Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

. Inspection

AF	or th	e 2023 calendar year, or tax year beginning and o	ending		
B c	Check if pplicab	e: C Name of organization		D Employer identific	ation number
	Addre	ss DELIVERFUND			
	Name			47-1955601	
	Initial		Room/suite	E Telephone number	
	Final Final	1005 BAKER AVE STE B		844-919-3863	
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,386,507.
	Amen return	WHITEFISH, MI 59957		H(a) Is this a group ret	urn
	Applie tion	F Name and address of principal officer. A cholds Merrin Merrin		for subordinates?	Yes X No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates inc	luded? Yes No
<u> </u>]	Tax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c	or 🗌 527	If "No," attach a l	ist. See instructions
	Nebsi			H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year of	of formation: 2014 M	State of legal domicile: CO
Pa	art I	Summary			
Ð	1	Briefly describe the organization's mission or most significant activities:	HEDULE O		
Governance					
Srn (2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net asse	ets.
Š	3				7
യ ത	4	Number of independent voting members of the governing body (Part VI, line 1b) $\ $			6
es	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			20
ζİ	6	Total number of volunteers (estimate if necessary)			26
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
				Prior Year	Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)		3,396,736.	2,160,416.
enu	9	Program service revenue (Part VIII, line 2g)		37,481.	196,091.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-59,914.	-7,644.
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,655.	7,237.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		3,379,958.	2,356,100.
	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.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $\ _{.}$		1,665,122.	1,483,119.
u Se	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 354,5			
ш	1 "	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,027,571.	1,063,110.
		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			Beg	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		938,957.	681,584.
tAs	21	Total liabilities (Part X, line 26)		251,736.	185,640.
ER ER	22	Net assets or fund balances. Subtract line 21 from line 20		687,221.	495,944.
Pa	art II	Signature Block			
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	nts, 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	Signature of offi	cer	Date							
Here	NICHOLAS MCKINLEY, CEO									
	Type or print na	me and title								
	Print/Type prepa	arer's name	Preparer's signature	Date	Check PTIN					
Paid	STEPHEN LIV	INGSTON	STEPHEN LIVINGSTON	09/05/24	l self-employed P00317845					
Preparer	Firm's name	CLIFTONLARSONALLEN LLP			Firm's EIN 41-0746749					
Use Only	Firm's address	6501 AMERICAS PARKWAY NE,	SUITE 500							
ALBUQUERQUE, NM 87110 Phone no.505-842-										
May the IF	RS discuss this	return with the preparer shown abo	ve? See instructions		X Yes	No				
LHA For	Paperwork Re	duction Act Notice, see the separ	ate instructions. 332001 12-21-23		Form 99	0 (2023)				

Form	1990 (2023) DELIVERFUND	47-1955601 Pag	ge 2
	rt 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	Yes X	
	prior Form 990 or 990-EZ?	Yes 🕰	NO
~	If "Yes," describe these new services on Schedule O.	Yes X	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		NO
	If "Yes," describe these changes on Schedule O.	actived by expenses	
4	Describe the organization's program service accomplishments for each of its three largest program services, as me 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	
40	revenue, if any, for each program service reported. (Code:) (Expenses \$1,990,031. including grants of \$0.) (Revenue \$1)		<u>4</u> γ
4a	DELIVERFUND EQUIPS, TRAINS, AND ADVISES LAW ENFORCEMENT AUTHORITIES AND	\$	<u>.</u>)
	INFORMS THE PUBLIC TO COUNTER HUMAN SEX AND LABOR TRAFFICKING - SEE		
	SCHEDULE 0.		
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.		
33200	2 12-21-23	Form 990 (2	2023)

	990 (2023) DELIVERFUND 47-19556	01	Р	age 3
Par	t 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
-	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ŭ	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,			
'		7		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete</i>			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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			l
	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	Х	
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	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	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	х	
b	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		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the environment of the environment of the state of the like in the second state of the state	14a		x
b	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,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1		1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
10		15		x
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
10		10		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-		v
	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			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
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
20a	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			1
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
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DELIVERFUND

Form	<u>990 (2023)</u> DELIVERFUND 47-19556	01	Р	age 4
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		<u> </u>
U		24c		
h	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		<u> </u>
		<u>24u</u>		<u> </u>
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		<u> </u>
		35b		
36	within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	550		<u> </u>
30		26		x
97	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		x	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	л	<u> </u>
1 ai	Chaok if Schoolula O contains a reasonance or pate to any line in this Part V			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 2	-		
		2		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
332004	· 12-21-23	Form	990	(2023)

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	990 (2023)	DELIVERFUND		47-195560	1	P	age 5
Par	t V Stat	ements Regarding Other IRS Filings and Tax Compliance (continued)					
						Yes	No
2a	Enter the nu	mber of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the o	calendar year ending with or within the year covered by this return	2a	20			
b	If at least on	e is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	Х	
3a					3a		Х
b		it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
4a		during the calendar year, did the organization have an interest in, or a signature or other a					
	-	ount in a foreign country (such as a bank account, securities account, or other financial a		•	4a		х
b		er the name of the foreign country		,			
		ons for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR)			
5a		anization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		х
b		ble party notify the organization that it was or is a party to a prohibited tax shelter transac			5b		x
c		the 5a or 5b, did the organization file Form 8886-T?			50 50		
_		anization have annual gross receipts that are normally greater than \$100,000, and did th			50		
6a					60		х
h		tions that were not tax deductible as charitable contributions?			<u>6a</u>		
D		the organization include with every solicitation an express statement that such contributi		•	a 1		
_		deductible?			6b		
7	-	ns that may receive deductible contributions under section 170(c).			_		77
а		zation receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a		<u> </u>
b					7b		
С	•	nization sell, exchange, or otherwise dispose of tangible personal property for which it wa					
	to file Form 8	3282?	1		7c		X
d	If "Yes," indi	cate the number of Forms 8282 filed during the year	7d				
е	Did the orga	nization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	t?	7e		X
f	Did the orga	nization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		X
g	If the organiz	zation received a contribution of qualified intellectual property, did the organization file Fo	orm 88	99 as required?	7g		
h	If the organiz	ation received a contribution of cars, boats, airplanes, or other vehicles, did the organiza	tion fi	le a Form 1098-C?	7h		
8	Sponsoring	organizations maintaining donor advised funds. Did a donor advised fund maintained	l by th	e			
	sponsoring of	organization have excess business holdings at any time during the year?			8		
9	Sponsoring	organizations maintaining donor advised funds.					
а	Did the spor	soring organization make any taxable distributions under section 4966?			9a		
b	Did the spor	soring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501	(c)(7) organizations. Enter:					
а	Initiation fee	s and capital contributions included on Part VIII, line 12	10a				
b	Gross receip	ts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501	(c)(12) organizations. Enter:					
а	Gross incom	e from members or shareholders	11a				
b		e from other sources. (Do not net amounts due or paid to other sources against					
		e or received from them.)	11b				
12a		7(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
		er the amount of tax-exempt interest received or accrued during the year	12b				
13		(c)(29) qualified nonprofit health insurance issuers.					
a		zation licensed to issue qualified health plans in more than one state?			13a		
	•	e instructions for additional information the organization must report on Schedule O.					
b		ount of reserves the organization is required to maintain by the states in which the					
		is licensed to issue qualified health plans	13b				
с		ount of reserves on hand	13c				
14a					14a		x
		it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14a		
15		zation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
15					15		x
		chute payment(s) during the year?			15		
16		the instructions and file Form 4720, Schedule N.	ting	mo?	46		х
16		zation an educational institution subject to the section 4968 excise tax on net investment		ne?	16		^
4-		nplete Form 4720, Schedule O.					
17		(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac					
		esult in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
		nplete Form 6069.			E -	000	(0000)
332005	12-21-23				Form	330	(2023)

Pa	n 990 (2023) DELIVERFUND art VI Governance, Management, and Disclosure. For each "Yes" r	response to lines 2 through 7b below, and for a "No" res	l oqe
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or char		
	Check if Schedule O contains a response or note to any line in this Part VI	-	
Sec	ction A. Governing Body and Management		
			Yes
1a	Enter the number of voting members of the governing body at the end of the tax	year 1a 7	
	If there are material differences in voting rights among members of the governing body, or i	if the governing	
	body delegated broad authority to an executive committee or similar committee, explain on	Schedule 0.	
b	Enter the number of voting members included on line 1a, above, who are indeper	ndent 6	
2	Did any officer, director, trustee, or key employee have a family relationship or a b	ousiness relationship with any other	
	officer, director, trustee, or key employee?	2	
3	Did the organization delegate control over management duties customarily perfor		
	of officers, directors, trustees, or key employees to a management company or of	ther person? 3	
4	Did the organization make any significant changes to its governing documents sir		
5	Did the organization become aware during the year of a significant diversion of th		
6		6	
7a			
	more members of the governing body?		
b	Are any governance decisions of the organization reserved to (or subject to approximately a subject		
~		7b	
8	Did the organization contemporaneously document the meetings held or written actions unc		
a			х
b			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A,		
3	organization's mailing address? If "Yes." provide the names and addresses on Sc		
Sec	ction B. Policies (This Section B requests information about policies not require		
	This section B requests mornation about policies not require	ed by the Internal Revenue Code.)	Yes
10-	Did the exception have least chapters, branches, or effiliates?		163
	Did the organization have local chapters, branches, or affiliates?		
D	If "Yes," did the organization have written policies and procedures governing the and branches to ensure their operations are consistent with the exemptation of the procedure of the providence of the procedure of the procedu		
	and branches to ensure their operations are consistent with the organization's ex		х
	Has the organization provided a complete copy of this Form 990 to all members of		<u> </u>
	Describe on Schedule O the process, if any, used by the organization to review th		v
	Did the organization have a written conflict of interest policy? If "No," go to line 1		X
b			Х
С		,	
	on Schedule O how this was done		X
13	Did the organization have a written whistleblower policy?		Х
14	Did the organization have a written document retention and destruction policy?		Х
15	Did the process for determining compensation of the following persons include a		
	persons, comparability data, and contemporaneous substantiation of the delibera	ation and decision?	
а	The organization's CEO, Executive Director, or top management official		Х
b	Other officers or key employees of the organization		Х
	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	e or similar arrangement with a	
	taxable entity during the year?	<u>16a</u>	
b	If "Yes," did the organization follow a written policy or procedure requiring the org	ganization 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?		
Sec	ction C. Disclosure		
17	List the states with which a copy of this Form 990 is required to be filedSEE s	SCHEDULE O	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, it		vail
	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 gover		al
	statements available to the public during the tax year.		_~-
	State the name, address, and telephone number of the person who possesses th	e organization's books and records	
20		o organization o booko and recordo	
20	NIC MCKINLEI = (044) JIJ = 3003		
20	NIC MCKINLEY - (844)919-3863 1005 BAKER AVE STE B WHITEFISH MT 59937		
	1005 BAKER AVE STE B, WHITEFISH, MT 59937	Earm	990
		Form S	990

Employees, and Independer	nt Contract	ors								
Check if Schedule O contains a resp	onse or note to	o any	y line	e in t	his I	Part	VII			
Section A. Officers, Directors, Trustees, Key	Employees, a	nd H	ligh	est (Con	nper	isat	ed Employees		
 1a Complete this table for all persons required to List all of the organization's current officer Enter -0- in columns (D), (E), and (F) if no compendence 	rs, directors, tru	ustee								
 List all of the organization's current key er List the organization's five current highest of 									•	
who received reportable compensation (box 5 of \$100,000 from the organization and any related o • List all of the organization's former officers	Form W-2, box organizations.	60	f Foi	rm 1	099	-MIS	C, a	and/or box 1 of Form 10	99-NEC) of more than).000 of
reportable compensation from the organization a • List all of the organization's former director more than \$10,000 of reportable compensation f	ors or trustees rom the organi	tha zatic	at rec	ceive	ed, ir				or or trustee of the org	anization,
See the instructions for the order in which to list	•			4:						
Check this box if neither the organization r		orga	Iniza			nper	isate			(E)
(A)	(B)			Pos	C) sitior	n		(D)	(E)	(F)
Name and title	Average		not c	heck	more	than		Reportable compensation	Reportable	Estimated amount of
	hours per week		, unle icer ar					from	compensation from related	other
	(list any	tor						the	organizations	compensation
	hours for	director				Ð		organization	(W-2/1099-MISC/	from the
	related	ee or	Istee			insate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	nal tru		oyee	ompe		1099-NEC)		and related
	below	Individual trustee or	In stitutional trustee	Ser	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(1) NICHOLAS MCKINLEY	50.00									
CEO/BOARD CHAIR		Х		X				123,521.	0.	4,800
(2) CHRISTI NABORS	50.00	_								
DIRECTOR-FUNDRAISING DEVELOPMENT			-			X		124,521.	0.	3,310
(3) SEAN FENNEMA	50.00							101 126	_	2 004
PRESIDENT	F 00		-	X				121,136.	0.	3,824
(4) MATTHEW HERFIELD	5.00			x				0.	0.	0
VICE CHAIR (5) DEBBIE MAESTAS	5.00	X	\vdash	^				U.	0.	0
TREASURER TO 5/23	5.00	x		x				0.	0.	0
(6) MAUREEN CASEY	5.00						<u> </u>		••	
MEMBER		x						0.	0.	0
(7) MICHAEL GOGUEN	5.00									
MEMBER		x						0.	0.	0
(8) AL STINSON	5.00									
MEMBER		х						0.	0.	0
(9) KIM DEANDA	5.00									
TREASURER BEG 5/2023		х		x				0.	0.	0
(10) MANNA KO	5.00									
MEMBER BEG 3/2023		х						0.	0.	0
		-								
			\vdash							
			\vdash		<u> </u>	\vdash				
		4	1	1	1	1	1			

DELIVERFUND

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

Form 990 (2023)

7 2023.04020 DELIVERFUND Form 990 (2023)

47-1955601

Page 7

	000 [2020]	LIVERFUND									47-19	55603	1	Pa	age 8
Par	t VII Section A. Officers, Di	irectors, Trust	ees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title		(B) Average hours per week	box offic	not c , unles	ss per	ition more rson is	than c s both r/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related	I	an	(F) timate nount o other	
			(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		fr org and	pensa om the anizati d relate anizatio	e ion ed
1b	Subtotal									369,178.		0.		11,	934.
	Total from continuation she Total (add lines 1b and 1c) Total number of individuals (ir	ets to Part VII	, Section A				·····			0. 369,178.	000 of reportable	0. 0.		11,	0. 934.
2	compensation from the organ	-		ose	liste	u au	ove) wri		eceived more than \$100,				Yes	3 No
3	Did the organization list any f line 1a? If "Yes," complete Sc												3	163	x
4	For any individual listed on lin and related organizations gre	ne 1a, is the sur ater than \$150	m of reportable ,000? <i>If</i> "Yes,	e co " <i>co</i>	mpe mple	ensa ete S	tion Sche	and dule	oth J fo	ner compensation from the form	he organization		4		x
5 Sec	Did any person listed on line rendered to the organization? tion B. Independent Contract	? If "Yes," com											5		X
1	Complete this table for your f the organization. Report com	ive highest con										ensat	ion fro	m	
		(A) and business a		NO						(B) Description of s		с	(C ompei	;) nsatioi	n
2	Total number of independent \$100,000 of compensation fr		•	ot lin	nitec	d to f		e lis	ted	above) who received mo	ore than				
	· · · · · · · · · · · · · · · · · · ·	3 11=									ľ		Form	9 90 (2	2023)

ar	t VIII	Statement of Re	venue						_
		Check if Schedule O	contains a	a response	or note to any line		(P)		
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclud from tax unde sections 512 - {
s	1 a	Federated campaigns		1a					00010110 0 12
nnt		Membership dues							
B		Fundraising events							
ΓA		Related organizations							
nila		Government grants (contr		1e					
S		All other contributions, gifts,							
her		similar amounts not included			2,160,416.				
Ö	g	Noncash contributions included in		1g \$					
and Other Similar Amounts	h	Total. Add lines 1a-1f				2,160,416.			
					Business Code				
	2 a	INTELLIGENCE SERVIC	ES		900099	196,091.	196,091.		
e	b								
nue	с								
Revenue	d								
-	е								
		All other program service							
		Total. Add lines 2a-2f				196,091.			
	3	Investment income (includ	•						
		other similar amounts)				4.			
	4 Income from investment of tax-exempt bond pu				F				
	5	Royalties							
	_			(i) Real	(ii) Personal				
			6a						
		Less: rental expenses	6b						
		Rental income or (loss)	6c						
		Net rental income or (loss)		Securities	(ii) Other				
	<i>i</i> a	Gross amount from sales of		Securities	1,800.				
	Ь	assets other than inventory Less: cost or other basis	7a		1,000.				
,	b	and sales expenses	7b		9,448.				
	~	Gain or (loss)	70 7c		-7,648.				
		Net gain or (loss)			· · · · ·	-7,648.			-7,6
		Gross income from fundraisi				.,			.,
	0 4	including \$							
		contributions reported on		- 1					
		Part IV, line 18							
	b	Less: direct expenses			,				
		Net income or (loss) from							
	9 a	Gross income from gamin	g activitie	s. See					
		Part IV, line 19							
	b	Less: direct expenses							
		Net income or (loss) from							
	10 a	Gross sales of inventory, I							
		and allowances							
	b	Less: cost of goods sold		10	o 20,959.				
+	с	Net income or (loss) from	sales of ir	nventory .		5,434.			5,4
					Business Code				
e	11 a	OTHER INCOME			900099	1,803.	1,803.		
evenue	b								
Sev	С								
1		All other revenue			L	4 665			
		Total. Add lines 11a-11d				1,803.	107.001		
	12	Total revenue. See instruction	ons			2,356,100.	197,894.	0.	-2,2

	Check if Schedule O contains a respons	e or note to any line in t (A)	his Part IX	(C)	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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,	052 001	155 005	50.000	
	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)	1,037,584.	070 070	2 5 2 7	162 160
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)	97 276	71 007	2 2 2 2	12 106
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	38,234.		38,234.	
b		68,227.		68,227.	
-	Accounting	00,227.		00,227.	
d	, , , , , , , , , , , , , , , , , , ,				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A), amount, list line 11g expenses on Sch 0.)	202,595.	135,084.	1,171.	66,340
12	Advertising and promotion	155,099.	148,383.	1,337.	5,379
12 13	Office expenses	200,000.		_,,	0,015
13 14	Information technology	199,632.	184,896.	8,301.	6,435
1 4 15	Royalties	,	,	-,	-,
16	Occupancy	187,999.	169,845.	6,474.	11,680
17	Trovol	66,211.	56,527.	316.	9,368
18	Payments of travel or entertainment expenses	,	, -		/
10	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 0.)				
а	BANK & OTHER FEES	18,182.	216.	1,682.	16,284
b	LICENSES AND FEES	15,464.		7,481.	7,983
с	OTHER OPERATING EXPENSE	14,092.	4,366.	1,654.	8,072
d	TELEPHONE AND INTERNET	14,068.	14,068.		
е	All other expensesSEE_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 if following SOP 98-2 (ASC 958-720)				

332010 12-21-23

A2461291

Form 990 (2023) DELIVERFUND
Part IX Statement of Functional Expenses

Form 9	990 (2	2023) DELIVERFUND
Part	: X	Balance Sheet
		Check if Schedule O contains a response or note to any line in this Part X
	1	Cash - non-interest-bearing
	2	Savings and temporary cash investments
	3	Pledges and grants receivable, net
	4	Accounts receivable, net
	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
	6	Loans and other receivables from other disqualified persons (as defined

					Beginning of year		End of year
	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					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disgualif	•				
		under section 4958(f)(1)), and persons described	1 (6	
6	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9				26,252.	9	25,565.
		Land, buildings, and equipment: cost or other			, -		, <u> </u>
	100	basis. Complete Part VI of Schedule D	10a	88,417.			
	h	Less: accumulated depreciation		58,749.	24,817.	10c	29,668.
	11			-	883.	11	6,039.
	12	Investments - publicly traded securities Investments - other securities. See Part IV, line 1				12	
	13					13	
	14	Investments - program-related. See Part IV, line 1				13	
		Intangible assets			201,167.	14	131,922.
	15	Other assets. See Part IV, line 11			938,957.	16	681,584.
	16	Total assets. Add lines 1 through 15 (must equa			60,333.	17	63,801.
	17	Accounts payable and accrued expenses			03,001.		
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete F				21	
ies	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
-iat		controlled entity or family member of any of thes		·····		22	
-	23	Secured mortgages and notes payable to unrela		·····		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	olete Part X	101 402		101 020	
		of Schedule D		····· -	191,403.	25	121,839.
	26				251,736.	26	185,640.
S		Organizations that follow FASB ASC 958, che	ck here	X			
Ce		and complete lines 27, 28, 32, and 33.					
alar	27			······	337,221.	27	403,115.
ä	28	Net assets with donor restrictions			350,000.	28	92,829.
nuc		Organizations that do not follow FASB ASC 9	58, check her	e 🗌			
Ľ		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
SSei	30	Paid-in or capital surplus, or land, building, or eq				30	
t∆ŝ	31	Retained earnings, endowment, accumulated inc	•	·····		31	
Ne	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. Form 990 (2023)

(B) End of year

(A) Beginning of year

08340905 131839 A246129

Form	990 (2023) DELIVERFUND	47-195560	1	Pa	_{qe} 12
	rt XI Reconciliation of Net Assets				2-
	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.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
		ſ		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	X	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u> </u>
	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:				
	X Separate basis 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				
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.			
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?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	L

Form **990** (2023)

SCHEDULE A	١
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(Form 990)

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.

OMB No. 1545-0047
2023
Open to Public Inspection

Department of the Treasury Internal Revenue Service				Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.					Open to Public Inspection	
Nar	ne of t	the organizati		<u>.</u>					Employer	identification number
		Ū	DELIVE	RFUND						47-1955601
Pa	rt I	Reason	for Public (Charity Status.	(All organizations must c	omplete tl	his part.) S	ee instructior		
The	organ				For lines 1 through 12, cl					
1	Š		•		on of churches described			1)(A)(i).		
2	\square				Attach Schedule E (Form			~ ~ / /		
3	\square				anization described in se)(b)(1)(A)(ii	ii).		
4	\square				njunction with a hospital)(iii). Enter	the hospital's name,
		city, and stat	-	·						
5		An organizati	on operated fo	or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental u	init describe	ed in
				Complete Part II.)		-				
6					nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X		-	-	ntial part of its support fr				he general p	oublic described in
				omplete Part II.)		U			0 1	
8					(1)(A)(vi). (Complete Par	t II.)				
9		-			in section 170(b)(1)(A)(-	ed in conju	unction with a	land-grant	college
					ulture (see instructions).					
		university:			. , ,				C C	
10		An organizati	on that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersł	nip fees, and	d gross receipts from
		activities rela	ted to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support fi	rom gross investment
					(less section 511 tax) fro					
		See section	509(a)(2). (Co	mplete Part III.)						
11		An organizati	on organized a	and operated exclusi	ively to test for public sat	fety. See	section 50	09(a)(4).		
12		An organizati	on organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to ca	arry out the	purposes of one or
		more publicly	supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3).	Check the box on
		lines 12a thro	ough 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	d 12g.	
a		Type I. A s	upporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	anization(s), t	ypically by	giving
		the suppor	ted organizatio	on(s) the power to re	gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	ipporting
		organizatio	n. You must c	complete Part IV, Se	ections A and B.					
b		Type II. A s	supporting org	anization supervised	l or controlled in connect	tion with it	s supporte	ed organizatio	on(s), by hav	ring
		control or r	nanagement o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	oorted
		organizatio	n(s). You mus	t complete Part IV,	Sections A and C.					
c		Type III fui	nctionally inte	grated. A supportin	g organization operated	in connec ⁻	tion with, a	and functiona	lly integrate	d with,
		its support	ed organizatio	n(s) (see instructions). You must complete I	Part IV, Se	ections A,	D, and E.		
c		Type III no	n-functionally	/ integrated. A supp	porting organization oper	ated in co	nnection v	vith its suppo	rted organiz	zation(s)
		that is not	functionally int	egrated. The organiz	zation generally must sat	isfy a distr	ibution red	quirement and	d an attentiv	/eness
		requiremer	it (see instructi	ions). You must cor	mplete Part IV, Sections	A and D,	and Part	V.		
e		Check this	box if the orga	anization received a	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally	integrated, or	r Type III non-functio	nally integrated supporting	ng organiz	ation.			
		er the number		•						
<u>ç</u>			<u> </u>	n about the supporte	č ()	(iv) Is the ora	anization listed	() A manual a	f manatan.	(vi) A maximum of others
	((i) Name of supp organizatior 		(ii) EIN	(iii) Type of organization (described on lines 1-10		ing document?	(v) Amount o support (see i	-	(vi) Amount of other support (see instructions)
		organization	I		above (see instructions))	Yes	No		ristructionsj	
Tot										

Schedule A	Form 990	02023
Schedule A	F0111 990	12023

Page 2

15,343,355.

3,208,850.

12,134,505.

DELIVERFUND 47-1955601 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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

1,931,178.

5,520,563.

3,396,736.

2,160,416.

2,334,462.

- furnished by a governmental unit to the organization without charge
- 4 Total. Add lines 1 through 3 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

column (f) 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

amount shown on line 11,

Cale	ndar 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 instructio	ons)			12	531,236.
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	vear as a section 5	01(c)(3)	
	organization, check this box and stop	o here					
Se	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	78.53 %
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	77.54 %
16 a	1 33 1/3% support test - 2023. If the o	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2022. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	tion			
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is 1	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, cheo	k this box and st	op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
40	Detects formedation of the second state	المبامحوا متلحم المثام مر		106 176 54176	بمنتجعا متطلب اممطم		

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

Schedule A (Form 990) 2023

332022 12-21-23

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.)

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e)	2023	(f) Total
	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							
7a	Amounts included on lines 1, 2, and 3 received from disgualified 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							
	Public support. (Subtract line 7c from line 6.)							
	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e)	2023	(f) Total
9	Amounts from line 6							
	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							
	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 the	ne organization's fi	irst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3)	organizatic	on,
	check this box and stop here	-			-		-	
Sec	ction C. Computation of Public	ic Support Per	rcentage					
15	Public support percentage for 2023 (line 8, column (f), c	divided by line 13,	column (f))		15		%
	Public support percentage from 2022		-			16		%
	ction D. Computation of Invest							
	Investment income percentage for 20			ine 13, column (f))		17		%
	Investment income percentage from					18		%
	33 1/3% support tests - 2023. If the					<u> </u>	and line 17	
	more than 33 1/3%, check this box a							
b	33 1/3% support tests - 2022. If the						33 1/3%. a	nd
~	line 18 is not more than 33 1/3%, che							
20	Private foundation. If the organization							
	23 12-21-23	and not onoon a						(Form 990) 2023
01								

1

2

3a

3b

3c

4a

4b

4c

5a

5b

<u>5c</u>

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990) 2023

Yes No

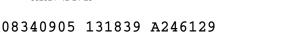
Part IV Supporting Organizations

(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

- 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.)

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Pa	T IV 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?	11a		
	A family member of a person described on line 11a above?	11b	_	
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
0	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of o more supported organizations have the power to regularly appoint or elect at least a majority of the organization's of			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	licers,		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supp	orted		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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,			
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
000			V	NI-
	Ware a majority of the arganization's directors or trustees during the tay year also a majority of the directors		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). 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	
•	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?	1		
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).	2		
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.	3		
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 inst	ructions).		
a	The organization satisfied the Activities Test. Complete line 2 below.	·,		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	itv (see instructio	ne)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
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.	3b		
22000		Schedule A (For	000)	2022

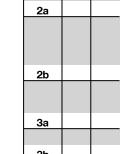
332025 12-21-23

17 2023.04020 DELIVERFUND

DELIVERFUND

 Schedule A (Form 990) 2023
 DELIVERFUND

 Part IV
 Supporting Organizations (continued)



chedule A (Form 990) 2023 DELIVERFUND			47-1955601 Page
Part V Type III Non-Functionally Integrated 509(a)(3) Support			
1 Check here if the organization satisfied the Integral Part Test as a qualify All other Type III non-functionally integrated supporting organizations mu			Part VI). See instructions
All other Type III non-functionally integrated supporting organizations int		ections A through E.	(B) Current Year
ection A - Adjusted Net Income		(A) Prior 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		
ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 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		
ection 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		

Schedule A (Form 990) 2023

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instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions Current Yea 1 Amounts paid to supported organizations to accomplish exempt purposes of supported organizations, in excess of income from activity 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 - provide details in Part VI) 5 6 Other distributions. Add lines 1 through 6. 7 7 Total annual distributions. Add lines 1 through 6. 7 8 9 Distributable amount for 2023 from Section C, line 6 9 9 Distributions (see instructions) Interest Distributions Pre-2023 Amount for 202 1 Distributable amount for 2023 from Section C, line 6 1 1 9 Underdistributions, if any, for years prior to 2023 (reason-able cause required - explain in Part VI). See instructions. 3 1 Distributable amount for 2023 from Section C,	Page 7
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 - provide 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 organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2023 from Section C, line 6 9 10 Line 8 amount for 2023 from Section C, line 6 9 1 Distributable amount for 2023 from Section C, line 6 10 1 Distributable amount for 2023 from Section C, line 6 10 1 Distributable amount for 2023 from Section C, line 6 10 1 Distributable amount for 2023 from Section C, line 6 10 2 Underdistributions, if any, for years prior to 2023 (reason-	
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 - provide 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 organization to which the organization is responsive (provide details in Part VI). 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) Underdistributions Pre-2023 1 Distributable amount for 2023 from Section C, line 6 10 2 Underdistributions, if any, for years prior to 2023 (reason-able cause required - explain in Part VI). See instructions. 3 3 Excess distributions carryover, if any, to 2023 4 4 Sections carryover, if any, to 2023 4 5 From 2019<	,
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 - provide 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 organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2023 from Section C, line 6 9 10 Line 8 amount for 2023 from Section C, line 6 9 10 Line 8 amount for 2023 from Section C, line 6 10 1 Distributable amount for 2023 from Section C, line 6 10 2 Underdistributions Inderdistributions 3 Excess Distributions Inderdistributions 9 Underdistributions, if any, for years prior to 2023 (reason- able cause required - explain in Part VI). See instructions. 10 3 Excess distributions carryover, if any, to 2023 1 1 4 10 10 1 5 Distributable and the explain in Part VI). See instructions. 1 4	
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2 Underdistributions, if any, for years prior to 2023 (reason-able cause required - explain in Part VI). See instructions. Image: Comparison of Compari	
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3 Excess distributions carryover, if any, to 2023 Image: Constraint of the second	
3 Excess distributions carryover, if any, to 2023 Image: Constraint of the second	
b From 2019	
c From 2020	
d From 2021	
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, _{explain in} Part VI. See instructions.	
6 Remaining underdistributions for 2023. Subtract lines 3h	
and 4b from line 1. For result greater than zero, explain in	
Part VI. 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

Schedule A (Form 990) 2023 DELIVERFUND	47-1955601	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 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 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 D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	and 2; Part IV, Sectio /, Section B, line 1e; P	n C, art V,
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.		

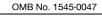
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** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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



2023

Employer identification number

DEI	47-1955601				
Organization type (check o	ne):				
Filers of:	Section:				
Form 990 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 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	s 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 Rul	e. See instructions.			
General Rule					
-	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's				
Special Rules					
sections 509(a)(1) a contributor, during	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support t and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) F , line 1. Complete Parts I and II.	d that received from any one			
For an organization	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a	any one			
	the year, total contributions of more than \$1,000 <i>exclusively</i> for religious, charitable, so				
•	onal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (e) instead of the contributor name and address), II, and III.	ntering			
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 <i>exclusively</i> 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 <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year					
Caution: An organization th	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fo	orm 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, g requirements of Schedule B (Form 990).	Part I, line 2, to certify			
For Paperwork Reduction Act	Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2023)			

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

	3 (Form 990) (2023)		Page 2
Name of or	rganization		Employer identification number
DELIVERF	UND		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 contribution	(d) ns Type of contribution
1		\$70,	000. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
2		\$150,	000. Person X Noncash Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
3		\$109,	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
4		\$60,	000. Person X Payroll Noncash Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
5		\$58,	343. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
6		\$100,	000. Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

	B (Form 990) (2023)		Page 2
Name of o	rganization	Emp	loyer identification number
DELIVERF	UND		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		\$200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8_		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

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Schedule	B (Form 990) (2023)		Page 3												
Name of o	rganization		Employer identification number												
DELIVERE	UND		47-1955601												
Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed	i.												
(a) No. from Part I	(D) FMV (or e		Description of popeach property given		(D) FMV (or estim		(D) FMV (or estimation of noncesh property given		(D) EMV (or estimat		(D) FMV (or estimation of noncash property given (See instruction		Description of poncesh property given FMV (0		
		\$													
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions													
		\$													
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions													
		\$													
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions													
		\$													
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions													
		\$													
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions													
		\$													

323453 12-26-23

Schedule B (Form 990) (2023)

Schedule B (Form	990)	(2023)
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Name of or	rganization	Employer identification number				
ELIVERF	UND		47-1955601			
Part III	Exclusively religious, charitable, etc., contributio	through (e) and the following line entrest sharitable, etc., contributions of \$1,000 or least sharitable.	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year			
(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, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from			(a) Decemination of how with its hold			
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, a	nd 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, a	nd 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, a	nd ZIP + 4	Relationship of transferor to transferee			
323454 12-26-			Schedule B (Form 990) (202			

Department of the Treasury

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.



Internal Revenue Service Name of the organization

Employer identification number

47-	19	5560	1

	DELIVERFUND		47-1955601
Pa	rt I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 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 v	vriting that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose	conferring
Pa	rt II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation of	of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic stru	ucture included on line 2a	
d	Number of conservation easements included on line 2c acqui	red after July 25, 2006, and not	
	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by th	e organization during the tax
	year		
4	Number of states where property subject to conservation eas	ement is located	_
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserve	ation easements during the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial staten	nents that describes the
De	organization's accounting for conservation easements.	Art Historical Tracquires or O	they Cimilar Acceto
Pa			ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95		
	of art, historical treasures, or other similar assets held for pub		
	service, provide in Part XIII the text of the footnote to its finar		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fur	herance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		
-			
2	If the organization received or held works of art, historical trea		al gain, provide
	the following amounts required to be reported under FASB A		•
	Revenue included on Form 990, Part VIII, line 1		
b			
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2023

<u>Sche</u>	dule D (Form 990) 2023 DELIVERFUN							47-195		Pa	_{age} 2
Par	t III Organizations Maintaining C	Collections of Ar	t, Histor	ical Tre	asures, o	r Othe	r Simila	r Assets	contir		
3	Using the organization's acquisition, access	ion, and other record	s, check ar	ny of the f	ollowing that	make s	ignificant	use of its			
	collection items (check all that apply).										
а	Public exhibition	c	1 🗌 Lo	an or exc	hange progra	am					
b	Scholarly research	e	e 🗌 Ot	her							
С	Preservation for future generations										
4	Provide a description of the organization's c		-		-			se in Part	XIII.		
5	During the year, did the organization solicit of					er similaı	r assets		_		_
_	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the org	ganization	answered "	Yes" on	Form 990	, Part IV, li	ne 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod	•	2						-		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing tab	le:							
									Amoun	t	
С	Beginning balance										
d	Additions during the year										
e	Distributions during the year										
f	Ending balance							L			1
	Did the organization include an amount on F						IITY?	····· ∟	Yes		_ No □
Par	If "Yes," explain the arrangement in Part XIII t V Endowment Funds Complete i						0				<u></u>
		(a) Current year	(b) Pric		(c) Two year			years back	(e) Four	vears	hack
10	Paginning of year balance			n year		5 Duck		yours buok	(0) 1 001	yours	DUCK
1a ⊾	Beginning of year balance										
u o	Contributions										
с А	· · · · · · · · · · · · · · · · · · ·										
d e	Other expenditures for facilities										
e											
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur		e (line 1 a c	column (a)) held as:						
_ 	Board designated or quasi-endowment	•	%	, oranni (u)	, 11010 00.						
b	Permanent endowment	%									
c	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	•	ation that a	re held ar	nd administer	ed for th	ne				
	organization by:	Ū]	Yes	No
	(i) Unrelated organizations?								3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requir	red on Sch	edule R?					3b		
4	Describe in Part XIII the intended uses of the	e organization's endo	wment fun	ds.							
Par	t VI Land, Buildings, and Equipn	nent									
	Complete if the organization answere	ed "Yes" on Form 990), Part IV, li	ne 11a. S	ee Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or o basis (investr		. ,	or other (other)	• •	Accumulate preciation		(d) Boo	k value	Э
1a	Land										
b	Buildings										
с	Leasehold improvements				19,912.		17,	588.		2,	324.
d	Equipment				68,505.		41,	161.		27,	344.
е	Other										
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990. Part	X, line 10c,	column	<u>(B))</u>					29,	668.

Schedule D (Form 990) 2023

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(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.			
	on Form 000 Dort IV line	11a Cas Farm 000 Davit V line 12	
Complete if the organization answered "Yes"			
(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))	1		
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
			11,514.
			120,408.
			120,400.
(3)			
<u>(4)</u>			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co	vl. (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)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 25, co			121,839.
2. Liability for uncertain tax positions. In Part XIII, provide			
organization's liability for uncertain tax positions unde	r FASB ASC 740. Check he	ere if the text of the footnote has been	provided in Part XIII X

Schedule D (Form 990) 2023

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(c) Method of valuation: Cost or end-of-year market value

Schedule D (Form 990) 2023 DELIVERFUND

Part VII Investments - Other Securities

(a) Description of security or category (including name of security)

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

(b) Book value

nd other support per audited financial ne 1 but not on Form 990, Part VIII, lin sses) on investments ise of facilities r grants XIII.) d ne 1 orm 990, Part VIII, line 12, but not on ot included on Form 990, Part VIII, lin XIII.) s 3 and 4c. (<i>This must equal Form 99</i> on of Expenses per Audited organization answered "Yes" on Form ses per audited financial statements ne 1 but not on Form 990, Part IX, line ise of facilities XIII.) d me 1 orm 990, Part IX, line 25, but not on I ot included on Form 990, Part VIII, lin XIII.) d me 1 orm 990, Part IX, line 25, but not on I ot included on Form 990, Part VIII, lin XIII.) es 3 and 4c. (<i>This must equal Form 9</i> al Information ired for Part II, lines 3, 5, and 9; Part	line 12: n line 1: ine 7b <u>90. Part I, line 12.)</u> I Financial State m 990, Part IV, line 1 s ne 25: l line 1: ine 7b	2b 2c 2d 2d 4a 4b 4b 2a 2b 2c 2d	15. 94,625. -20,959. Expenses per F 94,625. 20,959.	2e 3 4c 5 Return	2,471,6 94,6 2,377,0 -20,9 2,356,1 2,661,8
sses) on investments ise of facilities r grants XIII.) d ne 1 orm 990, Part VIII, line 12, but not on ot included on Form 990, Part VIII, lin XIII.) <u>s 3 and 4c. (<i>This must equal Form 99</i> on of Expenses per Audited organization answered "Yes" on Form ses per audited financial statements ne 1 but not on Form 990, Part IX, line ise of facilities XIII.) <u>d</u> ne 1 orm 990, Part IX, line 25, but not on I ot included on Form 990, Part VIII, line XIII.) <u>d</u> es 3 and 4c. (<i>This must equal Form 9</i> al Information</u>	n line 1: ine 7b <u>90. Part I, line 12.)</u> I Financial State m 990, Part IV, line 1 5 ne 25:	2b 2c 2d 2d 4a 4b 4b 2a 2b 2c 2d	94,625. -20,959. Expenses per F 94,625. 20,959.	3 4c 5 Return	2,377,0 -20,9 2,356,1
Ise of facilities	n line 1: ine 7b 190. Part I, line 12.) I Financial State m 990, Part IV, line 1 s ne 25:	2b 2c 2d 2d 4a 4b 4b 2a 2b 2c 2d	-20,959. Expenses per F 94,625. 20,959.	3 4c 5 Return	2,377,0 -20,9 2,356,1
r grants XIII.) d me 1 orm 990, Part VIII, line 12, but not on ot included on Form 990, Part VIII, lin XIII.) s 3 and 4c. (<i>This must equal Form 99</i> on of Expenses per Audited organization answered "Yes" on Form ses per audited financial statements ne 1 but not on Form 990, Part IX, line use of facilities XIII.) d ne 1 orm 990, Part IX, line 25, but not on I ot included on Form 990, Part VIII, lin XIII.) es 3 and 4c. (<i>This must equal Form S</i> al Information	n line 1: ine 7b 190. Part I. line 12.) I Financial State m 990, Part IV, line 1 3 ne 25:	2c 2d 2d 2d 4a 4b ments With E 2a 2b 2c 2d	-20,959. Expenses per F 94,625. 20,959.	3 4c 5 Return	2,377,0 -20,9 2,356,1
XIII.) d me 1 orm 990, Part VIII, line 12, but not on ot included on Form 990, Part VIII, lin XIII.) <u>s 3 and 4c. (<i>This must equal Form 99</i></u> on of Expenses per Audited organization answered "Yes" on Form ses per audited financial statements he 1 but not on Form 990, Part IX, line use of facilities XIII.) d he 1 orm 990, Part IX, line 25, but not on I ot included on Form 990, Part VIII, lin XIII.) es 3 and 4c. (<i>This must equal Form 9</i> al Information	n line 1: ine 7b <u>90. Part I, line 12.)</u> I Financial State m 990, Part IV, line 1 s ne 25:	2d 	-20,959. Expenses per F 94,625. 20,959.	3 4c 5 Return	2,377,0 -20,9 2,356,1
d ne 1 orm 990, Part VIII, line 12, but not on ot included on Form 990, Part VIII, lin XIII.) s 3 and 4c. (<i>This must equal Form 99</i> on of Expenses per Audited organization answered "Yes" on Form ses per audited financial statements he 1 but not on Form 990, Part IX, line use of facilities XIII.) d he 1 orm 990, Part IX, line 25, but not on I ot included on Form 990, Part VIII, lin XIII.) es 3 and 4c. (<i>This must equal Form 9</i> al Information	n line 1: ine 7b <u>90. Part I, line 12.)</u> I Financial State m 990, Part IV, line 1 m 25: ne 25:	4a 4b 4b ments With E 2a 2b 2c 2d	-20,959. Expenses per F 94,625. 20,959.	3 4c 5 Return	2,377,0 -20,9 2,356,1
ne 1 orm 990, Part VIII, line 12, but not on ot included on Form 990, Part VIII, lin XIII.) s 3 and 4c. (<i>This must equal Form 99</i> on of Expenses per Audited organization answered "Yes" on Form ses per audited financial statements he 1 but not on Form 990, Part IX, line use of facilities XIII.) d he 1 orm 990, Part IX, line 25, but not on I ot included on Form 990, Part VIII, lin XIII.) es 3 and 4c. (<i>This must equal Form 9</i> al Information	n line 1: ine 7b <u>190. Part I, line 12.)</u> I Financial State m 990, Part IV, line 1 5 ne 25:	4a 4b 4b ments With E 2a. 2b 2c 2d	-20,959. Expenses per F 94,625. 20,959.	3 4c 5 Return	2,377,0 -20,9 2,356,1
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ot included on Form 990, Part VIII, lin XIII.) s 3 and 4c. (<i>This must equal Form 99</i> on of Expenses per Audited organization answered "Yes" on Form ses per audited financial statements ne 1 but not on Form 990, Part IX, lin- ise of facilities XIII.) d ne 1 orm 990, Part IX, line 25, but not on I ot included on Form 990, Part VIII, lin XIII.) es 3 and 4c. (<i>This must equal Form S</i> al Information	ine 7b <u>90. Part I, line 12.)</u> I Financial State m 990, Part IV, line 1 m 25: I line 1: ine 7b	4b ments With E 2a. 2b 2b 2c 2d	94,625. 20,959.	5 Return	2,356,1
XIII.) <u>s 3 and 4c. (<i>This must equal Form 99</i></u> on of Expenses per Audited organization answered "Yes" on Form ses per audited financial statements ne 1 but not on Form 990, Part IX, line use of facilities XIII.) d ne 1 orm 990, Part IX, line 25, but not on I ot included on Form 990, Part VIII, lin XIII.) <u>es 3 and 4c. (<i>This must equal Form S</i></u> al Information	90. Part I, line 12.) I Financial State m 990, Part IV, line 1 ne 25: line 1: ine 7b	4b ments With E 2a. 2b 2b 2c 2d	94,625. 20,959.	5 Return	2,356,1
s 3 and 4c. (<i>This must equal Form 99</i> on of Expenses per Audited organization answered "Yes" on Form ses per audited financial statements ne 1 but not on Form 990, Part IX, lin- use of facilities XIII.) d ne 1 orm 990, Part IX, line 25, but not on I ot included on Form 990, Part VIII, lin XIII.) es 3 and 4c. (<i>This must equal Form S</i> al Information	90. Part I, line 12.) I Financial State rm 990, Part IV, line 1 ne 25: I line 1: ine 7b	2a. 2a 2b 2b 2c 2d	94,625. 20,959.	5 Return	2,356,1
s 3 and 4c. (<i>This must equal Form 99</i> on of Expenses per Audited organization answered "Yes" on Form ses per audited financial statements ne 1 but not on Form 990, Part IX, lin- use of facilities XIII.) d ne 1 orm 990, Part IX, line 25, but not on I ot included on Form 990, Part VIII, lin XIII.) es 3 and 4c. (<i>This must equal Form S</i> al Information	90. Part I, line 12.) I Financial State rm 990, Part IV, line 1 ne 25: I line 1: ine 7b	2a. 2a	Expenses per F 94,625. 20,959.	5 Return	2,356,1
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Ise of facilities XIII.) d ne 1 orm 990, Part IX, line 25, but not on I ot included on Form 990, Part VIII, lin XIII.) es 3 and 4c. (This must equal Form S al Information	line 1: ine 7b	2b 2c 2d	20,959.		
XIII.) d ne 1 orm 990, Part IX, line 25, but not on I ot included on Form 990, Part VIII, lin XIII.) es 3 and 4c. (This must equal Form S al Information	ı line 1: ine 7b	2b 2c 2d	20,959.		
XIII.) d orm 990, Part IX, line 25, but not on I ot included on Form 990, Part VIII, lin XIII.) es 3 and 4c. (This must equal Form S al Information	ı line 1: ine 7b	2c 2d	,		
XIII.) d orm 990, Part IX, line 25, but not on I ot included on Form 990, Part VIII, lin XIII.) es 3 and 4c. (This must equal Form S al Information	ı line 1: ine 7b	2c 2d	,		
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ne 1 orm 990, Part IX, line 25, but not on I ot included on Form 990, Part VIII, lin XIII.) es 3 and 4c. (This must equal Form S al Information	line 1: ine 7b				
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orm 990, Part IX, line 25, but not on I ot included on Form 990, Part VIII, lin XIII.) es 3 and 4c. (This must equal Form S al Information	ı line 1: ine 7b			3	2,546,2
ot included on Form 990, Part VIII, lin XIII.) es 3 and 4c. <i>(This must equal Form S</i> al Information	ine 7b				
XIII.) es 3 and 4c. (This must equal Form S al Information		4a			
es 3 and 4c. (This must equal Form S al Information					
es 3 and 4c. (<i>This must equal Form 9</i> al Information				4c	
al Information	000 Dort L line 19)			5	2,546,2
O SIGNFICANT UNCERTAIN TAX	POSITIONS FOR	THE YEAR			
3.					
IER ADJUSTMENTS:					
IER ADJUSTMENTS: AGAINST REVENUE ON 990		-20,959.			
		-20,959.			
		-20,959.			
IO SIGNFI	CANT UNCERTAIN TAX		CANT UNCERTAIN TAX POSITIONS FOR THE YEAR		CANT UNCERTAIN TAX POSITIONS FOR THE YEAR

DELIVERFUND

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

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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.



Employer identification number 47-1955601

Name of the organization DELIVERFUND

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.LHA332211 11-14-23

Schedule O (Form 990) 2023

"IF THE LAW ENFORCEMENT THAT I CAME ACROSS ALL	J THOSE YEARS WERE TRAINED	
BY DELIVERFUND, I WOULD HAVE HAD A TOTALLY DIF	FERENT OUTCOME. THEY	
WOULD HAVE HANDLED THE SITUATION WITH A DIFFER	RENT PERSPECTIVE. I FEEL	
THAT DELIVERFUND DELIVERS HOPE AND ALSO DELIVE	RS EDUCATION AND	
AWARENESS. AND BY DOING THAT, IT HELPS PREVENT	AND INTERVENE."	
ELIZABETH QUIROZ, AUTHOR AND LIVED EXPERIENCE	E EXPERT	
TECHNOLOGY AND DATA: TECH THAT PROTECTS		
IN 2023, WE PURCHASED A SECOND SUPERCOMPUTER T	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 INV	YEST IN THE MISSION'S	
SUSTAINABILITY. IN SHORT, WE ARE FINDING TRAFF	ICKERS 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 SI	GNIFICANTLY, RESULTING IN	
A 467% INCREASE IN DATA COLLECTION AND PROCESS		
TOTAL POINTS OF DATA AS OF DEC 2023: 3,774,811	.,587	
,	·	
RED LIGHT DATA - IMPROVED HARDWARE, WHERE WE C	COLLECT MILLIONS OF NEW	
ADS WEEKLY.		
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Schedule O (Form 990) 2023 Name of the organization

DELIVERFUND

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

Schedule O (Form 990) 2023

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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Name of the organization

DELIVERFUND

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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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Schedule O (Form 990) 2023 Name of the organization DELIVERFUND		Page 2 Employer identification number 47-1955601
THE ISSUE. THIS LAST YEAR, WE LAUNCHED TH	HE FIRST OF OUR ONLINE TRAINING	1
PROGRAMS DESIGNED TO EDUCATE THE PUBLIC A	AS TO WHAT HUMAN TRAFFICKING IS	
AND WHAT THEY CAN DO ABOUT IT IN THEIR CO	DMMUNITY. STARTING WITH OUR	
HUMAN TRAFFICKING 101 COURSE.		
THE ONLINE TRAINING PROGRAMS, PRODUCED BY	Y DONOR GENEROSITY, EMPOWER	
INDIVIDUALS WITH THE KNOWLEDGE TO IDENTIF	FY AND REPORT POTENTIAL	
TRAFFICKING SITUATIONS, ACTING AS A FIRST	F LINE OF DEFENSE IN THEIR	
COMMUNITIES. THE TRAINING ALSO FOSTERS A	PROACTIVE ENVIRONMENT WHERE	
COMMUNITY MEMBERS ARE MORE VIGILANT AND F	RESPONSIVE TO THE SIGNS OF	
TRAFFICKING, THEREBY POTENTIALLY SAVING I	LIVES AND PREVENTING	
EXPLOITATION. MOREOVER, IT HELPS DISPEL N	MYTHS AND STEREOTYPES ABOUT	
VICTIMS, PROMOTING A MORE ACCURATE UNDERS	STANDING OF THE DIVERSE	
BACKGROUNDS AND CIRCUMSTANCES OF THOSE AF	FFECTED.	
LAUNCHED HT SAFEGUARD APP		
FOR THE FIRST TIME IN HISTORY, ANYONE CAN	N QUICKLY AND SAFELY SEARCH A	
PHONE NUMBER OR EMAIL ADDRESS TO SEE IF 7	THEY ARE ASSOCIATED WITH	
POTENTIAL HUMAN TRAFFICKING ACTIVITY.		
ALMOST ALL HUMAN TRAFFICKING INVESTIGATIO	ONS START BY SEARCHING TO SEE	
IF A PHONE NUMBER OR EMAIL ADDRESS IS LIN	NKED TO A COMMERCIAL SEX	
ADVERTISEMENT. CONFIRMING THAT CONTACT IN	NFORMATION IS LINKED TO A	
COMMERCIAL SEX ADVERTISEMENT DOES NOT MEA	AN THE OWNER OF THAT CONTACT	
INFORMATION IS A HUMAN TRAFFICKER. STILL,	, IT DOES MEAN THAT CONTACT	
INFORMATION IS, OR WAS AT ONE TIME, LINKE	ED TO POTENTIAL HUMAN	
TRAFFICKING INFORMATION. WHILE A PERSON	CAN SEARCH FOR THIS	
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Schedule O (Form 990) 2023 Name of the organization		Page 2 Employer identification number
DELIVERFUND		47-1955601
INFORMATION THEMSELVES, IT WOULD TAKE A SUBS	TANTIAL AMOUNT OF TIME TO	
SEARCH THE MYRIAD WEBSITES WHERE THIS INFORM	ATION CAN BE FOUND, AND THE	
VIEWER WOULD UNDOUBTEDLY BE EXPOSED TO COPIO	US AMOUNTS OF EXPLICIT AND	
PORNOGRAPHIC MATERIAL IN THE PROCESS.		
YOU AND YOUR CHILDREN WHO HAVE SMARTPHONES N	EEDED A BETTER WAY TO	
SCREEN CONTACT INFORMATION FOR POTENTIAL CON	NECTIONS 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		
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Name of the organization DELIVERFUND	Employer identification number 47-1955601
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:	
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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.

Schedule O (Form 990) 2023

DELIVERFUND

Name of the organization

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

 $\underline{\texttt{NY},\texttt{OH},\texttt{OK},\texttt{OR},\texttt{PA},\texttt{RI},\texttt{SC},\texttt{TN},\texttt{UT},\texttt{VA},\texttt{WA},\texttt{WI},\texttt{WV}}$

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

THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF

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Employer identification number

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Jame of the organization DELIVERFUND		Employer identification number 47-1955601
NTEREST POLICY AND FINANCIAL STATEMENTS A	VAILABLE TO THE PUBLIC.	
ORM 990, PART IX, LINE 24E, ALL OTHER FUN	CTIONAL EXPENSES:	
VENT EXPENSE:		
ROGRAM SERVICE EXPENSES	12,339.	
ANAGEMENT AND GENERAL EXPENSES	500.	
UNDRAISING EXPENSES	775.	
OTAL EXPENSES	13,614.	
EALS: ROGRAM SERVICE EXPENSES	6,320.	
ANAGEMENT AND GENERAL EXPENSES	1,714.	
UNDRAISING EXPENSES	3,885.	
OTAL EXPENSES	11,919.	
UES & SUBSCRIPTIONS:		
ROGRAM SERVICE EXPENSES	4,937.	
ANAGEMENT AND GENERAL EXPENSES	0.	
UNDRAISING EXPENSES	52.	
OTAL EXPENSES	4,989.	
RAINING:		
ROGRAM SERVICE EXPENSES	2,764.	
ANAGEMENT AND GENERAL EXPENSES	568.	
UNDRAISING EXPENSES	487.	
DTAL EXPENSES	3,819.	
HIPPING FEES:		
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Name of the organization DELIVERFUND		Employer identification number 47-1955601
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.	
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