** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public

A I	OI LIN	e 2021 Calefidat year, or tax year beginning	enuing	_	
B c	heck if pplicabl	C Name of organization		D Employer identific	cation number
	Addre	DELIVERFUND			
	Name chang	Doing business as		47-19556	01
	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address) 3800 MAPLE AVE, SUITE 500	Room/suite	E Telephone numbe 214-484-	
	⊒return. termin ated	_		G Gross receipts \$	6,169,471.
	□Amen	, , , , , , , , , , , , , , , , , , , ,			
	_return ∏Applic	·		H(a) Is this a group re	
	⊥tion pendii		937	for subordinates	·····= =
	_	_		H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)	or 527	1 '	list. See instructions
_		te: WWW.DELIVERFUND.ORG	T	H(c) Group exemptio	
	orm of	organization: X Corporation	L Year	of formation: 2014 N	M State of legal domicile: CO
	1	Briefly describe the organization's mission or most significant activities: ${ t SEE t}$	SCHEDU	LE O	
Governance					
r s	2	Check this box 🕨 🔛 if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	sets.
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	8
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			7
Š	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		5	23
ij	6	Total number of volunteers (estimate if necessary)		6	7
Activities &	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, Part I, line 11		7b	0.
				Prior Year	Current Year
Φ	8	Contributions and grants (Part VIII, line 1h)		1,931,178.	5,520,563.
Revenue	9	Program service revenue (Part VIII, line 2g)		210,067.	33,333.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-2,995.	-7,262.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6,784.	-5,841.
	l	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,145,034.	5,540,793.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	l	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
(0	l	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,050,189.	1,678,074.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ber		Total fundraising expenses (Part IX, column (D), line 25) 585, 24	45.		
Ă	I	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,249,293.	3,667,209.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,299,482.	5,345,283.
		Revenue less expenses. Subtract line 18 from line 12		-154,448.	195,510.
- S		Toveride loce experiese. Cabillact mile 10 from mile 12		ginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)	50	873,111.	1,201,268.
Ass. Bal	21	Total liabilities (Part X, line 26)		85,787.	218,434.
let,	22	Net assets or fund balances. Subtract line 21 from line 20		787,324.	982,834.
Pa	rt II	Signature Block		, , , , , , , , ,	302,0020
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	s and stateme	ents, and to the hest of my	knowledge and helief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh		•	miowicago ana bonoi, it io
uu,	COLLEC	t, and complete. Declaration of preparer (other than officer) is based on an information of wi	non proparoi	ilas ally kilowicuge.	
Sign	•	Signature of officer		Date	
Her		NICHOLAS MCKINLEY, CEO			
пеі	е	Type or print name and title			
			П	Date Check C	PTIN
Paid	I	Print/Type preparer's name Preparer's signature STEPHEN LIVINGSTON STEPHEN LIVINGST		8/29/22 of self-employ	
			T OTA 0		41-0746749
	arer		500	FIFITI S EIIN	<u>0/40/43</u>
use	Only	Firm's address 501 AMERICAS PARKWAY NE, SUITE ALBUQUERQUE, NM 87110	200	Dhana 50	5-842-8290
		12 22 2		Phone no. 3 U	
May	tne II	RS discuss this return with the preparer shown above? See instructions			X Yes No

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Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	DELIVERFUND DISRUPTS GLOBAL HUMAN TRAFFICKING MARKETS BY COMBINING
	UNIQUELY QUALIFIED PERSONNEL WITH THE BEST TECHNOLOGIES, AND THEN
	LEVERAGING THEM IN NEW WAYS TO REACH AND RESCUE VICTIMS OF HUMAN
	TRAFFICKING.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
_	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$ 4,525,867 • including grants of \$ 0 •) (Revenue \$ 37,149 •)
4a	(Code:) (Expenses \$ 4,525,867. including grants of \$0.) (Revenue \$37,149.) PROVIDED TECHNOLOGY, TRAINING, INTELLIGENCE, ADVICE, AND OTHER COUNTER
	HUMAN TRAFFICKING SERVICES TO LAW ENFORCEMENT AND REGULATORY
	AUTHORITIES FOR THE PURPOSE OF DISRUPTING AND REDUCING HUMAN
	TRAFFICKING MARKETS. INFORMED THE PUBLIC AS TO THE PROBLEM OF HUMAN
	TRAFFICKING, AND OF THE IMPORTANCE OF UTILIZING INTELLIGENCE
	METHODOLOGIES TO COUNTER HUMAN TRAFFICKING. PERFORMED INTELLIGENCE
	COLLECTION AND ANALYSIS ON HUMAN TRAFFICKERS AND THEIR NETWORKS, AND
	TURNED THAT INTELLIGENCE OVER TO LAW ENFORCEMENT. PARTNERED WITH LAW
	ENFORCEMENT AT ALL LEVELS IN MULTIPLE STATES TO DIRECTLY SUPPORT
	COUNTER HUMAN TRAFFICKING OPERATIONS.
4b	(Code:) (Expenses \$
	/ (State of the state of the st
4c	(Code:) (Expenses \$
	Other program convices (Describe on Schodule O.)
4d	Other program services (Describe on Schedule O.)
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 4,525,867.
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	151111 (2521)

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Form 990 (2021) DELIVERFUND
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۰		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	- '-		1
8	, ,			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	_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? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization asswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the appropriation projection of the construction of the Light of Object	14a		X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1 1 a		 ^`
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		1
15		45		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			 ₩
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		77	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	_X_	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

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			Yes	No
22 Did th	ne organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	X, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
	ne organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
and fo	ormer officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	dule J	23	Х	
	ne organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	ay of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	dule K. If "No," go to line 25a	24a		<u>X</u>
	ne organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	ne organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	ax-exempt bonds? ne organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	in 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
	action with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
	e organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	he transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	dule L, Part I	25b		Х
	ne organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	mer officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	olled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
	ne organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	or or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
entity	(including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		_X_
28 Was t	the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
instru	ctions for applicable filing thresholds, conditions, and exceptions):			
a A curr	rent or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
"Yes, '	" complete Schedule L, Part IV	28a		<u>X</u>
	nily member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		<u>X</u>
c A 35%	% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	" complete Schedule L, Part IV	28c	X	
	ne organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
	ne organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
contri	ibutions? If "Yes," complete Schedule M	30		$\frac{x}{x}$
	ne organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part Ine organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
	\cdot	32		Х
	dule N, Part II ne organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
	ons 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
	the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	/, line 1	34	х	
	ne organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	s" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
	on 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
If "Yes	s," complete Schedule R, Part V, line 2	36		_X_
37 Did th	ne organization conduct more than 5% of its activities through an entity that is not a related organization			
and th	hat is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_X_
38 Did th	ne organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	: All Form 990 filers are required to complete Schedule O	38	Х	
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
	the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 59 the number of Forms W-2G included on line 1a Enter -0- if not applicable 1b 0			
	The frame of Fermi Wild mode of Fine Tal. Effect of Fine applicable			
	ne organization comply with backup withholding rules for reportable payments to vendors and reportable gaming bling) winnings to prize winners?	1c	Х	
132004 12-09-2				(2021)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 23			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
•	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
-	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
-	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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

	Check if Schedule O contains a response or note to any line in this Part VI						X
Sec	tion A. Governing Body and Management						
						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		8			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		_7			
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?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision				
	of officers, directors, trustees, or key employees to a management company or other person?				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9			г	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?			5		X
6	Did the organization have members or stockholders?				6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap						
	more members of the governing body?				7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st		•				
	persons other than the governing body?				7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	,	ŭ				
а	The governing body?				8a	<u>X</u>	
b	Each committee with authority to act on behalf of the governing body?				8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						,,,
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)				Γ
40-	Did the consecutive have been been been been as of the consecutive of			٦	10-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?			⊦	10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such ch				401-		
44.	•		ro filing the form	г	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body. Describe on Schedule O the process, if any, used by the organization to review this Form 990.	beio	re ming the form	'	11a		
b 120				- 1	12a	Х	
12a	Did the organization have a written conflict of interest policy? <i>If</i> "No," go to line 13				12b	- 21	Х
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			·····	120		125
С		,			12c	Х	
13	on Schedule O how this was done			Γ	13	X	
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?			г	14	X	
15	Did the process for determining compensation of the following persons include a review and approva			····			
.0	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-	асрепасти				
а	The organization's CEO, Executive Director, or top management official				15a	Х	
	Other officers or key employees of the organization				15b	X	
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			····			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	vith a				
	taxable entity during the year?				16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			···			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	•				
	exempt status with respect to such arrangements?			[16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶AL, AK, AR, CA, C	0,C	T,DC,FL,	GA,	HI,	IL,	, KS
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar						
	for public inspection. Indicate how you made these available. Check all that apply.				-		
	Own website Another's website X Upon request Other (explain	on S	chedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	, and	financ	cial	
	statements available to the public during the tax year.		_				
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks an	d records _				
	NICHOLAS MCKINLEY - 214-484-7924						
	1005 BAKER AVE, # 7C, WHITEFISH, MT 59937						
132006	SEE SCHEDULE O FOR FULL LIST OF STATES	_	·	_	Form	990	(2021)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

(A)	(B)			((Pos	C)			(D)	(E)	(F)
Name and title	Average		not c	heck i	more	than c		Reportable	Reportable	Estimated
	hours per week		, unles cer an					compensation from	compensation from related	amount of other
	(list any	ctor						the	organizations	compensation
	hours for	r dire				ted		organization	(W-2/1099-MISC/	from the
	related	stee c	ruste		au	pensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	nal tru	io nal t		ploye	t com ee		1099-NEC)		and related
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JEREMY MAHUGH	50.00	_	_		Ť	- e	ш.			
SENIOR VICE PRESIDENT				Х				270,682.	0.	0.
(2) SALVADOR HERNANDEZ	40.00									
SENIOR TARGETING ANALYST						X		100,909.	0.	0.
(3) MICHAEL FULLILOVE	40.00	1								
CHIEF OF OPERATIONS				Х				98,542.	0.	0.
(4) SEAN FENNEMA	40.00	1								
CHIEF INFORMATION OFFICER	F0 00			Х				98,444.	0.	0.
(5) NICHOLAS MCKINLEY	50.00	٠,,		7,7				01 011	0	
CEO/BOARD CHAIR (6) MATTHEW HERFIELD	5.00	Х		Х				81,911.	0.	0.
(6) MATTHEW HERFIELD VICE CHAIR	3.00	х		х				0.	0.	0.
(7) DEBBIE MAESTAS	5.00	^						0.	0.	0.
TREASURER	3.00	Х		Х				0.	0.	0.
(8) MILLA PERRY-JONES	5.00	25						•	•	, ·
MEMBER		х						0.	0.	0.
(9) MAUREEN CASEY	5.00							-	-	-
MEMBER		Х						0.	0.	0.
(10) MICHAEL GOGUEN	5.00									
MEMBER		Х						0.	0.	0.
]								
		<u> </u>								
		1								
		-								
	-	1								
		 								
		1								
		1								
		1								

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

ı aı	Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	High R	ghes	it C	ompensated Employee	s (continued)				
	(A)	(B)			(C Pos	C)			(D)	(E)			(F)	
	Name and title	Average hours per		not c	heck	more	than o		Reportable compensation	Reportable compensation			timate	
		week					is both or/trus		from	from related	'	an	nount other	υi
		(list any	ector						the	organizations		com	pensa	tion
		hours for related	or din	96			ated		organization	(W-2/1099-MISO	2/		om th	
		organizations	rustee	l truste		99	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		•	anizat d relat	
		below	Individual trustee or director	Institutional trustee	_	Key employee	Highest compensated employee	ы	1099-NEO)				anizati	
		line)	Indivi	Instit	Officer	Key er	Highe emplo	Former						
											\dashv			
											\dashv			
											\neg			
											\dashv			
											\dashv			
	Subtotal							>	650,488.		0.			0.
С	Total from continuation sheets to Part VI	I, Section A							0.		0.			0.
	Total (add lines 1b and 1c)							<u> </u>	650,488.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	oove	e) wh	o re	eceived more than \$100,	000 of reportable				2
	compensation from the organization												Yes	No
3	Did the organization list any former officer,	director, truste	ee. k	ev e	lame	ove	e. or	hia	hest compensated empl	ovee on	ſ			
	line 1a? If "Yes," complete Schedule J for s	•	,	,	•	,	,	•		,		3		Х
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	or such individual			4	Х	
5	Did any person listed on line 1a receive or a									lual for services				
	rendered to the organization? If "Yes," com	plete Schedule	e J fo	or su	ıch <u>ı</u>	pers	on .					5		X
	tion B. Independent Contractors							41.		100,000 of comm		:		
1	Complete this table for your five highest co the organization. Report compensation for	•	-							· · · · · · · · · · · · · · · · · · ·	ansat	ion irc	OITI	
	(A)	ino calonidal y	Jui C	, ruii	.g **		<u> </u>		(B)			(0	;)	
	Name and business	address	NC	ONE	C				Description of s	ervices	C		nsatio	n
										-				
2	Total number of independent contractors (in		ot lin	nited	d to			ted	above) who received mo	ore than				
	\$100,000 of compensation from the organization	zation				(<u> </u>					_	000	2001
												⊢orm	990 (2021)

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Form 990 (2021)
Part VIII

Statem	ant	Λf	Da	ıαn	110
Statem	CIIL	UI.	ne	veii	uc

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
SS	1	a Federated campaigns1a					
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues 1b					
S S		c Fundraising events 1c	552,865.				
fts,		d Related organizations 1d	302,000.				
ij gi			171,741.				
ons,		e Government grants (contributions) 1e	1/1,/11.				
utio er (f All other contributions, gifts, grants, and	4 705 057				
ĕŧ		similar amounts not included above 1f	4,795,957.				
ont		g Noncash contributions included in lines 1a-1f	927,476.	F F20 F62			
<u>0</u> <u>8</u>		h Total. Add lines 1a-1f		5,520,563.			
			Business Code				
Ce	2	a INTELLIGENCE SERVICES	900099	33,333.	33,333.		_
e vi		b					_
Se	(c					
eve		d					
Program Service Revenue		e					
<u>P</u>	1	f All other program service revenue					
		g Total. Add lines 2a-2f		33,333.			
	3	Investment income (including dividends, interes	est, and				
		other similar amounts)	>	232.			232.
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
		(i) Real	(ii) Personal				
	6	a Gross rents 6a					
		b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		d Net rental income or (loss)					
		a Gross amount from sales of (i) Securities	(ii) Other				
	•	assets other than inventory 7a 401,054.	1				
		b Less: cost or other basis					
ø							
her Revenue							
eve		, , , , , , , , , , , , , , , , , , , ,		-7,494.			-7,494.
ت ھ		d Net gain or (loss)	P	7,454.			7,454.
	8	a Gross income from fundraising events (not					
Ò		including \$ 552,865. of					
		contributions reported on line 1c). See	100 254				
		Part IV, line 18	<u> </u>				
		b Less: direct expenses8b		2			
		Net income or (loss) from fundraising events	_	0.			
	9	a Gross income from gaming activities. See					
		Part IV, line 199a					
		b Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10	a Gross sales of inventory, less returns					
		and allowances 10a					
		b Less: cost of goods sold10k	31,876.				
\square		c Net income or (loss) from sales of inventory		-9,657.			-9,657.
ω			Business Code				
ñ a	11	OTHER INCOME	900099	3,816.	3,816.		
Miscellaneous Revenue		b					
eve		c					
lisc B		d All other revenue					
2		e Total. Add lines 11a-11d		3,816.			
	12	Total revenue. See instructions		5,540,793.	37,149.	0.	-16,919.

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Form **990** (2021)

Form 990 (2021) DELIVERFUND Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons			(C)	(D)
	not include amounts reported on lines 6b, 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				
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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	540 570	305 005	27 724	205 960
_	trustees, and key employees	549,579.	305,995.	37,724.	205,860.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	1,010,998.	706,440.	93,183.	211,375.
7 8	Other salaries and wages Pension plan accruals and contributions (include	±,0±0,000	,00,440•	JJ, 10J•	211,515
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	4,853.	3,636.	734.	483.
10	Payroll taxes	112,644.	77,905.	9,918.	24,821
11	Fees for services (nonemployees):		7.75000	2,525	
· . а					
b		924.	849.	75.	
	Accounting	95,936.	57,985.	12,617.	25,334
d		•	,	,	•
е					
f					
g					
	column (A), amount, list line 11g expenses on Sch O.)	2,441,041.	2,405,147.	32,740.	3,154.
12	Advertising and promotion	155,143.	128,396.	4,489.	22,258.
13	Office expenses	36,964.	27,217.	3,737.	6,010.
14	Information technology	485,050.	461,879.	11,773.	11,398.
15	Royalties				
16	Occupancy	186,676.	170,084.	5,242.	11,350.
17	Travel	104,319.	74,204.	1,046.	29,069.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	2 2 5 1	2 254		
19	Conferences, conventions, and meetings	2,361.	2,361.		
20	Interest				
21	Payments to affiliates	10 200	10 010	A A	200
22	Depreciation, depletion, and amortization	12,365. 19,333.	12,012. 19,333.	44.	309.
23	Insurance	19,333.	19,333.		
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),				
а	amount, list line 24e expenses on Schedule 0.) BANK & OTHER FEES	48,130.	32,283.	3,713.	12,134.
a b	ED 3 TUTUO	23,796.	17,805.	3,713.	2,065
C	MENTO	17,904.	12,378.	515.	5,011.
d	T TOTALCE AND THE	15,924.	1,933.	3,948.	10,043
	All other expenses SEE SCH O	21,343.	8,025.	8,747.	4,571
25	Total functional expenses. Add lines 1 through 24e	5,345,283.	4,525,867.	234,171.	585,245
<u>25 </u>	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)				

47-1955601 Page 11 Form 990 (2021)
Part X Balance Sheet DELIVERFUND

Га	IL A	Charle if Cahadula Charleina a managana an		line is this Deat V			
		Check if Schedule O contains a response or I	iote to any	IIINE IN THIS PART X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			560,132.	1	505,011.
	2	Savings and temporary cash investments			•	2	<u>, </u>
	3	Pledges and grants receivable, net			193,976.	3	57,856.
	4	Accounts receivable, net			21,567.	4	17,818.
	5	Loans and other receivables from any current			,		,
	•	trustee, key employee, creator or founder, su					
		controlled entity or family member of any of the		·		5	
	6	Loans and other receivables from other disqu	•				
		under section 4958(f)(1)), and persons describ	•	,		6	
"	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ass	9	Prepaid expenses and deferred charges			45,312.	9	44,105.
	l	Land, buildings, and equipment: cost or othe					
	104	basis. Complete Part VI of Schedule D		68,195.			
	h	Less: accumulated depreciation		30,524.	43,082.	10c	37,671.
	11	Investments - publicly traded securities			10,0021	11	520,198.
	12	Investments - other securities. See Part IV, lin				12	10,000.
	13	Investments - other securities. See Fart IV, lin				13	
	14			Г		14	
	15	Intangible assets Other assets. See Part IV, line 11	9,042.	15	8,609.		
	16	Total assets. Add lines 1 through 15 (must e			873,111.	16	1,201,268.
	17	Accounts payable and accrued expenses			85,787.	17	218,434.
	18	Grants payable			0377071	18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
	22	Loans and other payables to any current or for				21	
Liabilities	22	trustee, key employee, creator or founder, su					
Ξ		controlled entity or family member of any of the				22	
Ë	23	Secured mortgages and notes payable to unr				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,				24	
	23	parties, and other liabilities not included on lin					
		of Schedule D	165 17-24).	Complete Fart A		25	
	26	Total liabilities. Add lines 17 through 25			85,787.	26	218,434.
	20	Organizations that follow FASB ASC 958, or			05,707.	20	210,454.
S		and complete lines 27, 28, 32, and 33.	Heck Here				
nce	27				688,674.	27	881,608.
ala					98,650.	28	101,226.
g B	28	Net assets with donor restrictions			20,030.	20	101,2200
Ë		Organizations that do not follow FASB ASC	, 956, CHE	ck liefe			
<u>p</u>	200	and complete lines 29 through 33.	do			200	
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fun				29	
1556	30	Paid-in or capital surplus, or land, building, or				30	
∍t A	31	Retained earnings, endowment, accumulated			787,324.	31	982,834.
ž	32	Total net assets or fund balances			873,111.	32	1,201,268.
	33	Total liabilities and net assets/fund balances			0/3,111.	33	1,201,200.

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Pa	rt 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	5,54		
2	Total expenses (must equal Part IX, column (A), line 25)				83.
3	Revenue less expenses. Subtract line 2 from line 1			5,5	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	78	7,3	<u>24.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	98	2,8	34.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			_	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	·	2c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
	Act and OMB Circular A-133?	-	За		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
_	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2021)

SCHEDULE A

(Form 990)

Total

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

2021

Open to Public Inspection

Employer identification number Name of the organization DELIVERFUND 47-1955601 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	908,634.	864,887.	2334462.	1931178.	5520563.	11559724.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	908,634.	864,887.	2334462.	1931178.	5520563.	11559724.
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)						2793777.
6	Public support. Subtract line 5 from line 4.						8765947.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	908,634.	864,887.	2334462.	1931178.		11559724.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	27.	1,326.	4,325.	111.	232.	6,021.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	5,217.	4,863.				10,080.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)		6,679.	7,070.	21,012.	22,219.	56,980.
11	Total support. Add lines 7 through 10						11632805.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	339,336.
13	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop	here					
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2021 (li	ne 6, column (f), d	vided by line 11, c	olumn (f))		14	75.36 %
15	Public support percentage from 2020	Schedule A, Part	I, line 14			15	76 . 92 %
16a	33 1/3% support test - 2021. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies as a publicly supported organization						
b	b 33 1/3% support test - 2020. 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 quali	fies as a publicly s	upported organiza	ition			▶□
17a	7a 10% -facts-and-circumstances test - 2021. 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			-	•	VI how the organiz	zation
	meets the facts-and-circumstances te	_	•	• • •	-		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets th				-		. —
	organization meets the facts-and-circu						▶∐
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	<u>s</u>

Schedule A (Form 990) 2021

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
K	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						_
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(a) 2010	(4) 2020	(a) 2021	(f) Total
	Amounts from line 6	(a) 2017	(b) 2016	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organizati	on,
							>
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2021 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	<u>%</u>
	Public support percentage from 2020					16	<u>%</u>
	ction D. Computation of Inves						
17	Investment income percentage for 20			ne 13, column (f))		17	<u>%</u>
18						18	<u>%</u>
19a	a 33 1/3% support tests - 2021. If the						7 is not
_	more than 33 1/3%, check this box ar						>
k	33 1/3% support tests - 2020. If the						
20	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	in alla not crieck a	DUX UIT III IE 14, 198	a, or 190, crieck th	no dux anu see ins		

132023 01-04-22

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
- CE		
3с		
00		
4a		
40		
4h		
4b		
_		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

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Par	TIV Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		
	11c below, the governing body of a supported organization?	+	
	A family member of a person described on line 11a above?	_	
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI.		
Sec	tion B. Type I Supporting Organizations		т —
		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the		
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		
Sec	supervised, or controlled the supporting organization. 2 tion C. Type II Supporting Organizations		
		Yes	No
4	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	162	NO
1	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)		
Sec	the supported organization(s). 1 tion D. All Type III Supporting Organizations		
		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	103	110
•	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? If "No," explain in Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a		
	significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		
	supported organizations played in this regard.		
Sec	tion 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).		
а	The organization satisfied the Activities Test. Complete line 2 below.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction	on <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		
	those supported organizations and explain how these activities directly furthered their exempt purposes,		
	how the organization was responsive to those supported organizations, and how the organization determined		
	that these activities constituted substantially all of its activities.	\perp	
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in		
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in		
	these activities but for the organization's involvement.	\bot	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	_	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.		

2021.04021 DELIVERFUND

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Schedule A (Form 990) 2021

DELIVERFUND

	t V Type III Non-Functionally Integrated 509(a)(3) Support	ng Organi	zations	rage (
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	lov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete S	Sections A through E.	
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	ınization (see

Schedule A (Form 990) 2021

instructions).

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continu}	ıed)				
Secti	ction D - Distributions Current Year							
1	Amounts paid to supported organizations to accomplish exer		1					
2	Amounts paid to perform activity that directly furthers exemp							
	organizations, in excess of income from activity		2					
3	Administrative expenses paid to accomplish exempt purpose	3	3					
4	Amounts paid to acquire exempt-use assets		4					
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5				
6	Other distributions (describe in Part VI). See instructions.	,		6				
7	Total annual distributions. Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to which the	e organization is responsive						
	(provide details in Part VI). See instructions.			8				
9	Distributable amount for 2021 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount			10				
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ıs	(iii) Distributable Amount for 2021			
1	Distributable amount for 2021 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2021 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2021							
<u>a</u>	From 2016							
b	From 2017							
с	From 2018							
d	From 2019							
е	From 2020							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2021 distributable amount							
i_	Carryover from 2016 not applied (see instructions)							
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2021 from Section D,							
	line 7: \$							
<u>a</u>	Applied to underdistributions of prior years							
b	Applied to 2021 distributable amount							
с	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2022. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
а	Excess from 2017							
b	Excess from 2018							
с	Excess from 2019							
d	Excess from 2020							
	Excess from 2021							

Schedule A (Form 990) 2021

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:
PROMOTIONAL MDSE SALES
2018 AMOUNT: \$ 6,679.
2019 AMOUNT: \$ 7,070.
2020 AMOUNT: \$ 9,328.
2021 AMOUNT: \$ 22,219.
OTHER INCOME
2020 AMOUNT: \$ 11,684.
SCHEDULE A, PART II, LINE 9:
PURSUANT TO THE IRS SCHEDULE A INSTRUCTIONS, THE FUNDRAISING EVENT NET
INCOME FROM THE PRIOR YEAR RETURNS IS REPORTED ON THIS LINE. THIS NET
INCOME IS NOT SUBJECT TO UNRELATED BUSINESS INCOME TAX SINCE IT IS NOT
REGULARLY CARRIED ON.

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization	Employer identification number
DELIVERFUND	47-1955601

Organization type (check one):						
Filers of	f:	Section:				
Form 99	0 or 990-EZ	X 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	10-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
X	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \bigsim \frac{1}{2} \int \frac{1}{2}					
answer '	"No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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 requirements of Schedule B (Form 990).				

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

47-1955601

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		_ _ \$ <u>1,560,159.</u> _	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$400,000.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions - \$ 333,333.	Person X Payroll
(a)	(b)	(c)	(d)
No. 5	Name, address, and ZIP + 4	Total contributions - \$ 142,975.	Person X Payroll
(a)	(b)	(c)	(d)
No. 6	Name, address, and ZIP + 4	Total contributions - \$ \$ 125,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

47-1955601

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

Page 3

Name of organization Employer identification number

DELIVERFUND

47-1955601

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	4,416 TOTAL SHARES CONTRIBUTED THAT WERE DIVIDED AMONG 33 DIFFERENT PUBLICLY TRADED COMPANIES		
		\$898,882.	11/03/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
123453 11-11	04	\$	Schedule R (Form 990)

Page 4

Schedule B (Form 990) (2021) Name of organization **Employer identification number** DELIVERFUND 47-1955601 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

123454 11-11-21

Schedule B (Form 990) (2021)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization DELIVERFUND **Employer identification number** 47-1955601

Par	t I Organizations Maintaining Donor Advised Funds	or Other Similar Fund	ds 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 ad	vised funds
	are the organization's property, subject to the organization's exclusive le	egal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in $\boldsymbol{\nu}$	vriting that grant funds can l	pe used only
	for charitable purposes and not for the benefit of the donor or donor adv	visor, or for any other purpos	se conferring
_	impermissible private benefit?		
Par	t II Conservation Easements. Complete if the organization a	answered "Yes" on Form 99	0, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check a	ıll that apply).	
	Preservation of land for public use (for example, recreation or edu	cation) 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	vation contribution in the for	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b			
С	Number of conservation easements on a certified historic structure inclu		
d	Number of conservation easements included in (c) acquired after 7/25/0		
	listed in the National Register		
3	Number of conservation easements modified, transferred, released, extin	nguished, or terminated by t	the organization during the tax
_	year >		
4	Number of states where property subject to conservation easement is lo	<u> </u>	_
5	Does the organization have a written policy regarding the periodic monit		
•		f violations, and enforcing as	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of	i violations, and emorcing co	onservation easements during the year
7	Amount of expanses insurred in manifering, inspecting, handling of yield	ations, and onforcing consor	viction accoments during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violating \$\infty\$ \$	ations, and emorcing conser	vation easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the	o requirements of section 1	70/h)/4\/P\/i\
0			
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easemer		
3	balance sheet, and include, if applicable, the text of the footnote to the	•	
	organization's accounting for conservation easements.	organization 3 ililanolai state	ments that describes the
Par	t III Organizations Maintaining Collections of Art, His	torical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part I		
1a	If the organization elected, as permitted under FASB ASC 958, not to re		t and balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition	•	
	service, provide in Part XIII the text of the footnote to its financial statem	·	•
b	If the organization elected, as permitted under FASB ASC 958, to report		
	art, historical treasures, or other similar assets held for public exhibition,		
	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 continuous		
	the following amounts required to be reported under FASB ASC 958 rela		
а	Revenue included on Form 990, Part VIII, line 1	-	> \$
b	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions for Form		Schedule D (Form 990) 2021

	t III Organizations Maintaining C		t. Histo	orical Tre	easures. o	r Other		4 / −⊥9 r Assets			ige =
3	Using the organization's acquisition, accession								CONTINU	iea)	
3		on, and other record	is, crieck	arry or trie	ioliowing tha	illane si	grillicarit	ase or its			
_	collection items (check all that apply): Public exhibition	_	d 🗍 I	oon or ove	hanaa nraar	am.					
a					change progra						
b	Scholarly research Preservation for future generations	,		Julei							
C 1		lloctions and explai	n how the	ov further th	ao organizatio	n'o ovon	ant nurna	oo in Dort	VIII		
4 5	Provide a description of the organization's co During the year, did the organization solicit or							se iii Fait	AIII.		
3	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arrang										<u> INO</u>
	reported an amount on Form 990, Par		iete ii tile	organizatio	ni answered	165 011	101111 990	, raitiv,	ii ie 9, 0i		
12	Is the organization an agent, trustee, custodia		diany for c	ontribution	e or other acc	eate not i	ncluded				
Ia	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XIII								_ 1es		JIVO
b	ii res, explain the arrangement in Part Alli a	and complete the lo	mownig ta	able.					Amount		
_	Paginning balance						1c		7 tillodilt		
۲ C	Additions during the year						. —				
u	Additions during the year										
f	Distributions during the year										
20	Ending balance Did the organization include an amount on Fo						+0		Yes		No
	<u> </u>								_] NO
Pai	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete in										
	2.1 Complete 1	(a) Current year		rior year	(c) Two yea			/ears back	(e) Four	vears	hack
10	Beginning of year balance	(a) carrone year	(2):	nor your	(6) 1110 you	TO BUOK	(4) 111100	ouro buon	(O) rour	youro	- Duoit
1a h											
b	Contributions Not investment earnings gains and lesses										
۲ C	Net investment earnings, gains, and losses										
a	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
· ·	Administrative expenses										
g	End of year balance		. (lina 1 a	aalumn (a	// hold oo:						
2	Provide the estimated percentage of the curr	•	e (iirie Tg	, column (a	I)) riela as.						
a	Board designated or quasi-endowment		%								
D	Permanent endowment	% %									
С											
2-	The percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentage of the percentage	•	ation that	ore held o	ad administa	ad for th		ation			
Sa	Are there endowment funds not in the posses	ssion of the organiza	ation that	. are neio ai	na aaministei	ea for th	e organiza	ation	Г	Yes	No
	by:										
	(i) Unrelated organizations								3a(i)		
h	(ii) Related organizations	tions listed as requi	rod on Co	hodulo D2					3a(ii)		
_	Describe in Part XIII the intended uses of the								3b		
4 Pai	t VI Land, Buildings, and Equipm		WITHELL IL	irius.							
	Complete if the organization answered		0. Part IV	. line 11a. S	See Form 990	. Part X.	line 10.				
	Description of property	(a) Cost or o			t or other		ccumulate	2d	(d) Book	valu	
	bescription of property	basis (investr			(other)		oreciation		(a) Book	vaia	•
	Land	<u> </u>	,		. ,						
b	Buildings	I									
c	Leasehold improvements			1	9,912.		8,7	38.	11	,1'	74.
d	Equipment				8,283.		21,7				97.
	Other						, -				
	. Add lines 1a through 1e. (Column (d) must e		X colum	n (R) line 1	(OC.)			•	37	, 6'	71.

Schedule D (Form 990) 2021

Part VII Investments - Other Securities.			1333331 Age 5
Complete if the organization answered "Yes"		•	
(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"		•	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-от-year market value
<u>(1)</u>			
(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.	
	Description		(b) Book value
(1)			(-7
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	: 15.)		
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	,		nat reports the
organization's liability for uncertain tax positions under	FASB ASC 740. Check he	ere if the text of the footnote has been pro	vided in Part XIII X

Schedule D (Form 990) 2021

	dule D (Form 990) 2021 DELIVERFUND		47-1955601 Page	, 4
Par	t XI Reconciliation of Revenue per Audited Financial Statem		Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.		_
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	Net unrealized gains (losses) on investments		_	
b	Donated services and use of facilities	2b	_	
С	Recoveries of prior year grants	2c	_	
d	Other (Describe in Part XIII.)	•	_	
е	Add lines 2a through 2d			_
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b		_	
b	Other (Describe in Part XIII.)	4b	_	
С	Add lines 4a and 4b			_
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pai	T XII Reconciliation of Expenses per Audited Financial Staten	· · · · · · · · · · · · · · · · · · ·	r Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12			_
1	Total expenses and losses per audited financial statements		1	_
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a	_	
b	Prior year adjustments	2b	_	
С	Other losses	2c	_	
d	Other (Describe in Part XIII.)		_	
е	Add lines 2a through 2d			_
3	Subtract line 2e from line 1		. 3	_
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b		_	
b	Other (Describe in Part XIII.)	4b	_	
С	Add lines 4a and 4b		. 4c	_
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	_
	t XIII Supplemental Information.			
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV, lines 1b and 2b; Part V, lin	ne 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 ad	lditional information.		
PAF	RT X, LINE 2:			_
	ODGINITATION TO A NOW TOD DROUTE CORDORA			
THE	ORGANIZATION IS A NOT-FOR-PROFIT CORPORA	TION AND HAS BEI	EN RECOGNIZED	_
3 C	MAY TYPENDE DUDGUANE EO GEG. FO1/G\/2\ OF	MIID TAMBONAT DE		
AS	TAX-EXEMPT PURSUANT TO SEC. 501(C)(3) OF	THE INTERNAL REV	VENUE CODE. THE	_
OD 6	NAMED AGOINMENT OF THE PAGE TO A CONTINUE OF THE PAGE		CEDMED IN MILE	
ORG	SANIZATION HAS ADOPTED ACCOUNTING PRINCIPE	ES GENERALLY ACC	CEPTED IN THE	_
UNI	TTED STATES OF AMERICA, AS THEY RELATE TO	UNCERTAIN TAX PO	OSITIONS, AND	
HAS	S EVALUATED ITS TAX POSITIONS TAKEN FOR OF	PEN TAX YEARS. CU	URRENTLY, 2018	
THF	ROUGH 2021 TAX YEARS ARE OPEN AND SUBJECT	TO EXAMINATION.	THE	_
ORG	GANIZATIONS BELIEVES THAT ALL ACTIVITIES A	AND TRANSACTIONS	ARE WITHIN	

THEIR TAX-EXEMPT PURPOSE, AND THAT THERE ARE NO UNCERTAIN TAX POSITIONS.

Schedule D (Form 990) 2021	DELIVERFUND		47-1955601	Page 5
Schedule D (Form 990) 2021 Part XIII Supplemental Info	rmation (continued)			
	·			

SCHEDULE G (Form 990)

Department of the Treasury

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.

OMB No. 1545-0047

Open to Public

Internal Revenue Service Name of the organization ► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection **Employer identification number**

DELIVER	FUND				47-1955	601	
Part I Fundraising Activities. required to complete this par	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not	
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a							
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	ustody trol of	(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				
Fotal			•				
3 List all states in which the organization or licensing.	on is registered or licensed to solicit o	contrib	utions	or has been notified	it is exempt from re	gistration	

132081 10-21-21

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

Schedule G (Form 990) 2021

Pa	rt I					
_		of fundraising event contributions and gro				ts greater than \$5,000.
			(a) Event #1 FIRE AND WHISKEY	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
4			(event type)	(event type)	(total number)	- col. (c))
une						
Revenue	1	Gross receipts	741,119.			741,119.
ш	2	Less: Contributions	552,865.			552,865.
	3	Gross income (line 1 minus line 2)	188,254.			188,254.
			,			,
	4	Cash prizes				
(O	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	145,775.			145,775.
irect E>	7	Food and beverages	2,689.			2,689.
D	8	Entertainment	350.			350.
	9	Other direct expenses	20 440			39,440.
	10	Direct expense summary. Add lines 4 through	\ <u></u>		>	188,254.
	11	1	•			0.
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	I	(I.) Dull tabe/instant	<u> </u>	(a) Tatal manaina (add
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						() ()
Ŗ	1	Gross revenue				
S	2	Cash prizes				
irect Expenses	3	Noncash prizes				
Jirect E	4	Rent/facility costs				
О	_	Other direct expenses				
_	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No	No /*	
	7	Direct expense summary. Add lines 2 through			>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
						_
		ter the state(s) in which the organization condu	_			
		he organization licensed to conduct gaming ac	ctivities in each of these s	states?		Yes No
b	If "	No," explain:				
	_					
		ere any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax y	/ear?	Yes No
J	"	. со, одран.				
	_					
13208	2 10	-21-21			Sche	edule G (Form 990) 2021

Schedule G (Form 990) 2021 DELIVERFUND	47-1955601 Page 3
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 for	
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	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and	
Name	
Address >	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue	ue? Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and a	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 \$	
Carring 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	
	Yes No
retain the state gaming license?	
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 (A) and Doublik Proce O. Ob. 10b
	and (v); and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	



SCHEDULE J (Form 990)

Compensation Information

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

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

➤ Attach to Form 990.

2021

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Department of the Treasury

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

Name of the organization

DELIVERFUND

Part I Questions Regarding Compensation

Employer identification number
47-1955601

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		<u>X</u>
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		_X_
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	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:			v
	The organization?	5a		<u> </u>
b	Any related organization?	5b		Λ
_	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:	6-		Х
	The organization?	6a 6b		X
D	Any related organization?	OD		-25
7	If "Yes" on line 6a or 6b, describe in Part III.			
′	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	Х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		22	
3		8		Х
9	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	٦		
•	Regulations section 53 /458.6/c/2	a		

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

Schedule J (Form 990) 2021

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 and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JEREMY MAHUGH	(i)	55,000.	0.	215,682.	0.	0.	270,682.	0.
SENIOR VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							_
	(ii)							_
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 3

Schedule J (Form 990) 2021

SCHEDULE L

Department of the Treasury Internal Revenue Service

(Form 990)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open To Public Inspection

Name of th	ne organization I	DELIVERF	UND								ident 556		on nu	mber
Part I				501(c)(3	3), sect	ion 501(c)(4), and se	ction 501(c)(29)	orgar				-		
	Complete if the	organization ar	nswered "Yes" or	Form 9	990, Pa	art IV, line 25a or 25b	o, or Form 990-E	Z, Pa	art V, I	ine 40	b.			
1 (a) Na	me of disqualified p	person (b) Relationship be			lified	c) Description o	f trans	sactio	ın		(d)	Corre	cted?
	mo or aloqualition p	Soloon	person and	organiz	ation	'	5, 2000/10110					Y	es	No
												-	-	
												+	-	
												+	\dashv	
	the amount of tax	•	•	•		qualified persons dur	• ,			> \$				
	the amount of tax,									\$				
		<u>, , , , , , , , , , , , , , , , , , , </u>			•									
Part II	Loans to and	d/or From I	nterested Pe	rsons	•									
						, Part V, line 38a or I	Form 990, Part	V, line	e 26; d	or if th	e orga	nizatio	n	
	reported an amo				2. oan to or	(-) Ovininal	(0.5.)	. 1		\ l.=	(h) An	proved	(2) \A	/ritten
		(b) Relationsh with organizati		fro	m the nization?	(e) Original principal amount	(f) Balance of	iue) In ault?	(h) Ap by bo comm	ard or	agree	ment?
	·			To	From	1		l	Yes	No	Yes	No	Yes	Т
				_										
				_										
				-							-			
Total						> \$								
Part III	Grants or As	sistance B	enefiting Inte	reste	d Per	sons.								
	Complete if the		nswered "Yes" or	Form	990, Pa		1							
(a) N	lame of interested _l	person	(b) Relationshi interested pe the organi	rson ar		(c) Amount of assistance		Type sistand) Purp assista		f
			ine organi							+				
										-+				
										\dashv				

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

Schedule L (Form 990) 2021

Complete if the organization answere (a) Name of interested person	(b) Relation	nship between	interested	(c) Amount of	(d) Description of	(e) Sha	(e) Sharing of organization's		
	person	and the organ	nization	transaction	transaction	revenues? Yes No			
BRITTNEY MAHUGH	FAMILY	MEMBER	OF JE	7,132.	EVENT PLANN		X		
Part V Supplemental Information. Provide additional information for response.	ponses to ques	stions on Sche	edule L (see ir	nstructions).			<u> </u>		
SCH L, PART IV, BUSINESS '	TRANSACT	CIONS IN	VOLVIN	G INTERESTE	ED PERSONS:				
(A) NAME OF PERSON: BRITTI	NEY MAHU	JGH							
(B) RELATIONSHIP BETWEEN	INTEREST	ED PERS	ON AND	ORGANIZATI	ON:				
FAMILY MEMBER OF JEREMY MA	анисн с	FFTCER							
	-		33337370	1/2 D.V.E.E.T.1/					
(D) DESCRIPTION OF TRANSAGE	CTION: E	EVENT PI	ANNING	, MARKETING	and and				
FUNDRAISING. FOR THE FUNI	DRAISING	COMPEN	SATION	AGREEMENT,	BRITNEY				
RECEIVES A PERFORMANCE BOI	NUS OF 1	0% OF T	HE FUN	DS SOLICITE	ED AND COLLE	CTED	•		

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

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.

Employer identification number Name of the organization DELIVERFUND 47-1955601

Par	TI Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de		_	_
		applicable		Form 990, Part VIII, line 1g	noncash contribu	lion ai	Hounts	
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	2	927,476.	STOCK EXCHAI	NGE	VAI	JUE
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 27	Other ()							
27 20	Other ()							
<u>28</u> 29	Other ()	ation during	the tay year for a	ontributions				
29	Number of Forms 8283 received by the organization which the organization completed Form 8283							
	101 Which the organization completed form 020	o, rait v, D	oriee Ackilowiedgi	ement [29]			Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I lines 1 throug	h 28 that it		100	
	must hold for at least three years from the date							
	exempt purposes for the entire holding period?					30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance po	olicy that re	quires the review o	of any nonstandard contribut	ions?	31	х	
	Does the organization hire or use third parties o	•	·	•	***************************************			
	contributions?		-			32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	lumn (c) for	a type of property	for which column (a) is ched	cked,			
	describe in Part II.							

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

Schedule M (Form 990) 2021

132142 11-17-21

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

Open to Public

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

DELIVERFUND

Employer identification number 47-1955601

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: TRAIN, AND ADVISE AUTHORITIES, AND TO INFORM THE PUBLIC, ABOUT COUNTER HUMAN TRAFFICKING.

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

THE TREASURER AND CHAIRMAN REVIEW THE 990 AND APPROVE. IT IS THEN REVIEWED BY ALL MEMBERS OF THE BOARD BEFORE FILING.

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

THE BOARD SHALL ADOPT AND PERIODICALLY REVIEW A CONFLICT OF INTEREST POLICY TO PROTECT THE CORPORATION'S INTEREST WHEN IT IS CONTEMPLATING ANY TRANSACTION OR ARRANGEMENT WHICH MAY BENEFIT ANY DIRECTOR, OFFICER EMPLOYEE, AFFILIATE, OR MEMBER OF A COMMITTEE WITH BOARD-DELEGATED POWERS. IN ADDITION, INTERNET USE SHALL NOT CONFLICT WITH PRIMARY PURPOSE ITS ETHICAL RESPONSIBILITIES OR WITH APPLICABLE LAWS AND OF DELIVERFUND, REGULATIONS. EACH USER IS PERSONALLY RESPONSIBLE TO ENSURE THAT THESE GUIDELINES ARE FOLLOWED. SERIOUS REPERCUSSIONS, UP TO AND INCLUDING TERMINATION, MAY RESULT IF THE GUIDELINES ARE NOT FOLLOWED.

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

THE BOARD USES U.S. GOVERNMENT GS SCALE SALARY LEVELS IN DETERMING THE COMPENSATION OF THE OFFICERS AND ANY OTHER KEY EMPLOYEES. THE BOARD THEN DELIBERATES AND VOTES ON THE COMPENSATION PACKAGES AND RECORDS IT IN THE BOARD MINUTES.

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

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021	Page
Name of the organization DELIVERFUND	Employer identification number 47-1955601
AL,AK,AR,CA,CO,CT,DC,FL,GA,HI,IL,KS,KY,ME,MD,MA,MI,MN,MS	NV,NH,NJ,NM,NY,NC
ND,OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, O	CONFLICT OF
INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE	E PUBLIC.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
SUBCONTRACTORS:	
PROGRAM SERVICE EXPENSES	2,405,147.
MANAGEMENT AND GENERAL EXPENSES	32,740.
FUNDRAISING EXPENSES	3,154.
TOTAL EXPENSES	2,441,041.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,441,041.
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSE	ß:
EQUIPMENT EXPENSE:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	7,010.
FUNDRAISING EXPENSES	1,497.
TOTAL EXPENSES	8,507.
TELEPHONE AND INTERNET:	
PROGRAM SERVICE EXPENSES	6,123.
MANAGEMENT AND GENERAL EXPENSES	348.
FUNDRAISING EXPENSES	487.
TOTAL EXPENSES	6,958.

Schedule O (Form 990) 2021 Page 2 Name of the organization **Employer identification number** DELIVERFUND 47-1955601 SHIPPING FEES: PROGRAM SERVICE EXPENSES 1,402. MANAGEMENT AND GENERAL EXPENSES 869. 2,398. FUNDRAISING EXPENSES 4,669. TOTAL EXPENSES DUES & SUBSCRIPTIONS: PROGRAM SERVICE EXPENSES 500. 520. MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES 189. 1,209. TOTAL EXPENSES TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A 21,343.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

	DELIVERFUND						47-19556	01	
Part I Ider	ntification of Disregarded Entities. Complete	e if the organization answered "Yes"	on Form 990, Part IV, line 33	з.					
Nan	(a) ne, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	r Total incom	me End-of-year	assets	Direct c	(f) Direct controlling entity	
Idos	ntification of Related Tax-Exempt Organizat	ione. Complete if the examination of	nowared "Vee" on Form 900	Part IV line 24 h	and the day of	or more	related tox ever	nnt	
Part II orga	anizations during the tax year.	ions. Complete if the organization a	nswered res difform 990	, Fait IV, IIIIe 54, L	ecause it riad one c	or more	Telated tax-exer	прс	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Direc	(f) ct controlling entity	Section 5 contr	olled ty?
					501(c)(3))			Yes	No

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

organization a state at a particular particular year.											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	ntrolling Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	1	ortionate itions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag partn	Percentage ownership
		foreign country)		sections 512-514)		assets	Yes	No	K-1 (Form 1065)	Yes	10
	1										
	1										
	1										
	1										
	1										
	1										
	1										
	l .	L	l .	ı		l			1		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	tion (b)(13) rolled tity?
85-4144889, 3800 MAPLE AVE, STE 500, DALLAS,	COMMERCIAL COUNTER HUMAN TRAFFICKING SERVICES	ТX	DELIVERFUND	C CORP	115,000.	65,057.	100%		

DELIVERFUND 47-1955601 Schedule R (Form 990) 2021

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

b Giπ, grant, or capital contribution to related organization(s)				10	Λ			
c Gift, grant, or capital contribution from related organization(s)				1c		X		
d Loans or loan guarantees to or for related organization(s)				1d		X		
e Loans or loan guarantees by related organization(s)				1e		X		
f Dividends from related organization(s)				1f		X		
				1g		X		
h Purchase of assets from related organization(s)				1h		X		
i Exchange of assets with related organization(s)				1i		X		
j Lease of facilities, equipment, or other assets to related organization(s)				1 <u>j</u>		X		
k Lease of facilities, equipment, or other assets from related organization(s)				1k		X		
I Performance of services or membership or fundraising solicitations for related organ				11		X		
m Performance of services or membership or fundraising solicitations by related organ	nization(s)			1m		Х		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s)			1n		X		
Sharing of paid employees with related organization(s)				10		X		
						Х		
p Reimbursement paid to related organization(s) for expenses								
q Reimbursement paid by related organization(s) for expenses				1q		X		
r Other transfer of cash or property to related organization(s)				1r		X		
s Other transfer of cash or property from related organization(s)				1s		X		
2 If the answer to any of the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instruction of the above is "Yes," see the above	ho must complete th	is line, including covered re	elationships and transaction thresholds.					
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount in	/olved				
(1) DELIVERFUND COMMERCIAL OPERATIONS, LLC	В	10,000.	CASH CONTRIBUTED					
(2)								
(0)								
(3)								
(4)								
(4)								
(5)								
(V)								
(6)								
	ı		Schedule	R (Forr	n 990)	2021		
			Contract			_ _		

Page 3

Schedule R (Form 990) 2021 DELIVERFUND 47-1955601 Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionat allocatio	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) Percentage ownership