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Form <b>990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b> <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>	OMB No 1545-0047 <div> <div>2012</div> <div>Open to Public Inspection</div> </div>
	▶ The organization may have to use a copy of this return to satisfy state reporting requirements	

**A For the 2012 calendar year, or tax year beginning 10-01-2012 , 2012, and ending 09-30-2013**

<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization Points of Light Foundation		<b>D</b> Employer identification number  65-0206641	
	Doing Business As Points of Light INSTITUTE			
	Number and street (or P O box if mail is not delivered to street address) 600 Means Street NW Suite Ste 210	Room/suite	E Telephone number  (404) 979-2900	
	City or town, state or country, and ZIP + 4 Atlanta, GA 30318			
			<b>G</b> Gross receipts \$ 27,606,860	
<b>F</b> Name and address of principal officer Tracy Hoover 600 Means St NW Atlanta,GA 30318		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)  <b>H(c)</b> Group exemption number ▶		
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀(Insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J</b> Website: ▶ www.pointsoflight.org				
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation 1990	<b>M</b> State of legal domicile GA	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE PURPOSE OF THE POINTS OF LIGHT INSTITUTE IS TO INSPIRE, EQUIP, AND MOBILIZE PEOPLE TO TAKE ACTION THAT CHANGES THE WORLD			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3	Number of voting members of the governing body (Part VI, line 1a)	30	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	30	
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	160	
6	Total number of volunteers (estimate if necessary)	200		
7a	Total unrelated business revenue from Part VIII, column (C), line 12	5,545		
7b	Net unrelated business taxable income from Form 990-T, line 34	0		
Revenue	8	Contributions and grants (Part VIII, line 1h)	18,892,404	18,481,540
	9	Program service revenue (Part VIII, line 2g)	6,961,224	8,985,092
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-14,006	28,669
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-367,731	-393,116
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	25,471,891	27,102,185
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,224,129
14		Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	11,817,151	11,917,981
16a		Professional fundraising fees (Part IX, column (A), line 11e)	20,000	93,490
b		Total fundraising expenses (Part IX, column (D), line 25)	2,183,752	
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	10,133,124	10,292,211
18		Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	28,194,404	28,758,446
19		Revenue less expenses Subtract line 18 from line 12	-2,722,513	-1,656,261
Net Assets or Fund Balances				Beginning of Current Year
	20	Total assets (Part X, line 16)	23,380,709	22,147,784
	21	Total liabilities (Part X, line 26)	7,714,468	8,096,572
	22	Net assets or fund balances Subtract line 21 from line 20	15,666,241	14,051,212

## Part II Signature Block

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

<b>Sign Here</b>	***** Signature of officer			2014-08-14 Date	
	Monique S Patrick Chief Financial Officer Type or print name and title				
<b>Paid Preparer Use Only</b>	Prnt/Type preparer's name Jennifer FitzGerald		Preparer's signature		Date
	Firm's name ▶ GRANT THORNTON LLP			Check <input type="checkbox"/> if self-employed PTIN	
	Firm's address ▶ 1100 PEACHTREE STREET SUITE 1200 ATLANTA, GA 30309			Firm's EIN ▶ Phone no (404) 330-2000	

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . ☒ Yes ☐ No

Part IIIStatement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1

Briefly describe the organization’s mission

POINTS OF LIGHT IS DEDICATED TO VOLUNTEER SERVICE WE BRING THE POWER OF PEOPLE TO BEAR WHERE IT MATTERS MOST WE WORK IN THREE WAYS WE MOBILIZE MILLIONS OF VOLUNTEERS THROUGH OUR NETWORK OF 250 VOLUNTEER ACTION CENTERS, OUR PROGRAMS FOR YOUTH AND NATIONAL SERVICE ALUMS, AND OUR PARTNERSHIPS WITH THOUSANDS OF COMPANIES AND NONPROFITS FOR EXAMPLE, WE WORK WITH THE NATION'S TOP COMPANIES TO SET THE STANDARD FOR CORPORATE SERVICE TO COMMUNITIES WE RUN A LARGE PUBLIC-PRIVATE PARTNERSHIP TO HELP RETURNING VETERANS, MILITARY SERVICE MEMBERS AND THEIR FAMILIES SUCCEED WE HELP PREPARE PEOPLE FOR DISASTERS - AND CLEAN UP THE DAMAGE AFTER THEY PASS WE BRING 5,000 VOLUNTEER LEADERS TOGETHER EACH YEAR TO LEARN FROM ONE ANOTHER AND TO MAKE VOLUNTEERING MORE EFFECTIVE AND REWARDING WE PROVIDE TRAINING AND CONSULTING TO HELP OTHER NONPROFITS AND COMPANIES STRENGTHEN THEIR VOLUNTEER EFFORTS WE DEVELOP AND ADVOCATE FOR POLICIES THAT MAKE IT EASIER FOR MORE PEOPLE TO VOLUNTEER WE USE AWARDS, PUB

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

No

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

No

If “Yes,” describe these changes on Schedule O

4

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

4a

(Code ) (Expenses \$ 8,918,512 including grants of \$ 2,337,851 ) (Revenue \$ 1,044,716 )

POINTS OF LIGHT PROGRAMS MOBILIZE MILLIONS OF VOLUNTEERS THROUGH OUR NETWORK OF 250 VOLUNTEER ACTION CENTERS, OUR PROGRAMS FOR YOUTH AND NATIONAL SERVICE ALUMS, AND OUR PARTNERSHIPS WITH THOUSANDS OF COMPANIES AND NONPROFITS FOR EXAMPLE, WE WORK WITH THE NATION'S TOP COMPANIES TO SET THE STANDARD FOR CORPORATE SERVICE TO COMMUNITIES WE RUN A LARGE PUBLIC-PRIVATE PARTNERSHIP TO HELP RETURNING VETERANS, MILITARY SERVICE MEMBERS AND THEIR FAMILIES SUCCEED WE HELP PREPARE PEOPLE FOR DISASTERS - AND CLEAN UP THE DAMAGE AFTER THEY PASS

4b

(Code ) (Expenses \$ 8,062,455 including grants of \$ 3,256,695 ) (Revenue \$ 2,876,846 )

Points of Light includes four action networks engaging four distinct audiences - volunteer action centers around the country and the world, companies interested in volunteerism, young people ages 5-18 engaged in service, and people who have completed terms as national service members Each network works to build the volunteer service movement The HandsOn Network of volunteer action centers, for example, is a network of 250 volunteer action centers in 16 countries These centers help people find and engage in volunteer opportunities in their local communities and focus on innovative approaches to leveraging individual and corporate time and talent The Hands On Network partners with more than 70,000 corporate, faith and nonprofit organizations and delivers 260,000 service projects

4c

(Code ) (Expenses \$ 2,375,258 including grants of \$ 821,480 ) (Revenue \$ 1,341,468 )

The Civic Incubator creates innovation in civic activation by bringing together and supporting emerging service solutions and new ideas through social enterprise, mergers and joint ventures

(Code ) (Expenses \$ 3,963,121 including grants of \$ 38,738 ) (Revenue \$ 3,722,062 )

Points of Light Institute

4d

Other program services (Describe in Schedule O )

(Expenses \$ 3,963,121 including grants of \$ 38,738 ) (Revenue \$ 3,722,062 )

















4e

Total program service expenses

23,319,346

Part IV

Checklist of Required Schedules

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

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . .	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	148			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	160			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes			
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	Yes			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a				No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a				No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b				No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a				No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c				No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e				No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f				No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8				
9	<b>Sponsoring organizations maintaining donor advised funds.</b>					
a	Did the organization make any taxable distributions under section 4966?	9a				
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b				
10	<b>Section 501(c)(7) organizations.</b> Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b				
11	<b>Section 501(c)(12) organizations.</b> Enter					
a	Gross income from members or shareholders.	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b				
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b				
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>					
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b				
c	Enter the amount of reserves on hand.	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a				No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b				

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	►AZ, AR, CA, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MI, MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►MONIQUE SAUNDERS PATRICK 600 MEANS ST STE 210 ATLANTA, GA (404) 979-2900	

Check if Schedule O contains a response to any question in this Part VII . . . . . ☒

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

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

[illegible]



## Part VII

<b>1b</b>	<b>Sub-Total . . . . .</b>			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A . . . . .</b>			
<b>d</b>	<b>Total (add lines 1b and 1c) . . . . .</b>	2,934,150	0	228,120

**2** Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 29

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

## Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
The August Jackson , PO Box 347409 PITTSBURG PA 152514409	Project Mgt	674,287
Freeman Audio Visual Solutions , PO Box 650519 DALLAS TX 752650519	Audio Visual	307,112
Freeman , PO Box 650036 DALLAS TX 752650036	Audio Visual	248,183
GLP Inc , 3445 Mount Burnside Way WOODBRIDGE VA 22192	Union Labor	196,569
Washington DC Convention Ctr Cateri , 801 Mt Vernon Place NW WASHINGTON DC 20001	Catering	181,733

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►10

Part VIII

Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues . . . . .	1b					
	c	Fundraising events . . . . .	1c	1,210,885				
	d	Related organizations . . . .	1d					
	e	Government grants (contributions)	1e	1,351,629				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	15,919,026				
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f . . . . .		18,481,540				
Program Service Revenue	2a	PROGRAM SERVICE REVENUE	Business Code	8,985,092	8,985,092			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f . . . . .		8,985,092				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		28,669		28,669	
4		Income from investment of tax-exempt bond proceeds . .		0				
5		Royalties . . . . .		0				
6a		Gross rents	(i) Real	(ii) Personal				
			36,094					
			30,470					
			5,624	0				
d		Net rental income or (loss) . . . . .		5,624		5,545	79	
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
d		Net gain or (loss) . . . . .		0				
8a		Gross income from fundraising events (not including \$ 1,210,885 of contributions reported on line 1c) See Part IV, line 18 . . . . .	a	75,465				
			b	474,205				
			c	Net income or (loss) from fundraising events . .				-398,740
9a		Gross income from gaming activities See Part IV, line 19 . . . . .	a					
			b					
			c	Net income or (loss) from gaming activities . .				0
10a		Gross sales of inventory, less returns and allowances . . . . .	a					
			b					
			c	Net income or (loss) from sales of inventory . .				0
Miscellaneous Revenue		Business Code						
11a								
		b						
		c						
		d	All other revenue . . . . .					
		e	Total. Add lines 11a-11d . . . . .				0	
12	Total revenue. See Instructions . . . . .			27,102,185	8,985,092	5,545	-369,992	

Part IX

Statement of Functional Expenses

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

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	6,205,484	6,205,484		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	249,280	249,280		
4	Benefits paid to or for members.	0			
5	Compensation of current officers, directors, trustees, and key employees.	2,611,235	1,619,643	603,835	387,757
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7	Other salaries and wages.	7,803,976	5,247,707	1,478,375	1,077,894
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	229,651	151,422	45,912	32,317
9	Other employee benefits.	515,326	339,784	103,024	72,518
10	Payroll taxes.	757,793	499,657	151,498	106,638
11	Fees for services (non-employees):				
a	Management.	5,384,186	4,841,580	459,496	83,110
b	Legal.	0			
c	Accounting.	212,435	191,026	18,130	3,279
d	Lobbying.	0			
e	Professional fundraising services. See Part IV, line 17.	93,490			93,490
f	Investment management fees.	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	0			
12	Advertising and promotion.	0			
13	Office expenses.	639,007	599,730	17,510	21,767
14	Information technology.	0			
15	Royalties.	0			
16	Occupancy.	489,849	379,474	57,468	52,907
17	Travel.	1,349,829	1,118,384	80,897	150,548
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19	Conferences, conventions, and meetings.	505,183	418,563	30,276	56,344
20	Interest.	104,335	103,523	686	126
21	Payments to affiliates.	0			
22	Depreciation, depletion, and amortization.	764,181	758,234	5,022	925
23	Insurance.	59,249	37,348	20,279	1,622
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	TELEPHONE	242,308	153,789	67,041	21,478
b	SUPPLIES	341,340	311,493	16,503	13,344
c	EQUIPMENT RENTAL	19,215	16,826	2,389	
d	OTHER EXPENSES	181,094	76,399	97,007	7,688
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e.	28,758,446	23,319,346	3,255,348	2,183,752
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

Check if Schedule O contains a response to any question in this Part X

☐

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		1,619,583	1	1,095,577
	2	Savings and temporary cash investments		0	2	0
	3	Pledges and grants receivable, net		5,156,001	3	6,526,716
	4	Accounts receivable, net		225,000	4	0
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		132,279	9	368,360
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a7,217,194			
	b	Less accumulated depreciation	10b2,435,526	4,941,613	10c	4,781,668
	11	Investments—publicly traded securities		11,306,233	11	9,375,463
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)		23,380,709	16	22,147,784
Liabilities	17	Accounts payable and accrued expenses		2,298,933	17	2,804,174
	18	Grants payable		0	18	0
	19	Deferred revenue		1,566,673	19	1,534,016
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		3,848,862	23	3,758,382
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		0	25	0
	26	Total liabilities. Add lines 17 through 25		7,714,468	26	8,096,572
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		5,585,275	27	3,619,597
	28	Temporarily restricted net assets		4,213,631	28	4,589,280
	29	Permanently restricted net assets		5,867,335	29	5,842,335
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		15,666,241	33	14,051,212
	34	Total liabilities and net assets/fund balances		23,380,709	34	22,147,784

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . .

1	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	1	27,102,185
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	28,758,446
3	Revenue less expenses Subtract line 2 from line 1 . . . . .	3	-1,656,261
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	15,666,241
5	Net unrealized gains (losses) on investments . . . . .	5	41,231
6	Donated services and use of facilities . . . . .	6	
7	Investment expenses . . . . .	7	
8	Prior period adjustments . . . . .	8	
9	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	9	1
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	14,051,212

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . .

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization Points of Light Foundation	Employer identification number 65-0206641
--	--

Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An organization that normally receives (1) more than 33<sup>1</sup>/<sub>3</sub>% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h  

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Non-functionally integrated

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  

(i)

A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii)

A family member of a person described in (i) above?

(iii)

A 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	25,094,789	33,780,698	46,985,407	18,988,714	18,481,540	143,331,148
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	25,094,789	33,780,698	46,985,407	18,988,714	18,481,540	143,331,148
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						3,939,278
6 Public support. Subtract line 5 from line 4						139,391,870

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	25,094,789	33,780,698	46,985,407	18,988,714	18,481,540	143,331,148
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	45,317	16,211	38,201	57,128	64,763	221,620
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			75,533	241,776	75,465	392,774
11 Total support (Add lines 7 through 10)						143,945,542
12 Gross receipts from related activities, etc. (see instructions)					12	34,703,487
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here . . . . .						

Section C. Computation of Public Support Percentage		
14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	96 837 %
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	98 184 %
16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		
b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		
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		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage			
15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15		
16 Public support percentage from 2011 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17		
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶			
b 33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶			
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶			



**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization  
Points of Light Foundation

Employer identification number  
65-0206641

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	1
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	25,000
4	Aggregate value at end of year	64,529
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Part II

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

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

4

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

5

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

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7

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

8

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

☐ Yes ☐ No

9

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

Part III

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

1a

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

b

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

(i)

Revenues included in Form 990, Part VIII, line 1

▶ \$

(ii)

Assets included in Form 990, Part X

▶ \$

2

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

a

Revenues included in Form 990, Part VIII, line 1

▶ \$

b

Assets included in Form 990, Part X

▶ \$

Part III

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

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance	5,501,686	4,763,822	4,001,407	4,016,082
b	Contributions		750,000	750,000	10,000
c	Net investment earnings, gains, and losses	6,679	12,864	12,415	-24,675
d	Grants or scholarships	25,000	25,000		
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance	5,483,365	5,501,686	4,763,822	4,001,407

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

b

Permanent endowment

100 000 %

c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations

3a(i)

☐ Yes

☐ No

(ii)

related organizations

3a(ii)

☐ Yes

☐ No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		973,107		973,107
b Buildings		3,067,259	245,380	2,821,879
c Leasehold improvements		988,027	900,496	87,531
d Equipment		82,799	70,550	12,249
e Other		2,106,002	1,219,100	886,902
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				4,781,668

Schedule D (Form 990) 2012



Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return				
1	Total revenue, gains, and other support per audited financial statements . . . . .	1		27,828,134
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments . . . . .	2a	41,231	
b	Donated services and use of facilities . . . . .	2b	180,043	
c	Recoveries of prior year grants . . . . .	2c		
d	Other (Describe in Part XIII ) . . . . .	2d		
e	Add lines 2a through 2d . . . . .	2e		221,274
3	Subtract line 2e from line 1 . . . . .	3		27,606,860
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a		
b	Other (Describe in Part XIII ) . . . . .	4b	-504,675	
c	Add lines 4a and 4b . . . . .	4c		-504,675
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 ) . . . . .	5		27,102,185
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return				
1	Total expenses and losses per audited financial statements . . . . .	1		29,443,163
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities . . . . .	2a	180,043	
b	Prior year adjustments . . . . .	2b		
c	Other losses . . . . .	2c		
d	Other (Describe in Part XIII ) . . . . .	2d	504,674	
e	Add lines 2a through 2d . . . . .	2e		684,717
3	Subtract line 2e from line 1 . . . . .	3		28,758,446
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a		
b	Other (Describe in Part XIII ) . . . . .	4b		
c	Add lines 4a and 4b . . . . .	4c		
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . .	5		28,758,446

Part XIII Supplemental Information

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

Identifier	Return Reference	Explanation
Intended Uses of Endowment Funds	Schedule D, Part V, Line 4	THE ORGANIZATION'S ENDOWMENT FUNDS ARE USED FOR GENERAL SUPPORT OF THE ORGANIZATION. IN ADDITION, INTEREST EARNED ON \$750,000 ENDOWMENT IS USED FOR MAJOR MAINTENANCE ON THE BUILDING.
FOOTNOTE for Uncertain Tax Position	Schedule D, Part X, Line 2	Points of Light has received a determination letter from the Internal Revenue Service (the IRS) stating that it qualifies for exemption from federal income taxes as a nonprofit organization under Section 501(c)(3) of the Internal Revenue Code (the IRC). In addition, the IRS has determined that Points of Light is not a private foundation under Section 509(a) of the IRC. Points of Light evaluates its uncertain tax positions using the provisions of FASB ASC Topic 740 Income Taxes. Points of Light follows the criterion that an individual tax position has to meet some or all of the benefits of that position to be recognized in Points of Light's financial statements. Tax years open to examination by tax authorities under the statute of limitations include fiscal 2010 through 2013. Points of Light has a policy to record interest and penalties (if any) related to income tax matters in income tax expense. Points of Light has applied the more likely than not criterion to all the tax positions for which the statute of limitations remain open and has determined that the tax positions satisfy such criterion and that no provision for income taxes is required for the years ended September 30, 2013 or 2012.
RECONCILIATION OF REVENUE PER AUDITED FINANCIAL STATEMENTS	SCHEDULE D, PART XI, LINE 4B	FUNDRAISING EVENT EXPENSES INCLUDED IN REVENUE ON 990 - \$474,205, Rental Expenses included in Revenue on 990 - \$30,470
RECONCILIATION OF EXPENSES PER AUDITED FINANCIAL STATEMENTS	SCHEDULE D, PART XII, LINE 2d	FUNDRAISING EVENT EXPENSES INCLUDED IN REVENUE ON 990 - \$474,205, Rental Expenses included in Revenue on 990 - \$30,470, ROUNDING - (\$2)

SCHEDULE F  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.  
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2012

Open to Public  
Inspection

Name of the organization  
Points of Light Foundation

Employer identification number  
65-0206641

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☒ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
3a Sub-total		3			383,714
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)		3			383,714

## Part II

**1**

9

## Part III

**(a) Type of grant or assistance**

**(b) Region**

(c) Number of recipients

**(d)** Amount of cash grant

**(e) Manner of cash disbursement**

(f) Amount of non-cash assistance

**(g) Description  
of non-cash  
assistance**

**(h)** Method of valuation (book, FMV, appraisal, other)



**Part IV Foreign Forms**

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☐ Yes

☒ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*

☐ Yes

☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*

☐ Yes

☒ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☐ Yes

☒ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*

☐ Yes

☒ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).*

☐ Yes

☒ No

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

[illegible]

Additional Data

Software ID:  
Software Version:  
EIN: 65-0206641  
Name: Points of Light Foundation

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South America			Grantmaking		15,000
East Asia and The Pacific			Grantmaking		164,820
North America			Grantmaking		17,600

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)			Grantmaking		19,860
Sub-Saharan Africa			Grantmaking		32,000
South America		1	Program Services		34,956

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
North America		2	Program Services		99,478

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	Vol Support	9,960	Wired			
		East Asia and the Pacific	Vol Support	12,600	Wired			
		South America	Vol Support	8,500	Wired			
		East Asia and the Pacific	Vol Support	16,950	Wired			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		East Asia and the Pacific	Vol Support	55,770	Wired			
		East Asia and the Pacific	Vol Support	83,100	Wired			
		Europe (Including Iceland and Greenland)	Vol Support	9,900	Wired			
		East Asia and the Pacific	Vol Support	9,000	Wired			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South America	Vol Support	6,500	Wired			



SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization  
Points of Light Foundation

Employer identification number  
65-0206641

Part I Fundraising Activities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- 1

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

a

☒

Mail solicitations

e

☒

Solicitation of non-government grants

b

☒

Internet and email solicitations

f

☒

Solicitation of government grants

c

☒

Phone solicitations

g

☒

Special fundraising events

d

☒

In-person solicitations
- 2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes ☐ No
- b

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
SGR Consulting LLC 465 California St Suite 425  San Francisco, CA 94104	FUNDRAISER		No	566,155	17,000	549,155
Stephen Blake 400 Morgan Lane  Dixon, CA 95620	FUNDRAISER		No	566,155	17,400	548,755
The Webster Group Inc 5185 MacArthur Blvd  Washington, DC 20016	FUNDRAISER		No	497,000	59,090	438,000
Total . . . . . ▶				1,629,310	93,490	1,535,910

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

AL, AZ, AR, CA, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MI, MN, MS, MO, MT, NH, NJ, NM, NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		CFC BENEFIT (event type)	2013 TRIBUTE (event type)	0 (total number)	(add col (a) through col (c))
Revenue	1	Gross receipts . . . .	789,350	497,000	1,286,350
	2	Less Contributions . . .	751,550	459,335	1,210,885
	3	Gross income (line 1 minus line 2) . . . .	37,800	37,665	75,465
Direct Expenses	4	Cash prizes . . . .			
	5	Noncash prizes . . .			
	6	Rent/facility costs . . .	22,900	11,355	34,255
	7	Food and beverages .	68,685	42,677	111,362
	8	Entertainment . . . .		2,851	2,851
	9	Other direct expenses .	256,681	69,056	325,737
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶			(474,205)
	11	Net income summary Combine line 3, column (d), and line 10 . . . . . ▶			-398,740

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue . . . . .			
Direct Expenses	2	Cash prizes . . . . .			
	3	Non-cash prizes . . . .			
	4	Rent/facility costs . . . .			
	5	Other direct expenses . . .			
	6	Volunteer labor . . . .	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>
	7	Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶			
	8	Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ▶			

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

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

b If "No," explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

b If "Yes," explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the organization operate gaming activities with nonmembers? ☒ **Yes** ☐ **No**

**12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ **Yes** ☐ **No**

**13** Indicate the percentage of gaming activity operated in

<b>a</b> The organization's facility	<b>13a</b>	
<b>b</b> An outside facility	<b>13b</b>	

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ **Yes** ☐ **No**

**b** If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

**c** If "Yes," enter name and address of the third party

Name

Address

**16** Gaming manager information

Name

Gaming manager compensation \$

Description of services provided

☐ Director/officer

☐ Employee

☐ Independent contractor

**17** Mandatory distributions

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ **Yes** ☐ **No**

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation
SCHEDULE G - FUNDRAISING ACTIVITES	SCHEDULE G, PART 1, LINE 2B	THE FUNDRAISING CONSULTANTS ARE ENGAGED TO ADVISE AND SOLICIT FUNDS ON THE ORGANIZATION'S BEHALF

OMB No 1545-0047

**Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.**  
**▶ Attach to Form 990**

**Open to Public Inspection**

Employer identification number

65-0206641

## Part I General Information on Grants and Assistance

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

☒ Yes

No

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

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

[illegible]

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

95

**3** Enter total number of other organizations listed in the line 1 table . . . . . 

Part III

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

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

Part IV

Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
Procedure for Monitoring Use of Grant Funds Inside U S	Schedule I, Part I, Line 2	We have agreements with all organizations that we provide grants We request W-9 and 501(c)(3) documentation as well as establish clear deliverables We also review to ensure funds are expended appropriately and used towards charitable purposes

Software ID:

Software Version:

EIN: 65-0206641

Name: Points of Light Foundation

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Accounting Aid Society7700 2ND Ave Ste 314 Detroit, MI 48202	23-7310753	501(C)(3)	5,215				Volunteer Support
Albuquerque Public Schools FoundationPO Box 25704 Albuquerque, NM 871250704	85-0434438	501(C)(3)	14,250				Volunteer Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Alpha Kappa Alpha Sorority Inc5656 S Stoney IS Ave Chicago,IL 60637	36-2152330	501(C)(3)	25,000				Volunteer Support
Asian Americans for Equality Inc108 Norfolk St New York,NY 10002	13-3187792	501(C)(3)	5,215				Volunteer Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASSISTANCE LEAGUE OF SOUTHERN CALIFORNIA 1370 NST ANDREWS PL LOS ANGELES,CA 90028	95-1641960	501(C)(3)	15,500				Volunteer Support
Austin Habitat for Humanity Inc310 Comal St Ste 100 Austin,TX 78702	74-2373217	501(C)(3)	5,215				Volunteer Support



Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Boston Cares190 High Street Boston,MA 02110	04-3173682	501(C)(3)	243,800				Volunteer Support
Cape Fear Volunteer Center 3534 S College Rd Wilmington,NC 28412	65-1251970	501(C)(3)	34,250				Volunteer Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Catholic Charities of the Archdiocese(ATL)680 W Peachtree St NW Atlanta, GA 30308	58-1097003	501(C)(3)	5,500				Volunteer Support
CTR for Volunteer and Nonprofit Leadership555 Northgate Dr San Rafael, CA 28412	68-0101012	501(C)(3)	44,600				Volunteer Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Charities Aid Foundation 1800 Diagonal Rd Ste 150 Alexandria,VA 22314	43-1634280	501(C)(3)	32,000				Volunteer Support
Chicago Cares2 N Riverside PLZ Ste2200 Chicago,IL 60606	36-3777709	501(C)(3)	125,244				Volunteer Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Clarifi1608 Walnut St10th FL Ph, PA 19103	23-1671903	501(C)(3)	5,215				Volunteer Support
Connecticut Association for Human Services Inc110 Bartholomew Ave Ste 4030 Hartford, CT 06106	06-0653158	501(C)(3)	5,215				Volunteer Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Corporation for National and Community Svc1201 New York Ave NW Washington,DC 20525	52-0971471	501(C)(3)	29,861				Volunteer Support
Council of Community Services502 Campbell Avenue Roanoke,VA 24016	54-0718859	501(C)(3)	41,500				Volunteer Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Furniture Sharehouse Inc2 E Ave Ste 201 Larchmont, NY 10538	33-1137455	501(C)(3)	10,000				Volunteer Support
Greenville Memorial AME Zion ChurchPO Box 26905 Charlotte,NC 28221	56-1405270	501(C)(3)	10,000				Volunteer Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
United Way Of Asheville & Buncombe Co Inc50 S French Broad Ave Asheville, NC 28801	56-0576157	501(C)(3)	17,500				Volunteer Support
Hands on Atlanta600 Means St Ste 110 Atlanta, GA 30318	58-1861026	501(C)(3)	82,234				Volunteer Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Hands on Bay Area135 Bluxome St 2nd fl SF,CA 94107	77-0195144	501(C)(3)	158,488				Volunteer Support
Hands On Birmingham601 North 19th Street Birmingham,AL 35203	63-1207098	501(C)(3)	42,674				Volunteer Support



Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Hands On Central California 732 North Van Ness Ave Fresno,CA 93728	94-2314572	501(C)(3)	32,344				Volunteer Support
Hands on Charlotte1616 Central Ave Ste 200 CL,NC 28205	58-1965120	501(C)(3)	302,057				Volunteer Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Hands on Greater Phoenix 5151 N 19th Avenue Phoenix,AZ 85015	86-0735514	501(C)(3)	7,500				Volunteer Support
Hands On Greater Portland 2145 NW Overton St Portland,OR 972102924	93-1218427	501(C)(3)	34,500				Volunteer Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Hands on Greater Richmond 7501 Boulders VW Dr Ste 110 Richmond, VA 23225	20-8227522	501(C)(3)	26,224				Volunteer Support
Hands On Greenville105 Edinburgh Court Greenville, SC 29607	57-0996034	501(C)(3)	17,000				Volunteer Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Hands on Hartford330 Main St 3rd Fl Hartford,CT 06106	06-0861268	501(C)(3)	15,470				Volunteer Support
Hands On Mid-Willamette Valley455 Biller Ave NE Salem,OR 97301	93-0395586	501(C)(3)	11,000				Volunteer Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HANDS ON NASHVILLE209 10TH AVE S Ste 318 Nashville,TN 37203	62-1461078	501(C)(3)	66,619				Volunteer Support
Hands on New Orleans1050 S Jefferson Davis Pkwy NO,LA 70125	26-2281213	501(C)(3)	18,803				Volunteer Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Hands On Northeast OhioPO Box 91183 Cleveland,OH 441019713	14-1993984	501(C)(3)	22,000				Volunteer Support
Hands On Northwest North Carolina690 Coliseum Drive WinstonSalem,NC 27106	26-0824793	501(C)(3)	35,000				Volunteer Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Hands On Orlando1850 Le Rd Suite 218 Winter Park, FL 32789	59-3660188	501(C)(3)	47,500				Volunteer Support
Hands on River Region2101 E Blvd Ste 322 Montgomery,AL 36117	63-0663412	501(C)(3)	23,125				Volunteer Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Hands on SacramentoVolunteer Center 909 12th St Ste 200 Sacramento, CA 95814	94-1201196	501(C)(3)	30,375				Volunteer Support
Hands On South AlabamaVolunteer Mobile 1050 Government Street Mobile,AL 36604	23-7432787	501(C)(3)	12,500				Volunteer Support



Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Hands on Suburban Chicago 2121 S Goebbert Rd Arlington HTS,IL 60005	36-2692866	501(C)(3)	21,000				Volunteer Support
Hands on Twin Cities2021 E Hennepin Ave Minneapolis,MN 55413	31-1084722	501(C)(3)	54,750				Volunteer Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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HandsOn Broward6600 W Commerc Blvd Lauderhill,FL 33319	59-1506570	501(C)(3)	5,215				Volunteer Support
Handson Central Ohio195 N Grant Ave Columbus,OH 432152607	31-1084722	501(C)(3)	56,550				Volunteer Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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HandsOn Jacksonville6817 Southpoint Pkwy Jacksonville,FL 32216	59-1466484	501(C)(3)	259,150				Volunteer Support
Heart of West Michigan United way118 Commerce Ave SW Grand Rapids,MI 49503	38-1360923	501(C)(3)	8,250				Volunteer Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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ImpactAssets Inc7315 WI Ave Ste 1100W Bethesda,MD 20814	26-2048480	501(C)(3)	198,000				Volunteer Support
Indiana Association of School Principals11025 E 25th Street Indianapolis,IN 46229	35-1188078	501(C)(3)	82,500				Volunteer Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Innovative Changes2010 Lloyd Center Portland,OR 97232	80-0516996	501(C)(3)	5,215				Volunteer Support
Jersey Cares494 Broad St Newark,NJ 07102	22-3294530	501(C)(3)	213,614				Volunteer Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Job Opportunities Task Force 217 E Redwood St Ste 1500 Baltimore,MD 21202	52-2278450	501(C)(3)	5,215				Volunteer Support
LA Works570 W Ave 26 Ste 400 LA,CA 90065	95-4329727	501(C)(3)	27,125				Volunteer Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Long Island Volunteer Center 58 Hilton Avenue Hempstead, NY 11550	13-6165593	501(C)(3)	158,582				Volunteer Support
METRO VOLUNTEERS1355 S CO Ste C-601 DENVER,CO 80222	84-0782124	501(C)(3)	53,882				Volunteer Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Mission Kids Child Advocacy Center of Montgomery CPO Box 413 Blue Bell, PA 19422	14-1975929	501(C)(3)	35,000				Volunteer Support
MLK 365Greater Philadelphia MLK Day of Svc615 St Georges Road Philadelphia, PA 19119	23-7046393	501(C)(3)	25,000				Volunteer Support



Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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New York Cares846 S Clinton Ave Rochester, NY 14820	13-3444193	501(C)(3)	277,545				Volunteer Support
NextStep Recycling2101 West 10th Ave Eugene, OR 974022788	68-0506282	501(C)(3)	10,000				Volunteer Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Now I Lay Me Down To Sleep 2305 E Arapahoe Rd 220 Centennial, CO 80122	77-0656322	501(C)(3)	10,000				Volunteer Support
Pittsburgh Cares535 SmithField Street Pittsburgh, PA 15222	25-1702048	501(C)(3)	6,000				Volunteer Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Providence Portland Medical Foundation4805 NE Glisan Street Portland,OR 97213	93-1231494	501(C)(3)	10,000				Volunteer Support
Right Hand Events4079 Governor Dr 302 San Diego,CA 92122	56-3931104	501(C)(3)	43,250				Volunteer Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Rochester CaresPO Box 10058 Rochester, NY 14610	16-1015782	501(C)(3)	12,500				Volunteer Support
RSVP of Allen County3024 Fairfield Ave Fort Wayne,IN 46805	36-4559850	501(C)(3)	6,000				Volunteer Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Sacred Heart Community Service1381 S First Street San Jose, CA 95110	23-7179787	501(C)(3)	5,072				Volunteer Support
Salt Lake Education Foundation440 E 100 S Salt Lake City, UT 841111802	74-2563849	501(C)(3)	26,750				Volunteer Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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School on Wheels IncPO Box 23371 Ventura,CA 93002	95-4422640	501(C)(3)	10,000				Volunteer Support
Seattle Works1625 19th Ave Seattle,WA 98122	91-4496844	501(C)(3)	109,411				Volunteer Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Serve Rhode Island655 Broad St Ste 202 Providence,RI 02909	05-0479705	501(C)(3)	123,244				Volunteer Support
Soledad O'Brien & Brad Raymond Family FoundationOne Time Warner Center New York, NY 10019	27-6157675	501(C)(3)	10,000				Volunteer Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Sparkle Effect Inc5080 Center Court Bettendorf,IA 52722	26-4572980	501(C)(3)	10,000				Volunteer Support
The Vol Ctr Of Greensboro Inc1500 YANCEYVILLE ST Greensboro,NC 27405	56-1134052	501(C)(3)	49,000				Volunteer Support



Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UlinePO Box 88741 Chicago,IL 606801741	36-3684738	501(C)(3)	42,549				Volunteer Support
United Neighbors Inc808 North Harrison Davenport,IA 52803	42-1144816	501(C)(3)	10,000				Volunteer Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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United Way of Greater CTN Volunteer CTRPO Box 4027 Chattanooga,TN 37405	62-0565962	501(C)(3)	16,000				Volunteer Support
United Way of Greater Knoxville-Vol Ctr1301 Hannah Avenue Knoxville,TN 37921	62-0475748	501(C)(3)	24,500				Volunteer Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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UNITED WAY OF KING CTY 720 Second Ave Seattle,WA 981041702	91-0565555	501(C)(3)	5,019				Volunteer Support
United Way of Northwest Louisiana402 Edwards Street Shreveport,LA 71101	72-0503930	501(C)(3)	8,500				Volunteer Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
United Way of Tucson and Southern Arizona330 N Commerce PK Loop Ste 200 Tucson, AZ 85745	86-0098932	501(C)(3)	6,000				Volunteer Support
Utd Way Thomas Jefferson Area Vol Ctr806 E High St Charlottesville, VA 22902	54-0505882	501(C)(3)	12,000				Volunteer Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VC of North Texas2800 Live Oak Street Dallas, TX 75204	75-1364145	501(C)(3)	12,463				Volunteer Support
VMC Foundation280 W Hanover Ave Morristown, NJ 07960	77-0187890	501(C)(3)	10,000				Volunteer Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOL CTR OF LOS ANGELES 8134 Van Nuys Blvd Ste 200 Panorama City,CA 91402	95-1641960	501(C)(3)	5,598				Volunteer Support
Volunteer Broward4800 N State Rd Lauderdale LKS,FL 33319	59-1506570	501(C)(3)	61,870				Volunteer Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Volunteer Center of Bergen County INC64 Passaic Street Hackensack, NJ 076014309	22-1821282	501(C)(3)	112,640				Volunteer Support
Volunteer Center of Monmouth County1415 Wyckoff Road Farmingdale, NJ 07727	21-0650674	501(C)(3)	86,000				Volunteer Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Volunteer Center of Morgan County811 2nd Ave SE Suite 1 Decatur,AL 35601	63-0771057	501(C)(3)	20,500				Volunteer Support
Volunteer Center of North Texas2800 Live Oak Street Dallas,TX 75204	75-1364145	501(C)(3)	110,223				Volunteer Support



Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Volunteer Center of NW Suburban Chicago2121 S Goebbert Rd Arlington HTS,IL 60005	36-2692866	501(C)(3)	8,750				Volunteer Support
Volunteer Center Orange County1901 E 4th St Ste 100 Santa Ana,CA 92705	95-2021700	501(C)(3)	10,000				Volunteer Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Volunteer Centers of Santa Cruz County1740 17th Ave Santa Cruz, CA 95062	94-1702678	501(C)(3)	35,000				Volunteer Support
Volunteer Collier553 Galleon Drive Naples, FL 34102	83-0500837	501(C)(3)	6,000				Volunteer Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOLUNTEER FAIRFAX 10530 PAGE AVENUE Fairfax,VA 22030	23-7370759	501(C)(3)	190,325				Volunteer Support
VOLUNTEER Hampton Roads 400 W Olney Rd Ste B Norfolk,VA 23507	54-1072533	501(C)(3)	10,325				Volunteer Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOLUNTEER HOUSTON 3015 Richmond Avenue Houston,TX 77098	23-7382611	501(C)(3)	20,625				Volunteer Support
Volunteer Mid-South3181 Poplar Ave Ste 325 Memphis,TN 38111	62-0983110	501(C)(3)	26,500				Volunteer Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WRLcom LLC495 Mansfield Ave Pittsburgh,PA 15205	04-8685562	501(C)(3)	68,816				Volunteer Support

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization  
Points of Light Foundation

Employer identification number  
65-0206641

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>1b</div><div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</div></div>		
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</div></div>		
<div><div>3</div><div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</div><div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>		
<div><div>4</div><div>During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization</div></div>		
<div><div>4a</div><div>Receive a severance payment or change-of-control payment?</div></div>		No
<div><div>4b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>		No
<div><div>4c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>		No
<div><div></div><div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div></div>		
<div><div>5</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</div></div>		
<div><div>5a</div><div>The organization?</div></div>		No
<div><div>5b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>		No
<div><div>6</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</div></div>		
<div><div>6a</div><div>The organization?</div></div>		No
<div><div>6b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>		No
<div><div>7</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</div></div>		No
<div><div>8</div><div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</div></div>		No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div></div>		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table								

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
Officer Compensation	Part II, Line 2	Points of Light Board of Directors granted Michelle Nunn a leave of absence to run for the U S Senate and have appointed Tracy Hoover, an experienced leader of the service movement, as the organizations president. The internal revenue service instructs organizations to report compensation for the calendar year ending with or within the organization's tax year. The FYE2013 990 reports compensation based on the calendar year 2012, which is prior to the date that Michelle Nunn took an unpaid leave of absence in July of 2013.



**Software ID:**  
**Software Version:**  
**EIN:** 65-0206641  
**Name:** Points of Light Foundation

**Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
TRACY HOOVER	(i)	194,599	0	0	7,335	11,940	213,874	0
	(ii)	0	0	0	0	0	0	0
MICHELLE NUNN	(i)	287,770	0	0	8,684	23,730	320,184	0
	(ii)	0	0	0	0	0	0	0
SCOTT GELLER	(i)	222,396	0	0	4,997	18,651	246,044	0
	(ii)	0	0	0	0	0	0	0
KRISTINA TECCE	(i)	196,720	0	0	5,679	7,152	209,551	0
	(ii)	0	0	0	0	0	0	0
AMY SMITH	(i)	184,044	0	0	7,286	18,349	209,679	0
	(ii)	0	0	0	0	0	0	0
RICHARD DUBOSE	(i)	173,470	0	0	2,800	18,651	194,921	0
	(ii)	0	0	0	0	0	0	0
AYESHA KHANNA	(i)	169,639	0	0	6,341	1,056	177,036	0
	(ii)	0	0	0	0	0	0	0
ALVIN CARTER	(i)	178,281	0	0	6,074	1,056	185,411	0
	(ii)	0	0	0	0	0	0	0
PATRICIA TURNER	(i)	151,008	0	0	6,295	6,096	163,399	0
	(ii)	0	0	0	0	0	0	0
CAMILLA MOODY	(i)	151,078	0	0	4,164	3,199	158,441	0
	(ii)	0	0	0	0	0	0	0
JACQUELINE NORRIS	(i)	167,851	0	0	6,292	1,056	175,199	0
	(ii)	0	0	0	0	0	0	0
DELORES MORTON	(i)	141,984	0	0	0	18,308	160,292	0
	(ii)	0	0	0	0	0	0	0
CONCETTA BENCIVENGA	(i)	141,230	0	0	5,035	6,403	152,668	0
	(ii)	0	0	0	0	0	0	0

SCHEDULE O  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public  
Inspection

Name of the organization  
Points of Light Foundation

Employer identification number  
65-0206641

Identifier	Return Reference	Explanation
Form 990 Review Process	Form 990, Part VI, Line 11b	
Conflict of Interest Policy Monitoring & Enforcement	Form 990, Part VI, Line 12c	ALL OF THE STAFF AND BOARD MEMEMBERS SIGN A CONFLICT OF INTEREST STATEMENT ON AN ANNUAL BASIS THESE STATEMENTS ARE REVIEWED BY THE GOVERNANCE COMMITTEE OF THE BOARD AND ANY ISSUES ARE ADDRESSED ON A CASE-BY-CASE BASIS
Process for Determining Compensation	Form 990, Part VI, Line 15a	THE HUMAN RESOURCES COMMITTEE OF THE BOARD IS RESPONSIBLE FOR THE CEO'S COMPENSATION The HR committee's RESPONSIBILITIES INCLUDE REVIEWING AND APPROVING SALARIES FOR OFFICERS AND/OR KEY EMPLOYEES THE COMMITTEE'S REVIEW PROCESS INCLUDES A COMPARISON OF SALARIES TO OTHER SIMILAR NON-PROFIT ORGANIZATIONS Points of Light Foundation CONTRACTED WITH A FIRM TO CONDUCT A COMPENSATION STUDY IN 2011
Process for Determining Compensation	Form 990, Part VI, Line 15b	THE HR COMMITTEE of the Board RESPONSIBILITIES INCLUDE REVIEWING AND APPROVING SALARIES FOR OFFICERS AND/OR KEY EMPLOYEES THE COMMITTEE'S REVIEW PROCESS INCLUDES A COMPARISON OF SALARIES TO THOSE OF OTHER SIMILAR NON-PROFIT THE COMMITTEE ENGAGED EXTERNAL COMPENSATION CONSULTANTS FOR A COMPENSATION REVIEW IN 2011
How Documents are Made Available to the Public	Form 990, Part VI, Line 19	THE FOUNDATION MAKES GOVERNING DOCUMENTS, FORM 990'S, CONFLICT OF INTEREST POLICIES, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST
Reconciliation of Change in Net Assets	PART XI, LINE 9	ROUNDING - \$2
LOBBYING ACTIVITIES	PART IV, LINE 4	Points of Light Foundation has not engaged in any lobbying activities that would meet the internal revenue service definition of lobbying for tax reporting purposes

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization  
Points of Light Foundation

Employer identification number  
65-0206641

Part I

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) CHILDREN FOR CHILDREN FOUNDATION 6 EAST 43RD ST 25TH FL NEW YORK, NY 10017 13-3880287	YOUTH SERVICE	NY	501(c)(3)		NA		No
(2) POLI Events Inc 600 Means Street Ste 210 Atlanta, GA 30318	INACTIVE	GA	501(c)(3)		NA		No

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V

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

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

1

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

a

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

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

Lease of facilities, equipment, or other assets to related organization(s)

k

Lease of facilities, equipment, or other assets from related organization(s)

l

Performance of services or membership or fundraising solicitations for related organization(s)

m

Performance of services or membership or fundraising solicitations by related organization(s)

n

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

Other transfer of cash or property to related organization(s)

s

Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

2

If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Schedule R (Form 990) 2012

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

[illegible]

**Software ID:**  
**Software Version:**  
**EIN:** 65-0206641  
**Name:** Points of Light Foundation

**Part VII** Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	
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**POINTS OF LIGHT FOUNDATION**  
**ATTACHMENT TO FORM 600 - T**  
**FOR THE YEAR ENDED SEPTEMBER 30, 2013**

<b>Tax Year</b>	<b>Loss Incurred</b>	<b>Previously Utilized</b>	<b>Available NOL</b>
FY 2013	<u>\$ (14,836)</u>	<u>\$ 5,545</u>	<u>\$ (9,291)</u>
NOL TO FYE13	<u><u>\$ (14,836)</u></u>	<u><u>\$ 5,545</u></u>	<u><u>\$ (9,291)</u></u>
NOL GENERATED IN FY 2013			
NOL CARRYFORWARD TO FY 2014			<u><u>\$ (9,291)</u></u>



**POINTS OF LIGHT FOUNDATION  
ATTACHMENT TO FORM 990 - T  
FOR THE YEAR ENDED SEPTEMBER 30, 2013**

<b>Tax Year</b>	<b>Loss Incurred</b>	<b>Previously Utilized</b>	<b>Available NOL</b>
FY 2013	<u>\$ (14,836)</u>	<u>\$ 5,545</u>	<u>\$ (9,291)</u>
NOL TO FYE13	<u><u>\$ (14,836)</u></u>	<u><u>\$ 5,545</u></u>	<u><u>\$ (9,291)</u></u>
NOL GENERATED IN FY 2013			
NOL CARRYFORWARD TO FY 2014			<u><u>\$ (9,291)</u></u>

-



Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES COLLINS DIRECTOR	5 0	X								
David Albntton Director	5 0	X								
Gary Bagley Director	5 0	X								
Ambassador Boyden Gray Director	5 0	X								
Raul Perea-Henz MD Director	5 0	X								
TRACY HOOVER PRESIDENT, POINTS OF LIGHT	55 0			X				194,599	0	19,275
MICHELLE NUNN CEO	55 0			X				287,770	0	32,414
KRISTINA TECCE CFO	55 0			X				196,720	0	12,831
SCOTT GELLER CTO	55 0				X			222,396	0	23,648
AMY SMITH PRESIDENT, HANDS ON NETWORK	55 0				X			184,044	0	25,635
RICHARD DUBOSE CDO	55 0				X			173,470	0	21,451
AYESHA KHANNA PRESIDENT, CIVIC INCUBATOR	55 0				X			169,639	0	7,397
ALVIN CARTER COO	55 0				X			178,281	0	7,130
PATRICIA TURNER CHIEF PERFORMANCE OFFICER	55 0				X			151,008	0	12,391
JACQUELINE NORRIS ED CI & MANAGING DIRECTOR	55 0				X			167,851	0	7,348
DELORES MORTON PRESIDENT, PROGRAMS	55 0				X			141,984	0	18,308
CONCETTA BENCIVENGA EXECUTIVE DIRECTOR, GenOn	55 0				X			141,230	0	11,438
CAMILLA MOODY SR VP SPECIAL PROJECTS	55 0					X		151,078	0	7,363
PATRICIA CHANDLER SENIOR ADVISOR TO THE CEO	55 0					X		142,459		7,093
JENNIFER LAWSON VP CORPORATE STRATEGIES	55 0					X		142,253		6,808
KATHRYN SAULITIS SENIOR VP PROGRAMS	55 0					X		145,363		1,599
CHRISTOPHER POKRANA VP WEB TECHNOLOGY	55 0					X		144,005		5,991