

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

A For the **2019** 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.		D Employer identification number 13-3300271
	Doing business as		E Telephone number (212) 279-5493
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 140,903,914.
	266 W 37TH STREET, 22ND FLOOR		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10018		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: LISA GURWITCH SAME AS C ABOVE			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			
J Website: ▶ WWW.DELIVERING-GOOD.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1985 M State of legal domicile: NY

Part I Summary

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 2019 (Part V, line 2a)	5	23
	6 Total number of volunteers (estimate if necessary)	6	325
	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 39	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 189,124,706.	Current Year 140,696,324.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,011.	28,651.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-296,783.	-251,293.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	188,828,934.	140,473,682.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	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)		1,507,437.	1,652,534.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 689,580.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,640,170.	1,451,756.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	187,769,872.	139,003,141.	
19 Revenue less expenses. Subtract line 18 from line 12	1,059,062.	1,470,541.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 3,997,079.	End of Year 5,311,958.
	21 Total liabilities (Part X, line 26)	508,151.	295,228.
	22 Net assets or fund balances. Subtract line 21 from line 20	3,488,928.	5,016,730.

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 & 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 11/15/20	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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 135,859,880. including grants of \$ 135,859,880.) (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 \$ 2,001,008. including grants of \$ 38,971.) (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 on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 137,860,888.

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 donor-restricted endowments or in 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)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

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, unrelated 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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (36); 1b Enter the number of voting members included on line 1a, above, who are independent (35); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed 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. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on 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 RON ROSTOW, DIRECTOR OF FINANCE & ADMINISTRATION - (212) 279-5493 266 W 37TH STREET, 22ND FLOOR, NEW YORK, NY 10018

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

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

(A) 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) LISA GURWITCH PRESIDENT & CEO	40.00	X		X			335,147.	0.	20,567.	
(2) EDA TEKEOGLU DIR. OF DEVELOPMENT	40.00				X		126,949.	0.	12,519.	
(3) DONNA CHARLES DIR. OF STRATEGIC INITIATIVES	40.00				X		123,940.	0.	12,296.	
(4) MERRIE KELLER DIR. OF PRODUCT PROCUREMENT	40.00				X		129,327.	0.	5,033.	
(5) DIONISIA HATZIS DIR. OF MARKETING	40.00				X		112,445.	0.	6,360.	
(6) CARLA FATTAL PRODUCT DONATION DIRECTOR	40.00				X		101,774.	0.	10,240.	
(7) ANDREA WEISS CHAIR	0.10	X		X			0.	0.	0.	
(8) MICHAEL SETOLA VICE CHAIRMAN	0.10	X		X			0.	0.	0.	
(9) MILOU GWYN VICE PRESIDENT	0.10	X		X			0.	0.	0.	
(10) TOM NASTOS VICE PRESIDENT	0.10	X		X			0.	0.	0.	
(11) MARK LEVENFUS, CPA TREASURER	0.10	X		X			0.	0.	0.	
(12) TODD KAHN SECRETARY	0.10	X		X			0.	0.	0.	
(13) CAROLE POSTAL ASST. SECRETARY	0.10	X		X			0.	0.	0.	
(14) KENNETH BARONOFF BOARD MEMBER	0.10	X					0.	0.	0.	
(15) KAREN BROMLEY BOARD MEMBER	0.10	X					0.	0.	0.	
(16) HAIM DABAH BOARD MEMBER	0.10	X					0.	0.	0.	
(17) RICK DARLING 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) ABBEY DONEGER BOARD MEMBER	0.10	X						0.	0.	0.
(19) ALLAN ELLINGER BOARD MEMBER	0.10	X						0.	0.	0.
(20) MICHAEL GOLDBERG BOARD MEMBER	0.10	X						0.	0.	0.
(21) JEFFREY GOLDFARB BOARD MEMBER	0.10	X						0.	0.	0.
(22) DAVID GREENSTEIN BOARD MEMBER	0.10	X						0.	0.	0.
(23) SAM HADDAD BOARD MEMBER	0.10	X						0.	0.	0.
(24) MARC HELLER BOARD MEMBER	0.10	X						0.	0.	0.
(25) EDDIE HERTZMAN BOARD MEMBER	0.10	X						0.	0.	0.
(26) DEBRA JOESTER BOARD MEMBER	0.10	X						0.	0.	0.
1b Subtotal								929,582.	0.	67,015.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								929,582.	0.	67,015.

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 **6**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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	455,072.
SUNTECK LOGISTICS INC 146 FORREST AVE, RUNNEMEDE, NJ 08078	FREIGHT SERVICE	384,250.
NEWMARK & COMPANY REAL ESTATE INC 125 PARK AVENUE, NEW YORK, NY 10017	PROPERTY MANAGEMENT	185,010.
CORE ZIEGFELD LLC 1356 BROADWAY, NEW YORK, NY 10018	EVENT SERVICES	125,000.
KIWI PARTNERS, INC., 237 WEST 35TH ST, SUITE 1100, NEW YORK, NY 10001	BOOKKEEPING AND ACCOUNTING SERVICES	102,943.

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 **5**

SEE PART VII, SECTION A CONTINUATION SHEETS

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 (check all that apply)						(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			
(27) HOWARD KAHN BOARD MEMBER	0.10	X					0.	0.	0.	
(28) CAROL LAPIDUS BOARD MEMBER	0.10	X					0.	0.	0.	
(29) MARC MASTRONARDI BOARD MEMBER	0.10	X					0.	0.	0.	
(30) SUSAN S. MCLAIN BOARD MEMBER	0.10	X					0.	0.	0.	
(31) KENNETH OHASHI BOARD MEMBER	0.10	X					0.	0.	0.	
(32) DAN ORWIG BOARD MEMBER	0.10	X					0.	0.	0.	
(33) JASON RABIN BOARD MEMBER	0.10	X					0.	0.	0.	
(34) STEVE REINER BOARD MEMBER	0.10	X					0.	0.	0.	
(35) JOE SHAMIE BOARD MEMBER	0.10	X					0.	0.	0.	
(36) CARI SHAPIRO BOARD MEMBER	0.10	X					0.	0.	0.	
(37) JAY SILVER BOARD MEMBER	0.10	X					0.	0.	0.	
(38) GARY F. SIMMONS BOARD MEMBER	0.10	X					0.	0.	0.	
(39) HARESH THARANI BOARD MEMBER	0.10	X					0.	0.	0.	
(40) LANA TODOROVICH BOARD MEMBER	0.10	X					0.	0.	0.	
(41) JENNIFER WILLIAMS-VECCHIO BOARD MEMBER	0.10	X					0.	0.	0.	
(42) JODY WEINTRAUB BOARD MEMBER UNTIL JUNE 2019	0.10	X					0.	0.	0.	
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	1,725,640.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	138,970,684.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 135,859,880.			
	h	Total. Add lines 1a-1f		140,696,324.			
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)		28,651.		28,651.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	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	7b				
	c	Gain or (loss)	7c				
d	Net gain or (loss)						
8 a	Gross income from fundraising events (not including \$ 1,725,640. of contributions reported on line 1c). See Part IV, line 18						
			173,270.				
		8a					
b	Less: direct expenses	8b	430,232.				
c	Net income or (loss) from fundraising events			-256,962.			
9 a	Gross income from gaming activities. See Part IV, line 19						
		9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
		10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	OTHER REVENUE	Business Code	900099	5,669.	5,669.	
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d			5,669.		
12	Total revenue. See instructions			140,473,682.	0.	0.	
						-222,642.	

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	135,827,672.	135,827,672.		
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	71,179.	71,179.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	355,714.	76,321.	172,683.	106,710.
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	1,075,045.	639,255.	113,594.	322,196.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	27,214.	13,611.	5,445.	8,158.
9 Other employee benefits	74,367.	37,194.	14,880.	22,293.
10 Payroll taxes	120,194.	60,114.	24,049.	36,031.
11 Fees for services (nonemployees):				
a Management	31,188.	15,598.	6,241.	9,349.
b Legal	7,833.	3,918.	1,567.	2,348.
c Accounting	109,317.	54,674.	21,873.	32,770.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	3,717.		3,717.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	845,651.	828,073.	7,036.	10,542.
12 Advertising and promotion	29,239.	17,543.		11,696.
13 Office expenses	90,194.	44,073.	15,106.	31,015.
14 Information technology	87,755.	43,834.	17,647.	26,274.
15 Royalties				
16 Occupancy	140,188.	70,113.	28,050.	42,025.
17 Travel	22,664.	18,131.		4,533.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,946.	1,620.	442.	884.
20 Interest	165.		165.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	37,421.	18,715.	7,488.	11,218.
23 Insurance	5,667.		5,667.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OTHER DIRECT OPERATING	21,251.	11,604.	2,692.	6,955.
b STAFF DEVELOPMENT	16,560.	7,646.	4,331.	4,583.
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	139,003,141.	137,860,888.	452,673.	689,580.
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	991,376.	1	768,791.
	2 Savings and temporary cash investments	1,509,819.	2	835,766.
	3 Pledges and grants receivable, net	1,340,193.	3	2,149,570.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	27,459.	9	68,223.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 267,619.		
	b Less: accumulated depreciation	10b 236,273.	61,218.	10c 31,346.
	11 Investments - publicly traded securities		11	1,391,248.
	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	67,014.	15	67,014.
16 Total assets. Add lines 1 through 15 (must equal line 33)	3,997,079.	16	5,311,958.	
Liabilities	17 Accounts payable and accrued expenses	433,252.	17	265,972.
	18 Grants payable		18	
	19 Deferred revenue	63,444.	19	24,231.
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	11,455.	23	5,025.
	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	508,151.	26	295,228.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	2,333,483.	27	2,376,596.
	28 Net assets with donor restrictions	1,155,445.	28	2,640,134.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	3,488,928.	32	5,016,730.
	33 Total liabilities and net assets/fund balances	3,997,079.	33	5,311,958.

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	140,473,682.
2	Total expenses (must equal Part IX, column (A), line 25)	2	139,003,141.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,470,541.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,488,928.
5	Net unrealized gains (losses) on investments	5	67,261.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-10,000.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	5,016,730.

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 on 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 on Schedule O and describe any steps taken to undergo such audits

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

Form 990 (2019)

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

2019

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	133794581	217214654	157167459	189114706	140696324	837987724
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	133794581	217214654	157167459	189114706	140696324	837987724
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)						321421305
6 Public support. Subtract line 5 from line 4.						516566419

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	133794581	217214654	157167459	189114706	140696324	837987724
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	759.	893.	924.	1,011.	28,651.	32,238.
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.)	2,075.	40,814.		2,501.	5,669.	51,059.
11 Total support. Add lines 7 through 10						838071021
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 2019 (line 6, column (f) divided by line 11, column (f))	14	61.64 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	59.93 %
16a 33 1/3% support test - 2019. 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 - 2018. 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 - 2019. 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 - 2018. 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. 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 - 2018. 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		(A) Prior Year	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).		

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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

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

2015 AMOUNT: \$ 2,075.

2016 AMOUNT: \$ 40,814.

2018 AMOUNT: \$ 2,501.

2019 AMOUNT: \$ 5,669.

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

2019

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>46,662,643.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>8,384,617.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>8,127,770.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>7,503,641.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>6,128,200.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ <u>5,065,043.</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
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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>4,884,684.</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>4,843,591.</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>4,549,490.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ <u>4,199,891.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ <u>3,639,929.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<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
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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>46,662,643.</u>	<u>12/31/19</u>
2	ENTERTAINMENT GOODS, DVD'S, AND CD'S. _____ _____ _____	\$ <u>8,384,617.</u>	<u>12/31/19</u>
3	CHILDREN'S APPAREL, JUVENILE APPAREL _____ _____ _____	\$ <u>8,127,770.</u>	<u>12/31/19</u>
4	CHILDREN'S APPAREL _____ _____ _____	\$ <u>7,503,641.</u>	<u>12/31/19</u>
5	MIXED APPAREL _____ _____ _____	\$ <u>6,128,200.</u>	<u>12/31/19</u>
6	CHILDREN'S APPAREL, MIXED APPAREL, WOMEN'S APPAREL _____ _____ _____	\$ <u>5,065,043.</u>	<u>12/31/19</u>

Name of organization DELIVERING GOOD, INC.	Employer identification number 13-3300271
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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	MIXED APPAREL _____ _____ _____	\$ <u>4,884,684.</u>	<u>12/31/19</u>
8	ACCESSORIES, CHILDREN'S APPAREL, MIXED APPAREL, SOCKS _____ _____ _____	\$ <u>4,843,591.</u>	<u>12/31/19</u>
9	WOMEN'S APPAREL _____ _____ _____	\$ <u>4,549,490.</u>	<u>12/31/19</u>
10	ENTERTAINMENT, TOYS _____ _____ _____	\$ <u>4,199,891.</u>	<u>12/31/19</u>
11	ACCESSORIES, CHILDREN'S APPAREL, MEN'S APPAREL, WOMEN'S APPAREL, SOCKS _____ _____ _____	\$ <u>3,639,929.</u>	<u>12/31/19</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

2019
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 (for example, 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 FASB 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 FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(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 FASB 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) 2019

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 make 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 program
 - 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	800,000.				
c Net investment earnings, gains, and losses	63,697.				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	863,697.				

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment .00 %
 - b Permanent endowment 100.00 %
 - c Term endowment .00 %
- 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 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.	202,061.	18,370.
d Equipment		46,383.	33,407.	12,976.
e Other		805.	805.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				31,346.

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 FASB 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	140,541,495.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	67,261.
b	Donated services and use of facilities	2b	85,423.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	152,684.
3	Subtract line 2e from line 1	3	140,388,811.
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	84,871.
c	Add lines 4a and 4b	4c	84,871.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	140,473,682.

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	139,013,693.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	85,423.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	10,000.
e	Add lines 2a through 2d	2e	95,423.
3	Subtract line 2e from line 1	3	138,918,270.
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	84,871.
c	Add lines 4a and 4b	4c	84,871.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	139,003,141.

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 V, LINE 4:

THE ORGANIZATION HAS ONE DONOR-RESTRICTED ENDOWMENT FUND: STUDENTS GOING THE EXTRA MILE ENDOWMENT FUND (ALSO KNOWN AS THE LARI STANTON FUND). ALL INVESTMENT INCOME FROM THIS FUND IS TO BE SPENT FOR SPECIFIED CHARITABLE PURPOSES. THE ORGANIZATION DOES NOT HAVE ANY FUNDS DESIGNATED BY THE BOARD OF DIRECTORS THAT FUNCTION AS AN ENDOWMENT.

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

Part XIII Supplemental Information (continued)

ORGANIZATION IS NO LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR TAX YEARS PRIOR TO DECEMBER 31, 2016.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RE-CLASS OF OTHER CONTRIBUTIONS TO PART VIII, LINE 1 84,871.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

WRITE-OFF OF CONTRIBUTION RECEIVABLE 10,000.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

RE-CLASS OF OTHER CONTRIBUTIONS TO PART VIII, LINE 1 84,871.

**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

2019

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		71,179.
3 a Subtotal	0	0			71,179.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			71,179.

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.		31,251.	ASSORTED APPAREL AND OTHER ITEMS	FMV
		NORTH AMERICA	POVERTY ASSISTANCE	0.		8,400.	ASSORTED APPAREL AND OTHER ITEMS	FMV
		NORTH AMERICA	POVERTY ASSISTANCE	0.		29,000.	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 **3**

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) 2019

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 IN THEIR COUNTRY 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:

THE ACCRUAL METHOD IS USED TO ACCOUNT FOR EXPENDITURES.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

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	1,430,087.	468,823.	1,898,910.
	2	Less: Contributions	1,316,817.	408,823.	1,725,640.
	3	Gross income (line 1 minus line 2)	113,270.	60,000.	173,270.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	207,699.	83,143.	290,842.
	8	Entertainment	10,900.		10,900.
	9	Other direct expenses	93,228.	35,262.	128,490.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			430,232.
11	Net income summary. Subtract line 10 from line 3, column (d)			-256,962.	

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)

Lined area 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

2019

**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
A DROP-IN COMMUNITY LEARNING AND RESOURCE CENTER, INC. - 76 FEDERAL STREET - NEW LONDON, CT 06320	06-0869262	501(C)(3)	0.	35,476.	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.	1,806,776.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
ACACIA NETWORK HOUSING, INC. 915 WESTCHESTER AVENUE, FLOOR 3 BRONX, NY 10459-3009	26-0076866	501(C)(3)	0.	61,267.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
ADDISON COUNTY FOSTER PARENTS ASSOCIATION - 9 SCHOOLHOUSE HILL ROAD - EAST MIDDLEBURY, VT 05740	03-0287929	501(C)(3)	0.	46,343.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
AID FOR KIDS 18 MARKET SQ HOULTON, ME 04730-1733	20-3918985	501(C)(3)	0.	1,385,272.	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.	1,060,500.	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 **164.**

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) (2019)

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
ARC OF BUTTE COUNTY 2030 PARK AVENUE CHICO, CA 95928	94-1746468	501(C)(3)	0.	9,255,475.	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.	1,315,252.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
ATLANTA CHILDREN'S SHELTER PO BOX 54322 ATLANTA, GA 30308-0322	58-1675299	501(C)(3)	0.	11,770.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
BABY BUNDLES 6509 NORTHPARK BOULEVARD CHARLOTTE, NC 28216-3325	27-3384164	501(C)(3)	0.	377,111.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
BABY2BABY 6435 WILSHIRE BOULEVARD LOS ANGELES, CA 90048-4907	95-4302067	501(C)(3)	0.	800,823.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
BEVERLY'S BIRTHDAYS 31 ROBBINS STATION ROAD NORTH HUNTINGDON, PA 15642	45-4248006	501(C)(3)	0.	286,922.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
BLOOM MARIN 1557 FOURTH STREET SAN RAFAEL, CA 94901	94-3331026	501(C)(3)	0.	14,800.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
BOISE RESCUE MISSION 208 SOUTH 24TH STREET BOISE, ID 83702	82-0259387	501(C)(3)	0.	27,963.	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.	114,742.	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
BOYS & GIRLS CLUBS OF YELLOWSTONE COUNTY - 505 ORCHARD LN - BILLINGS, MT 59101-5027	81-0308003	501(C)(3)	0.	12,326.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
BRADDOCK REDUX/FREE STORE 416 LIBRARY STREET BRADDOCK, PA 15104	51-0446626	501(C)(3)	0.	1,362,096.	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.	366,434.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
BRIDGE OVER TROUBLED WATERS, PROGRAM - 47 WEST STREET - BOSTON, MA 02111	04-2472126	501(C)(3)	0.	10,000.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
CARIBBEAN AMERICAN CENTER OF NEW YORK - 195 CADMAN PLZ WEST - BROOKLYN, NY 11201-1722	04-3797177	501(C)(3)	0.	40,500.	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)	0.	560,831.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
CASA CENTRAL 1343 NORTH CALIFORNIA AVENUE CHICAGO, IL 60622-2803	36-2728618	501(C)(3)	0.	70,092.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
CENTRAL CITY NEIGHBORHOOD PARTNERS 501 SOUTH BIXEL STREET LOS ANGELES, CA 90017-2007	95-4837709	501(C)(3)	0.	132,267.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
CHAPMAN PARTNERSHIP 1550 N MIAMI AVE MIAMI, FL 33136-2015	65-0425069	501(C)(3)	0.	114,507.	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
CHERRY KIDS 420 EAST 111TH STREET, APT 2205 NEW YORK, NY 10029-3026	27-0968429	501(C)(3)	0.	73,779.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
CHILD INC. 507 PHILADELPHIA PIKE WILMINGTON, DE 19809-2177	51-0101188	501(C)(3)	0.	35,476.	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.	137,569.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
CHILDREN'S FRIEND 153 SUMMER STREET PROVIDENCE, RI 02903-4011	05-0258819	501(C)(3)	0.	35,476.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
CHILDREN'S HOME SOCIETY - PENSACOLA - 1300 NORTH PALAFOX STREET, SUITE 103 - PENSACOLA, FL 32501	59-0192430	501(C)(3)	0.	639,220.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
CHILDREN'S HUNGER FUND 11550 NEWBERRY STREET, #100 SAN ANTONIO, TX 75229	95-4335462	501(C)(3)	15,000.	1,943,783.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
CHRISTIAN FELLOWSHIP OUTREACH MISSION - 460 SAINT PAUL ROAD - TYLERTOWN, MS 39667-5810	64-0864238	501(C)(3)	0.	11,770.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
CITIZENS CARING FOR CHILDREN 730 WEST WILSHIRE BOULEVARD, SUITE OKLAHOMA CITY, OK 73116-7738	73-1230194	501(C)(3)	0.	399,472.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
COMMUNITY FOOD BANK OF NEW JERSEY 31 EVANS TERMINAL HILLSIDE, NJ 07205-2406	22-2423882	501(C)(3)	0.	8,901.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE

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COMMUNITY HOPE CENTER, INC. 2198 FOUR WINDS BOULEVARD KISSIMMEE, FL 34746	80-0855060	501(C)(3)	0.	1,125,518.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
CUMAC/ECHO, INC. 2234 ELLISON ST. PATERSON, NJ 07505	22-2657737	501(C)(3)	0.	112,500.	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.	89,965.	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.	266,132.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
DESTINY OUTREACH CENTER, INC. 141 SOUTH BLACK HORSE PIKE, SUITE 2 BLACKWOOD, NJ 08012-2959	46-4415529	501(C)(3)	0.	30,486.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
DEVEREUX FLORIDA- ORLANDO 5850 T G LEE BOULEVARD, SUITE 400 ORLANDO, FL 32822-4409	59-3635885	501(C)(3)	0.	5,565.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
DOMESTIC VIOLENCE ADVOCACY CENTER 1515 CASTILLE STREET CELEBRATION, FL 34747	26-1997681	501(C)(3)	0.	51,036.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
DOMESTIC VIOLENCE ADVOCACY CENTER/TREEHOUSE HAVEN INC - 1515 CASTILE STREET - KISSIMMEE, FL 34747-5320	26-1997681	501(C)(3)	0.	12,899.	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.	533,817.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE

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ELF PATROL, INC. 1254 HATCHLAND PLACE NEWPORT NEWS, VA 23608	82-0757661	501(C)(3)	0.	37,629.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
FAMILY AND COMMUNITY RESOURCES, INC. - 18 NEWTON STREET - BROCKTON, MA 02301-5115	04-2616114	501(C)(3)	0.	49,667.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
FAMILY FOCUS ENGLEWOOD 326 WEST 64TH STREET, SUITE 305 CHICAGO, IL 60621-3114	36-2884042	501(C)(3)	0.	25,762.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
FARM SHARE 14125 SW 320 STREET HOMESTEAD, FL 33033	65-0342192	501(C)(3)	0.	374,887.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
FEED THE CHILDREN 333 NORTH MERIDIAN AVENUE OKLAHOMA CITY, OK 73107-6568	73-6108657	501(C)(3)	0.	35,046.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
FOR THE GIRLS, INC. 514 HILLSBORO DRIVE SILVER SPRING, MD 20902	81-2163243	501(C)(3)	0.	325,000.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
FRIENDS OF FORGOTTEN CHILDREN 224 B CONCORD, NH 03303	20-2684275	501(C)(3)	0.	35,476.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
GARDEN GROVE SAMOAN ASSEMBLY OF GOD - 13171 CENTURY BOULEVARD - GARDEN GROVE, CA 92843	23-7063694	501(C)(3)	0.	18,824.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
GAUDENZIA, INC. 106 MAIN STREET NORRISTOWN, PA 19401	23-1706895	501(C)(3)	0.	75,319.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE

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GRACE OUTREACH 378 EAST 151ST STREET BRONX, NY 10455	86-1110482	501(C)(3)	0.	12,823.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
GREAT PLAINS FOOD BANK 1720 3RD AVENUE NORTH FARGO, ND 58102-4254	47-2229589	501(C)(3)	0.	56,384.	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)	10,000.	12,199,902.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
HANDS IN SERVICE 125 TITUS AVENUE WARRINGTON, PA 18976	26-1992241	501(C)(3)	0.	674,026.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
HEALTHRIGHT 360 149 WEST 22ND STREET LOS ANGELES, CA 90007	94-6129071	501(C)(3)	0.	92,352.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
HOLY APOSTLES SOUP KITCHEN 296 9TH AVENUE NEW YORK, NY 10001	13-2892297	501(C)(3)	0.	69,584.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
HOPE CHARITIES, INC. 30W613 FAIRWAY DRIVE NAPERVILLE, IL 60563	27-5104762	501(C)(3)	0.	386,790.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
HOPE NYC 14282 ROCKAWAY BOULEVARD JAMAICA, NY 11436-1419	81-1270080	501(C)(3)	0.	50,290.	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.	250,045.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE

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HOPE WORLDWIDE PIONEER VALLEY CHAPTER - 54 KENNEDY STREET - CHICOPEE, MA 01013	04-3129839	501(C)(3)	0.	26,536.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
HOUR CHILDREN 36-11 12TH STREET LONG ISLAND CITY, NY 11101	13-3647412	501(C)(3)	0.	935,307.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
HUNTINGTON AREA FOOD BANK 1327 SEVENTH AVENUE HUNTINGTON, WV 25701-2903	55-0625915	501(C)(3)	0.	1,536,335.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
IGLESIA PENTECOSTAL EBENEZER 179 SEYMOUR STREET MERIDEN, CT 06451	06-1399238	501(C)(3)	0.	139,663.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
INDIAN MINISTRIES OF NORTH AMERICA, INC. - 911 KEITH STREET NW - CLEVELAND, TN 37311-1804	73-1659743	501(C)(3)	0.	11,770.	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.	56,971.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
INVINCIBLE KIDS ACCEPTING NOTHING NEGATIVE - 12300 SOUTHWESTERN AVENUE - BLUE ISLAND, IL 60406	36-2109717	501(C)(3)	0.	18,925.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
ISRAAID US GLOBAL HUMANITARIAN ASSISTANCE INC - PO BOX 61227 - PALO ALTO, CA 64306	46-2118225	501(C)(3)	11,460.	0.			POVERTY ASSISTANCE
JEWISH FAMILY SERVICE OF METROWEST 475 FRANKLIN STREET, SUITE 101 FRAMINGHAM, MA 01702-6236	04-2730898	501(C)(3)	0.	593,878.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE

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JOHN HOPKINS CENTER FOR AMERICAN INDIAN HEALTH - 415 NORTH WASHINGTON STREET, 4TH FLOOR - BALTIMORE, MD 21231	52-0595110	501(C)(3)	0.	5,685.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
JUDY'S PLACE (FORMALLY C.A.D.V.) 157 EDGEcombe AVENUE NEW YORK, NY 10030-1142	11-2415837	501(C)(3)	0.	89,973.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
JUNIOR LEAGUE OF COLUMBIA, INC. 2926 DEVINE STREET COLUMBIA, SC 29205	57-6021867	501(C)(3)	0.	28,381.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
KAMILEON PROFESSIONAL DEVELOPMENT, INC. - 2451 CUMBERLAND PARKWAY SE SUITE 3736 - ATLANTA, GA 30339-6136	46-5115573	501(C)(3)	0.	131,391.	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.	588,678.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
KIDS WITHOUT BORDERS 7064 S. 220TH ST. KENT, WA 98032	76-0723622	501(C)(3)	0.	273,840.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
KIDS WORLD 9952 SOUTH 2240 EAST SANDY, UT 84123	20-3624777	501(C)(3)	0.	28,681.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
LEAP OF FAITH CHURCH 222 LAKE AVENUE MARYLAND HEIGHTS, MO 63043	82-1426110	501(C)(3)	0.	5,860,229.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
LET ELMIRA LIVE 1205 WEST CHURCH STREET ELMIRA, NY 14905-1925	46-4730086	501(C)(3)	0.	85,995.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE

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LET'S HELP THE CHILDREN OF TOMORROW - 646 F P CHURCH ROAD - LORIS, SC 29569-5572	80-0676202	501(C)(3)	0.	67,610.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
LIBERATION AND HEALING PENTECOSTAL CHURCH - 570 WEST 156TH STREET - NEW YORK, NY 10032-7821	13-3758060	501(C)(3)	0.	1,244,523.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
LIGHTHOUSE OUTREACH MINISTRIES INC 154 42ND ST COPIAGUE, NY 11726-1108	45-5154091	501(C)(3)	0.	446,500.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
LUND HOEHL FAMILY BUILDING-50 JOY DRIVE S. BURLINGTON, VT 05403	03-0179434	501(C)(3)	0.	35,476.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
MATERIALS FOR THE ARTS 3300 NORTHERN BOULEVARD, SUITE 3A LONG IS CITY, NY 11101-2215	81-0551712	501(C)(3)	0.	88,701.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
METHODIST CHURCH OF PUERTO RICO/WORLD COUNCIL OF CHURCHES - 8 CALLE MARIANA BRACETTI, STE 370 - SAN JUAN, PR 00925	98-0016007	501(C)(3)	0.	45,522.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
METRO WORLD CHILD 11 HARMAN STREET BROOKLYN, NY 11221	11-3382193	501(C)(3)	0.	531,826.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
MILLENNIUM SISTAHS, INC. 543 NORTHERN PARKWAY UNIONDALE, NY 11553-2833	11-3523194	501(C)(3)	0.	276,142.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
MISAMEACH MISAMEACH 326 3RD STREET LAKEWOOD, NJ 08701-6300	26-2356784	501(C)(3)	0.	65,597.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE

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MITZVAH CIRCLE FOUNDATION 1561 GEHMAN ROAD HARLEYSVILLE, PA 19438-2930	13-3758060	501(C)(3)	0.	1,643,575.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
MUSTARD SEED OF CENTRAL FLORIDA 12 MUSTARD SEED LN ORLANDO, FL 32810-6271	26-2289875	501(C)(3)	0.	1,471,591.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
MY PLACE TEEN CENTER, INC. 755 MAIN STREET WESTBROOK, ME 04092-3416	01-0509578	501(C)(3)	0.	16,000.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
NATIONAL CENTER FOR CHILDREN AND FAMILIES - 6301 GREENTREE ROAD - BETHESDA, MD 20817-3368	23-7309991	501(C)(3)	0.	1,032,696.	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.	11,240.	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.	77,696.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
NEW HOPE PENTECOSTAL CHURCH OF JESUS CHRIST INC. - 1838 PARK PL - BROOKLYN, NY 11233-4704	27-0718187	501(C)(3)	0.	50,600.	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.	9,558.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
NEW WORLD FOUNDTION 2249 CONGRESSMAN WL DICKINSON DRIVE MONTGOMERY, AL 36109	20-5984290	501(C)(3)	0.	51,713.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE

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NEWARK BETHEL ASSEMBLY 107 HEDDEN TERRACE NEWARK, NJ 07108-1707	80-0475444	501(C)(3)	0.	252,087.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
NEWTHEADS OF HOPE INC. 3001 NORTH 112TH STREET WAUWATOSA, WI 53222-4204	39-1674150	501(C)(3)	0.	223,630.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
NEXUS DETROIT 18701 GRAND RIVER AVE DETROIT, MI 48223	46-0879742	501(C)(3)	0.	51,290.	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.	3,019,739.	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.	119,992.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
NW ARKANSAS CHILDREN'S SHELTER 14100 BAUGHN ROAD BENTONVILLE, AR 72712	58-1984893	501(C)(3)	0.	5,685.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
OFFG OUTREACH MISSION 401 EAST LAKEWOOD AVENUE, SUITE 106 DURHAM, NC 27707	42-1716352	501(C)(3)	0.	6,000.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
OFFICE OF THE HOMELESS LIAISON, KANSAS PUBLIC SCHOOLS - 3101 MINNESOTA AVENUE, APT 5 - KANSAS CITY, KS 66102-3965	48-6031181	501(C)(3)	0.	5,685.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
ON YOUR FEET, INC. 2737 VIA ORANGE WAY, SUITE 105 SPRING VALLEY, CA 91978-1748	35-2329448	501(C)(3)	0.	267,695.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE

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ONE BROOKLYN FUND, INC. 209 JORALEMON STREET, 2ND FLOOR BROOKLYN, NY 11217	46-5189061	501(C)(3)	0.	5,890.	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.	6,684.	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.	2,632,748.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
OPERATION HOMEFRONT 114 STUART RD NE, STE 370 CLEVELAND, TN 37312-4803	62-1697490	501(C)(3)	0.	16,799.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
OPERATION HOMEFRONT - DELAWARE/PENNSYLVANIA - PO BOX 520 - BLUE BELL, PA 19422-0520	20-3491357	501(C)(3)	0.	12,690.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
OPERATION SHOWER 7382 PERSHING 1E ST LOUIS, MO 63130	26-1244512	501(C)(3)	0.	32,964.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
OSBORNE ASSOCIATION - BROOKLYN 175 REMSEN STREET, FLOOR 8 BROOKLYN, NY 11201-4333	13-5563028	501(C)(3)	0.	6,000.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
P.E.A.C.E. INC. 217 SOUTH SALINA STREET SYRACUSE, NY 13202-1501	76-0761821	501(C)(3)	0.	14,600.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
PANOLA OUTREACH 3470 PANOLA PARKWAY 34 ALICEVILLE, AL 35442	80-0568293	501(C)(3)	0.	424,135.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE

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(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
PATCH (PEOPLE ATTENTIVE TO CHILDREN) - 560 NORTH NIMITZ HIGHWAY, SUITE 218 - HONOLULU, HI 96817-5328	99-0167464	501(C)(3)	0.	10,029.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
PILSEN WELLNESS CENTER, INC. 2319 S DAMEN AVE CHICAGO, IL 60608	36-2836998	501(C)(3)	0.	51,290.	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.	33,604.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
PROJECT HOPE CHARITIES, INC. 17020 140TH AVENUE JAMAICA, NY 11434-4602	26-0897746	501(C)(3)	0.	73,193.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
PROJECT NEW HOPE PO BOX 91 LEICESTER, MA 01524-0091	27-4555998	501(C)(3)	0.	9,500.	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.	79,037.	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.	588,678.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
READ 20 317 OAK STREET, RM 109 CHATTANOOGA, TN 37403-1902	62-6045999	501(C)(3)	0.	13,500.	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.	319,541.	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
RESTORE GLOBAL 9525 MONROE ROAD STE 150 CHARLOTTE, NC 28270	26-0745879	501(C)(3)	0.	423,420.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
RHODE ISLAND DONATION EXCHANGE 20 RIVER AVENUE PROVIDENCE, RI 02908-5413	22-2603126	501(C)(3)	0.	18,178.	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.	15,930.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
RISING GROUND 463 HAWTHORNE AVENUE YONKERS, NY 10705	13-1860451	501(C)(3)	0.	6,372.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
RIVER FUND 8911 LEFFERTS BOULEVARD RICHMOND HILL, NY 11418-3219	11-3450363	501(C)(3)	0.	276,136.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
SAFE SLEEP/FT. BRAGG PO BOX 9 RALEIGH, NC 27675	56-0532315	501(C)(3)	0.	451,473.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
SALVADORAN AMERICAN HUMANITARIAN FOUNDATION - 2050 CORAL WAY, SUITE 600 - MIAMI, FL 33145	59-2339140	501(C)(3)	0.	450,019.	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.	3,029,005.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
SECAUCUS EMERGENCY FUND, A NJ NOT FOR PROFIT - 101 CENTRE AVENUE - SECAUCUS, NJ 07094-3215	80-0797133	501(C)(3)	0.	40,250.	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
SECAUCUS MUNICIPAL CENTER 1203 PATERSON PLANK ROAD SECAUCUS, NJ 07094-1918	80-0797133	501(C)(3)	0.	2,765,164.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
SECOND HARVEST FOOD BANK OF CENTRAL FLORIDA - 411 MERCY DRIVE - ORLANDO, FL 32805-1019	59-2142315	501(C)(3)	0.	404,253.	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.	448,275.	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.	1,908,109.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
SECOND HARVEST MOUNTAINEER FOOD BANK - 2805 SALT SPRINGS ROAD - YOUNGSTOWN, OH 44509-1037	34-1380074	501(C)(3)	0.	1,580,107.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
SEVENTH DAY ADVENTIST CHURCH 45 FAIRMOUNT AVENUE HACKENSACK, NJ 07601-4720	52-0643036	501(C)(3)	0.	156,762.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
SHELTER PARTNERSHIP 520 SOUTH GRAND AVENUE, SUITE 695 BELL, CA 90014	95-3976214	501(C)(3)	0.	4,988,536.	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.	49,318.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
SILENT CRY INC 2861 EXTERIOR STREET, APT 14L BRONX, NY 10463	45-4934038	501(C)(3)	0.	37,070.	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
SOLID AS A ROCK 11936 NE SANDY BOULEVARD PORTLAND, OR 97220	82-1548759	501(C)(3)	0.	1,384,992.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
ST. JOSEPH HEALTHCARE SYSTEM, INC. 224 HAMBURG TPKE WAYNE, NJ 07470	22-2627588	501(C)(3)	0.	54,040.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
THE DOOR - A CENTER OF ALTERNATIVES, INC. - 555 BROOME ST - NEW YORK, NY 10013-1510	13-6127348	501(C)(3)	0.	9,280.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
THE GIVING CLOSET PROJECT, INC. 8801 LAKE PLACID DR E JACKSONVILLE, FL 32208	81-2447928	501(C)(3)	0.	11,750.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
THE NEW WORLD FOUNDATION 680 WEST END AVENUE, #1C NEW YORK, NY 10025	13-1919791	501(C)(3)	0.	124,650.	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.	36,000.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
THE SHARING SHELF 520 SOUTH GRAND AVENUE SUITE 695 LOS ANGELES, CA 90071-2660	95-3976214	501(C)(3)	0.	27,500.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
THE SHARING SHELF C/O FAMILY SERVICES OF WESTCHESTER - 47 PURDY AVENUE - PORT CHESTER, NY 10573-5028	13-1773419	501(C)(3)	0.	533,492.	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.	146,303.	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
TOGETHER WE RISE 580 WEST LAMBERT ROAD, SUITE A BREA, CA 92821-3913	26-3043727	501(C)(3)	0.	5,107.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
TOUCHING MOMENTS 514 S. PAUL LAURENCE DUNBAR STREET DAYTON, OH 45402	27-1110074	501(C)(3)	0.	12,333.	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.	5,027,968.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
TULALIP TRIBES 6406 MARINE DRIVE TULALIP, WA 98271-9775	26-0807036	501(C)(3)	0.	661,252.	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.	32,570.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
URBAN HEALTH PLAN 1065 SOUTHERN BOULEVARD BRONX, NY 10459	23-7360305	501(C)(3)	0.	85,401.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
VARIETY, THE CHILDREN'S CHARITY 600 SOUTH ADAMS ROAD, SUITE 230 BIRMINGHAM, MI 48009-6863	38-2140520	501(C)(3)	0.	888,914.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
VARIOUS AGENCIES (RELABEL RETAIL PROGRAM) - 266 WEST 37TH STREET - 22ND FLOOR - NEW YORK, NY 10018		501(C)(3)	0.	42,774,000.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
WNYSHARES/TEACHERS DESK 22 NORTHAMPTON STREET BUFFALO, NY 14209-2116	16-1331766	501(C)(3)	0.	261,026.	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
WOMEN OF SUBSTANCE PO BOX 117 LINDENHURST, NY 11757-0117	11-3436757	501(C)(3)	0.	44,000.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
WORKING WARDROBES CAREER CENTER 1851 KETTERING STREET IRVINE, CA 92614	33-0669145	501(C)(3)	0.	49,800.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
WORLD VISION 210 OVERLOOK DR SEWICKLEY, PA 15143-2306	95-1922279	501(C)(3)	0.	70,092.	FMV	ASSORTED APPAREL AND OTHER ITEMS	POVERTY ASSISTANCE
YOUTH & FAMILY SERVICES PO BOX 2813 RAPID CITY, SD 57709-2813	46-6017085	501(C)(3)	0.	12,326.	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 BE IN GOOD STANDING WITH THE IRS AND PROVIDE DOCUMENTATION OF THEIR EXEMPT STATUS BEFORE THEY ARE CONSIDERED FOR ASSISTANCE. RECIPIENT ORGANIZATIONS ARE REQUIRED TO PROVIDE DELIVERING GOOD, INC., WITH A REPORT DETAILING HOW FUNDS WERE USED OR DISTRIBUTED IN THEIR COMMUNITY PRIOR TO RECEIVING ADDITIONAL SUPPORT.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2019

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 **1b**

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

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

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" 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 **7**

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 **8**

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

	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) 2019

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 & CEO	(i)	292,647.	42,500.	0.	11,200.	9,367.	355,714.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 7:

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

THE FOLLOWING INDIVIDUALS RECEIVED BONUS IN 2019:

LISA GURWITCH - \$42,500

EDA TEKEOGLU - \$1,750

DONNA CHARLES - \$11,000

MERRIE KELLER - \$6,000

DIONISIA HATZIS - \$4,500

CARLA FATTAL - \$3,500

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

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		135,859,880.	SELLING PRICE
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) 2019

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.

Horizontal lines for supplemental information input.

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

2019

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 NATIONWIDE
NETWORK OF AGENCY PARTNERS TO DISTRIBUTE GOODS, AND BRING HOPE, DIGNITY
AND SELF-ESTEEM TO AT-RISK CHILDREN, FAMILIES, AND ADULTS. IN THIS WAY,
WE AIM TO BUILD A MORE EQUITABLE WORLD IN WHICH CHILDREN, ADULTS, AND
FAMILIES FACING ECONOMIC, MEDICAL, SOCIAL, AND ENVIRONMENTAL CHALLENGES
HAVE THE USEFUL ITEMS THAT THEY NEED AND VALUE, IN ORDER TO OVERCOME
ADVERSITY AND REACH THEIR FULL POTENTIAL.

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 2019, OUR NETWORK OF DONORS PROVIDED OVER 11 MILLION UNITS OF NEW
PRODUCT VALUED AT \$135,859,880 WHICH WE DISTRIBUTED TO APPROXIMATELY
885 COMMUNITY PARTNERS WORLDWIDE. MONETARY DONATIONS AND OTHER

Name of the organization DELIVERING GOOD, INC.	Employer identification number 13-3300271
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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 2019, MAJOR RETAIL PROGRAMS INCLUDED A CONTINUING PARTNERSHIP WITH CARTERS WHICH IN 2019 EXPANDED THE REACH AND SIZE OF ITS CHARITABLE ACCOMPLISHMENTS, PROVIDING 638,942 UNITS OF PRODUCT VALUED AT A TOTAL OF \$4,544,104. DELIVERING GOOD ALSO CONTINUED OUR LONGSTANDING PARTNERSHIP WITH BURLINGTON TO MATCH COATS DURING THE WINTER SEASON TO AGENCIES IN SELECTED COMMUNITIES ACROSS THE COUNTRY WITH A SUBSTANTIAL NEED IN THEIR SERVED POPULATION.

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. CONSUMERS ARE INCREASINGLY CHOOSING TO SUPPORT COMPANIES THAT 'DO GOOD', AND COMPANIES ARE DOING THEIR BEST TO KEEP UP WITH THIS NEW CONSUMER DEMAND. FOR SEVERAL YEARS, DELIVERING GOOD HAS BEEN AT THE FOREFRONT OF THIS MOVEMENT TO ENGAGE CORPORATE PARTNERS IN MEANINGFUL ACTION, AND 2019 CONTINUED THIS RECORD OF OUTREACH BY SECURING \$1,670,868 IN PURPOSE MARKETING FUNDS, AND BUILDING AWARENESS ACROSS BUSINESS-TO-BUSINESS AND BUSINESS-TO-CONSUMER CHANNELS BY PARTNERING WITH NEW AND CURRENT BRANDS TO PROACTIVELY SUPPORT AND INCREASE

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ORGANIZATION'S VISIBILITY AND RECOGNITION. KEY BRAND PARTNERS INCLUDED AMERICAN EAGLE OUTFITTERS, WHOSE POINT OF SALE PROGRAM CONTRIBUTED \$1.5 MILLION TO DELIVERING GOOD'S WORK DURING THE YEAR, AS WELL AS ANN TAYLOR, BURLINGTON, KIDBOX, AND WACOAL.

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. THE PAST YEAR OF 2019 SAW MAJOR NATURAL DISASTERS ACROSS THE GLOBE, A SET OF TRAGEDIES THAT DISPLACED TENS OF THOUSANDS OF FAMILIES FROM THEIR HOMES, TOOK MORE THAN 3,000 LIVES IN TOTAL, AND DEALT LONG-TERM DAMAGE TO HOMES, BUSINESSES, AND COMMUNITY INFRASTRUCTURE IN IMPACTED REGIONS. DELIVERING GOOD RESPONSE TO DISASTER INCLUDED A PROGRAM TO PROVIDE AID TO THE BAHAMAS FOLLOWING HURRICANE DORIAN, RELIEF FOR FLOODS IN THE AMERICAN MIDWEST, AND A PARTNERSHIP WITH THE TOY FOUNDATION TO PROVIDE GIFTS TO UNDERSERVED CHILDREN IN THE WAKE OF DISASTER AND DEPRIVATION.

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 INSPIRITY, A PROFESSIONAL EMPLOYER ORGANIZATION

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("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.

- 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, INCLUDING A RIGHT TO HIRE OR TERMINATE AND RESOLVE WORKPLACE DISPUTES NOT SUBJECT TO A COLLECTIVE BARGAINING AGREEMENT. HOWEVER, INSPERITY DOES NOT MAINTAIN A RIGHT TO MAKE DECISIONS OR GIVE DIRECTION WITH REGARD TO THE PRODUCTS PRODUCED OR SERVICES PROVIDED BY DELIVERING GOOD.

THE TOTAL AMOUNT OF SERVICE FEE PAID TO INSPERITY FOR THE TAX YEAR ENDING 12/31/19 WAS \$31,188.

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

THE ORGANIZATION AMENDED THEIR BYLAWS, MAKING THE FOLLOWING CHANGES TO THE

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BOARD OF DIRECTORS AND COMMITTEES OF THE BOARD SECTIONS.

REGARDING RESIGNATION AND REMOVAL, UPON A CHANGE IN PROFESSIONAL AFFILIATION OF A DIRECTOR, THE DIRECTOR SHALL SUBMIT HIS OR HER RESIGNATION TO THE SECRETARY OF THE CORPORATION, ALONG WITH A REQUEST, IF DESIRED, TO CONTINUE TO SERVE ON THE BOARD. THE EXECUTIVE COMMITTEE SHALL REVIEW THE DIRECTOR'S PAST BOARD PARTICIPATION AND LIKELIHOOD OF CONTINUED FULFILLMENT OF BOARD OBLIGATIONS AND RESPONSIBILITIES, AND ACCEPT OR REJECT THE RESIGNATION WITHIN THIRTY (30) DAYS OF RECEIPT OF THE RESIGNATION.

REGARDING THE NOMINATING COMMITTEE, THE FOLLOWING LANGUAGE HAS BEEN REMOVED "NO COMPANY SHALL HAVE MORE THAN ONE REPRESENTATIVE ON THE BOARD; PROVIDED THAT MULTINATIONAL CORPORATIONS MAY HAVE UP TO TWO REPRESENTATIVES IF THEY ARE FROM DIFFERENT DIVISIONS. NOTWITHSTANDING THIS RULE, HARESH THARANI AND MICHAEL SETOLA MAY SERVE ON THE BOARD EVEN THOUGH THEY ARE (OR IN THE FUTURE MAY CONTINUE TO BE) FROM THE SAME COMPANY OR GROUP OF COMPANIES."

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

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ORGANIZATION. IF A CONFLICT OF INTEREST EXISTS, THE INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE 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 15A:

COMPENSATION FOR THE PRESIDENT 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 2019.

RECORDS OF THE COMPENSATION COMMITTEE'S COMPENSATION DECISIONS ARE MAINTAINED. THIS PROCESS WAS LAST UNDERTAKEN IN 2019.

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

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AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, NH, NJ, NM, NY, NC, ND, OR, PA, RI, SC, TN, UT
VA, WV, WI

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 -10,000.

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.

Type or print	Name of exempt organization or other filer, see instructions. DELIVERING GOOD, INC.	Taxpayer identification number (TIN) 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, 22ND FLOOR	
	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

RON ROSTOW, DIRECTOR OF FINANCE & ADMINISTRATION

- The books are in the care of ▶ **266 W 37TH STREET, 22ND FLOOR - 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 TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 16, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2019** 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.