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Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

Information about Form 990 and its instructions is at [www.IRS.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 10-01-2013, 2013, and ending 09-30-2014

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

Points of Light Foundation

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

Room/suite

600 Means Street NW
Suite Ste 210

City or town, state or province, country, and ZIP or foreign postal code

Atlanta, GA 30318

F Name and address of principal officer

Tracy Hoover
600 Means St NW
Atlanta,GA 30318

H(a) Is this a group return for subordinates?

☐ Yes☒ No

H(b) Are all subordinates included?

☐ Yes☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ☐ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website:

www.pointsoflight.org

K Form of organization

☒ Corporation☐ Trust☐ Association☐ Other

L Year of formation

1990

M State of legal domicile

GA

Part I		Summary	
Activities & Governance	1	Briefly describe the organization's mission or most significant activities THE PURPOSE OF POINTS OF LIGHT 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 2013 (Part V, line 2a)	277
	6	Total number of volunteers (estimate if necessary)	200
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	4,464
	b	Net unrelated business taxable income from Form 990-T, line 34	
Revenue		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	16,982,493
	9	Program service revenue (Part VIII, line 2g)	8,434,878
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15,189
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-101,593
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	25,330,967
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,697,107
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	12,333,916
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	131,261
	b	Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 2,150,836	
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	9,016,366
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	27,178,650
	19	Revenue less expenses Subtract line 18 from line 12	-1,847,683
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	20,847,276
	21	Total liabilities (Part X, line 26)	8,677,240
	22	Net assets or fund balances Subtract line 21 from line 20	12,170,036

Part II

Signature Block

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

Sign Here

Signature of officer

2015-08-17

Date

Monique S Patrick Chief Financial Officer

Type or print name and title

Paid Preparer Use Only

Prnt/Type preparer's name

Michele N Melchior

Preparer's signature

Date

2015-08-17

Check ☐ if self-employed

PTIN
P00488037

Firm's name

GRANT THORNTON LLP

Firm's EIN

Firm's address

1100 PEACHTREE STREET SUITE 1200
ATLANTA, GA 30309

Phone no

(404) 979-2900

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2013)

Part III

Statement of Program Service Accomplishments

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

☐

1

Briefly describe the organization's mission

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 \$ 7,058,234 including grants of \$ 2,790,326) (Revenue \$ 2,779,038)

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 \$ 6,518,713 including grants of \$ 2,397,804) (Revenue \$ 3,507,327)

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 \$ 1,539,909 including grants of \$ 473,833) (Revenue \$ 242,017)

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 \$ 6,852,608 including grants of \$ 35,144) (Revenue \$ 1,906,496)

Points of Light FOUNDATION

4d

Other program services (Describe in Schedule O)

(Expenses \$ 6,852,608 including grants of \$ 35,144) (Revenue \$ 1,906,496)










4e

Total program service expenses

21,969,464

Part IV

Checklist of Required Schedules

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

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government 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 or 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 25a</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	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, 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	Yes	
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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? Note. 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 or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	182	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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.	277	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	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)?		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?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		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?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	Yes	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		No
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?		No
10	Section 501(c)(7) organizations. 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	Section 501(c)(12) organizations. 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	Section 4947(a)(1) non-exempt charitable trusts. 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	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. 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 or note to any line 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 30318 (404) 979-2910	

Check if Schedule O contains a response or note to any line 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 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

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	2,468,380	0	167,195

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. 37

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	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)	(B)	(C)
Name and business address	Description of services	Compensation
The August Jackson CO, PO Box 34709 PITTSBURG PA 15251	PROJECT Mgt	592,494
Freeman Audio Visual Inc, PO Box 650519 DALLAS TX 75265	AUDIO VISUAL	304,779
MC2, PO Box 645072 CINCINNATI OH 45264	Conference Svcs	304,242
Indiana Association of School Princ, 11025 E 25th Street INDIANAPOLIS IN 46229	Event Mgt	175,000
Impact Assets, 7315 Wisconsin Ave Suite110 BETHESDA MD 20814	Fund Mgr	110,000

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶5

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c	913,726		
	d	Related organizations	1d			
	e	Government grants (contributions)	1e	1,977,364		
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	14,091,403		
	g	Noncash contributions included in lines 1a-1f \$		25,002		
	h	Total. Add lines 1a-1f		16,982,493		
Program Service Revenue	2a	PROGRAM SERVICE REVENUE	Business Code	8,434,878	8,434,878	
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f		8,434,878		
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		19,137	
4		Income from investment of tax-exempt bond proceeds		0		
5		Royalties		0		
6a		Gross rents	(i) Real	(ii) Personal		
b		Less rental expenses	36,092			
c		Rental income or (loss)	31,588			
d		Net rental income or (loss)	4,504	0	4,504	4,464
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
b		Less cost or other basis and sales expenses		3,948		
c		Gain or (loss)		-3,948		
d		Net gain or (loss)		-3,948		-3,948
8a		Gross income from fundraising events (not including \$ 913,726 of contributions reported on line 1c) See Part IV, line 18	a	525,216		
b		Less direct expenses	b	631,313		
c		Net income or (loss) from fundraising events		-106,097		-106,097
9a		Gross income from gaming activities See Part IV, line 19	a			
b		Less direct expenses	b			
c		Net income or (loss) from gaming activities		0		
10a		Gross sales of inventory, less returns and allowances	a			
b		Less cost of goods sold	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		25,330,967	8,434,878	4,464	-90,868

Part IX

Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	5,369,504	5,369,504		
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.	327,603	327,603		
4	Benefits paid to or for members.	0			
5	Compensation of current officers, directors, trustees, and key employees.	2,081,313	1,162,490	728,538	190,285
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.	8,431,654	6,342,947	845,969	1,242,738
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	218,872	142,267	39,397	37,208
9	Other employee benefits.	652,868	424,364	117,516	110,988
10	Payroll taxes.	949,209	616,986	170,858	161,365
11	Fees for services (non-employees):				
a	Management.	3,754,476	3,405,520	335,537	13,419
b	Legal.	148,726	134,244	13,998	484
c	Accounting.	219,588	198,206	20,668	714
d	Lobbying.	0			
e	Professional fundraising services. See Part IV, line 17.	131,261			131,261
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.	99,313	96,486	1,276	1,551
13	Office expenses.	107,274	95,194	2,564	9,516
14	Information technology.	0			
15	Royalties.	0			
16	Occupancy.	592,611	491,250	65,625	35,736
17	Travel.	1,321,190	1,172,967	39,973	108,250
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19	Conferences, conventions, and meetings.	829,955	730,360	24,899	74,696
20	Interest.	79,949	43,180	35,753	1,016
21	Payments to affiliates.	0			
22	Depreciation, depletion, and amortization.	737,750	723,894	13,856	
23	Insurance.	67,075	36,227	29,996	852
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	SUPPLIES	163,421	136,002	15,705	11,714
b	BAD DEBT EXPENSE	449,209		449,209	
c	TELEPHONE	206,414	163,042	28,043	15,329
d	EQUIPMENT RENTAL	134,535	100,085	32,068	2,382
e	All other expenses	104,880	56,646	46,902	1,332
25	Total functional expenses. Add lines 1 through 24e.	27,178,650	21,969,464	3,058,350	2,150,836
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		1,095,577	1	4,782,162
	2	Savings and temporary cash investments		0	2	0
	3	Pledges and grants receivable, net		6,526,716	3	2,088,195
	4	Accounts receivable, net		0	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		368,360	9	96,388
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a7,696,817			
	b	Less accumulated depreciation	10b3,181,864	4,781,668	10c	4,514,953
	11	Investments—publicly traded securities		9,375,463	11	9,365,578
	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)		22,147,784	16	20,847,276
Liabilities	17	Accounts payable and accrued expenses		2,804,174	17	2,886,697
	18	Grants payable		0	18	0
	19	Deferred revenue		1,534,016	19	2,284,056
	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		3,758,382	23	3,506,487
	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		8,096,572	26	8,677,240
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		3,619,597	27	282,811
	28	Temporarily restricted net assets		4,589,280	28	6,069,890
	29	Permanently restricted net assets		5,842,335	29	5,817,335
	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		14,051,212	33	12,170,036
	34	Total liabilities and net assets/fund balances		22,147,784	34	20,847,276

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	25,330,967
2	Total expenses (must equal Part IX, column (A), line 25)	2	27,178,650
3	Revenue less expenses Subtract line 2 from line 1	3	-1,847,683
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	14,051,212
5	Net unrealized gains (losses) on investments	5	-33,493
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	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	12,170,036

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain 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	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

[illegible]

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	33,780,698	46,985,407	18,988,714	18,481,540	16,982,493	135,218,852
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	33,780,698	46,985,407	18,988,714	18,481,540	16,982,493	135,218,852
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)						4,506,866
6 Public support. Subtract line 5 from line 4						130,711,986

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	33,780,698	46,985,407	18,988,714	18,481,540	16,982,493	135,218,852
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	16,211	38,201	57,128	64,763	55,229	231,532
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	525,216	917,990
11 Total support (Add lines 7 through 10)						136,368,374
12 Gross receipts from related activities, etc. (see instructions)					12	36,993,248
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 2013 (line 6, column (f) divided by line 11, column (f))	14	95.852 %
15 Public support percentage for 2012 Schedule A, Part II, line 14	15	96.837 %
16a 33 1/3% support test—2013. 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—2012. 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—2013. 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—2012. 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. 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—2012. 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. 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		
Return Reference	Explanation	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b**
▶ **Attach to Form 990.** ▶ **See separate instructions.** ▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2013

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	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	25,000
4	Aggregate value at end of year	44,593
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? <div>Yes No</div>	
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? <div>Yes No</div>	

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

▶ \$

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

Cat No 52283D

Schedule D (Form 990) 2013

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 | |

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- 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 | 5,483,365 | 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 | -49,009 | 6,679 | 12,864 | 12,415 | -24,675 |
| d Grants or scholarships | 25,000 | 25,000 | 25,000 | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 5,409,356 | 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

☐ Yes

☐ No
- 4

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		973,107		973,107
b Buildings		3,067,259	368,072	2,699,187
c Leasehold improvements		988,027	939,568	48,459
d Equipment		82,799	76,675	6,124
e Other		2,585,625	1,797,549	788,076
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				4,514,953

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	26,331,080
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-33,493
b	Donated services and use of facilities	2b	370,705
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	337,212
3	Subtract line 2e from line 1	3	25,993,868
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	-662,901
c	Add lines 4a and 4b	4c	-662,901
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	25,330,967

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	28,212,256
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	370,705
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	662,901
e	Add lines 2a through 2d	2e	1,033,606
3	Subtract line 2e from line 1	3	27,178,650
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	27,178,650

Part XIII

Supplemental Information

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

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.
Liability for Uncertain Tax Position (ASC 740)	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 2011 through 2014. 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, 2014 or 2013.
RECONCILIATION OF REVENUE PER AUDITED FINANCIAL STATEMENTS	SCHEDULE D, PART XI, LINE 4B FUNDRAISING EVENT EXPENSES INCLUDED IN REVENUE ON 990 - \$631,313, Rental Expenses included in Revenue on 990 - \$31,588
RECONCILIATION OF EXPENSES PER AUDITED FINANCIAL STATEMENTS	SCHEDULE D, PART XII, LINE 2D FUNDRAISING EVENT EXPENSES INCLUDED IN REVENUE ON 990 - \$631,313, Rental Expenses included in Revenue on 990 - \$31,588
Land, Buildings, and Equipment - Other	SCHEDULE D, PART VI, LINE 1E Description of Other property - Computer and software

[illegible]

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.
► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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 its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 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
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total		3			458,506
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)		3			458,506

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)	See Add'l Data								
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶

9

3

Enter total number of other organizations or entities ▶

Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☐

Yes

☒

No
- 5

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

☐

Yes

☒

No
- 6

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

☐

Yes

☒

No

Part V

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
Procedure for Monitoring Use of Grant Funds Outside U S	Schedule F, Part I, Line 2 THE ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS OUTSIDE THE U S IS SET FORTH TO ENSURE THAT ALL GRANTEEES ARE ELIGIBLE FOR FUNDS REGARDLESS OF AMOUNT AWARDED GRANTS ARE AWARDED TO AFFILIATED ORGANIZATIONS THERE IS A DETAILED MEMORANDUM OF UNDERSTANDING FOR GRANTS TO ENSURE CLARITY OF EXPECTATIONS WE REVIEW EXPENDITURES AND ACTIVITIES TO ENSURE THAT ENTITIES HAVE MET THE REQUIRED PURPOSE FOR THE GRANT FUNDS MONITORING IS COMPLETED THROUGH DESK REVIEWS

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
East Asia and the Pacific			Grantmaking		213,513
Europe (Including Iceland and Greenland)			Grantmaking		54,890
North America			Grantmaking		16,200

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 Asia			Grantmaking		43,000
South America		1	Program Services		25,588
North America		2	Program Services		105,315

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	6,270	Wired			
		East Asia and the Pacific	Vol Support	55,200	Wired			
		East Asia and the Pacific	Vol Support	110,425	Wired			
		East Asia and the Pacific	Vol Support	6,173	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	41,715	Wired			
		Europe (Including Iceland and Greenland)	Vol Support	33,620	Wired			
		South Asia	Vol Support	43,000	Wired			
		Europe (Including Iceland and Greenland)	Vol Support	15,000	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)
		North America	Vol Support	16,200	Wired			

SCHEDULE G
(Form 990 or 990-EZ)

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.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.
Form 990-EZ filers are not required to complete this part.

1

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

a

☒

Mail solicitations

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			
1 The Webster Group Inc 5185 MacArthur Blvd Washington, DC 20016	Fundraiser		No	666,652	64,436	602,216
2 Event Associates 162 West 56th St New York, NY 10019	Fundraiser		No	772,290	66,825	705,465
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶				1,438,942	131,261	1,307,681

3

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

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)	2014 TRIBUTE (event type)	0 (total number)	(add col (a) through col (c))
Revenue	1	Gross receipts	772,290	666,652	1,438,942
	2	Less Contributions . . .	499,741	413,985	913,726
	3	Gross income (line 1 minus line 2)	272,549	252,667	525,216
Direct Expenses	4	Cash prizes			
	5	Noncash prizes . . .	4,375		4,375
	6	Rent/facility costs . . .	196,384	25,620	222,004
	7	Food and beverages .			
	8	Entertainment		3,408	3,408
	9	Other direct expenses .	128,200	273,326	401,526
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Subtract line 10 from line 3, column (d) ▶			

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			
	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses . . .			
Direct Expenses	6	Volunteer labor			
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Subtract line 7 from line 1, column (d) ▶			

9 Enter the state(s) in which the organization 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

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

14

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

Name ▶ -----

Address ▶ -----

15a

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

b

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

c

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

Name ▶ -----

Address ▶ -----

16

Gaming manager information

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

☐ Director/officer ☐ Employee ☐ Independent contractor

17

Mandatory distributions

a

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

b

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

Part IV

Supplemental Information.

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

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

Schedule G (Form 990 or 990-EZ) 2013

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Points of Light Foundation

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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.

(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
See Additional Data Table							

2

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

100

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. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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 reiew to ensure funds are exeended appropriately and used towards charitable purposes

Additional Data

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
United Way of Greater Portland PO Box 15200 Portland,ME 041125200	01-0241767	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
Boston Private Industry Council Inc 2 Oliver Street 3rd floor Boston, MA 02109	04-2676661	501(c)(3)	12,625				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 Cares 190 High Street Boston, MA 02110	04-3173682	501(c)(3)	190,529				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 LLC 495 Mansfield Ave Pittsburg, PA 15205	04-8685562	501(c)(3)	10,817				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 Island 655 Broad St Suite 202 Providence,RI 02909	05-0479705	501(c)(3)	101,750				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
Connecticut Association for Human Services Inc 110 Bartholomew Avenue Suite 4030 Hartford, CT 06106	06-0653158	501(c)(3)	21,000				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 Service Organizations Inc 2111 Wilson Blvd Suite 1200 Arlington, VA 22201	13-1610451	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
Asian Americans for Equality Inc 108 Norfolk Street New York, NY 10002	13-3187792	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
New York Cares 846 South Clinton Avenue Rochester, NY 14820	13-3444193	501(c)(3)	65,781				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
Covenant House Washington DC 2001 Mississippi Avenue SE Washington, DC 20020	13-3537709	501(c)(3)	12,625				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
The Door - A Center of Alternatives Inc 121 Avenue of the Americas New York, NY 10013	13-6127348	501(c)(3)	12,625				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
Long Island Volunteer Center 58 Hilton Avenue Hempstead, NY 11550	13-6165593	501(c)(3)	41,340				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 Ohio PO Box 91183 Cleveland, OH 441019713	14-1993984	501(c)(3)	22,276				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 Cares PO Box 10058 Rochester, NY 14610	16-1015782	501(c)(3)	6,910				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
Me Fine Foundation Inc 5100 US Hwy 70 E Princeton, NJ 27569	20-1819368	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
No More Tears 10097 Cleary Blvd 150 Plantation, FL 33324	20-5951942	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
Hands on Greater Richmond 7501 Boulders View DrSte 110 Richmond, VA 23225	20-8227522	501(c)(3)	17,750				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 Monmouth County 1415 Wyckoff Road Farmingdale, NJ 07727	21-0650674	501(c)(3)	41,000				Volunteer Support

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

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Volunteer Center of Bergen County INC 64 Passaic Street Hackensack, NJ 076014309	22-1821282	501(c)(3)	21,910				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
Jersey Cares 494 Broad St Newark, NJ 07102	22-3294530	501(c)(3)	181,432				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 Burlington County Inc 601 Pemberton Browns Mill Rd Pemberton, NJ 08068	22-3464824	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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Clarifi 1608 Walnut Street Tenth floor Philadelphia, PA 19103	23-1671903	501(c)(3)	21,000				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
Global Citizen 1709 Benjamin Franklin Parkway Philadelphia, PA 19103	23-7046393	501(c)(3)	32,500				Volunteer Support

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

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Sacred Heart Community Service 1381 S First Street San Jose, CA 95110	23-7179787	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

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Accounting Aid Society 7700 Second Ave Suite 314 Detroit, MI 48202	23-7310753	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

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Volunteer Fairfax 10530 PAGE AVENUE Fairfax, VA 22030	23-7370759	501(c)(3)	105,203				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)	30,475				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
HELPLINE CENTER INC 1000 N West Ave Suite 310 Sioux Falls, SD 57104	23-7424387	501(c)(3)	7,203				Volunteer Support

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

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Lauren's Kids Foundation Inc 18851 NE 29th Ave Suite 1010 Aventura,FL 33180	26-1252588	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

(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
ImpactAssets Inc 7315 Wisconsin Ave Suite 1100W Bethesda, MD 20814	26-2048480	501(c)(3)	165,000				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 New Orleans 1050 S Jefferson Davis Pkwy New Orleans, LA 70125	26-2281213	501(c)(3)	11,896				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
Clean the World Foundation Inc PO Box 533838 Orlando, FL 328533838	26-4212487	501(c)(3)	9,000				Volunteer Support

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Everybody Loves Kenny Project Inc PO Box 3127 Princeton,NJ 08543	27-2372917	501(c)(3)	10,000				Volunteer Support

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Estella's Brilliant Bus A Class Act Learning Cent 6645 Traveler Road West Palm Beach, FL 33411	30-0493352	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 the Greater Dayton Area 33 West First Street Suite 500 Dayton, OH 45402	31-0536658	501(c)(3)	5,722				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 Twin Cities 2021 East Hennepin Avenue Minneapolis, MN 55413	31-1084722	501(c)(3)	11,313				Volunteer Support

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

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Straight From The Heart Inc 839 W San Marcos Blvd San Marcos, CA 92078	33-0883050	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 Central Indiana-Volunteer Center 3901 N Meridian Street Indianapolis,IN 46208	35-1007590	501(c)(3)	13,500				Volunteer Support

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Indiana Association of School Principals 11025 E 25th Street Indianapolis,IN 46229	35-1188078	501(c)(3)	20,000				Volunteer Support

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Hands on Suburban Chicago 2121 S Goebbert Rd Arlington Heights, IL 60005	36-2692866	501(c)(3)	26,875				Volunteer Support

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Casa Central Social Services Corporation 1343 N California Chicago, IL 60622	36-2728618	501(c)(3)	12,625				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
Chicago Cares 2 North Riverside Plaza Suite 2200 Chicago, IL 60606	36-3777709	501(c)(3)	87,423				Volunteer Support

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

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Heart of West Michigan United way 118 Commerce Avenue SW Grand Rapids, MI 495034106	38-1360923	501(c)(3)	19,845				Volunteer Support

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

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Volunteer Center of Greater Milwaukee 2819 W Highland Blvd Milwaukee, WI 532083217	39-1258203	501(c)(3)	12,372				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 St Louis 910 N 11th Street St Louis, MO 63101	43-0714167	501(c)(3)	27,625				Volunteer Support

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

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Kids' Harbor Inc 5717 Chapel Drive Osage Beach, MO 65065	43-1927828	501(c)(3)	6,433				Volunteer Support

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

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Honeycomb Project Inc 1658 N Milwaukee Ave 190 Chicago, IL 60647	45-2508463	501(c)(3)	13,250				Volunteer Support

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

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PS It's Social 2922 Central Street Evanston,IL 60201	45-3934105	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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Bucket List Foundation 10810 N Tatum 102-108 Phoenix, AZ 85028	45-4158479	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
Classes 4 Classes Inc PO Box 52 Fairfield,CT 06824	46-1894587	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 Center Of the United Way of Wyandotte Co 434 Minnesota Ave Kansas City, KS 661012914	48-0636601	501(c)(3)	10,395				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 Svc 1201 New York Ave NW Washington, DC 20525	52-0971471	501(c)(3)	6,591				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
Public Allies Inc 735 N Water St Suite 550 Milwaukee, WI 53202	52-1759564	501(c)(3)	25,250				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
Business Volunteers Unlimited MD 175 W Ostend Street Suite 100 Baltimore,MD 21230	52-1810831	501(c)(3)	20,620				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
Job Opportunities Task Force 217 East Redwood Street Suite 1500 Baltimore,MD 21202	52-2278450	501(c)(3)	21,000				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
George Washington University 800 21st Street NW Suite 505 Washington,DC 20052	53-0196584	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
Treasury Direct PO Box 426 Parkersburg, WV 261067015	53-0197074	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 Hampton Roads 400 W Olney Road Ste B Norfolk,VA 235071864	54-1072533	501(c)(3)	12,174				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
National Alliance of Faith and Justice PO Box 77075 Washington, DC 20013	55-0851833	501(c)(3)	7,500				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
The Vol Ctr Of Greensboro Inc 1500 YANCEYVILLE ST Greensboro, NC 27405	56-1134052	501(c)(3)	15,000				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
Right Hand Events 4079 Governor Dr 302 San Diego, CA 92122	56-3931104	501(c)(3)	71,450				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 O n Greenville 105 Edinburgh Court Greenville, SC 29607	57-0996034	501(c)(3)	5,350				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 Metropolitan Atlanta 211 Volunteer 100 Edgewood Avenue NE Atlanta,GA 303033026	58-0566194	501(c)(3)	5,500				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 Savannah 428 Bull St Savannah, GA 31401	58-0623603	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
Catholic Charities of the Archdiocese of Atlanta 680 W Peachtree Street NW Atlanta, GA 30308	58-1097003	501(c)(3)	5,500				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 Atlanta 600 Means Street Suite 110 Atlanta, GA 30318	58-1861026	501(c)(3)	93,519				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 Charlotte 1616 Central Ave Suite 200 Charlotte, NC 28205	58-1965120	501(c)(3)	72,760				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
HandsOn Jacksonville 6817 Southpoint Pkwy Jacksonville,FL 32216	59-1466484	501(c)(3)	54,800				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
Handson Broward 6600 West Commercial Blvd Lauderhill,FL 33319	59-1506570	501(c)(3)	73,702				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 Orlando 1850 Le Rd Suite 218 Winter Park, FL 32789	59-3660188	501(c)(3)	52,500				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 Suncoast 5201 West Kennedy Blvd Suite 600 Tampa,FL 33609	59-3725701	501(c)(3)	35,175				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
Metro United Way's Volunteer Connection 334 E Broadway Louisville, KY 402021739	61-0444680	501(c)(3)	18,154				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 Mid-South 3181 Poplar Ave Suite 325 Memphis, TN 38111	62-0983110	501(c)(3)	35,688				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 NASHVILLE 209 10TH AVE S Suite 318 Nashville, TN 372030740	62-1461078	501(c)(3)	64,101				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 Southwest Alabama Inc 218 St Francis St Mobile, AL 36602	63-0351568	501(c)(3)	9,742				Volunteer Support

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

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Volunteer Center of Morgan County 811 2nd Ave SE Suite 1 Decatur,AL 35601	63-0771057	501(c)(3)	10,345				Volunteer Support

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

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Rebuilding Together Central Alabama PO Box 4731 Montgomery, AL 361034731	63-1108865	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
Hands On Birmingham 601 North 19th Street Birmingham, AL 35203	63-1207098	501(c)(3)	25,130				Volunteer Support

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

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Greater Miami Service Corps 810 NW 28th Street Miami, FL 33127	65-0221820	501(c)(3)	14,625				Volunteer Support

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

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Cape Fear Volunteer Center 3534 South College Road Wilmington, NC 28412	65-1251970	501(c)(3)	14,404				Volunteer Support

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

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City of Jonesboro Arkansas PO Box 1848 300 S Church Street Jonesboro, AR 72401	71-6013749	501(c)(3)	10,047				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 Central Texas 2000 E MLK Jr Blvd Austin, TX 78702	74-1193439	501(c)(3)	5,250				Volunteer Support

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

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Salt Lake Education Foundation 440 E 100 S Salt Lake City, UT 841111802	74-2563849	501(c)(3)	14,500				Volunteer Support

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

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Volunteer Center of North Texas 2800 Live Oak Street Dallas, TX 75204	75-1364145	501(c)(3)	148,665				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 Bay Area 135 Bluxome St 2nd floor San Francisco, CA 94107	77-0195144	501(c)(3)	94,063				Volunteer Support

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

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Blue Star Families PO Box 322 Falls Church, VA 22040	80-0369895	501(c)(3)	20,000				Volunteer Support

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

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Innovative Changes 2010 Lloyd Center Portland, OR 97232	80-0516996	501(c)(3)	5,500				Volunteer Support

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

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Summit Group LLC 8252 Solutions Center Chicago, IL 606778002	80-0589384	501(c)(3)	93,317				Volunteer Support

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

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Metro Volunteers 1355 S Colorado Blvd Suite C-601 DENVER, CO 80222	84-0782124	501(c)(3)	108,027				Volunteer Support

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

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Albuquerque Public Schools Foundation PO Box 25704 Albuquerque, NM 871250704	85-0434438	501(c)(3)	25,625				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)	22,750				Volunteer Support

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

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United Way of Southern Nevada PO Box 30910 Las Vegas, NV 89173	88-0071328	501(c)(3)	8,344				Volunteer Support

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

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Seattle Works 1625 19th Ave Seattle, WA 98122	91-4496844	501(c)(3)	42,222				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 Greater Portland 2145 NW Overton St Portland, OR 972102924	93-1218427	501(c)(3)	11,824				Volunteer Support

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

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Office of Planning and Research 770 L Street Suite 1160 Sacramento, CA 95814	94-6001347	501(c)(3)	78,150				Volunteer Support

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

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ASSISTANCE LEAGUE OF SOUTHERN CALIFORNIA 1370 NST ANDREWS PLACE LOS ANGELES,CA 90028	95-1641960	501(c)(3)	16,271				Volunteer Support

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

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VOL CTR OF LOS ANGELES 8134 Van Nuys Blvd Ste 200 Panorama City, CA 914024818	95-1641960	501(c)(3)	12,543				Volunteer Support

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

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Volunteer Center Orange County 1901 E 4th St Ste 100 Santa Ana, CA 927053918	95-2021700	501(c)(3)	29,925				Volunteer Support

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

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LA Works 570 West Avenue 26 Suite 400 Los Angeles, CA 90065	95-4329727	501(c)(3)	69,700				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
The Children's Lifesaving Foundation 1112 Montana Avenue Suite 534 Santa Monica,CA 90403	95-4371286	501(c)(3)	10,000				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, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Points of Light Foundation

Employer identification number
65-0206641

Part I	Questions Regarding Compensation		Yes	No
1a	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><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>			
b	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	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	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><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>			
4	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:			
a	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	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:			
a	The organization?	5a		No
b	Any related organization?	5b		No
	If "Yes," to line 5a or 5b, describe in Part III.			
6	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:			
a	The organization?	6a		No
b	Any related organization?	6b		No
	If "Yes," to line 6a or 6b, describe in Part III.			
7	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.	7		No
8	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.	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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**

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

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 ORGANIZATION'S PRESIDENT THE INTERNAL REVENUE SERVICE INSTRUCTS ORGANIZATIONS TO REPORT COMPENSATION FOR THE CALENDAR YEAR ENDING WITH OR WITHIN THE ORGANIZATION'S TAX YEAR THE FYE2014 990 REPORTS COMPENSATION BASED ON THE CALENDAR YEAR 2013 MICHELLE NUNN TOOK AN UNPAID LEAVE OF ABSENCE beginning JULY OF 2013

Additional Data

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 PRESIDENT, POINTS OF LIGHT	(i) (ii)	225,729 0	0 0	0 0	8,195 0	7,407 0	241,331 0	0 0
MICHELLE NUNN CEO	(i) (ii)	204,149 0	0 0	0 0	4,375 0	8,334 0	216,858 0	0 0
SCOTT GELLER CTO	(i) (ii)	228,885 0	0 0	0 0	4,797 0	11,855 0	245,537 0	0 0
KRISTINA TECCE CFO until December 2013	(i) (ii)	206,794 0	0 0	0 0	6,100 0	6,925 0	219,819 0	0 0
RICHARD DUBOSE CHIEF DEVELOPMENT OFFICER	(i) (ii)	175,313 0	0 0	0 0	2,600 0	11,855 0	189,768 0	0 0
AMY SMITH PRESIDENT ACTION NETWORKS	(i) (ii)	175,871 0	0 0	0 0	6,466 0	11,901 0	194,238 0	0 0
AYESHA KHANNA PRESIDENT CIVIC INCUBATOR	(i) (ii)	175,634 0	0 0	0 0	6,154 0	1,474 0	183,262 0	0 0
DELORES MORTON PRESIDENT PROGRAMS	(i) (ii)	167,101 0	0 0	0 0	0 0	11,785 0	178,886 0	0 0
JACQUELINE NORRIS EXEC DIR CORPORATE INSTITUTE	(i) (ii)	171,494 0	0 0	0 0	6,086 0	827 0	178,407 0	0 0
STEPHANIE WEISS CHIEF MARKETING OFFICER	(i) (ii)	163,204 0	0 0	0 0	5,775 0	6,925 0	175,904 0	0 0
PATRICIA TURNER SR ADVISOR TO THE CEO	(i) (ii)	158,188 0	0 0	0 0	5,669 0	6,794 0	170,651 0	0 0
PATRICIA CHANDLER SR ADVISOR TO THE CEO	(i) (ii)	145,109 0	0 0	0 0	0 0	6,863 0	151,972 0	0 0

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Points of Light Foundation

Employer identification number
65-0206641

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	1	25,002	Donor
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶()				
27 Other ▶()				
28 Other ▶ ()				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29	
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?				Yes No
b If "Yes," describe the arrangement in Part II				
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?				Yes No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?				No
b If "Yes," describe in Part II				
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II				

Part III

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
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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.

**▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**

2013

**Open to Public
Inspection**

Name of the organization
Points of Light Foundation

Employer identification number

65-0206641

990 Schedule O, Supplemental Information

Return Reference	Explanation
Powers of Executive Committee	
Form 990 Review Process	Form 990, Part VI, Line 11b The form is prepared by a major accounting firm in conjunction with management The audit committee holds an annual meeting to review All points of light board members are sent a copy of the Form 990 and invited to the meeting to review the return prior to filing
Conflict of Interest Policy Monitoring & Enforcement	Form 990, Part VI, Line 12c The staff and board sign conflict of interest statements on an annual basis These statements are reviewed by the governance committee, 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

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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" on 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" on 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) 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" on 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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

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

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on 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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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]

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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