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DLN: 93493125013315

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)

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

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2014

Open to Public Inspection

A Fo	r the	2014 ca		ng 01-01-2014 , and ending 12-31-20	14			
B Ch	eck ıf a	pplicable	C Name of organization PAYPAL CHARITABLE GIVING FUNI			D Emplo	yer iden	tification number
┌ Ad	dress cl	nange				45-0	931286	
Г№	me cha	inge	Doing business as			_		
┌ Ini	tıal retu	ım						
Fır	al			mail is not delivered to street address) Room/	suite	— E Teleph	one numb	oer
		mınated	1250 I STREET NW NO 1200			(202) 551-9	076
☐ An	nended	return	City or town, state or province, co WASHINGTON, DC 20005	ountry, and ZIP or foreign postal code		1		22.054.044
┌ Ap	plication	n pending	WASHINGTON, DC 20003			G Gross	receipts \$	22,954,914
			F Name and address of p	rıncıpal officer	H(a) Is	this a group	return	for
			DOUGLAS GLEDHILL 1250 I STREET NW NO 1	200		bordinates?		Γ Yes Γ No
			WASHINGTON, DC 2000		H(b) Ar	e all subord	ınates	┌ Yes ┌ No
						luded?	illates	1 1651 110
I Ta	ıx-exen	npt status	5 501(c)(3) 501(c)()	(insert no) 4947(a)(1) or 527	If'	'No," attach	nalist ((see instructions)
J W	ebsite	e:► PA	AYPALGIVINGFUND ORG		H(c) Gr	oup exemp	tion num	nber ►
K For	m of or	ganızatıo	n 🔽 Corporation 🗆 Trust 🗀 Associa:	tion Other ►	L Year of	formation 20	011 M	State of legal domicile DC
	rt I		nmary					
			<u>`</u>	sion or most significant activities				
				PURPOSES ONLINE, PRIMARILY IN	THE EBAY II	NC AND PA	AYPALI	MARKETPLACES
8								
Ě								
E .	,	Chack t	this how III if the organization	discontinued its operations or disposed	d of more than	25% of its	net ac	e atc
Governance	-	CHECK	inis box F in the organization	discontinued its operations of disposet	a of more than	12570 0110	nec as.	3013
	3	Number	r of voting members of the gove	rning body (Part VI, line 1a)			з	9
es es	4	Number	r of independent voting member	s of the governing body (Part VI, line 1	b)		4	2
Activities &	5	Total ni	umber of individuals employed i	n calendar year 2014 (Part V, line 2a)			5	5
<u>₹</u>	6	Total nu	umber of volunteers (estimate if	necessary)			6	9
4.	7a	Total ur	nrelated business revenue from	Part VIII, column (C), line 12			7a	0
	Ь	Net unr	elated business taxable income	from Form 990-T, line 34			7b	0
					Р	rior Year		Current Year
	8	Conti	ributions and grants (Part VIII,	line 1h)		17,114,	200	21,366,271
₽	9			line 2g)		1,537,		1,637,358
Revenue	10	Inves	stment income (Part VIII, colur	nn (A), lines 3, 4, and 7d)		7,	240	4,379
芒	11	Othe	r revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		13,	261	-53,094
	12		=	1 (must equal Part VIII, column (A), li	ine			
-	ļ.,					18,672,		22,954,914
	13		, ,	rt IX, column (A), lines 1-3)		17,119,		21,427,167
	14			IX, column (A), line 4)			0	0
Ø	15	Salar 5-10		yee benefits (Part IX, column (A), lines	5	984,	664	1,061,904
Expenses	16a		<i>'</i>	X, column (A), line 11e)			0	0
Φ ⊕	Ь		undraising expenses (Part IX, column (
Ð						160	0.5.4	500 505
	17), lines 11a-11d, 11f-24e)		460,		509,595
	18			nust equal Part IX, column (A), line 25)		18,564,		22,998,666
	19	Reve	nue less expenses Subtract III	e 18 from line 12		107,		-43,752
Not Assets or Fund Balances					Beginn	ing of Curre Year	::IL	End of Year
28 e	20	Total	assets (Part X, line 16)			4,170,	249	7,722,472
AB	21	Total	liabilities (Part X, line 26) .			2,789,	826	6,385,801
20	22	Net a	ssets or fund balances Subtrac	t line 21 from line 20		1,380,	423	1,336,671
Pa	rt II	Sig	nature Block				•	
my k	nowle	dge and		xamined this return, including accompa omplete Declaration of preparer (other				
-		***	***		l	2015 05 04		
Sigi	,		nature of officer			2015-05-04 Date		
Her], [JGLAS GLEDHILL PRESIDENT					
			e or print name and title					
			Print/Type preparer's name	Preparer's signature		Check I if	PTIN	242
Pai	d	L	ROBERT A LEE	ROBERT A LEE		elf-employed		
	_ pare		Firm's name F ROBERT LEE & ASSO	ICIATES ILP	F	irm's EIN 🟲 2	:/-115549	סי
	On		Firm's address ► 226 AIRPORT PARKV	/AY	F	hone no (408	8) 855-67	70
(ا د-	SAN JOSE, CA 9511	•				

1 Briefly describe the organization's mission TO RAISE FUNDS FOR CHARITABLE PURPOS DISTRIBUTE THOSE FUNDS TO OTHER CHARITABLE THOSE FUNDS TO OTHER CHARITABLE PURPOS OF SETTING TO THE CHARITABLE PURPOS OF SETTING TO THE CHARITABLE OF THE CHARITABLE OF THE CHARITABLE OF THE CHARITABLE OF THE CHARITABLE GIVING FUND - IS OPERATED NONPROFITS, PRIMARILY THROUGH THE EBAY MA BUYERS CAN ADD A DONATION TO THEIR PURCHAORGANIZATION THANKS TO OPERATING SUPPORT PROGRAMS IT ENABLES 4c (Code) (Expenses \$ 4c (Code) (Expenses \$ 4d (Code) (Expenses \$	vice Accomp ponse or note to	lishments o any line in this Part I	II	
DISTRIBUTE THO SE FUNDS TO OTHER CHAR 2 Did the organization undertake any signific the prior Form 990 or 990-EZ? If "Yes," describe these new services on S on S or services?	n			
the prior Form 990 or 990-EZ? If "Yes," describe these new services on S Did the organization cease conducting, or services?			AY INC AND PAYPAL MARKE	TPLACES, AND
the prior Form 990 or 990-EZ? If "Yes," describe these new services on S Did the organization cease conducting, or services? If "Yes," describe these changes on Scheder the organization's program service expenses Section 501(c)(3) and 501(c)(4) the total expenses, and revenue, if any, for the total expenses, and revenue, if any, for the total expenses, and revenue, if any, for Nonprofits, PRIMARILY THROUGH THE EBAY MA BUYERS CAN ADD A DONATION TO THEIR PURCHA ORGANIZATION THANKS TO OPERATING SUPPORT PROGRAMS IT ENABLES 4b (Code) (Expenses \$ (Code) (Expenses \$				
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Just the organization cease conducting, or services?			which were not listed on	┌ Yes ┌ No
services?	Schedule O			
Describe the organization's program service expenses Section 501(c)(3) and 501(c)(4) the total expenses, and revenue, if any, for the total expenses \$ 4a (Code) (Expenses \$ 4b (Code) (Expenses \$ 4b (Code) (Expenses \$ 4c (Code) (Expenses \$		nt changes in how it cor	nducts, any program	┌ Yes ┌ No
expenses Section 501(c)(3) and 501(c)(4 the total expenses, and revenue, if any, for 4a (Code) (Expenses \$ PAYPAL CHARITABLE GIVING FUND - IS OPERATED NONPROFITS, PRIMARILY THROUGH THE EBAY MA BUYERS CAN ADD A DONATION TO THEIR PURCHA ORGANIZATION THANKS TO OPERATING SUPPORT PROGRAMS IT ENABLES 4b (Code) (Expenses \$ 4c (Code) (Expenses \$	dule O			
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4c (Code) (Expenses \$	ARKETPLACES AND I ASE, AND, PAYPAL U	PAYPAL EBAY SELLERS CAN JSERS CAN SIMPLY MAKE A	GIVE ALL OR A PORTION OF THE PROD DONATION TO ONE OF MORE THAN 29	CEEDS FROM THEIR SALES, 0,000 PARTICIPATING
		including grants of \$) (Revenue \$)
		ıncludıng grants of \$) (Revenue \$)
4d Other program services (Describe in Sch (Expenses \$ inc	nedule O) luding grants of	f \$) (Revenue \$)
4e Total program service expenses ▶	22,329,317			

art 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		Νo
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 1	6		No
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^{\square}	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	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
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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	Yes	
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	Yes	
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	Yes	
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		No
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		No
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		

Par	t 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 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part II	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	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? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
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? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	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 $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	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? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	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			厂_
1-	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 2		Yes	No
	Enter the number of Forms W-2G included in line 1a Enter-0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
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)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νo
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country ►UK			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Νo
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	l _		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
Ī	file Form 8282?	7 c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		Νo
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a]		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	_		
2a	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			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	Note. See the instructions for additional information the organization must report on Schedule O			
D	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			
c	Enter the amount of reserves on hand			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2014) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "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 No **1a** Enter the number of voting members of the governing body at the end of the tax 1a 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 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 2 Νo Did the organization delegate control over management duties customarily performed by or under the direct 3 Νo supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was 4 Nο Did the organization become aware during the year of a significant diversion of the organization's assets? . Νo Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Νo Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Yes Each committee with authority to act on behalf of the governing body? Yes Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Nο **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Did the organization have local chapters, branches, or affiliates? 10a Νo **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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing **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 Yes 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12b Yes Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c Yes Did the organization have a written whistleblower policy? 13 Yes 14 Did the organization have a written document retention and destruction policy? 14 Yes 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 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 16a Νo **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 Section C. Disclosure List the States with which a copy of this Form 990 is required to be filed AL , AK , AR , CA , CO , CT , DC , FL , GA , HI , IL , KS , KY , LA, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, 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 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 State the name, address, and telephone number of the person who possesses the organization's books and records

1250 I STREET NW NO 1200 WASHINGTON, DC 20005 (202) 551-9076

►THE ORGANIZATION

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

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

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

- ♦ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See 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

(B) Average hours per week (list any hours	more pers and	than on is	one bot	not box h ar or/tr	, unle office ustee	er)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
organızatıons below	Individual trustee or director	Institutional Trustee	Officei	Key employee	ormer lighest compensated mployee		MISC)	MISC)	organization and related organizations
1 00	х						0	0	0
1 00	х						0	0	0
1 00	х						0	0	0
1 00	Х						0	0	0
1 00	Х						0	0	0
1 00	Х						0	0	0
1 00	Х						0	0	0
1 00	Х						0	0	0
1 00	Х						0	0	0
1 00			х				0	0	0
40 00			х				188,127	0	7,745
40 00			х				134,790	0	5,908
	A verage hours per week (list any hours for related organizations below dotted line) 1 00 1 00 1 00 1 00 1 00 1 00 40 00	A verage hours per week (list any hours for related organizations below dotted line)	A verage hours per week (list any hours for related organizations below dotted line) 100	A verage hours per week (list any hours for related organizations below dotted line) 100	A verage hours per week (list any hours for related organizations below dotted line) 100	A verage hours per week (list any hours for related organizations below dotted line) 1 00	A verage hours per week (list any hours for related organizations below dotted line) Too	A verage hours per week (list any hours for related organizations below dotted line) 100	A verage hours per week (list any hours for related organizations below dotted line) Note that none box, unless per week (list any hours for related organizations below dotted line) Note that none box, unless per week (list any hours for related organizations below dotted line) Note that none box, unless per week (list any hours for related organizations) Note that none box, unless per week (list any hours for related organizations) Note that none box, unless per week (list any hours for related organizations) Note that none box, unless per week (list any hours for related organizations) Note that none box, unless per week (list any hours for related organizations) Note that none box, unless per week (list any hours for related organizations) Note that none box, unless per week (list any hours for related organization) Note that none box, unless per week (list any hours for related organization) Note that none box, unless per week (list any hours for related organization) Note that none box, unless per week (list any hours for related organization) Note that none box, unless per week (list any hours for related organization) Note that none box, unless per week (list any hours for related organization) Note that none box, unless per week (list any hours for related organization) Note that none how we were per week (list any hours for related organization) Note that none hours for related organization (W- 2/1099-MISC) Note that none hours for related organization (W- 2/1099-MISC) Note that none hours for related organization (W- 2/1099-MISC) Note that none hours for related organization (W- 2/1099-MISC) Note that none hours for related organization (W- 2/1099-MISC) Note that none hours for related organization (W- 2/1099-MISC) Note that none hours for related organization (W- 2/1099-MISC) Note that none hours for related organization (W- 2/1099-MISC) Note that none hours for related organization (W- 2/1099-MISC) Note that none hours for related organization (W

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

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			i	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the		
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	•			
C	Total from continuation sheets to Part VII, Section A	Þ			
d	Total (add lines 1b and 1c)	•	322,917	0	13,653

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

			res	NO
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule I for such person	5		Νo

Se	ction	R	Ind	lene	nden	t Con	trac	tore
36	CHUII	D.		CDE	Huen	LCUI		LUI 3

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

(A) Name and business address	(B) Description of services	(C) Compensation
	·	'

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

Form 99		•						Page 9
Part V	/++1	Statement o Check if Schedi	o f Revenue ule O contains a respor	nse or note to any lir	ne in this Part VIII			<u> </u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
रु ह	1a	Federated cam	paigns 1a					
rani	b	Membership du	es 1b					
Contributions, Giffs, Grants and Other Similar Amounts	С	Fundraising eve	ents 1c					
	d	Related organiz	zations 1d					
	е	Government grants	s (contributions) 1e					
ıtioi er S	f	All other contribution	ons, gifts, grants, and 1f ot included above	21,366,271				
를 돌	g	Noncash contribute	ons included in lines					
ng u	h		s 1a-1f		21,366,271			
				Business Code				
emuk	2a	PROGRAM REVENU	JE	900099	1,637,358	1,637,358		
₽e∢	b							
<u>م</u> 5	С							
Ser.	d							
Program Serwoe Revenue	e f	All other progra	am service revenue					
₽			s 2a-2f		1,637,358			
	3		ome (including dividen					
	١.	and other simil	ar amounts)	•	4,379			4,379
	4 5		· · · · · · · · · · · · · · · · · · ·	` <u>.</u>				
		,	(ı) Real	(II) Personal				
	6a	Gross rents Less rental						
	b	expenses Rental income						
	C	or (loss)						
	d	Net rental inco	me or (loss) (i) Securities	(II) O ther				
	7a	Gross amount from sales of		(17)				
		assets other than inventory						
	b	Less cost or other basis and						
	c	sales expenses Gaın or (loss)						
	d		s)					
<u> </u>	8a	Gross income f events (not inc						
Other Revenue		\$ of contributions See Part IV, lin	s reported on line 1c)					
Jer	ь	Less direct ex	penses b					
₹	С	Net income or ((loss) from fundraising	events 🛌				
	9a	Gross income f See Part IV, lin	rom gaming activities ne 19 a					
	b		penses b (loss) from gaming acti					
		Gross sales of returns and allo	ınventory, less	vicies				
	ь		a oods sold b					
	С	Net income or ((loss) from sales of inve s Revenue	entory - Business Code				
	11a	MISCELLANEC		900099	153			153
	ь	FOREIGN CUR	RENCY	900099	-53,247			-53,247
	c	TRANSLATION	N GAIN					
	d	All other reven	ue					
	e	Total. Add lines	s 11a-11d	🕨	-53,094			
	12	Total revenue.	See Instructions .	🕨	22,954,914	1,637,358	0	-48,715

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	Section	501(c)(3)) and 501(c)(4) organizations must com	plete all columns	All other organizations r	nust complete column (A)
--	---------	-----------	----------------	--------------------------	-------------------	---------------------------	-------------------------	---

<u> </u>	on 501(c)(3) and 501(c)(4) organizations must complete all columns All				
	Check if Schedule O contains a response or note to any line in this	Part IX			<u> </u>
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	14,887,207	14,887,207		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	6,539,960	6,539,960		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	407,342	242,917	164,425	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	473,769	295,068	90,061	88,640
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	52,387	22,323	23,773	6,291
9	Other employee benefits	61,453	47,709	12,456	1,288
10	Payroll taxes	66,953	42,135	16,248	8,570
11	Fees for services (non-employees)				
а	Management				
ь	Legal	14,698	7,349	7,349	
c	Accounting	·	,		
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	125,300	115,063	10,237	
12	Advertising and promotion	149,853			149,853
13	Office expenses	113,000			1.3,000
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	33,391	33,391		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	33,371	33,371		
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization			 	
23	Insurance	89,556		89,556	
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)	89,330		89,330	
а	BANK AND SERVICE FEES	68,177	68,177		
b	STAFF DEVELOPMENT	15,118	15,118		
c	MISCELLANEOUS	13,199	12,597	601	1
d	BAD DEBT	153	153	331	
	All other expenses	150	150		
25	Total functional expenses. Add lines 1 through 24e	22,998,666	22,329,317	414,706	254,643
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)	22,770,000	22,323,317	414,700	2.94,043

Part X Balance Sheet

Par	t X	Balance Sheet Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	3,683,658	1	7,144,460
	2	Savings and temporary cash investments	370,058	2	177,086
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	93,126	4	375,532
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			_
22	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		5	
Assets				6	
	7	Notes and loans receivable, net		7	
_	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	23,407	9	25,394
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 8,569			
	Ь	Less accumulated depreciation	0	10 c	0
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,170,249	16	7,722,472
	17	Accounts payable and accrued expenses	128,212	17	145,823
	18	Grants payable	2,646,570	18	6,225,956
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
Ø	21	Escrow or custodial account liability $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		21	
Liabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
qе		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	_
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule			
		D	15,044	25	14,022
	26	Total liabilities. Add lines 17 through 25	2,789,826	26	6,385,801
ъ Ф		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔽 and complete lines 27 through 29, and lines 33 and 34.			
ĕ	27	Unrestricted net assets	1,380,423	27	1,336,671
<u>छ</u>	28	Temporarily restricted net assets	.,555, 125	28	.,230,071
<u> </u>	29	Permanently restricted net assets		29	
Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ┌ and			
ŏ	20	complete lines 30 through 34.			
Assets	30	Capital stock or trust principal, or current funds		30	
Š	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds	1 200 422	32	1 226 674
Net	33	Total net assets or fund balances	1,380,423	33	1,336,671
	34	Total liabilities and net assets/fund balances	4,170,249	34	7,722,472

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		22,9	954,914
2	Total expenses (must equal Part IX, column (A), line 25)	2		22,9	998,666
3	Revenue less expenses Subtract line 2 from line 1	3			-43,752
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,:	380,423
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		1.:	336,671
Par	t XII Financial Statements and Reporting				,
	Check if Schedule O contains a response or note to any line in this Part XII				. 区
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	arate			
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of th	e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	е	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

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OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

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.

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

2014

Open to Public Inspection

		ne organization					Employer identification	ation number		
PATP	IL CHAR	CITABLE GIVING FUND					45-0931286			
Pa	rt I	Reason for Publi	c Charity S	Status (All organiza	tions must co	mnlete this r		nns		
		zation is not a private fo								
1	Ī	A church, convention		·	= -	•	•			
2	Ė	A school described in					-, (-, (-, (-, -, -, -, -, -, -, -, -, -, -, -, -,			
3	<u></u>	A hospital or a cooper				tion 170(b)(1)	(A)(iii).			
4	Ė	A medical research or		_). Enter the		
-	•	hospital's name, city,			a moopical a			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
5	\sqcap	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	e Part II)						
6	Γ	A federal, state, or loc	al government	t or governmental unit	described in se	ection 170(b)(L)(A)(v).			
7	굣	An organization that n				om a governme	ental unit or from the o	jeneral public		
_	_	described in section 1				>				
8	<u> </u>	A community trust de								
9	ı	An organization that n								
		receipts from activitie								
		its support from gross				•	·	businesses		
	_	acquired by the organ								
10	<u> </u>	An organization organ	•	•	•	•				
11	J	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								
а	Γ		oox in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g • I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the							
		supported organizatio				ty of the dırect	ors or trustees of the	supporting		
L	_	organization You mus								
Ь	ļ	Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) Yo								
		management of the supporting organization vested in the same persons that control of manage the supported organization(s) You must complete Part IV, Sections A and C.								
C	Γ	Type III functionally	_		•		•	grated with, its		
	_	supported organization								
d	ļ	Type III non-function not functionally integr								
		(see instructions) Yo					ement and an accentiv	eness requirement		
е	Γ	Check this box if the o	organization re	ceived a written deter	mination from t	he IRS that it i	s a Type I, Type II, T	ype III functionally		
_		integrated, or Type II								
f		Enter the number of si								
g		Provide the following i	nformation abo	out the supported orga	inization(s)					
	(i)N:	ame of supported	(ii) EIN	(iii) Type of	(iv) Is the org	nanization	(v) A mount of	(vi) A mount of		
		organization	(, 21.1	organization	listed in your		monetary support	other support (see		
		-		(described on lines	docume	nt?	(see instructions)	instructions)		
				1-9 above or IRC						
				section (see instructions))						
				instructions //	Yes	No				
						- 10				
			I	I	I		I			

instructions

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do not 4,774,073 16,242,924 17,114,200 21,366,271 59,497,468 include any "unusual grants ") 7 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4,774,073 16,242,924 17,114,200 21,366,271 59,497,468 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 603,662 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column Public support. Subtract line 5 58,893,806 from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2010 (f) Total **(b)** 2011 **(c)** 2012 (d) 2013 **(e)** 2014 beginning in) 🟲 4,774,073 16,242,924 17,114,200 21,366,271 59,497,468 Amounts from line 4 Gross income from interest, dividends, payments received on 3,578 3,411 7,240 4,379 securities loans, rents, royalties 18,608 and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support Add lines 7 59,516,076 through 10 Gross receipts from related activities, etc (see instructions) 12 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 ►V Section C. Computation of Public Support Percentage 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 Public support percentage for 2013 Schedule A, Part II, line 14 15 15 16a 33 1/3% support test - 2014. 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—2013. 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 - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported ▶┌ organization b 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2014 Page 3 Support 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 (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2014 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2014. 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%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V $\,)$

Section A. All Supporting Organizations

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or (2) ? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2) .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
l1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
	the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

Pa	rt IV Supporting Organizations (continued)			
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each		1 1	

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

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

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

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

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions	Current Year		
1 Amounts paid to supported organizations to accom			
2 A mounts paid to perform activity that directly furthexcess of income from activity			
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	JCTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2014 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		(::)	(:::)
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009			
b From 2010			
c From 2011			
d From 2012			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
A pplied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010			
b From 2011			
c From 2012			
d From 2013			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2014

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SCHEDULE D

(Form 990)

DLN: 93493125013315

OMB No 1545-0047

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. Open to Public Department of the Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. **Inspection** Internal Revenue Service Name of the organization **Employer identification number** PAYPAL CHARITABLE GIVING FUND 45-0931286 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 Total number at end of year Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year 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? 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? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Γ Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the tax year 🟲 Number of states where property subject to conservation easement is located **\(\mathbb{F}_{\top}\)** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 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)? 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. 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 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) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X

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

Revenue included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Part	Organizations Maintaining Collections	of Art, His	<u>stori</u>	cal Tr	easur	es, or Ot	<u>her</u>	Similar Ass	sets (continued)
3	Using the organization's acquisition, accession, and oth collection items (check all that apply)	ner records, c	heck	any of t	he follo	wing that ar	eas	significant use	of its	
а	Public exhibition	d	Г	Loan	orexcha	ange progra	ms			
b	Scholarly research	е	\vdash	Other						
c	Preservation for future generations									
4	Provide a description of the organization's collections a Part XIII	nd explain ho	w the	y furthe	r the or	ganızatıon's	exe	mpt purpose ıı	ו	
5	During the year, did the organization solicit or receive d assets to be sold to raise funds rather than to be mainta								- Yes	□ No
Par	t IV Escrow and Custodial Arrangements. Part IV, line 9, or reported an amount on F	Complete if	f the	organı	zation					, 110
1a	Is the organization an agent, trustee, custodian or other included on Form 990, Part X?					other asse	ts no	ot 「	– Yes	┌ No
b	If "Yes," explain the arrangement in Part XIII and comp	olete the follo	wing t	able						
								Am	ount	
C	Beginning balance					_1	.c			
d	Additions during the year					1	.d			
e	Distributions during the year					1	.е			
f	Ending balance					_1	.f			
2a	Did the organization include an amount on Form 990, Pa	art X, line 21,	fore	scrow o	rcusto	dial account	lıab	oility? [_ Yes	┌ No
b	If "Yes," explain the arrangement in Part XIII Check he	ere if the exp	lanatı	on has l	oeen pro	ovided in Pa	art X	III		Γ
Pai	rt V Endowment Funds. Complete if the orga									
	(a)Curren	t year (b)Prior	year	b (c) Two	o years back	(d) Tl	nree years back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
C	Net investment earnings, gains, and losses									
d	Grants or scholarships									
e	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the current year er	nd balance (lii	ne 1g	, columi	n (a)) he	eld as				
а	Board designated or quasi-endowment 🕨									
b	Permanent endowment ►									
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c should equal 10	00%								
За	Are there endowment funds not in the possession of the	organization	that	are held	and ad	mınıstered	for t	he		
	organization by							[<u>-</u> /	Ye	s No
	(i) unrelated organizations						•	3a(i	_	
b	(ii) related organizations		Scher	· ·	• •		•	3a(1		
4	Describe in Part XIII the intended uses of the organization				•		•	<u> </u>		
Par	t VI Land, Buildings, and Equipment. Comp				answe	ered 'Yes'	to F	orm 990, Pa	rt IV,	line
	11a. See Form 990, Part X, line 10.		Τ,	a) Cost o	r othor	(b)Cost or o	thor I	(c) Assumulate	a /a\	Book value
	Description of property			a) Cost o		(b) Cost or o basis (othe		(c) Accumulate depreciation	u (a)	Book value
1a	_and		\top							
Ь	Buildings									
	_easehold improvements									
							$\overline{}$			
	Equipment					8,	569	8,5	569	0
d I	Equipment	 <u></u> .				8,	569	8,!	569	0

See Form 990, Part X, line 12. (a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives (2)Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	*	
Part VIII Investments—Program Related. (See Form 990, Part X, line 13.	Complete if the organization	n answered 'Yes' to Form 990, Part IV, line 11c.
(a) Description of investment	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	• 000	Port IV less 11 d Coo Forms 000 Port V less 15
Part IX Other Assets. Complete if the organizat		
	cription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line		
Part X Other Liabilities. Complete if the or	15.)	Form 990, Part IV, line 11e or 11f. See
Part X Other Liabilities. Complete if the ore Form 990, Part X, line 25.	15.)	
Part X Other Liabilities. Complete if the order Form 990, Part X, line 25. 1 (a) Description of liability	15.)	
Part X Other Liabilities. Complete if the order Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes	(b) Book value	
Part X Other Liabilities. Complete if the order Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes	15.)	
Part X Other Liabilities. Complete if the order Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes	(b) Book value	
Part X Other Liabilities. Complete if the order Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes	(b) Book value	
Part X Other Liabilities. Complete if the order Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes	(b) Book value	
Part X Other Liabilities. Complete if the order Form 990, Part X, line 25. 1 (a) Description of liability	(b) Book value	
Part X Other Liabilities. Complete if the order Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes	(b) Book value	
Part X Other Liabilities. Complete if the order Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes	(b) Book value	
Part X Other Liabilities. Complete if the order Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes	(b) Book value	
Part X Other Liabilities. Complete if the order Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes	(b) Book value	
Part X Other Liabilities. Complete if the order Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes	(b) Book value	
Part X Other Liabilities. Complete if the order Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes	(b) Book value	
Part X Other Liabilities. Complete if the order Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes	(b) Book value	

ADJUSTMENTS

Par		Revenue per Audited Financial Sta swered 'Yes' to Form 990, Part IV, line :		th Revenue	per Ret	curn Complete If
1	Total revenue, gains, and oth	ner support per audited financial statements			1	23,138,133
2	Amounts included on line 1 b	out not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of	facilities	2b	129,972		
c	Recoveries of prior year gran	nts	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines 2a through 2d				2e	129,972
3	Subtract line 2e from line 1				3	23,008,161
4	Amounts included on Form 9	90, Part VIII, line 12, but not on line 1				
а	Investment expenses not in	cluded on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII)	4b	-53,247		
С	Add lines 4a and 4b				4c	-53,247
5	Total revenue Add lines 3 ai	nd 4c. (This must equal Form 990, Part I, line	212)		5	22,954,914
Part		Expenses per Audited Financial Stanswered 'Yes' to Form 990, Part IV, line		ith Expense:	s per R	eturn. Complete
1		er audited financial statements			1	23,128,638
2	Amounts included on line 1 b	out not on Form 990, Part IX, line 25				
а	Donated services and use of	facilities	2a	129,972		
b	Prior year adjustments .		2b		1	
С	Otherlosses		2c		1	
d	Other (Describe in Part XIII)	2d		1	
e	Add lines 2a through 2d .				2e	129,972
3	Subtract line 2e from line 1				3	22,998,666
4	Amounts included on Form 9	90, Part IX, line 25, but not on line 1:				
а	Investment expenses not inc	cluded on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b		1	
С	Add lines 4a and 4b				4c	0
5	Total expenses Add lines 3	and 4c. (This must equal Form 990, Part I, lir	ne 18)		5	22,998,666
Part	Supplemental Ir	nformation				
Part		or Part II, lines 3, 5, and 9, Part III, lines 1a II, lines 2d and 4b, and Part XII, lines 2d and				any additional
	Return Reference	Explanation				
PART	X, LINE 2	THE ORGANIZATION EVALUATES IT U				
		LOSS CONTINGENCY WHEN IT IS PROI THE DATE OF THE FINANCIAL STATEM				
		REASONABLY ESTIMATED THE AMOU				
		MANAGEMENT JUDGMENT WITH RESPE				
		TAX POSITION THE AMOUNT THAT IS UNCERTAIN TAX POSITION FOR ALL U				
		COULD DIFFER FROM THE AMOUNT RE	COGNIZED A	AS OF DECEMBE		
		DID NOT IDENTIFY ANY UNCERTAIN T		NS		
DVDT	YI LINE 4R - OTHER	FOREIGN CURRENCY TRANSLATION LO	166			

Jenedale 2 (1 31111 33 3) 23 13		r age 3		
Part XIII Supplemental Information	on (continued)			
Return Reference	Explanation			
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Schedule D (Form 990) 2014

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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.

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

OMB No 1545-0047

2014

Open to Public Inspection

	e of the organization				Employer ident	ification number	
AYE	PAL CHARITABLE GIVING FUND	,			45-0931286		
Pa	rt I General Information "Yes" to Form 990, Par	n on Activitie t IV, line 14b.	es Outside th	ne United States. Co	omplete if the organiz	ation answered	
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?							
2	For grantmakers. Describe in assistance outside the United		ganızatıon's pı	rocedures for monitorii	ng the use of its gran	ts and other	
3	Activites per Region (The follow	nng Part I, line 3	table can be du	uplicated if additional spa	ce 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)	UNITED KINGDOM	1	5	GRANTMAKING		6,539,960	
(2)							
(3)							
(4)							
(5)							
3a	Sub-total	1	5			6,539,960	
b	Total from continuation sheets to Part I	0	0			C	
c	: Totals (add lines 3a and 3b)	1	5			6.539.960	

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) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount 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,	recognize	ed a
	tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter.		

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	Part III can be duplicated if additional space is needed.								
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount 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)									
	1			l .					

Part IV Foreign Forms

1	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)	Γ	Yes	[~	Νo
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; do not file with Form 990)	Г	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)	Г	Yes	্	Νo
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)	Г	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)	Γ	Yes	V	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; do not file with Form 990)	Г	Yes	্ন	Νo

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014 Page **5**

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
PART I, LINE 2	THE ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS OUTSIDE THE US IS SET FORTH TO ENSURE THAT ALL GRANTEES ARE ELIGIBLE FOR FUNDS REGARDLESS OF AMOUNT AWARDED

990 Schedule F, Supplemental Information

Return Reference	Explanation					
PART I, LINE 3	THE ACCRUAL METHOD OF ACCOUNTING IS USED TO ACCOUNT FOR EXPENDITURES ALL EXPENDITURES ARE IN STERLING POUNDS AND ARE CONVERTED TO US DOLLARS AT THE END OF EVERY MONTH GRANTS GIVE N TO ORGANIZATIONS ARE REPORTED IN US DOLLARS USING THE CONVERSION RATE AT THE END OF THE YEAR					

Additional Data

Software ID: Software Version:

EIN: 45-0931286

Name: PAYPAL CHARITABLE GIVING FUND

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) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		EUROPE/ICELAND/GREENLAND		188,919	WIRE TRANSFER/ACH			
		EUROPE/ICELAND/GREENLAND		184,248	WIRE TRANSFER/ACH			
		EUROPE/ICELAND/GREENLAND		179,587	WIRE TRANSFER/ACH			
		EUROPE/ICELAND/GREENLAND		178,983	WIRE TRANSFER/ACH			

Form 990 Scheo	uie r Part J	11 - Grants or Entitles Outsid	ine united S	cates				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		EUROPE/ICELAND/GREENLAND		175,624	WIRE TRANSFER/ACH			
		EUROPE/ICELAND/GREENLAND		157,189	WIRE TRANSFER/ACH			
		EUROPE/ICELAND/GREENLAND		,	WIRE TRANSFER/ACH			
		EUROPE/ICELAND/GREENLAND		· · · · · · · · · · · · · · · · · · ·	WIRE TRANSFER/ACH			

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) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)	
		EUROPE/ICELAND/GREENLAND		120,441	WIRE TRANSFER/ACH				
		EUROPE/ICELAND/GREENLAND		111,002	WIRE TRANSFER/ACH				
		EUROPE/ICELAND/GREENLAND		91,240	WIRE TRANSFER/ACH				
		EUROPE/ICELAND/GREENLAND		84,753	WIRE TRANSFER/ACH				

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) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)	
		EUROPE/ICELAND/GREENLAND		71,860	WIRE TRANSFER/ACH				
		EUROPE/ICELAND/GREENLAND		64,095	WIRE TRANSFER/ACH				
		EUROPE/ICELAND/GREENLAND		57,768	WIRE TRANSFER/ACH				
		EUROPE/ICELAND/GREENLAND		56,239	WIRE TRANSFER/ACH				

Form 990 Scher	dule F Part J	II - Grants or Entities Outside	le The United S	tates				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE/ICELAND/GREENLAND		54,060	WIRE TRANSFER/ACH			
		EUROPE/ICELAND/GREENLAND		50,306	WIRE TRANSFER/ACH			
		EUROPE/ICELAND/GREENLAND		,	WIRE TRANSFER/ACH			
		EUROPE/ICELAND/GREENLAND		49,760	WIRE TRANSFER/ACH			

Form 990 Scher	dule F Part J	II - Grants or Entities Outsid	le The United S	tates				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)
		EUROPE/ICELAND/GREENLAND		49,240	WIRE TRANSFER/ACH			
		EUROPE/ICELAND/GREENLAND		47,960	WIRE TRANSFER/ACH			
		EUROPE/ICELAND/GREENLAND		47,937	WIRE TRANSFER/ACH			
		EUROPE/ICELAND/GREENLAND	1	45,247	WIRE TRANSFER/ACH			

Form 990 Sched	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) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)			
		EUROPE/ICELAND/GREENLAND		44,255	WIRE TRANSFER/ACH						
		EUROPE/ICELAND/GREENLAND		43,183	WIRE TRANSFER/ACH						
		EUROPE/ICELAND/GREENLAND		42,231	WIRE TRANSFER/ACH						
	,	EUROPE/ICELAND/GREENLAND		41,272	WIRE TRANSFER/ACH						

Form 990 Sched	Jule F Part J	.I - Grants or Entities Outsic	le The United S	tates		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) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)								
		EUROPE/ICELAND/GREENLAND	1	40,143	WIRE TRANSFER/ACH											
		EUROPE/ICELAND/GREENLAND	1	36,344	WIRE TRANSFER/ACH											
		EUROPE/ICELAND/GREENLAND	1	,	WIRE TRANSFER/ACH											
		EUROPE/ICELAND/GREENLAND	1	36,038	WIRE TRANSFER/ACH											

Form 990 Sched	Jule F Part J	.I - Grants or Entities Outsic	le The United S	tates			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) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)									
		EUROPE/ICELAND/GREENLAND		35,404	WIRE TRANSFER/ACH												
		EUROPE/ICELAND/GREENLAND		35,387	WIRE TRANSFER/ACH												
		EUROPE/ICELAND/GREENLAND		34,489	WIRE TRANSFER/ACH												
	,	EUROPE/ICELAND/GREENLAND		32,567	WIRE TRANSFER/ACH												

Form 990 Sched	Jule F Part J	.I - Grants or Entities Outsic	le The United S	tates	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) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)							
		EUROPE/ICELAND/GREENLAND	1	31,693	WIRE TRANSFER/ACH										
		EUROPE/ICELAND/GREENLAND	1	31,289	WIRE TRANSFER/ACH										
		EUROPE/ICELAND/GREENLAND		30,798	WIRE TRANSFER/ACH										
	,	EUROPE/ICELAND/GREENLAND	1	30,672	WIRE TRANSFER/ACH										

Form 990 Sched	Jule F Part J	.I - Grants or Entities Outsic	le The United S	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) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)						
		EUROPE/ICELAND/GREENLAND	1	30,184	WIRE TRANSFER/ACH									
		EUROPE/ICELAND/GREENLAND	1	29,696	WIRE TRANSFER/ACH									
		EUROPE/ICELAND/GREENLAND	1	28,808	WIRE TRANSFER/ACH									
		EUROPE/ICELAND/GREENLAND	1	28,611	WIRE TRANSFER/ACH									

Form 990 Sched	Jule F Part I	.I - Grants or Entities Outsid	le The United S	tates	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) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)							
		EUROPE/ICELAND/GREENLAND		28,398	WIRE TRANSFER/ACH										
		EUROPE/ICELAND/GREENLAND		27,679	WIRE TRANSFER/ACH										
		EUROPE/ICELAND/GREENLAND		,	WIRE TRANSFER/ACH										
		EUROPE/ICELAND/GREENLAND		24,390	WIRE TRANSFER/ACH										

Form 990 Sched	Jule F Part I	.I - Grants or Entities Outsic	Je The United S	tates		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) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV , appraısal, other)								
		EUROPE/ICELAND/GREENLAND		23,490	WIRE TRANSFER/ACH											
		EUROPE/ICELAND/GREENLAND		22,822	WIRE TRANSFER/ACH											
		EUROPE/ICELAND/GREENLAND		22,094	WIRE TRANSFER/ACH											
		EUROPE/ICELAND/GREENLAND		21,928	WIRE TRANSFER/ACH											

Form 990 Sched	Jule F Part J	.I - Grants or Entities Outsic	Je The United S	tates	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) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)							
		EUROPE/ICELAND/GREENLAND		21,922	WIRE TRANSFER/ACH										
		EUROPE/ICELAND/GREENLAND		21,754	WIRE TRANSFER/ACH										
		EUROPE/ICELAND/GREENLAND		21,264	WIRE TRANSFER/ACH										
		EUROPE/ICELAND/GREENLAND		20,843	WIRE TRANSFER/ACH										

Form 990 Sched	Jule F Part J	II - Grants or Entities Outsid	Je The United S	tates				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)
		EUROPE/ICELAND/GREENLAND		20,745	WIRE TRANSFER/ACH			
		EUROPE/ICELAND/GREENLAND		20,584	WIRE TRANSFER/ACH			
		EUROPE/ICELAND/GREENLAND		20,264	WIRE TRANSFER/ACH			
		EUROPE/ICELAND/GREENLAND		19,756	WIRE TRANSFER/ACH			

Form 990 Sched	Jule F Part J	II - Grants or Entities Outsid	Je The United S	tates				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		EUROPE/ICELAND/GREENLAND	1	19,552	WIRE TRANSFER/ACH			
		EUROPE/ICELAND/GREENLAND	1	18,914	WIRE TRANSFER/ACH			
		EUROPE/ICELAND/GREENLAND		18,774	WIRE TRANSFER/ACH			
		EUROPE/ICELAND/GREENLAND	1	18,370	WIRE TRANSFER/ACH			

Form 990 Sched	orm 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) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)			
		EUROPE/ICELAND/GREENLAND		17,879	WIRE TRANSFER/ACH						
		EUROPE/ICELAND/GREENLAND		17,454	WIRE TRANSFER/ACH						
		EUROPE/ICELAND/GREENLAND		,	WIRE TRANSFER/ACH						
	1	EUROPE/ICELAND/GREENLAND		17,429	WIRE TRANSFER/ACH						

Form 990 Sched	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) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)			
		EUROPE/ICELAND/GREENLAND		17,422	WIRE TRANSFER/ACH						
		EUROPE/ICELAND/GREENLAND		16,979	WIRE TRANSFER/ACH						
		EUROPE/ICELAND/GREENLAND		,	WIRE TRANSFER/ACH						
		EUROPE/ICELAND/GREENLAND		16,479	WIRE TRANSFER/ACH						

Form 990 Sched	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) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)			
		EUROPE/ICELAND/GREENLAND		16,270	WIRE TRANSFER/ACH						
		EUROPE/ICELAND/GREENLAND		15,640	WIRE TRANSFER/ACH						
		EUROPE/ICELAND/GREENLAND		15,312	WIRE TRANSFER/ACH						
		EUROPE/ICELAND/GREENLAND		15,236	WIRE TRANSFER/ACH						

Form 990 Sched	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) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)			
		EUROPE/ICELAND/GREENLAND		15,225	WIRE TRANSFER/ACH						
		EUROPE/ICELAND/GREENLAND		15,162	WIRE TRANSFER/ACH						
		EUROPE/ICELAND/GREENLAND		14,597	WIRE TRANSFER/ACH						
	,	EUROPE/ICELAND/GREENLAND		14,475	WIRE TRANSFER/ACH						

Form 990 Sched	orm 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) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)			
		EUROPE/ICELAND/GREENLAND		14,473	WIRE TRANSFER/ACH						
		EUROPE/ICELAND/GREENLAND		14,323	WIRE TRANSFER/ACH						
		EUROPE/ICELAND/GREENLAND		14,156	WIRE TRANSFER/ACH						
	,	EUROPE/ICELAND/GREENLAND		13,648	WIRE TRANSFER/ACH						

Form 990 Sched	orm 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) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)			
		EUROPE/ICELAND/GREENLAND		13,619	WIRE TRANSFER/ACH						
		EUROPE/ICELAND/GREENLAND		13,410	WIRE TRANSFER/ACH						
		EUROPE/ICELAND/GREENLAND		, ,	WIRE TRANSFER/ACH						
	,	EUROPE/ICELAND/GREENLAND		13,346	WIRE TRANSFER/ACH						

Form 990 Sched	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) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)			
		EUROPE/ICELAND/GREENLAND		13,249	WIRE TRANSFER/ACH						
		EUROPE/ICELAND/GREENLAND		12,699	WIRE TRANSFER/ACH						
		EUROPE/ICELAND/GREENLAND		,	WIRE TRANSFER/ACH						
	,	EUROPE/ICELAND/GREENLAND		11,820	WIRE TRANSFER/ACH						

Form 990 Sched	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) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)			
		EUROPE/ICELAND/GREENLAND		11,691	WIRE TRANSFER/ACH						
		EUROPE/ICELAND/GREENLAND		11,510	WIRE TRANSFER/ACH						
		EUROPE/ICELAND/GREENLAND		11,380	WIRE TRANSFER/ACH						
	,	EUROPE/ICELAND/GREENLAND		11,177	WIRE TRANSFER/ACH						

Form 990 Sched	Jule F Part J	II - Grants or Entities Outsid	le The United S	tates				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)
		EUROPE/ICELAND/GREENLAND		10,739	WIRE TRANSFER/ACH			
		EUROPE/ICELAND/GREENLAND		10,481	WIRE TRANSFER/ACH			
		EUROPE/ICELAND/GREENLAND		10,343	WIRE TRANSFER/ACH			
		EUROPE/ICELAND/GREENLAND		10,178	WIRE TRANSFER/ACH			

Form 990 Sched	orm 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) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)			
		EUROPE/ICELAND/GREENLAND		10,083	WIRE TRANSFER/ACH						
		EUROPE/ICELAND/GREENLAND		10,079	WIRE TRANSFER/ACH						
		EUROPE/ICELAND/GREENLAND		9,823	WIRE TRANSFER/ACH						
		EUROPE/ICELAND/GREENLAND		9,689	WIRE TRANSFER/ACH						

Form 990 Sche	dule F Part J	II - Grants or Entities Outside	le The United S	tates				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)
		EUROPE/ICELAND/GREENLAND		9,488	WIRE TRANSFER/ACH			
		EUROPE/ICELAND/GREENLAND		,	WIRE TRANSFER/ACH			
		EUROPE/ICELAND/GREENLAND		,	WIRE TRANSFER/ACH			
		EUROPE/ICELAND/GREENLAND		9,104	WIRE TRANSFER/ACH			

Form 990 Sche	dule F Part J	II - Grants or Entities Outside	le The United S	tates				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE/ICELAND/GREENLAND		9,018	WIRE TRANSFER/ACH			
		EUROPE/ICELAND/GREENLAND		8,915	WIRE TRANSFER/ACH			
		EUROPE/ICELAND/GREENLAND		,	WIRE TRANSFER/ACH			
		EUROPE/ICELAND/GREENLAND		8,586	WIRE TRANSFER/ACH			

Form 990 Sched	Jule F Part I	II - Grants or Entities Outsid	le The United S	tates				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)
		EUROPE/ICELAND/GREENLAND		8,556	WIRE TRANSFER/ACH			
		EUROPE/ICELAND/GREENLAND		8,496	WIRE TRANSFER/ACH			
		EUROPE/ICELAND/GREENLAND		8,475	WIRE TRANSFER/ACH			
		EUROPE/ICELAND/GREENLAND		8,473	WIRE TRANSFER/ACH			

Form 990 Sched	Jule F Part I	II - Grants or Entities Outsid	le The United S	tates				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE/ICELAND/GREENLAND		8,358	WIRE TRANSFER/ACH			
		EUROPE/ICELAND/GREENLAND		8,326	WIRE TRANSFER/ACH			
		EUROPE/ICELAND/GREENLAND		, ,	WIRE TRANSFER/ACH			
		EUROPE/ICELAND/GREENLAND	1	8,208	WIRE TRANSFER/ACH			

Form 990 Sched	Jule F Part J	II - Grants or Entities Outsid	le The United S	tates				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE/ICELAND/GREENLAND	1	8,205	WIRE TRANSFER/ACH			
		EUROPE/ICELAND/GREENLAND	1	8,200	WIRE TRANSFER/ACH			
		EUROPE/ICELAND/GREENLAND	1	8,178	WIRE TRANSFER/ACH			
	,	EUROPE/ICELAND/GREENLAND	1	8,130	WIRE TRANSFER/ACH			

Form 990 Sched	Jule F Part I	II - Grants or Entities Outsid	le The United S	tates				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)
		EUROPE/ICELAND/GREENLAND		8,092	WIRE TRANSFER/ACH			
		EUROPE/ICELAND/GREENLAND		7,974	WIRE TRANSFER/ACH			
		EUROPE/ICELAND/GREENLAND		7,880	WIRE TRANSFER/ACH			
		EUROPE/ICELAND/GREENLAND		7,836	WIRE TRANSFER/ACH			

Form 990 Sched	Jule F Part J	II - Grants or Entities Outsid	le The United S	tates				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)
		EUROPE/ICELAND/GREENLAND	1	, ,	WIRE TRANSFER/ACH			
		EUROPE/ICELAND/GREENLAND	1	7,730	WIRE TRANSFER/ACH			
		EUROPE/ICELAND/GREENLAND	1	7,723	WIRE TRANSFER/ACH			
	,	EUROPE/ICELAND/GREENLAND	1	7,664	WIRE TRANSFER/ACH			

Form 990 Sched	Jule F Part J	II - Grants or Entities Outsid	le The United S	tates				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)
		EUROPE/ICELAND/GREENLAND	1	7,539	WIRE TRANSFER/ACH			
		EUROPE/ICELAND/GREENLAND	1	7,518	WIRE TRANSFER/ACH			
		EUROPE/ICELAND/GREENLAND	1	7,470	WIRE TRANSFER/ACH			
	1	EUROPE/ICELAND/GREENLAND	1	7,332	WIRE TRANSFER/ACH			

Form 990 Sched	Jule F Part J	II - Grants or Entities Outsid	le The United S	tates				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)
		EUROPE/ICELAND/GREENLAND		7,271	WIRE TRANSFER/ACH			
		EUROPE/ICELAND/GREENLAND		7,252	WIRE TRANSFER/ACH			
		EUROPE/ICELAND/GREENLAND		7,232	WIRE TRANSFER/ACH			
		EUROPE/ICELAND/GREENLAND		7,183	WIRE TRANSFER/ACH			

Form 990 Sched	orm 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) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)			
		EUROPE/ICELAND/GREENLAND		7,118	WIRE TRANSFER/ACH						
		EUROPE/ICELAND/GREENLAND		7,106	WIRE TRANSFER/ACH						
		EUROPE/ICELAND/GREENLAND		7,093	WIRE TRANSFER/ACH						
		EUROPE/ICELAND/GREENLAND		7,010	WIRE TRANSFER/ACH						

Form 990 Sched	Jule F Part I	II - Grants or Entities Outsid	le The United S	tates				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)
		EUROPE/ICELAND/GREENLAND		,	WIRE TRANSFER/ACH			
		EUROPE/ICELAND/GREENLAND		6,960	WIRE TRANSFER/ACH			
		EUROPE/ICELAND/GREENLAND		,	WIRE TRANSFER/ACH			
		EUROPE/ICELAND/GREENLAND		6,875	WIRE TRANSFER/ACH			

Form 990 Sched	Jule F Part I	II - Grants or Entities Outsid	le The United S	tates				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE/ICELAND/GREENLAND		6,873	WIRE TRANSFER/ACH			
		EUROPE/ICELAND/GREENLAND		,	WIRE TRANSFER/ACH			
		EUROPE/ICELAND/GREENLAND		,	WIRE TRANSFER/ACH			
		EUROPE/ICELAND/GREENLAND	1	6,738	WIRE TRANSFER/ACH			

Form 990 Sched	Jule F Part J	II - Grants or Entities Outsid	le The United S	tates				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)
		EUROPE/ICELAND/GREENLAND		6,729	WIRE TRANSFER/ACH			
		EUROPE/ICELAND/GREENLAND		,	WIRE TRANSFER/ACH			
		EUROPE/ICELAND/GREENLAND		,	WIRE TRANSFER/ACH			
	,	EUROPE/ICELAND/GREENLAND		6,484	WIRE TRANSFER/ACH			

Form 990 Sched	Jule F Part J	II - Grants or Entities Outsid	le The United S	tates				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)
		EUROPE/ICELAND/GREENLAND	1	6,481	WIRE TRANSFER/ACH			
		EUROPE/ICELAND/GREENLAND	1	, ,	WIRE TRANSFER/ACH			
		EUROPE/ICELAND/GREENLAND		,	WIRE TRANSFER/ACH			
	,	EUROPE/ICELAND/GREENLAND	1	6,329	WIRE TRANSFER/ACH			

Form 990 Sched	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) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)
		EUROPE/ICELAND/GREENLAND	1	6,306	WIRE TRANSFER/ACH			
	<u> </u>	EUROPE/ICELAND/GREENLAND	1	6,244	WIRE TRANSFER/ACH			
		EUROPE/ICELAND/GREENLAND	 	6,153	WIRE TRANSFER/ACH			
		EUROPE/ICELAND/GREENLAND	1	6,125	WIRE TRANSFER/ACH			

Form 990 Sched	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) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)
		EUROPE/ICELAND/GREENLAND		,	WIRE TRANSFER/ACH			
		EUROPE/ICELAND/GREENLAND		6,041	WIRE TRANSFER/ACH			
		EUROPE/ICELAND/GREENLAND		5,971	WIRE TRANSFER/ACH			
		EUROPE/ICELAND/GREENLAND		5,939	WIRE TRANSFER/ACH			

Form 990 Sched	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) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		EUROPE/ICELAND/GREENLAND		5,894	WIRE TRANSFER/ACH			
		EUROPE/ICELAND/GREENLAND		5,891	WIRE TRANSFER/ACH			
		EUROPE/ICELAND/GREENLAND		5,883	WIRE TRANSFER/ACH			
		EUROPE/ICELAND/GREENLAND		5,872	WIRE TRANSFER/ACH			

Form 990 Sched	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) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)
		EUROPE/ICELAND/GREENLAND	1	5,830	WIRE TRANSFER/ACH			
		EUROPE/ICELAND/GREENLAND	1	5,699	WIRE TRANSFER/ACH			
		EUROPE/ICELAND/GREENLAND	1	5,628	WIRE TRANSFER/ACH			
	,	EUROPE/ICELAND/GREENLAND	1	5,608	WIRE TRANSFER/ACH			

Form 990 Sched	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) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE/ICELAND/GREENLAND		5,590	WIRE TRANSFER/ACH			
		EUROPE/ICELAND/GREENLAND		5,526	WIRE TRANSFER/ACH			
		EUROPE/ICELAND/GREENLAND		5,409	WIRE TRANSFER/ACH			
		EUROPE/ICELAND/GREENLAND		5,376	WIRE TRANSFER/ACH			

Form 990 Sched	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) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)
		EUROPE/ICELAND/GREENLAND		5,310	WIRE TRANSFER/ACH			
		EUROPE/ICELAND/GREENLAND		5,289	WIRE TRANSFER/ACH			
		EUROPE/ICELAND/GREENLAND		,	WIRE TRANSFER/ACH			
		EUROPE/ICELAND/GREENLAND		,	WIRE TRANSFER/ACH			

Form 990 Sched	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) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)
		EUROPE/ICELAND/GREENLAND		5,166	WIRE TRANSFER/ACH			
		EUROPE/ICELAND/GREENLAND		5,164	WIRE TRANSFER/ACH			
		EUROPE/ICELAND/GREENLAND	1	,	WIRE TRANSFER/ACH			
		EUROPE/ICELAND/GREENLAND	1	5,138	WIRE TRANSFER/ACH			

Form 990 Schedule F Part II	- Grants or	Entities Outsid	le The United States
(b) IRS code			

Form 990 Sched	orm 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) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(I) Method of valuation (book, FMV, appraisal, other)	
		EUROPE/ICELAND/GREENLAND		5,124	WIRE TRANSFER/ACH				

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -Schedule I

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

DLN: 93493125013315 OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

(Form 990)

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

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.

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

Inspection

Name of the organization	Employer identification number				
PAYPAL CHARITABLE GIVING FUND		45-0931286			
Part I General Information on Grants and Assistan	ce				
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?					
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 Domestic Organical Control of the Part III	ganizations and Domestic Governments. Complete if the organizati	ion answered "Yes" to			

(e) A mount of non-(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable valuation cash non-cash assistance or assistance grant or government assistance (book, FMV, appraisal, other) See Additional Data Table

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	202
3	Enter total number of other organizations listed in the line 1 table	

Part III	Grants and Other Assistance to Domestic Individuals. 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) A mount of cash grant	(d)A mount 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

Additional Data

Software ID:

Software Version:

EIN: 45-0931286

Name: PAYPAL CHARITABLE GIVING FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST JUDE CHILDREN'S RESEARCH HOSPITAL501 ST JUDE PLACE MEMPHIS,TN 38105	62-0646012	501(C)(3)	614,346				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
AMERICAN RED CROSS431 18TH ST NWTHIRD FLOOR WASHINGTON, DC 20006	53-0196605	501(C)(3)	352,136				GENERAL SUPPORT			

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
WOUNDED WARRIOR PROJECT4899 BELFORT RD STE 300100 JACKSONVILLE,FL 32256	20-2370934	501(C)(3)	319,782				GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
ASPCA AMERICAN SOC THE PREVOF CRUELTY TO ANIMALS424 EAST 92ND STREET NEW YORK, NY 10128	13-1623829	501(C)(3)	318,303				GENERAL SUPPORT			

Form 990,Schedule I, Pa	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
WAVES FOR WATERPO BOX 9481 LAGUNA BEACH, CA 926527452	27-1319189	501(C)(3)	290,531				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
ADOPTION EXCHANGE ASSOCIATION605 GLOBAL WAY SUITE 100 LINTHICUM,MD 21090	52-1452079	501(C)(3)	267,531				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
IRAQ AND AFGHANISTAN VETERANS OF AMERICA 770 BROADWAY 2ND FLOOR NEW YORK,NY 10003	20-1664531	501(C)(3)	266,205				GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 HUMANE SOCIETY OF THE UNITED STATES2100 L ST NW WASHINGTON, DC 20037	53-0225390	501(C)(3)	215,335				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
BLIND CAT RESCUE & SANCTUARY INC3101 E GREAT MARSH CHURCH RD ST PAULS, NC 28384	20-3410498	501(C)(3)	195,442				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
MAKE-A-WISH FOUNDATION4742 NORTH 24TH ST SUITE 400 PHOENIX,AZ 85016	86-0481941	501(C)(3)	179,865				GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
STUBHUB FOUNDATION 2440 WEST EL CAMINO REAL SUITE 300 MOUNTAIN VIEW,CA 94040	20-5205488	501(C)(3)	179,732				GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 NASCAR FOUNDATION ONE DAYTONA BOULEVARD 6TH FLOOR DAYTONA BEACH,FL 32114	30-0337745	501(C)(3)	165,692				GENERAL SUPPORT				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
MARCH OF DIMES1275 MAMARONECK AVE WHITE PLAINS,NY 10605	13-1846366	501(C)(3)	159,354				GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
DOCTORS WITHOUT BORDERS USA (MEDECINS SANS FRONTIERES)333 SEVENTH AVENUE 2ND FLOOR NEW YORK, NY 100015004	13-3433452	501(C)(3)	154,802				GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
FRIENDS OF WFP INC1725 EYE STREET NW SUITE 510 WASHINGTON,DC 20006	13-3843435	501(C)(3)	145,511				GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 SMILE TRAIN41 MADISON AVE 28TH FLOOR NEWYORK,NY 10010	13-3661416	501(C)(3)	145,189				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
BRIGHT PINK414 N ORLEANS STE 320 CHICAGO,IL 60654	51-0619889	501(C)(3)	140,086				GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
CHILDREN'S MIRACLE NETWORK205 W 700 S SALT LAKE CITY,UT 84101	87-0387205	501(C)(3)	134,556				GENERAL SUPPORT		

Form 990,Schedule I, Pai	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 STATES FUND FOR UNICEF333 EAST 38TH STREET 6TH FLOOR NEWYORK,NY 10016	13-1760110	501(C)(3)	120,719				GENERAL SUPPORT			

<u> Form 990,Schedule I, Par</u>	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 BRIDGE SCHOOL545 EUCALYPTUS AVENUE HILLSBOROUGH,CA 94010	95-4068784	501(C)(3)	111,229				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
MARINE TOYS FOR TOTS FOUNDATION18251 QUANTICO GATEWAY DRIVE PO BOX 1947 TRIANGLE,VA 22172	20-3021444	501(C)(3)	108,858				GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
HABITAT FOR HUMANITY INTERNATIONAL121 HABITAT ST AMERICUS,GA 317093543	91-1914868	501(C)(3)	101,710				GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 MILITARY FAMILY ASSN2500 NORTH VAN DORN STREET SUITE 102 ALEXANDRIA,VA 22302	52-0899384	501(C)(3)	91,006				GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount 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 V FOUNDATION FOR CANCER RESEARCH106 TO WERVIEW COURT CARY,NC 27513	13-3705951	501(C)(3)	90,417				GENERAL SUPPORT	

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
SUSAN G KOMEN BREAST CANCER FND5005 LBJ FREEWAY SUITE 250 DALLAS,TX 75244	75-1835298	501(C)(3)	89,398				GENERAL SUPPORT	

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
ALZHEIMER'S ASSOCIATION NATIONAL OFFICE225 N MICHIGAN AVENUE 17TH FLOOR CHICAGO,IL 606157633	13-3039601	501(C)(3)	84,698				GENERAL SUPPORT	

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
OVERSEAS CHINA EDUCATION FOUNDATION P O BOX 772436 HOUSTON,TX 772152436		501(C)(3)	84,380				GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CURESEARCH NATIONAL CHILDHOOD CANCER FOUNDATION4600 EAST WEST HIGHWAY SUITE 600 BETHESDA,MD 20814	95-4132414	501(C)(3)	75,701				GENERAL SUPPORT			

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
NORTH SHORE ANIMAL LEAGUE AMERICALEWYT ST PORT WASHINGTON,NY 11050	11-1666852	501(C)(3)	74,281				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
SHARE OUR STRENGTH 1730 M ST NW SUITE 700 WASHINGTON,DC 20036	52-1367538	501(C)(3)	71,573				GENERAL SUPPORT		

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
SAVE THE CHILDREN54 WILTON ROAD WESTPORT,CT 06880	06-0726487	501(C)(3)	70,954				GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
SAMARITAN'S PURSE801 BAMBOO RD BOONE,NC 28607	58-1437002	501(C)(3)	68,183				GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
USO WORLD HEADQUARTERS (UNITED SERVICE ORGANIZATIONS) 2111 WILSON BLVD SUITE 1200 ARLINGTON,VA 22201	13-1610451	501(C)(3)	67,330				GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
AMERICAN CANCER SOCIETY250 WILLIAMS ST ATLANTA,GA 30303	13-1788491	501(C)(3)	61,127				GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
SAVE THE CHILDREN 2004 TSUNAMI RELIEF FUND54 WILTON ROAD WESTPORT,CT 06880	06-0726487	501(C)(3)	61,063				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 WHALEMAN FOUNDATIONPO BOX 1670 LAHAINA,HI 96767	99-0331050	501(C)(3)	60,189				GENERAL SUPPORT		

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
GLIDE330 ELLIS STREET SAN FRANCISCO,CA 94102	36-2167731	501(C)(3)	58,810				GENERAL SUPPORT		

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS (TAPS)1777 F ST NW SUITE 600 WASHINGTON, DC 20006		501(C)(3)	58,763				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
FARM AID501 CAMBRIDGE STREET 3RD FLOOR CAMBRIDGE,MA 02141	36-3383233	501(C)(3)	56,804				GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
AMERICA'S SECOND HARVEST35 E WACKER DRIVE STE 2000 ATTNCORP RELATIONS/MISSIONFISH CHICAGO,IL 60601	36-3673599	501(C)(3)	55,099				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount 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 KEEP A BREAST FOUNDATION530 SOUTH COAST HWY OCEANSIDE,CA 92054	13-4286549	501(C)(3)	51,875				GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
SAVE A CHILD'S HEART FOUNDATION10050 CHAPEL ROAD SUITE 18 POTOMAC, MD 20854	52-1783323	501(C)(3)	50,549				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
LITTLE KIDS ROCK632 POMPTON AVE SUITE 2 CEDAR GROVE,NJ 07009	94-3396568	501(C)(3)	50,000				GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
BROTHER BENNO FOUNDATION3955-A MISSION AVE OCEANSIDE,CA 92058	33-0051575	501(C)(3)	47,299				GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 SIERRA CLUB FOUNDATION85 SECOND STREET SUITE 750 SAN FRANCISCO,CA 941053465	94-6069890	501(C)(3)	43,776				GENERAL SUPPORT			

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
TUESDAY'S CHILDREN390 PLANDOME ROAD SUITE 217 MANHASSET,NY 11030	52-2347446	501(C)(3)	43,265				GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount 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 BRAIN INJURY RECOVERY NETWORK840 CENTRAL AVE CARLISLE,OH 45005	01-0648391	501(C)(3)	42,892				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
INTREPID FALLEN HEROES FUNDONE INTREPID SQUARE W 46TH STREET 12TH AVENUE NEWYORK,NY 10036	20-0366717	501(C)(3)	40,877				GENERAL SUPPORT				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 ALS ASSOCIATION 27001 AGOURA ROAD SUITE 250 CALABASAS HILLS,CA 913015104	13-3271855	501(C)(3)	40,333				GENERAL SUPPORT				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 BREAST CANCER RESEARCH FOUNDATION 60 EAST 56TH STREET 8TH FLOOR NEWYORK,NY 10022	13-3727250	501(C)(3)	39,433				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CHILDRENS HOSPITAL LOS ANGELESFOUNDATION DONOR SERVICES DEPARTMEN 4650 SUNSET BLVD 29 LOS ANGELES,CA 90027	95-1690977	501(C)(3)	38,159				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
WORLD VISION34834 WEYERHAEUSER WAY SOUTH PO BOX 9716 FEDERAL WAY, WA 980739716	19-1922279	501(C)(3)	37,717				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 TO PLAYCHELSEA PIERS PIER 62 SUITE 303 NEW YORK, NY 10011	13-4045245	501(C)(3)	36,519				GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
INTERNATIONAL MOUNTAIN BICYCLING ASSN4888 PEARL EAST CIRCLE SUITE 200E BOULDER,CO 80301	77-0204066	501(C)(3)	34,117				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CHILDREN OF FALLEN SOLDIERS RELIEF FUNDPO BOX 3968 GAITHERSBURG, MD 208853968	20-4526203	501(C)(3)	33,985				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
MERCY CORPS45 SW ANKENY ST PORTLAND,OR 97204	91-1148123	501(C)(3)	33,721				GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
SPECIAL OLYMPICS INC 1133 19TH ST NW WASHINGTON,DC 20036	52-0889518	501(C)(3)	33,343				GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
POLICE ATHLETIC LEAGUE34 1/2 EAST 12TH STREET NEWYORK,NY 10003	13-5596811	501(C)(3)	32,557				GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
BORN THIS WAY FOUNDATION INC1880 CENTURY PARK E STE 1600 LOS ANGELES,CA 90067	45-2752227	501(C)(3)	31,806				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
CORNERSTONE ALLIANCE NAVIGATORS INC4417 ROBERTSON RD MADISON,WI 53714	35-2365501	501(C)(3)	29,284				GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
MERCY CORPS - JAPAN RECOVERY FUND45 SW ANKENY ST PORTLAND,OR 97204	91-1148123	501(C)(3)	28,040				GENERAL SUPPORT				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
AVON WALK FOR BREAST CANCER1345 AVE OF THE AMERICAS NEW YORK, NY 10105	13-6128447	501(C)(3)	27,961				GENERAL SUPPORT			

Form 990,Schedule I, Pa	form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
BOB WOODRUFF FOUNDATION1359 BROADWAY STE 800 NEWYORK,NY 10018	26-1441650	501(C)(3)	27,379				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
AUROVILLE INTERNATIONAL USA 2621 WEST HIGHWAY 12 LODI,CA 95242	23-7360183	501(C)(3)	26,227				GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
WORLD BICYCLE RELIEF 1333 N KINGSBURY 4TH FL CHICAGO,IL 60642	20-5080679	501(C)(3)	26,195				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 SALVATION ARMY NATIONAL HEADQUARTERS615 SLATERS LANE ALEXANDRIA,VA 22313	22-2406433	501(C)(3)	25,523				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 DALE JR FOUNDATION PO BOX 330 MOORESVILLE,NC 28115	20-8353637	501(C)(3)	25,041				GENERAL SUPPORT			

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
INTERNATIONAL MEDICAL ALLIANCE OF TENNESSEE 107 JUDITH DR KNOXVILLE,TN 37920	31-1724114	501(C)(3)	24,697				GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
WORLD WILDLIFE FUND 1250 24TH STREET WASHINGTON,DC 20037	52-1693387	501(C)(3)	23,460				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
PASO ROBLES WINE COUNTRY ALLIANCE FOUNDATION1446 SPRING ST SUITE 205 PASO ROBLES,CA 93446	77-0477746	501(C)(3)	23,309				GENERAL SUPPORT			

<u>Form 990,Schedule I, Pa</u>	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
TO WRITE LOVE ON HER ARMSPO BOX 206 COCOA,FL 32923	26-0789229	501(C)(3)	23,153				GENERAL SUPPORT			

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
AMERICAN ANTI-SLAVERY GROUP59 TEMPLE PLACE 1014 BOSTON,MA 02111	04-3253901	501(C)(3)	23,039				GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 WAYNE FOUNDATION INC291 DONOVAN RD ENGLEWOOD, FL 34223	27-2101347	501(C)(3)	22,826				GENERAL SUPPORT		

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
DACHSHUND RESCUE SOUTH FLORIDA INCPO BOX 402671 MIAMI BEACH,FL 33140	26-3682066	501(C)(3)	22,537				GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
FREE THE CHILDRENPO BOX 32099 HARTFORD,CT 061502099	16-1533544	501(C)(3)	22,453				GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
SANTA VERENA CHARITY INC7700 IRVINE CENTER DRIVE SUITE 800 IRVINE,CA 92618	95-4719735	501(C)(3)	21,924				GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
LIFE CHANGE COMMUNITY CHURCH29195 OLD MILL CREEK LANE AGOURA,CA 91301	26-2874876	501(C)(3)	21,303				GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
WOMEN'S HEART FNDPO BOX 7827 W TRENTON, NJ 08628	22-3176344	501(C)(3)	21,161				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount 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 MR HOLLAND'S OPUS FOUNDATION4370 TUJUNGA AVE SUITE 330 STUDIO CITY,CA 91604	95-4604927	501(C)(3)	20,605				GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
WATERKEEPER ALLIANCE 17 BATTERY PLACE SUITE 1329 NEW YORK,NY 10004	13-4071318	501(C)(3)	20,327				GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
FELLOWSHIP CHURCH2450 N HWY 121 GRAPEVINE,TX 76051	75-2302539	501(C)(3)	19,436				GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
HEIFER INTERNATIONAL1 WORLD AVENUE LITTLE ROCK, AR 72202	35-1019477	501(C)(3)	19,050				GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 HOPE ACADEMY1820 DOWNS BLVD FRANKLIN,TN 37064	63-1172489	501(C)(3)	18,472				GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
CHRIST EVANGELICAL CHURCH236 W 1310 N OREM,UT 84097	87-6122190	501(C)(3)	17,982				GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
ANNETTE FUNICELLO RESEARCH FUND FOR NEUROLOGICAL DISEASES PO BOX 599 SHAFTER,CA 93263	80-0856316	501(C)(3)	17,956				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
TEAM RUBICON10401 VENICE BLVD 486 LOS ANGELES,CA 90034	27-1720480	501(C)(3)	17,651				GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount 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 GRAMMY FOUNDATION3030 OLYMPIC BLVD SANTA MONICA,CA 90404	95-3199223	501(C)(3)	17,609				GENERAL SUPPORT		

Form 990,Schedule I, Par	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
FIRST BOOK1319 F ST NW SUITE 1000 WASHINGTON,DC 20004	52-1779606	501(C)(3)	17,088				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
AUTISM SPEAKS1 E 33RD STREET 4TH FLOOR NEW YORK, NY 10016	20-2329938	501(C)(3)	16,821				GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
FEED THE CHILDREN333 N MERIDIAN OKLAHOMA CITY,OK 73107	73-6108657	501(C)(3)	16,625				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
2ND HARVEST FOOD BNK SANTA CLARA SAN MATEO CNTIES750 CURTNER AVENUE SAN JOSE,CA 95125	94-2614101	501(C)(3)	16,234				GENERAL SUPPORT			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
FRIENDS OF THE NATIONAL ZOO3001 CONNECTICUT AVENUE NW WASHINGTON, DC 20008	52-0853312	501(C)(3)	16,182				GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
JOYCE MEYER MINISTRIES INC700 GRACE PARKWAY FENTON, MO 63026	43-1382734	501(C)(3)	16,121				GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
KITTY HAMILTON MINISTRIES30 PLAZA WAY 15 CHICO,CA 95926	94-3285240	501(C)(3)	16,079				GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 SAN FRANCISCO GENERAL HOSPITAL FOUNDATION2789 25TH STREET SUITE 2028 SAN FRANCISCO,CA 94110	94-3189424	501(C)(3)	15,986				GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
OXFAM AMERICA226 CAUSEWAY STREET FLOOR 5 BOSTON,MA 021142206	23-7069110	501(C)(3)	15,673				GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
VITALOGY FOUNDATION 1900 S CORGIAT DR SEATTLE, WA 98108	20-1030462	501(C)(3)	15,333				GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount 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 BEETHOVEN FOUNDATION1406 BRISTOL PARK PLACE LAKE MARY,FL 32746	26-3206604	501(C)(3)	15,032				GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
BEST FRIENDS ANIMAL SOCIETY5001 ANGEL CANYON ROAD KANAB,UT 84741	23-7147797	501(C)(3)	14,893				GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
FOOD FOR THE POOR6401 LYONS ROAD COCONUT CREEK,FL 33073	59-2174510	501(C)(3)	14,060				GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
WORD OF LIFE MINISTRIES OF SOUTH BRONX INC2824 MIDDLETOWN ROAD BRONX,NY 10461	11-2616604	501(C)(3)	13,534				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
OLIVE TREE MINISTRYPO BOX 530099 SAN DIEGO,CA 92153	33-0094784	501(C)(3)	13,474				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
FAM 1ST FAMILY FOUNDATION832 SANSOME STREET 1ST FLOOR SAN FRANCISCO,CA 94133	27-3822104	501(C)(3)	13,457				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
MATTHEW 25 MINISTRIES INTERNATIONAL140 CEDAR PL RUIDOSO,NM 88345	26-4461809	501(C)(3)	13,434				GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
GOSPEL FOR ASIA1800 GOLDEN TRAIL COURT CARROLLTON,TX 75010	73-1099096	501(C)(3)	13,247				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CHOROIDEREMIA RESEARCH FOUNDATION INC23 EAST BRUNDRETH STREET SPRINGFIELD,MA 01109	04-3511754	501(C)(3)	13,091				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
GIVE KIDS THE WORLD210 SOUTH BASS ROAD KISSIMMEE,FL 34746	59-2654440	501(C)(3)	12,657				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
COMPASSION INTERNATIONAL12290 VOYAGER PKWY COLORADO SPRINGS,CO 80921	36-2423707	501(C)(3)	12,595				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
MUSICIANS ON CALL39 WEST 32ND STREET SUITE 1103 NEW YORK,NY 10001	13-4067116	501(C)(3)	12,592				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 RELIEF SERVICES228 W LEXINGTON ST BALTIMORE, MD 212013413	13-5563422	501(C)(3)	12,537				GENERAL SUPPORT			

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CHARITY WATER200 VARICK STREET SUITE 2012 NEWYORK,NY 10014	22-3936753	501(C)(3)	12,336				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
SPECIAL OPERATIONS WARRIOR FOUNDATION 4409 W EL PRADO BLVD TAMPA,FL 33629	52-1183585	501(C)(3)	12,084				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 LANDS FOR THE PEOPLE3700 SANTA CARLOTTA ST LA CRESCENTA,CA 91214	95-4521318	501(C)(3)	11,439				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
NORTH AMERICAN BEAR CENTER1926 HWY 169 ELY,MN 55731	41-1838192	501(C)(3)	11,245				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
SEA SHEPHERD CONSERVATION SOCIETY PO BOX 2616 FRIDAY HARBOR, WA 98250	93-0792021	501(C)(3)	11,238				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
LAMB OF GOD COMMUNICATIONS4459 LAKE ROAD EAST GENEVA,OH 44041	30-0433994	501(C)(3)	11,232				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount 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 MICHAEL J FOX FOUNDATION FOR PARKINSON'S RESEARCH CHURCH STREET STATION PO BOX 780 NEW YORK, NY 100080780		501(C)(3)	10,907				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
CHILD'S PLAY123 NW 36TH STREET SUITE 210 SEATTLE, WA 98107	20-3584556	501(C)(3)	10,860				GENERAL SUPPORT		

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
SHRINERS HOSPITALS FOR CHILDREN2900 ROCKY POINT DR TAMPA,FL 33607	36-2193608	501(C)(3)	10,832				GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
WIKIMEDIA FOUNDATION 149 NEW MONTGOMERY STREET 3RD FLOOR SAN FRANCISCO CA,CA 94105	20-0049703	501(C)(3)	10,814				GENERAL SUPPORT				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 GREEN USA2218 MAIN STREET 2ND FLOOR SANTA MONICA,CA 90405	77-0387124	501(C)(3)	10,724				GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 VOICE OF THE MARTYRS INCPO BOX 443 BARTLESVILLE, OK 740050443	73-1395057	501(C)(3)	10,687				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 TREASURE HOUSE DBA TREASURE HOUSE FASHIONS8035 MCKNIGHT ROAD PITTSBURGH,PA 15237	01-0563073	501(C)(3)	10,634				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
GREEN BERET FOUNDATION20442 HARBOR ISLE LANE HUNTINGTON BEACH, CA 92646	27-1206961	501(C)(3)	10,521				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
ANIMAL HOUSE SHELTER INC13005 ERNESTI RD HUNTLEY,IL 60142	36-4483106	501(C)(3)	10,468				GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
MAXLOVE PROJECTPO BOX 105 TUSTIN,CA 92781	45-3792057	501(C)(3)	10,015				GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
DONORSCHOOSE INC347 WEST 36TH STREET SUITE 503 NEW YORK, NY 10018	13-4129457	501(C)(3)	9,936				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount 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 MORIAH FOUNDATION 1540 EAST COLLEGE AVENUE NORMAL,IL 61761	37-1366285	501(C)(3)	9,872				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CFDA FOUNDATION INC 1412 BROADWAY STE 2006 NEW YORK, NY 10018	23-7371666	501(C)(3)	9,608				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
AMERICAN BREAST CANCER FOUNDATION 1220B EAST JOPPA ROAD SUITE 332 BALTIMORE,MD 21286	52-2031814	501(C)(3)	9,280				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
LIVING WATERS9818 ARKANSAS STREET BELLFLOWER,CA 90706	27-0094016	501(C)(3)	9,256				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
DISABLED AMERICAN VETERANS CHARITABLE SVC TRUST3725 ALEXANDRIA PIKE COLD SPRING,KY 41076	52-1521276	501(C)(3)	9,181				GENERAL SUPPORT				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
MAINE RABBIT AND PET RESCUE INCPO BOX 604 GREENVILLE,ME 04441	27-3040844	501(C)(3)	9,145				GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 NATIONS FOUNDATION1800 MASSACHUSETTS AVE NW SUITE 400 400 WASHINGTON, DC 20036	58-2368165	501(C)(3)	9,055				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
ANGEL ACRES HORSE HAVEN RESCUE INCPO BOX 62 GLENVILLE,PA 17329	13-4271553	501(C)(3)	8,997				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CAMP SOUTHERN GROUND 259 GLYNN STREET SOUTH FAYETTEVILLE, GA 30214	27-3082862	501(C)(3)	8,986				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
OPERATION SMILE6435 TIDEWATER DRIVE NORFOLK,VA 23509	54-1460147	501(C)(3)	8,896				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
LOVE OUR CHILDREN USA 220 EAST 57TH STREET NEW YORK, NY 10022	06-1563232	501(C)(3)	8,895				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
LONE STAR SHIH TZU & LHASA APSO RESCUE INCP O BOX 1346 PINEHURST,TX 773621346	76-0697516	501(C)(3)	8,830				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
ACHIEVEMENT AND REHABILITATION CENTERS INC10250 NW 53RD STREET SUNRISE,FL 33351	59-0809623	501(C)(3)	8,805				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
NRECA INTERNATIONAL FOUNDATION4301 WILSON BLVD ARLINGTON,VA 22203	52-1409279	501(C)(3)	8,703				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
FARM SANCTUARYPO BOX 150 WATKINS GLEN,NY 14891	51-0292919	501(C)(3)	8,529				GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
SAVE RESCUE SHELTER 777 FISCHER BLVD TOMS RIVER, NJ 08753	56-2284075	501(C)(3)	8,351				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
JUVENILE DIABETES RESEARCH FOUNDATION INTERNATIONAL (JDRF) - TRI2210 MILLBROOK RD SUITE 109 RALEIGH,NC 27604	23-1907729	501(C)(3)	8,282				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
MERCURY ONE INC6301 RIVERSIDE DRIVE IRVING,TX 75039	45-3929881	501(C)(3)	8,173				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 TAP PROJECT BY UNICEF - CLEAN DRINKING WATER FOR CHILDREN125 MAIDEN LANE 11TH FLOOR NEW YORK, NY 10038	13-1760110	501(C)(3)	8,148				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
THEPOSSIBLEPROJECT955 MASSACHUSETTS AVE 3RD FLOOR CAMBRIDGE,MA 02139	27-1544896	501(C)(3)	8,119				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
VINEYARD CHRISTIAN FELLOWSHIP OF BOISE INC4950 N BRADLEY ST BOISE,ID 83714	94-3110245	501(C)(3)	7,920				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
ISLAMIC RELIEF6131 ORANGETHORPE AVE SUITE 450 BUENA PARK,CA 90620	95-4453134	501(C)(3)	7,785				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount 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 CHRISTIAN BROADCASTING NETWORK 977 CENTERVILLE TURNPIKE VIRGINIA BEACH, VA 23463	54-0678752	501(C)(3)	7,666				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
LEUKEMIA & LYMPHOMA SOCIETY1311 MAMARONECK AVENUE WHITE PLAINS,NY 10605	13-5644916	501(C)(3)	7,563				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
MA SOCFOR THE PREVENTION OF CRUELTY TO ANIMALS350 S HUNTINGTON AVENUE BOSTON,MA 02130	04-2103597	501(C)(3)	7,553				GENERAL SUPPORT				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
EVERGREEN COMMUNITY CHURCHPO BOX 10063 MANASSAS,VA 20108	54-1304093	501(C)(3)	7,528				GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
ADVENTIST SOUTHEAST ASIA PROJECTS105 SOUTH CASS STREET BERRIEN SPRINGS, MI 49103	38-3256028	501(C)(3)	7,519				GENERAL SUPPORT				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
KANE'S KRUSADE INC TO WER SQUARE 1500 MAIN STREET SPRINGFIELD, MA 01115	45-4918203	501(C)(3)	7,312				GENERAL SUPPORT				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
GOODWILL INDUSTRIES OF WESTERN NEW YORK INC1119 WILLIAM STREET BUFFALO,NY 14206	16-0761225	501(C)(3)	7,216				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
FAMILY GIVING TREE909 CASTLEWOOD DRIVE 1 MILPITAS,CA 95032	77-0284682	501(C)(3)	7,122				GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
INTERNATIONAL RELIEF TEAMS4560 ALVARADO CANYON RD STE 2G SAN DIEGO,CA 92120	33-0412751	501(C)(3)	7,116				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
AMNESTY INTERNATIONAL 5 PENN PLAZA 16TH FLR NEW YORK, NY 10001	52-0851555	501(C)(3)	6,956				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
SCHOOL ON WHEELS INC 28128 PACIFIC COAST HIGHWAY 192 MALIBU,CA 90265	95-4422640	501(C)(3)	6,924				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
FISHER HOUSE FOUNDATION111 ROCKVILLE PIKE STE 420 ROCKVILLE,MD 20850	11-3158401	501(C)(3)	6,866				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
REACH OUT WORLD WIDE 3452 E FOOTHILL BLVD SUITE 125 PASADENA,CA 911076002	27-3237943	501(C)(3)	6,661				GENERAL SUPPORT				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
ST GEORGE ORTHODOX CHURCH1505 AVENUE G KEARNEY,NE 68847	05-2840220	501(C)(3)	6,656				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
SPECIAL ANGELS OF THE WOODLANDSPO BOX 131046 200 PRUITT ROAD SPRING,TX 77380	13-4217067	501(C)(3)	6,650				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
AMERICAN HEART ASSOCIATION NATIONAL CENTER7272 GREENVILLE AVE DALLAS,TX 752314596	13-5613797	501(C)(3)	6,458				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
BONITA ROAD ASSEMBLY OF GODFREEDOM CHALLENGE8880 INDUSTRIAL DRIVE BASTROP,LA 71220	72-1204943	501(C)(3)	6,457				GENERAL SUPPORT				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
MEDICINE VIA PHILANTHROPY333 HARRISON AVE HARRISON,NJ 07029	45-2286696	501(C)(3)	6,421				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
AMERICAN DIABETES ASSN1701 N BEAUREGARD ST ALEXANDRIA,VA 22311	13-1623888	501(C)(3)	6,411				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
SPIRIT OF SANTA PAULA INC123 NORTH 10TH STREET SANTA PAULA,CA 930602802	27-0005506	501(C)(3)	6,353				GENERAL SUPPORT				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
ELECTRONIC FRONTIER FOUNDATION454 SHOTWELL STREET SAN FRANCISCO,CA 94110	04-3091431	501(C)(3)	6,337				GENERAL SUPPORT				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
ACCION INTERNATIONAL 56 ROLAND STREET SUITE 300 BOSTON,MA 02129	13-2535763	501(C)(3)	6,250				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
DIRECT RELIEF INTERNATIONAL27 S LA PATERA LANE SANTA BARBARA,CA 93117	95-1831116	501(C)(3)	6,226				GENERAL SUPPORT				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
PANCREATIC CANCER ACTION NETWORK (PANCAN)1500 ROSECRANS AVE SUITE 200 MANHATTAN BEACH,CA 90266	33-0841281	501(C)(3)	6,140				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
MIDWEST SHIBA INU RESCUE1328 S ABINGTON LANE ROUND LAKE,IL 60073	27-0020345	501(C)(3)	6,082				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 HORIZON DOG RESCUEPO BOX 531905 ST PETERSBURG,FL 33747	46-0570300	501(C)(3)	6,020				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
MERCER ISLAND EASTSIDE ORPHANS WAIFS (MEOW CAT RESCUE)10600 NE 68TH STREET SUITE F KIRKLAND, WA 98033	91-1743911	501(C)(3)	5,970				GENERAL SUPPORT				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
YELLOW RIBBON FUND 4905 DEL RAY AVENUE SUITE 500 BETHESDA,MD 20814	36-4567583	501(C)(3)	5,957				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
CJR MEMORIAL FOUNDATION1114 DEWBERRY DR HAWLEY,PA 18428	80-0545692	501(C)(3)	5,882				GENERAL SUPPORT				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
MARCH OF DIMES- CALIFORNIA1050 SANSOME ST FL4 SAN FRANCISCO,CA 94111	13-1846366	501(C)(3)	5,881				GENERAL SUPPORT				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
INTERNATIONAL FELLOWSHIP OF CHRISTIANS AND JEWS INC 30 NORTH LASALLE ST SUITE 2600 CHICAGO,IL 60602	36-3256096	501(C)(3)	5,849				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
LET'S HELP INC 200 S KANSAS AVE PO BOX 2492 TOPEKA, KS 666012492	48-0800447	501(C)(3)	5,706				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
MALARIA NO MORE432 PARK AVENUE SOUTH 4TH FLOOR NEW YORK, NY 10016	20-5664575	501(C)(3)	5,653				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
SACRAMENTO KINGS FOUNDATIONONE SPORTS PARKWAY SACRAMENTO,CA 95765	68-0249718	501(C)(3)	5,646				GENERAL SUPPORT			

Form 990,Schedule I, Pa	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
ALEX'S LEMONADE STAND FOUNDATION333 E LANCASTER AVE 414 WYNNEWOOD,PA 19096	56-2496146	501(C)(3)	5,579				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
SWEET RELIEF MUSICIANS FUND4952 WARNER AVENUE 100 HUNTINGTON BEACH, CA 92649	95-4443269	501(C)(3)	5,564				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
LIFELINE MEDIATION CENTER INC615 MIDDLE COUNTRY ROAD MIDDLE ISLAND,NY 11953	11-3469787	501(C)(3)	5,444				GENERAL SUPPORT				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
SAN FRANCISCO FOOD BANK900 PENNSYLVANIA AVE SAN FRANCISCO,CA 94107	94-3041517	501(C)(3)	5,324				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
INTERNATIONAL MEDICAL CORPS1919 SANTA MONICA BLVD SUITE 400 SANTA MONICA,CA 904041957	95-3949646	501(C)(3)	5,320				GENERAL SUPPORT				

Form 990,Schedule I, Pa	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
DREAM FND1528 CHAPALA ST SUITE 306 SANTA BARBARA,CA 93101	77-0405779	501(C)(3)	5,311				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 BREAST CANCER FUND1388 SUTTER STREET SUITE 400 SAN FRANCISCO,CA 941095400	94-3155886	501(C)(3)	5,231				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 ROBERT DUVALL CHILDREN'S FUND2850 OCEAN PARK BLVD SUITE 300 SANTA MONICA,CA 90405	91-2079665	501(C)(3)	5,181				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
SEATTLE CHILDREN'S HOSPITAL6901 SAND POINT WAY NE SEATTLE,WA 98115	91-1156519	501(C)(3)	5,140				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
PAWS AND STRIPESPO BOX 46253 RIO RANCHO,NM 87174	27-2908352	501(C)(3)	5,127				GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
NIDEILTIHI NATIVE ELITE RUNNERSPO BOX 30331 FLAGSTAFF,AZ 86003	20-8425419	501(C)(3)	5,113				GENERAL SUPPORT		

Form 990,Schedule I, Pa	form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
MUSICARES FOUNDATION 3030 OLYMPIC BLVD SANTA MONICA,CA 90404	95-4470909	501(C)(3)	5,111				GENERAL SUPPORT				

<u>Form 990,Schedule I, Pa</u>	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance					
SEATTLE GOODWILL INDUSTRIES1400 SOUTH LANE STREET SEATTLE, WA 98144	91-0568708	501(C)(3)	5,078				GENERAL SUPPORT					

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount 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 ISRAEL FUND1101 14TH STREET NW SIXTH FLOOR WASHINGTON, DC 200055639	94-2607722	501(C)(3)	5,051				GENERAL SUPPORT			

Form 990,Schedule I, Pa	form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
FROM ONE HAND TO ANOTHER10960 WILSHIRE BLVD 5TH FLOOR LOS ANGELES,CA 90024	20-1536574	501(C)(3)	5,051				GENERAL SUPPORT				

Form 990,Schedule I, Pa	<u>ırt II, Grants an</u>	<u>id Other Assistance</u>	e to Domestic Orga	<u>anizations and Do</u>	<u>mestic Governmer</u>	nts.	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARTS & SCRAPS16135 HARPER DETROIT,MI 48224	38-2831910	501(C)(3)	5,040				GENERAL SUPPORT

Form 990,Schedule I, Pa	<u>rt II, Grants an</u>	<u>d Other Assistance</u>	e to Domestic Orga	anizations and Do	<u>mestic Governmer</u>	nts.	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 FAMILY PLACEPO BOX 7999 DALLAS,TX 75209	75-1590896	501(C)(3)	5,036				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
MENTAL ILLNESS ASSISTANCE STEP UP ON SECOND STREET1328 SECOND STREET SANTA MONICA,CA 90401	95-4109386	501(C)(3)	5,006				GENERAL SUPPORT				

Form 990,Schedule I, Pa	form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
MUSEUM OF SCIENCE FICTIONPO BOX 88 ALEXANDRIA,VA 223130088	80-0915025	501(C)(3)	5,000				GENERAL SUPPORT				

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DLN: 93493125013315

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990.

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

Open to Public Inspection

Name of the organization PAYPAL CHARITABLE GIVING FUND **Employer identification number**

45-0931286

Fd	rt 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						
	First-class or charter travel Housing allowance or residence for personal use						
	Tax idemnification and gross-up payments Health or social club dues or initiation fees						
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)						
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						
	Compensation committee						
	Form 990 of other organizations Approval by the board or compensation committee						
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						
а	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), 501(c)(4), and 501(c)(29) organizations 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						
а	The organization?	5a		No			
	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						
а	The organization?	6a		Νo			
b	Any related organization?	6b		Νo			
	If "Yes," to line 6a or 6b, describe in Part III						
7							
8	Were any amounts reported in Form 990, Part VII, paid or accured 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						
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		No			

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-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in	
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred in prior Form 990	
	(i) (ii)	154,640 0	31,627 0	1,860	7,745 0	0	195,872 0	0	

Schedule J (Form 990) 2014

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

I

Return Reference Explanation

Schedule J (Form 990) 2014

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SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493125013315

OMB No 1545-0047

2014

Open to Public Inspection

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

Name of the organization
PAYPAL CHARITABLE GIVING FUND

Employer identification number
45-0931286

Evolunation

990 Schedule O, Supplemental Information

Poturn Poforonco

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE SOLE MEMBER OF THE ORGANZIATION IS EBAY, INC
FORM 990, PART VI, SECTION A, LINE 7A	THE DIRECTORS OF THE ORGANIZATION ARE APPOINTED BY THE SOLE MEMBER, EBAY INC , AT THE ANNUAL MEETING
FORM 990, PART VI, SECTION B, LINE 11	THE ORGANIZATION'S FORM 990 WAS REVIEWED BY THE AUDIT COMMITTEE AND MADE AVAILABLE TO ALL BOARD MEMBERS PRIOR TO FILING
FORM 990, PART VI, SECTION B, LINE 12C	THE BOARD OF DIRECTORS REVIEWED SALARY COMPARABILITY DATA WHEN SETTING THE PRESIDENT'S SALARY
FORM 990, PART VI, SECTION B, LINE 15	EBAY HUMAN RESOURCES COMPENSATION DIVISION MADE SALARY RECOMMENDATIONS FOR KEY EMPLOYEES B ASED UPON COMPARABILITY DATA AND JOB FUNCTIONS WHICH WERE ACCEPTED BY THE BOARD OF DIRECTO RS
FORM 990, PART VI, SECTION C, LINE 19	THE FORM 990 WILL BE ACCESSIBLE VIA THE ORGANIZATION'S WEBSITE. ALL GOVERNING DOCUMENTS IN CLUDING THE FORM 1023 AND THE CONFLICT OF INTEREST CODE WILL BE ACCESSIBLE VIA REQUEST BY MAIL
FORM 990, PART XII, LINE 2C	THE ORGANIZATION HAS AN AUDIT COMMITTEE THAT ASSUMES RESPONSIBILITY OVER THE AUDIT THE OVERSIGHT PROCESS DID NOT CHANGE DURING THE YEAR

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493125013315

OMB No 1545-0047

2014

Open to Public Inspection

Employer identification number

SCHEDULE R (Form 990)

Name of the organization

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.

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

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

Legal domicile (state or foreign country)

Legal domicile (state or foreign country)

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)	(b)	(c)	(d)	(e)	(f)	(g)
Name, address, and EIN of related organization	Primary activity	1 ,	Exempt Code section	Public charity status		Section 512(b)
		or foreign country)		(if section 501(c)(3))	entity	(13) controlled
						entity?
						Yes No

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h))	(i)	(j)		(k)
Name, address, and EIN of	Primary activity		Direct	Predominant	Share of	Share of	Dispropi	rtionate	Code V-UBI	Genera	ıl or	Percentage
related organization	1 '	domicile	controlling	ıncome(related,	total income	end-of-year	allocati	.ions?	amount in box	manag	Jing	ownership
	1 '	(state or	entity	unrelated,		assets			20 of	partne	er?	
1	1 '	foreign	İ	excluded from					Schedule K-1	1		l
1	1 '	country)	İ	tax under					(Form 1065)	1		
1	1 '	1 1	İ	sections 512-					ļ ,	1		
1	1 '	1 1	İ	514)] '		ightharpoonup	
	<u> </u>						Yes	No		Yes	No	
1							J					

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)	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section (b)(i contro entit	n 512 13) olled
							Yes	No
• •	EBAY MARKETPLACE TO RAISE FUNDS FOR CHARITABLE ACTIVITIES	CA		С				No

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

Note. Complete line 1 if any entity is listed in Parts II. I	II. or IV of this schedule
Note. Complete line 1 if any entity is listed in Parts II, I.	II, 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)
- I 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)
- 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)
- 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
(1) EBAY INC	L	1,637,358	CASH PAYMENT FOR SERVICES
(2) EBAY INC	С	331,194	CASH CONTRIBUTION

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

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of entity	Primary activity	/ Legal	Predominant	Are all partners	Share of	Share of	Disproprtionate	e Code V-UBI	General or	Percentage
1	1	domicile	ıncome	section	total	end-of-year	allocations?	amount in	managing	ownership
1	1	(state or	(related,	501(c)(3)	ıncome	assets	1	box 20	partner?	, , , , , , , , , , , , , , , , , , ,
1	1	foreign	unrelated,	organizations?		1	1	of Schedule	1	,
1	1	country)	excluded from	1		1	1	K-1	1	·
1	1	1 "	tax under	1		1	1	(Form 1065)	1	1
1	1	1	sections 512-	1		1	1	' ' '	1	
1	1	1	514)	$\overline{}$	\neg	,		⊣ '		+
	1	1	1 ' '	Yes No		'	Yes N	No	Yes No	7
1	<u> </u>		1	$\overline{}$	+	 				_
1			<u> </u>			'				

Schedule R (Form 990) 2014

Part VII Supplemental Information

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

Return Reference Explanation

Schedule R (Form 990) 2014

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