

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

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

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

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization DELIVERFUND		D Employer identification number 47-1955601
	Doing business as		E Telephone number 844-919-3863
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	1005 BAKER AVE STE B		G Gross receipts \$ 2,386,507.
City or town, state or province, country, and ZIP or foreign postal code WHITEFISH, MT 59937		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer: NICHOLAS MCKINLEY SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. See instructions	
J Website: WWW.DELIVERFUND.ORG		H(c) Group exemption number	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 2014	M State of legal domicile: CO

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	20
	6 Total number of volunteers (estimate if necessary)	6	26
	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.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	3,396,736.	2,160,416.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	37,481.	196,091.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-59,914.	-7,644.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,655.	7,237.
		3,379,958.	2,356,100.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,665,122.	1,483,119.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	354,516.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,027,571.	1,063,110.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,692,693.	2,546,229.	
19 Revenue less expenses. Subtract line 18 from line 12	-312,735.	-190,129.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	938,957.	681,584.
	22 Net assets or fund balances. Subtract line 21 from line 20	251,736.	185,640.
	687,221.	495,944.	

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	NICHOLAS MCKINLEY, CEO				
Type or print name and title					
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	STEPHEN LIVINGSTON	STEPHEN LIVINGSTON	09/05/24		P00317845
Firm's name CLIFTONLARSONALLEN LLP			Firm's EIN 41-0746749		
Firm's address 6501 AMERICAS PARKWAY NE, SUITE 500 ALBUQUERQUE, NM 87110			Phone no. 505-842-8290		

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: 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? [] Yes [X] No If "Yes," describe these new services on Schedule O.

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

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

4a (Code:) (Expenses \$ 1,990,031. including grants of \$ 0.) (Revenue \$ 197,894.) DELIVERFUND EQUIPS, TRAINS, AND ADVISES LAW ENFORCEMENT AUTHORITIES AND INFORMS THE PUBLIC TO COUNTER HUMAN SEX AND LABOR TRAFFICKING - SEE SCHEDULE O.

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

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

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 1,990,031.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
NIC MCKINLEY - (844)919-3863
1005 BAKER AVE STE B, WHITEFISH, MT 59937

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, box 6 of 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.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NICHOLAS MCKINLEY CEO/BOARD CHAIR	50.00	X		X			123,521.	0.	4,800.	
(2) CHRISTI NABORS DIRECTOR-FUNDRAISING DEVELOPMENT	50.00				X		124,521.	0.	3,310.	
(3) SEAN FENNEMA PRESIDENT	50.00			X			121,136.	0.	3,824.	
(4) MATTHEW HERFIELD VICE CHAIR	5.00	X		X			0.	0.	0.	
(5) DEBBIE MAESTAS TREASURER TO 5/23	5.00	X		X			0.	0.	0.	
(6) MAUREEN CASEY MEMBER	5.00	X					0.	0.	0.	
(7) MICHAEL GOGUEN MEMBER	5.00	X					0.	0.	0.	
(8) AL STINSON MEMBER	5.00	X					0.	0.	0.	
(9) KIM DEANDA TREASURER BEG 5/2023	5.00	X		X			0.	0.	0.	
(10) MANNA KO MEMBER BEG 3/2023	5.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							369,178.	0.	11,934.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							369,178.	0.	11,934.	

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	2,160,416.				
	g	Noncash contributions included in lines 1a-1f	1g	\$				
	h	Total. Add lines 1a-1f		2,160,416.				
Program Service Revenue	2 a	INTELLIGENCE SERVICES	Business Code					
			900099	196,091.	196,091.			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
g	Total. Add lines 2a-2f		196,091.					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		4.			4.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	6a	(i) Real				
				(ii) Personal				
	b	Less: rental expenses ...	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities				
				(ii) Other	1,800.			
	b	Less: cost or other basis and sales expenses	7b		9,448.			
	c	Gain or (loss)	7c		-7,648.			
d	Net gain or (loss)			-7,648.		-7,648.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events							
9 a	Gross income from gaming activities. See Part IV, line 19	9a						
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	10a		26,393.				
b	Less: cost of goods sold	10b		20,959.				
c	Net income or (loss) from sales of inventory			5,434.		5,434.		
Miscellaneous Revenue	11 a	OTHER INCOME	Business Code					
			900099	1,803.	1,803.			
	b							
	c							
	d	All other revenue						
e	Total. Add lines 11a-11d		1,803.					
12	Total revenue. See instructions		2,356,100.	197,894.	0.	-2,210.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
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, trustees, and key employees	253,281.	177,297.	50,320.	25,664.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,037,584.	870,879.	3,537.	163,168.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	87,376.	71,987.	2,283.	13,106.
10 Payroll taxes	104,878.	85,239.	4,272.	15,367.
11 Fees for services (nonemployees):				
a Management				
b Legal	38,234.		38,234.	
c Accounting	68,227.		68,227.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	202,595.	135,084.	1,171.	66,340.
12 Advertising and promotion	155,099.	148,383.	1,337.	5,379.
13 Office expenses				
14 Information technology	199,632.	184,896.	8,301.	6,435.
15 Royalties				
16 Occupancy	187,999.	169,845.	6,474.	11,680.
17 Travel	66,211.	56,527.	316.	9,368.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest	36.		36.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	16,231.	15,019.	902.	310.
23 Insurance	29,060.	27,592.	1,468.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a BANK & OTHER FEES	18,182.	216.	1,682.	16,284.
b LICENSES AND FEES	15,464.		7,481.	7,983.
c OTHER OPERATING EXPENSE	14,092.	4,366.	1,654.	8,072.
d TELEPHONE AND INTERNET	14,068.	14,068.		
e All other expenses SEE SCH O	37,980.	28,633.	3,987.	5,360.
25 Total functional expenses. Add lines 1 through 24e	2,546,229.	1,990,031.	201,682.	354,516.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	597,276.	1	437,658.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	68,512.	3	40,891.
	4 Accounts receivable, net	20,050.	4	9,841.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	26,252.	9	25,565.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 88,417.		
	b Less: accumulated depreciation	10b 58,749.	24,817.	10c 29,668.
	11 Investments - publicly traded securities	883.	11	6,039.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	201,167.	15	131,922.
16 Total assets. Add lines 1 through 15 (must equal line 33)	938,957.	16	681,584.	
Liabilities	17 Accounts payable and accrued expenses	60,333.	17	63,801.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	191,403.	25	121,839.
	26 Total liabilities. Add lines 17 through 25	251,736.	26	185,640.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	337,221.	27	403,115.
	28 Net assets with donor restrictions	350,000.	28	92,829.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	687,221.	32	495,944.
33 Total liabilities and net assets/fund balances	938,957.	33	681,584.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,356,100.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,546,229.
3	Revenue less expenses. Subtract line 2 from line 1	3	-190,129.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	687,221.
5	Net unrealized gains (losses) on investments	5	15.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-1,163.
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	495,944.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form **990** (2023)

SCHEDULE A
(Form 990)

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

2023

Open to Public Inspection

Name of the organization <p style="text-align:center;">DELIVERFUND</p>	Employer identification number <p style="text-align:center;">47-1955601</p>
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,334,462.	1,931,178.	5,520,563.	3,396,736.	2,160,416.	15,343,355.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2,334,462.	1,931,178.	5,520,563.	3,396,736.	2,160,416.	15,343,355.
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)						3,208,850.
6 Public support. Subtract line 5 from line 4.						12,134,505.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	2,334,462.	1,931,178.	5,520,563.	3,396,736.	2,160,416.	15,343,355.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4,325.	111.	232.	746.	4.	5,418.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	7,070.	21,012.	22,219.	25,795.	26,393.	102,489.
11 Total support. Add lines 7 through 10						15,451,262.
12 Gross receipts from related activities, etc. (see instructions)					12	531,236.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	78.53 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	77.54 %
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included 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 the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Contains questions 11a, 11b, 11c regarding gift acceptance.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1 and 2 regarding governing body powers and organization operation.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains question 1 regarding directors/trustees of supported organizations.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1, 2, 3 regarding support provided, officers, and investment policies.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1-3 regarding the Integral Part Test and Activities Test.

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	

Section 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2023

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Schedule A (Form 990) 2023

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

2019 AMOUNT: \$ 7,070.

2020 AMOUNT: \$ 9,328.

2021 AMOUNT: \$ 22,219.

2022 AMOUNT: \$ 25,795.

2023 AMOUNT: \$ 26,393.

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, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization

DELIVERFUND

Employer identification number

47-1955601

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Name of organization DELIVERFUND	Employer identification number 47-1955601
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 109,205.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 58,343.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization DELIVERFUND	Employer identification number 47-1955601
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization DELIVERFUND	Employer identification number 47-1955601
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

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

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

2023

Open to Public Inspection

Name of the organization DELIVERFUND Employer identification number 47-1955601

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure). 2. Conservation contribution details (table with 2 columns: Question, Held at the End of the Tax Year). 3-9. Questions about monitoring, expenses, and reporting requirements.

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

Form with questions 1a, 1b, 2, a, b regarding reporting requirements for art and historical treasures, including revenue and asset inclusion.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

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

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

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

- 1a** Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|----------------------------------------------|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment _____%
 - b** Permanent endowment _____%
 - c** Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---------------------------------------------------------------------------------------------------------|---------------|----|
| (i) Unrelated organizations? | 3a(i) | |
| (ii) Related organizations? | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		19,912.	17,588.	2,324.
d Equipment		68,505.	41,161.	27,344.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				29,668.

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1) DEPOSITS	11,514.
(2) ROU ASSETS	120,408.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	131,922.

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE LIABILITY	121,839.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	121,839.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	2,471,699.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	15.
b	Donated services and use of facilities	2b	94,625.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	94,640.
3	Subtract line 2e from line 1	3	2,377,059.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	-20,959.
c	Add lines 4a and 4b	4c	-20,959.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	2,356,100.

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

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

1	Total expenses and losses per audited financial statements	1	2,661,813.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	94,625.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	20,959.
e	Add lines 2a through 2d	2e	115,584.
3	Subtract line 2e from line 1	3	2,546,229.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	2,546,229.

Part XIII Supplemental Information

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

PART X, LINE 2:

THE ORGANIZATION HAD NO SIGNFICANT UNCERTAIN TAX POSITIONS FOR THE YEAR

ENDED DECEMBER 31, 2023.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

COST OF SALES OFFSET AGAINST REVENUE ON 990 -20,959.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF SALES 20,959.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization DELIVERFUND	Employer identification number 47-1955601
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO EQUIP, TRAIN, AND ADVISE AUTHORITIES, AND TO INFORM THE PUBLIC,
ABOUT COUNTER HUMAN TRAFFICKING.

FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:

DELIVERFUND IS DEDICATED TO FIGHTING HUMAN SEX AND LABOR TRAFFICKING BY
PROVIDING LAW ENFORCEMENT WITH RELIABLE AND ACTIONABLE INTELLIGENCE. WE
ALSO OFFER TRAINING AND OPERATIONAL SUPPORT TO AID LAW ENFORCEMENT AND
PROSECUTORS WITH DATA AND INTELLIGENCE TO CONVICT TRAFFICKERS AND
ULTIMATELY REACH AND RESCUE VICTIMS.

DELIVERFUND, WITH THE SUPPORT OF OUR DONORS, IS MAKING A LASTING IMPACT
BY ADVISING, TRAINING, AND EQUIPPING LAW ENFORCEMENT. DELIVERFUND
COLLABORATES CLOSELY WITH AND CONTINUES TO SUPPORT CLOSE TO 600 LAW
ENFORCEMENT AGENCIES, INCLUDING POLICE OFFICERS, DETECTIVES,
PROSECUTORS, FEDERAL AGENCIES, SHERIFFS, AND MORE. OUR TECHNOLOGY,
ANALYSTS, AND EMBEDDED ANALYSTS FULFILLED NEARLY 250 DIRECT REQUESTS
FOR INFORMATION (RFIS), DELIVERED OVER 150 DETAILED OSINT REPORTS,
ACTIVELY PARTICIPATED IN 12 OPERATIONS, AND PROVIDED OPERATIONAL
SUPPORT AS REQUESTED, INCLUDING HIGH-PROFILE SPORTS AND ENTERTAINMENT
EVENTS, WHICH LED TO AT LEAST 45 ARRESTS IN 2023. PROVIDED TRAINING TO
MORE THAN 500 LAW ENFORCEMENT PARTNERS, MEDICAL PROFESSIONALS, AND
PROSECUTORS ACROSS THE U.S. AND CONTINUED OUR PARTNERSHIP WITH SURVIVOR
LEADERS TO OFFER VICTIM-CENTRIC TRAINING TO OUR PARTNERS. TOGETHER, WE
ARE CREATING A UNITED FRONT AGAINST HUMAN TRAFFICKING, WORKING TO
SAFEGUARD COMMUNITIES AND ERADICATE EXPLOITATION.

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization DELIVERFUND	Employer identification number 47-1955601
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"IF THE LAW ENFORCEMENT THAT I CAME ACROSS ALL THOSE YEARS WERE TRAINED BY DELIVERFUND, I WOULD HAVE HAD A TOTALLY DIFFERENT OUTCOME. THEY WOULD HAVE HANDLED THE SITUATION WITH A DIFFERENT PERSPECTIVE. I FEEL THAT DELIVERFUND DELIVERS HOPE AND ALSO DELIVERS EDUCATION AND AWARENESS. AND BY DOING THAT, IT HELPS PREVENT AND INTERVENE."

ELIZABETH QUIROZ, AUTHOR AND LIVED EXPERIENCE EXPERT

TECHNOLOGY AND DATA: TECH THAT PROTECTS

IN 2023, WE PURCHASED A SECOND SUPERCOMPUTER THAT RUNS ALGORITHMS THAT COLLECT MORE DATA IN AN HOUR THAN WE COLLECTED IN THE FIRST FIVE YEARS OF OUR OPERATIONS. THIS MASSIVE AMOUNT OF DATA ALLOWS US TO FIND TRAFFICKERS FASTER, CONTROL OUR COSTS, AND INVEST IN THE MISSION'S SUSTAINABILITY. IN SHORT, WE ARE FINDING TRAFFICKERS AND FACILITATING LAW ENFORCEMENT OPERATIONS BETTER, FASTER, AND CHEAPER THAN EVER BEFORE.

DATA IS THE FUEL THAT FIRES THE COUNTER HUMAN TRAFFICKING ENGINE, AND THIS YEAR WE BOOSTED OUR COLLECTION EFFORTS SIGNIFICANTLY, RESULTING IN A 467% INCREASE IN DATA COLLECTION AND PROCESSING.

TOTAL POINTS OF DATA AS OF DEC 2023: 3,774,811,587

RED LIGHT DATA - IMPROVED HARDWARE, WHERE WE COLLECT MILLIONS OF NEW ADS WEEKLY.

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HT WATCHLIST THE HUMAN TRAFFICKING WATCHLIST IS THE ONLY DATA

REPOSITORY THAT ASSISTS USERS IN PROACTIVELY IDENTIFYING PERSONS KNOWN

OR SUSPECTED TO BE INVOLVED WITH HUMAN TRAFFICKING.

LAUNCHED ONLINE, ON-DEMAND TRAINING FOR LAW ENFORCEMENT-

DELIVERFUND'S COMMITMENT TO ERADICATING HUMAN TRAFFICKING STILL

STRETCHES BEYOND TECHNOLOGY; IT'S ALSO ABOUT EMPOWERING LAW ENFORCEMENT

AND PROSECUTORS WITH THE KNOWLEDGE AND TOOLS TO BE MORE EFFECTIVE IN

THE FIGHT. OUR INNOVATIVE IN-PERSON TRAINING PROGRAMS FOR LAW

ENFORCEMENT HAVE QUICKLY BECOME THE INDUSTRY STANDARD. HOWEVER, THEY

STILL NEED MORE THAN THE OFFICERS WHO CAN ATTEND IN THE LOCATION WHERE

THEY ARE HELD. TO MEET THE CHALLENGE OF GEOGRAPHY AND WORK SHIFTS

REQUIRED BY POLICE OFFICERS, WE HAVE MADE OUR MOST ESSENTIAL TRAINING

PROGRAM AVAILABLE ONLINE AND ON-DEMAND TO ANY OFFICER ANYWHERE.

IN-PERSON TRAINING-

DELIVERFUND'S INITIATIVE TO TRAIN MEMBERS OF THE HUMAN TRAFFICKING

RESCUE ALLIANCE IN HOUSTON, TEXAS, EXEMPLIFIES SIGNIFICANT

COLLABORATION IN THE FIGHT AGAINST HUMAN TRAFFICKING. THIS ALLIANCE,

COMPRISING VARIOUS LAW ENFORCEMENT AGENCIES ACROSS TEXAS, DEMONSTRATES

A COLLECTIVE EFFORT TO ADDRESS AND COMBAT HUMAN TRAFFICKING

EFFECTIVELY. DELIVERFUND'S INVOLVEMENT AND THE CRUCIAL SUPPORT FROM

DONORS HIGHLIGHT THE IMPORTANCE OF MULTIFACETED APPROACHES AND

COMMUNITY INVOLVEMENT IN TACKLING SUCH COMPLEX AND PERVASIVE ISSUES.

CONTINUED SUCCESS, EMBEDDED ANALYST PROGRAM-

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MAINTAINED (FOR THE THIRD YEAR) EMBEDDED DELIVERFUND INTELLIGENCE ANALYST WITHIN THE HOUSTON POLICE DEPARTMENT, ARMED WITH KNOWLEDGE IN INTELLIGENCE OPERATIONS, WORKED SIDE BY SIDE WITH POLICE OFFICERS, PROVIDING THEM WITH TIMELY AND TARGETED ASSISTANCE TO LAW ENFORCEMENT. PRODUCED VITAL INTELLIGENCE PRODUCTS AND TACTICAL LEADS, HELPING LAW ENFORCEMENT TRACK AND APPREHEND TRAFFICKERS. DONOR FUNDING MAKES IT POSSIBLE FOR US TO IMPLEMENT THIS ANALYST POSITION, TURNING FINANCIAL SUPPORT INTO ACTIONABLE RESULTS ON THE FRONT LINES WITH THE HOUSTON POLICE DEPARTMENT AT THE HUMAN TRAFFICKING RESCUE ALLIANCE IN HOUSTON.

THIS PROGRAM WILL BE EXPANDING TO OTHER CITIES IN 2024.

"AFTER CONDUCTING HUMAN TRAFFICKING INVESTIGATIONS FOR THE PAST FIVE YEARS, I CAN SAY WITH CERTAINTY THAT THE ONLY EFFECTIVE WAY TO UNCOVER VICTIMS AND ARREST TRAFFICKERS IS TO CONDUCT PROACTIVE OPERATIONS TO UTILIZE ACTIONABLE RELIABLE INTELLIGENCE WE ACTUALLY ACCOMPLISH THIS WHEN DELIVERFUND ASSISTS IN OUR PROACTIVE OPERATIONS/INVESTIGATIONS."

JOHN A. WALL, SERGEANT HOUSTON POLICE DEPT, VICE DIVISION/HUMAN TRAFFICKING UNIT

LAUNCHED FIRST DIGITAL TRAINING TO EMPOWER THE PUBLIC -

DELIVERFUND HAS ALWAYS WORKED TO EDUCATE THE PUBLIC ABOUT THE REALITIES OF HUMAN TRAFFICKING THROUGH OUR WEBSITES AND SOCIAL MEDIA ACCOUNTS. STILL, WE REALIZED WE NEEDED TO DO MORE TO HELP PEOPLE LEARN THE

REALITIES OF HUMAN TRAFFICKING AND LEARN TO DISPEL MYTHS SURROUNDING

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THE ISSUE. THIS LAST YEAR, WE LAUNCHED THE FIRST OF OUR ONLINE TRAINING PROGRAMS DESIGNED TO EDUCATE THE PUBLIC AS TO WHAT HUMAN TRAFFICKING IS AND WHAT THEY CAN DO ABOUT IT IN THEIR COMMUNITY. STARTING WITH OUR HUMAN TRAFFICKING 101 COURSE.

THE ONLINE TRAINING PROGRAMS, PRODUCED BY DONOR GENEROSITY, EMPOWER INDIVIDUALS WITH THE KNOWLEDGE TO IDENTIFY AND REPORT POTENTIAL TRAFFICKING SITUATIONS, ACTING AS A FIRST LINE OF DEFENSE IN THEIR COMMUNITIES. THE TRAINING ALSO FOSTERS A PROACTIVE ENVIRONMENT WHERE COMMUNITY MEMBERS ARE MORE VIGILANT AND RESPONSIVE TO THE SIGNS OF TRAFFICKING, THEREBY POTENTIALLY SAVING LIVES AND PREVENTING EXPLOITATION. MOREOVER, IT HELPS DISPEL MYTHS AND STEREOTYPES ABOUT VICTIMS, PROMOTING A MORE ACCURATE UNDERSTANDING OF THE DIVERSE BACKGROUNDS AND CIRCUMSTANCES OF THOSE AFFECTED.

LAUNCHED HT SAFEGUARD APP FOR THE FIRST TIME IN HISTORY, ANYONE CAN QUICKLY AND SAFELY SEARCH A PHONE NUMBER OR EMAIL ADDRESS TO SEE IF THEY ARE ASSOCIATED WITH POTENTIAL HUMAN TRAFFICKING ACTIVITY.

ALMOST ALL HUMAN TRAFFICKING INVESTIGATIONS START BY SEARCHING TO SEE IF A PHONE NUMBER OR EMAIL ADDRESS IS LINKED TO A COMMERCIAL SEX ADVERTISEMENT. CONFIRMING THAT CONTACT INFORMATION IS LINKED TO A COMMERCIAL SEX ADVERTISEMENT DOES NOT MEAN THE OWNER OF THAT CONTACT INFORMATION IS A HUMAN TRAFFICKER. STILL, IT DOES MEAN THAT CONTACT INFORMATION IS, OR WAS AT ONE TIME, LINKED TO POTENTIAL HUMAN TRAFFICKING INFORMATION. WHILE A PERSON CAN SEARCH FOR THIS

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INFORMATION THEMSELVES, IT WOULD TAKE A SUBSTANTIAL AMOUNT OF TIME TO
 SEARCH THE MYRIAD WEBSITES WHERE THIS INFORMATION CAN BE FOUND, AND THE
 VIEWER WOULD UNDOUBTEDLY BE EXPOSED TO COPIOUS AMOUNTS OF EXPLICIT AND
 PORNOGRAPHIC MATERIAL IN THE PROCESS.

YOU AND YOUR CHILDREN WHO HAVE SMARTPHONES NEEDED A BETTER WAY TO
 SCREEN CONTACT INFORMATION FOR POTENTIAL CONNECTIONS TO HUMAN
 TRAFFICKING, SO WE BUILT H.T. SAFEGUARD.

NOTABLE PARTNERSHIPS:

HUMAN TRAFFICKING RESCUE ALLIANCE (HTRA)

HUMAN TRAFFICKING TASK FORCE SOUTH FLORIDA

DEA

FBI

U.S. NAVAL CRIMINAL INVESTIGATIONS SERVICE

HOMELAND SECURITY

MISSOULA HUMAN TRAFFICKING TASK FORCE

CALTIPA

CRIME STOPPERS USA

Name of the organization DELIVERFUND	Employer identification number 47-1955601
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NW3C

LOGAN HEALTH

NDAA

OUTREACH, EDUCATION, AND ADVOCACY:

EDUCATED 1,800,000 PEOPLE THROUGH PODCASTS TO INFORM THEM ABOUT HUMAN TRAFFICKING.

WE REACHED 650,000 PEOPLE THROUGH SOCIAL MEDIA.

FEATURED IN MAJOR NEWS AND MEDIA OUTLETS INCLUDING MEN'S JOURNAL,

CHICAGO WGN, NTD NEWS, FOX NEWS CHANNEL, WBAP, CBS42, FOX8, AND

FM101KXL. AND FEATURED IN PODCASTS CLEARED HOT, SECURE TALK, EVERYDAY

WARRIOR, BETTER THAN RICH, TIPPING POINTS, THE KNOW FEAR PODCAST,

ETERNAL OPTIMIST, AND EVERYDAY ARMOR, TO NAME A FEW, ALL BRINGING

ATTENTION TO THE BILLION-DOLLAR SEX TRAFFICKING INDUSTRY.

WE THANK OUR DONORS AND PARTNERS FOR THEIR SUPPORT AND DEDICATION IN

THE FIGHT AGAINST HUMAN TRAFFICKING.

FORM 990, PART VI, SECTION A, LINE 8B:

THERE ARE NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING

BODY.

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

Name of the organization DELIVERFUND	Employer identification number 47-1955601
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THE TREASURER AND CHAIRMAN REVIEW THE 990 AND APPROVE. BOARD MEMBERS ARE GIVEN TEMPORARY ACCESS TO AN ONLINE, READ-ONLY COPY OF THE 990 BEFORE IT IS FILED. BOARD MEMBERS HAVE ONE WEEK TO COMMENT OR SUGGEST CHANGES.

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 OF DELIVERFUND, ITS ETHICAL RESPONSIBILITIES OR WITH APPLICABLE LAWS AND 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 DETERMINING 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. THE PROCESS DESCRIBED HERE WAS LAST COMPLETED IN 2023.

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

AK,AL,AR,CA,CO,CT,DC,FL,GA,HI,IL,KS,KY,MA,MD,ME,MI,MN,MS,NC,ND,NH,NJ,NM,NV NY,OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WI,WV

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

THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF

Name of the organization DELIVERFUND	Employer identification number 47-1955601
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INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC.

FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

EVENT EXPENSE:

PROGRAM SERVICE EXPENSES	12,339.
MANAGEMENT AND GENERAL EXPENSES	500.
FUNDRAISING EXPENSES	775.
TOTAL EXPENSES	13,614.

MEALS:

PROGRAM SERVICE EXPENSES	6,320.
MANAGEMENT AND GENERAL EXPENSES	1,714.
FUNDRAISING EXPENSES	3,885.
TOTAL EXPENSES	11,919.

DUES & SUBSCRIPTIONS:

PROGRAM SERVICE EXPENSES	4,937.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	52.
TOTAL EXPENSES	4,989.

TRAINING:

PROGRAM SERVICE EXPENSES	2,764.
MANAGEMENT AND GENERAL EXPENSES	568.
FUNDRAISING EXPENSES	487.
TOTAL EXPENSES	3,819.

SHIPPING FEES:

Name of the organization DELIVERFUND	Employer identification number 47-1955601
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PROGRAM SERVICE EXPENSES	2,273.
MANAGEMENT AND GENERAL EXPENSES	1,205.
FUNDRAISING EXPENSES	161.
TOTAL EXPENSES	3,639.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A	37,980.
