF-ESTEEM TO AT -RISK CHILDREN, FAMILIES, AND ADULTS. FORMED FROM THE
MERGER OF TWO WELL-ESTABLISHED CHARITABLE ORGANIZATIONS, KIDS IN
DISTRESSED SITUATIONS (K.I.D.S.) AND FASHION DELIVERS, DELIVERING GOOD
BRINGS OVER THREE DECADES OF ORGANIZATIONAL EXPERIENCE TO ITS MISSION
OF PROVIDING SUPPORT TO VICTIMS OF POVERTY, DISASTER, AND DAILY NEED
AROUND THE WORLD.

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

DELIVERING GOOD, INC. IS A PUBLIC CHARITY THAT RECEIVES, ADMINISTERS
AND DISTRIBUTES PRODUCT DONATIONS FOR CHARITABLE, EDUCATIONAL, AND
DISASTER RELIEF PURPOSES TO POOR, DISTRESSED, AND UNDERPRIVILEGED
CHILDREN, ADULTS, AND FAMILIES.

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

NEW PRODUCT DONATIONS INCLUDE: CLOTHING, SHOES, BOOKS, EDUCATIONAL
MATERIALS, COATS, UNIFORMS, HOME GOODS, JUVENILE PRODUCTS, TOYS,
FURNITURE, AND A VARIETY OF OTHER NECESSARY ITEMS THAT EMPOWER
RECIPIENTS TO BUILD STABLE AND SUSTAINABLE LIVES.

IN 2018, OVER 450 COMPANIES DONATED OVER 11 MILLION UNITS OF NEW
PRODUCT VALUED AT \$184,271,673, WHICH WE DISTRIBUTED TO APPROXIMATELY

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

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization DELIVERING GOOD, INC.	Employer identification number 13-3300271
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221 COMMUNITY PARTNERS WORLDWIDE. MONETARY DONATIONS AND OTHER FINANCIAL SUPPORT HELP PAY FOR PROGRAMS, LOGISTICS, COORDINATION AND FREIGHT COSTS SO THAT NEW PRODUCTS REACH THE PEOPLE WHO NEED IT MOST. WITH COMMUNITY PARTNERS IN ALL 50 STATES, MANY THAT SERVE AROUND THE WORLD, AND AN OVERHEAD OF LESS THAN 3%, DELIVERING GOOD HAS BEEN WIDELY RECOGNIZED FOR ITS EFFICIENCY AND ITS EFFECTIVE SUPPORT OF PEOPLE IN NEED.

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

IN 2018, MAJOR RETAIL PROGRAMS INCLUDED PARTNERSHIPS WITH GYMBOREE (WHICH PROVIDED 119,000 UNITS OF APPAREL TO LOW-INCOME HOUSEHOLDS AT A VALUE OF \$1,845,936), CARTERS (409,617 UNITS AT A VALUE OF \$3,970,033), AND THE BURLINGTON WARM COATS & WARM HEARTS DRIVE (216,290 UNITS AT A VALUE OF \$9,733,050).

PURPOSE MARKETING - WITH THE RISE OF ISSUES AFFECTING HUMANITY ON A DOMESTIC AND GLOBAL SCALE, COMPANIES HAVE BEEN STEPPING UP TO TAKE ON MORE ROLES IN RESPONSIBILITY FOR PEOPLE AND THE PLANET. THIS HAS LED TO AN INCREASE IN CORPORATE SOCIAL RESPONSIBILITY (CSR) EFFORTS FOR BUSINESSES. CONSUMERS ARE INCREASINGLY CHOOSING TO SUPPORT COMPANIES THAT 'DO GOOD', AND COMPANIES ARE DOING THEIR BEST TO KEEP UP WITH THIS NEW CONSUMER DEMAND. IN 2018, DELIVERING GOOD ENGAGED IN A CONCERTED PURPOSE MARKETING CAMPAIGN, WHICH BUILT AWARENESS ACROSS B2B AND B2C CHANNELS BY PARTNERING WITH NEW AND CURRENT BRANDS TO PROACTIVELY SUPPORT AND INCREASE THE VISIBILITY OF THE ORGANIZATION'S MISSION AND POTENTIAL. THESE PROGRAMS GENERATED NEW PRODUCT DONATIONS OF CRITICALLY NEED ITEMS, AS WELL AS FINANCIAL SUPPORT.

Name of the organization DELIVERING GOOD, INC.	Employer identification number 13-3300271
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DISASTER RELIEF AND GRANT-MAKING - SINCE OUR FOUNDING IN 1985, DELIVERING GOOD HAS RESPONDED TO DISASTERS AROUND THE WORLD WITH DONATIONS OF NEW MERCHANDISE, HELPING DISTRESSED FAMILIES AND INDIVIDUALS RECOVER THEIR LIVES. EVERY YEAR, MILLIONS OF PEOPLE IN THE UNITED STATES AND AROUND THE WORLD ARE IMPACTED BY NATURAL DISASTER. WITH MULTIPLE, UNPRECEDENTED NATURAL DISASTERS HAVING DEALT PERSONAL AND ECONOMIC DAMAGE TO COMMUNITIES IN 2018, DELIVERING GOOD CONTINUED ITS WORK IN RESPONSE AND RECOVERY . IN PUERTO RICO AND THE U.S. VIRGIN ISLANDS, WHERE RECOVERY FROM THE IMPACT OF HURRICANE MARIA WAS SLOW AND DIFFICULT, DELIVERING GOOD UNDERTOOK A HISTORIC CAMPAIGN OF AID, SENDING MORE THAN \$1 MILLION WORTH OF CLOTHING AND GOODS TO FAMILIES STRUGGLING TO REBUILD FROM THE STORM.

ELSEWHERE, DELIVERING GOOD UTILIZED ITS DISASTER READINESS FUND TO RESPOND QUICKLY AND EFFECTIVELY TO DISASTER EVENTS ACROSS THE WORLD. IN ALL, THE ORGANIZATION PROVIDED AND SHIPPED \$32.5 MILLION WORTH OF CLOTHING, HOME GOODS, AND VITALLY NEEDED SUPPLIES TO FIVE REGIONS IMPACTED BY DISASTER IN 2018: EAST TEXAS, CALIFORNIA, PUERTO RICO AND THE U.S. VIRGIN ISLANDS, NORTH AND SOUTH CAROLINA, THE FLORIDA PANHANDLE, AND NORTHERN CALIFORNIA. THIS AIDED AND SUCCEEDED IN GIVING ESSENTIAL RELIEF TO IMPACTED COMMUNITIES, AS WELL AS STRENGTHENING COMMUNITY PARTNER AGENCIES ON THE GROUND, THROUGH WHOM WE UNDERTOOK OUR DISTRIBUTION PROGRAMS.

IN ADDITION, DURING THE SECOND YEAR OF OUR B STRONG INITIATIVE FOR DISASTER RELIEF, DELIVERING GOOD DISTRIBUTED THOUSANDS OF DOLLARS IN GENERAL-PURPOSE GIFT CARDS TO VICTIMS OF DISASTER IN A DOZEN RECOVERING REGIONS AROUND THE WORLD, INCLUDING MEXICO, GUATEMALA, AND OTHER ZONES

Name of the organization DELIVERING GOOD, INC.	Employer identification number 13-3300271
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OF DISTRESS. DISTRIBUTED DURING THE PERIODS FOLLOWING THE IMMEDIATE EMERGENCY, THESE CARDS PROVIDED AN IMPORTANT SUPPLEMENTAL AID TO HOUSEHOLDS STRUGGLING TO REPLACE CLOTHING, HOME GOODS, AND OTHER ITEMS LOST DURING TIMES OF CRISIS.

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

BOARD MEMBER HARESH THARANI AND BOARD MEMBER MICHAEL SETOLA HAVE A BUSINESS RELATIONSHIP.

BOARD MEMBER JODY WEINTRAUB AND BOARD MEMBER HARESH THARANI HAVE A BUSINESS RELATIONSHIP.

BOARD MEMBER KEN OHASHI AND BOARD MEMBER MILOU GWYN HAVE A BUSINESS RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 3:

THE ORGANIZATION USES INSPERITY, A PROFESSIONAL EMPLOYER ORGANIZATION ("PEO"). AS A PROFESSIONAL EMPLOYER ORGANIZATION, INSPERITY PROVIDES PROFESSIONAL EMPLOYER SERVICES TO DELIVERING GOOD. IN THE PEO RELATIONSHIP INSPERITY AND DELIVERING GOOD SHARE CERTAIN RESPONSIBILITIES AND ALLOCATE OTHER EMPLOYER RESPONSIBILITIES BETWEEN EACH OTHER.

DELIVERING GOOD REMAINS AN EMPLOYER OF THE WORKSITE EMPLOYEES AND INSPERITY IS A CO-EMPLOYER OF DELIVERING GOOD'S EMPLOYEES.

DELIVERING GOOD HAS:

DIRECTION AND CONTROL OVER EMPLOYEES AS IS NECESSARY TO CONDUCT ITS BUSINESS, DISCHARGE AND FIDUCIARY RESPONSIBILITY IT MAY HAVE, OR COMPLY WITH ANY APPLICABLE LICENSURE, REGULATORY OR STATUTORY REQUIREMENT OF DELIVERING GOOD.

Name of the organization DELIVERING GOOD, INC.	Employer identification number 13-3300271
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CONTROL OVER THE DAY TO DAY JOB DUTIES OF EMPLOYEES AND OVER THE JOB SITES AT WHICH, OR FROM WHICH EMPLOYEES PERFORM SERVICES.

INSPERITY RESERVES A RIGHT OF DIRECTION AND CONTROL OVER EMPLOYEES AS IS NECESSARY TO FULFILL ITS OBLIGATIONS AND PROVIDE ITS SERVICES UNDER AN AGREEMENT BETWEEN DELIVERING GOOD AND INSPERITY.

INSPERITY AND DELIVERING GOOD HAVE A RIGHT TO HIRE, DISCIPLINE, AND TERMINATE EMPLOYEES AS TO EACH ONE'S EMPLOYMENT RELATIONSHIP WITH EMPLOYEES.

THE TOTAL AMOUNT OF SERVICE FEE PAID TO INSPERITY FOR THE TAX YEAR ENDING 12/31/18 IS \$25,922.

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

THE ORGANIZATION HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM. A COPY OF THE FORM 990 WITH ALL ATTACHMENTS IS PROVIDED ELECTRONICALLY TO ALL BOARD OF DIRECTORS FOR REVIEW AND COMMENT BEFORE IT IS FILED WITH THE IRS.

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

DELIVERING GOOD, INC. HAS A CONFLICT OF INTEREST POLICY THAT APPLIES TO THE DIRECTORS, OFFICERS, AND KEY PERSONS OF THE ORGANIZATION. EACH YEAR, DELIVERING GOOD, INC. REQUIRES ALL DIRECTORS, OFFICERS, AND KEY PERSON TO SIGN A CONFLICT OF INTEREST DISCLOSURE STATEMENT AND ANNUALLY DISCLOSE ANY POTENTIAL OR ACTUAL CONFLICTS THAT MAY EXIST IN WRITING TO THE ORGANIZATION. IF A CONFLICT OF INTEREST EXISTS, THE INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE

Name of the organization DELIVERING GOOD, INC.	Employer identification number 13-3300271
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OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE SECRETARY/OR DESIGNEE THEREOF, OF THE ORGANIZATION. THE SECRETARY/OR DESIGNEE THEREOF, OF THE ORGANIZATION MUST THEN PROVIDE A COPY OF ALL SUCH DISCLOSURES TO THE CHAIR OF THE BOARD. IF IT IS DETERMINED THAT AN ACTUAL CONFLICT OF INTEREST EXISTS, THE INTERESTED PERSON SHALL LEAVE THE BOARD OR EXECUTIVE COMMITTEE MEETING WHILE THE DETERMINATION OF THE CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR EXECUTIVE COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS. THE MINUTES OF THE BOARD MEETINGS RECORD THE PROCESSING OF THIS PROCESS.

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

COMPENSATION FOR THE PRESIDENT AND CHIEF OPERATING OFFICER IS REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE OF THE EXECUTIVE COMMITTEE.

THE EXECUTIVE COMMITTEE AND BOARD OF DIRECTORS APPROVE THE BUDGET, WHICH HAS BEEN APPROVED AND RECOMMENDED BY THE FINANCE COMMITTEE AND INCLUDES ALL FINAL DECISIONS REGARDING COMPENSATION. THE PRESIDENT ASSISTS THE EXECUTIVE COMMITTEE WITH ESTABLISHING PERFORMANCE TARGETS AND OBJECTIVES, RECOMMENDING SALARY LEVELS FOR STAFF, AND PERIODICALLY PROVIDING BENCHMARK COMPENSATION DATA FROM OTHER NON-PROFIT ORGANIZATIONS. A COMPENSATION STUDY WAS PERFORMED BY AN OUTSIDE CONSULTANT IN 2018.

RECORDS OF THE COMPENSATION COMMITTEE'S COMPENSATION DECISIONS ARE MAINTAINED. THIS PROCESS WAS LAST UNDERTAKEN IN 2018.

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

AL, AR, CA, CO, CT, DC, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NE
NV, NH, NJ, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, TX, VT, VA, WA, WV, WI, WY

Name of the organization DELIVERING GOOD, INC.	Employer identification number 13-3300271
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FORM 990, PART VI, SECTION C, LINE 19:

DELIVERING GOOD, INC. MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE. THE RETURN IS POSTED ON GUIDESTAR.ORG AND OTHER SIMILAR TYPES OF WEBSITES. IN ADDITION, THE FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, FORM 990, FORM 1023, AND BY-LAWS ARE ALSO AVAILABLE UPON WRITTEN REQUEST TO 266 W. 37TH ST., 22ND FLOOR, NEW YORK, NY 10018 OR BY CALLING THE ORGANIZATION DIRECTLY AT 212-279-5493. THE PUBLIC FORM 990 AND THE FINANCIAL STATEMENTS FOR THE PAST THREE YEARS ARE ALSO ONLINE AT THE ORGANIZATION'S WEBSITE, WWW.DELIVERING-GOOD.ORG.

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

WRITE-OFF OF CONTRIBUTION RECEIVABLE	-5,000.
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FORM 990, PART XII, LINE 2C:

DELIVERING GOOD, INC. HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THIS PROCESS DID NOT CHANGE FROM THE PRIOR YEAR.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. DELIVERING GOOD, INC.	Employer identification number (EIN) or 13-3300271
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 266 W 37TH STREET, NO. 22 FL.	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10018	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

DONNA CHARLES, DIRECTOR OF STRATEGIC INITIATIVES

- The books are in the care of ▶ **266 W 37TH STREET, NO. 22 FL. - NEW YORK, NY 10018**
Telephone No. ▶ **(212) 279-5493** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2018** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.