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Form 990



Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 10-01-2014 , and ending 09-30-2015

☐ Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization  
Points of Light Foundation

% MONIQUE SAUNDERS PATRICK

Doing business as

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

600 Means Street NW Ste 210

City or town, state or province, country, and ZIP or foreign postal code  
Atlanta, GA 30318

F Name and address of principal officer  
Tracy Hoover  
600 Means St NW  
Atlanta,GA 30318

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

☐ Yes☒ No

H(b) Are all subordinates included?

☐ Yes☐ No

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

H(c) Group exemption number ▶

D Employer identification number  
65-0206641

E Telephone number  
(404) 979-2900

G Gross receipts \$ 26,388,176

I Tax-exempt status

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

J Website: ▶ www.pointsoflight.org

K Form of organization

☒ Corporation☐ Trust☐ Association☐ Other ▶

L Year of formation 1990

M State of legal domicile GA

Part I	Summary		
Activities & Governance	1	Briefly describe the organization's mission or most significant activities THE PURPOSE OF POINTS OF LIGHT IS TO INSPIRE, EQUIP, AND MOBILIZE PEOPLE TO TAKE ACTION THAT CHANGES THE WORLD	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	
	3	Number of voting members of the governing body (Part VI, line 1a) . . . . .	25
	4	Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	25
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a) . . . . .	399
	6	Total number of volunteers (estimate if necessary) . . . . .	200
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	20,382
	b	Net unrelated business taxable income from Form 990-T, line 34 . . . . .	9,627
Revenue		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h) . . . . .	16,982,493
	9	Program service revenue (Part VIII, line 2g) . . . . .	8,434,878
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .	15,189
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-101,593
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	25,330,967
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . .	5,697,107
	14	Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	12,333,916
	16a	Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	131,261
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,508,466	
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	9,016,366
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	27,178,650
	19	Revenue less expenses Subtract line 18 from line 12 . . . . .	-1,847,683
		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16) . . . . .	20,847,276
	21	Total liabilities (Part X, line 26) . . . . .	8,677,240
	22	Net assets or fund balances Subtract line 21 from line 20 . . . . .	12,170,036
			11,111,651

Part II Signature Block

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

Sign Here

Signature of officer

Monique S Patrick Chief Financial Officer

2016-08-15

Date

Paid Preparer Use Only

Print/Type preparer's name  
Michele N Melchior

Preparer's signature  
Michele N Melchior

Date

Check ☐ if self-employed

PTIN  
P00488037

Firm's name ▶ GRANT THORNTON LLP

Firm's EIN ▶

Phone no (404) 330-2000

Firm's address ▶ 1100 PEACHTREE STREET SUITE 1200

ATLANTA, GA 30309

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2014)

Part III

Statement of Program Service Accomplishments

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

☐

1

Briefly describe the organization's mission

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

2

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

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3

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

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

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

4a

(Code ) (Expenses \$ 6,990,654 including grants of \$ 2,924,978 ) (Revenue \$ 2,982,488 )

Points of Light - the world's largest organization dedicated to volunteer service - inspires, equips and mobilizes millions of people to take action that is changing the world Through affiliates in 250 cities across more than 30 countries and partnerships with thousands of nonprofits and corporations, Points of Light engages 4 million volunteers in 30 million hours of service each year This is achieved through Signature Events & Days of Service - advancing the profile of volunteer service and giving tens of thousands of individuals opportunities to serve Recognition Programs - honoring individuals and companies for being change makers Global Convenings - bringing together service leaders from around the world for learning and collaboration Skills-Based Volunteering - providing solutions for corporate partners and their employees Digital Solutions - helping nonprofits mobilize and manage volunteers more effectively Public/Private Partnerships - connecting national service organizations with the private sector to solve community problems Training Programs - offering training and development to start-ups, corporations and nonprofits looking to make a difference

4b

(Code ) (Expenses \$ 6,606,613 including grants of \$ 2,813,788 ) (Revenue \$ 5,853,940 )

POINTS OF LIGHT INCLUDES FOUR ACTION NETWORKS ENGAGING FOUR DISTINCT AUDIENCES - VOLUNTEER ACTION CENTERS AROUND THE COUNTRY AND THE WORLD, COMPANIES INTERESTED IN VOLUNTEERISM, YOUNG PEOPLE AGES 5-18 ENGAGED IN SERVICE, AND PEOPLE WHO HAVE COMPLETED TERMS AS NATIONAL SERVICE MEMBERS EACH NETWORK WORKS TO BUILD THE VOLUNTEER SERVICE MOVEMENT THE HANDSON NETWORK OF VOLUNTEER ACTION CENTERS, FOR EXAMPLE, IS A NETWORK OF 250 VOLUNTEER ACTION CENTERS IN 16 COUNTRIES THESE CENTERS HELP PEOPLE FIND AND ENGAGE IN VOLUNTEER OPPORTUNITIES IN THEIR LOCAL COMMUNITIES AND FOCUS ON INNOVATIVE APPROACHES TO LEVERAGING INDIVIDUAL AND CORPORATE TIME AND TALENT THE HANDS ON NETWORK PARTNERS WITH MORE THAN 70,000 CORPORATE, FAITH AND NONPROFIT ORGANIZATIONS AND DELIVERS 260,000 SERVICE PROJECTS

4c

(Code ) (Expenses \$ 1,526,841 including grants of \$ 574,193 ) (Revenue \$ 775,713 )

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

See Additional Data

4d

Other program services (Describe in Schedule O )

(Expenses \$ 5,037,967 including grants of \$ 82,124 ) (Revenue \$ 1,520,648 )

4e

Total program service expenses

20,162,075

Form 990 (2014)

Part IV

Checklist of Required Schedules

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

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	182	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		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.	399	
b. If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		2b	Yes
3a. Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Yes
b. If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O.</i>		3b	Yes
4a. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	No
b. If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	No
b. Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No
c. If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	
6a. Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a	No
b. If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	
7. Organizations that may receive deductible contributions under section 170(c).			
a. Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	Yes
b. If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes
c. Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	No
d. If "Yes," indicate the number of Forms 8282 filed during the year.		7d	
e. Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	No
f. Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	No
g. If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	
h. If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	
8. 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	No
9a. Did the sponsoring organization make any taxable distributions under section 4966?		9a	No
b. Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	No
10. Section 501(c)(7) organizations. Enter			
a. Initiation fees and capital contributions included on Part VIII, line 12.		10a	
b. Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		10b	
11. Section 501(c)(12) organizations. Enter			
a. Gross income from members or shareholders.		11a	
b. Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		11b	
12a. Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b. If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b	
13. Section 501(c)(29) qualified nonprofit health insurance issuers.			
a. Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		13a	
b. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		13b	
c. Enter the amount of reserves on hand.		13c	
14a. Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
b. If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O.</i>		14b	

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	25	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	25	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

Section B. Policies

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	AZ , AR , CA , CT , DC , FL , GA , HI , IL , KS , KY , ME , MD , MI , MN , MS , MO , NH , NJ , NM , NY , NC , ND , OH , OK , OR , PA , RI , SC , TN , UT , VA , WA , WV , WI
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, address, and telephone number of the person who possesses the organization's books and records	MONIQUE SAUNDERS PATRICK 600 MEANS ST STE 210 ATLANTA,GA 30318 (404) 979-2910

Part VII

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

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

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

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

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

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



Part VII

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

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

1b	Sub-Total . . . . .	▶			
c	Total from continuation sheets to Part VII, Section A . . . . .	▶			
d	Total (add lines 1b and 1c) . . . . .	▶	2,721,140	0	235,460

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization▶34

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
The August Jackson, PO Box 34709 PITTSBURGH, PA 15251	Event Mgt	569,182
Avviato, 12157 W Lineabaugh TAMPA, FL 33626	Technology	216,417
Texas Rodeo Production, 35 River Hollow Lane HOUSTON, TX 77027	Event Services	157,500
Robert David Hirsch, 5310 New London Trace ATLANTA, GA 30327	Contract Labor	125,000
Freeman Audio Visual Inc, PO Box 650519 DALLAS, TX 75265	Conference Svcs	119,205

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

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . . . . 1a				
	b	Membership dues . . . . . 1b				
	c	Fundraising events . . . . . 1c	1,471,994			
	d	Related organizations . . . . . 1d				
	e	Government grants (contributions) 1e	1,590,582			
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	10,292,706			
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f . . . . .	13,355,282			
Program Service Revenue	2a	PROGRAM SERVICE REVENUE	11,132,789	11,132,789		
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f . . . . .	11,132,789			
		Business Code				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .	108,780			108,780
	4	Income from investment of tax-exempt bond proceeds . . . . .	0			
	5	Royalties . . . . .	0			
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . .	21,429		20,382	1,047
	7a	Gross amount from sales of assets other than inventory				
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss) . . . . .	-39,928			-39,928
	8a	Gross income from fundraising events (not including \$ 1,471,994 of contributions reported on line 1c) See Part IV, line 18 . . . . .				
		a	380,625			
	b	Less direct expenses . . . . . b	826,396			
	c	Net income or (loss) from fundraising events . . . . .	-445,771			-445,771
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .				
		a				
	b	Less direct expenses . . . . . b				
	c	Net income or (loss) from gaming activities . . . . .	0			
	10a	Gross sales of inventory, less returns and allowances . . . . .				
		a				
	b	Less cost of goods sold . . . . . b				
	c	Net income or (loss) from sales of inventory . . . . .	0			
		Miscellaneous Revenue				
	11a					
	b					
	c					
	d	All other revenue . . . . .				
	e	Total. Add lines 11a-11d . . . . .	0			
	12	Total revenue. See Instructions . . . . .	24,132,581	11,132,789	20,382	-375,872

Part IX

Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	5,934,173	5,934,173		
2	Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	460,910	460,910		
4	Benefits paid to or for members.	0			
5	Compensation of current officers, directors, trustees, and key employees.	1,815,396	808,180	805,355	201,861
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7	Other salaries and wages.	8,635,603	6,534,168	1,242,209	859,226
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	244,346	185,957	29,783	28,606
9	Other employee benefits.	518,882	378,955	96,182	43,745
10	Payroll taxes.	860,569	652,286	133,236	75,047
11	Fees for services (non-employees):				
a	Management.	1,830,104	1,800,391	29,713	
b	Legal.	0			
c	Accounting.	258,956	41,336	217,620	
d	Lobbying.	0			
e	Professional fundraising services. See Part IV, line 17.	93,918			93,918
f	Investment management fees.	34,168		34,168	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	0			
12	Advertising and promotion.	600,646	565,484	8,174	26,988
13	Office expenses.	91,169	88,351	1,632	1,186
14	Information technology.	0			
15	Royalties.	0			
16	Occupancy.	620,532	500,568	83,888	36,076
17	Travel.	451,179	342,825	58,320	50,034
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19	Conferences, conventions, and meetings.	738,836	661,929	9,888	67,019
20	Interest.	73,753	73,753		
21	Payments to affiliates.	0			
22	Depreciation, depletion, and amortization.	619,581	605,758	13,823	
23	Insurance.	52,196	52,196		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	TELEPHONE	238,953	196,632	28,531	13,790
b	SUPPLIES	52,994	16,313	28,671	8,010
c	EQUIPMENT RENTAL	78,088	44,489	33,599	
d	BAD DEBT EXPENSE	173,993		173,993	
e	All other expenses	345,971	217,421	125,590	2,960
25	Total functional expenses. Add lines 1 through 24e.	24,824,916	20,162,075	3,154,375	1,508,466
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		4,782,162	1	2,720,888
	2	Savings and temporary cash investments		0	2	0
	3	Pledges and grants receivable, net		2,088,195	3	2,515,270
	4	Accounts receivable, net		0	4	0
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		96,388	9	1,046,541
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a7,836,710			
	b	Less accumulated depreciation	10b3,810,030	4,514,953	10c	4,026,680
	11	Investments—publicly traded securities		9,365,578	11	8,733,806
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)		20,847,276	16	19,043,185
Liabilities	17	Accounts payable and accrued expenses		2,886,697	17	2,165,048
	18	Grants payable		0	18	0
	19	Deferred revenue		2,284,056	19	2,373,782
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		3,506,487	23	3,392,704
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		0	25	0
	26	Total liabilities. Add lines 17 through 25		8,677,240	26	7,931,534
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		282,811	27	-3,491,940
	28	Temporarily restricted net assets		6,069,890	28	8,500,871
	29	Permanently restricted net assets		5,817,335	29	6,102,720
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		12,170,036	33	11,111,651
	34	Total liabilities and net assets/fund balances		20,847,276	34	19,043,185

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	24,132,581
2	Total expenses (must equal Part IX, column (A), line 25)	2	24,824,916
3	Revenue less expenses Subtract line 2 from line 1	3	-692,335
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,170,036
5	Net unrealized gains (losses) on investments	5	-366,050
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	11,111,651

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	No
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes
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	Yes

Additional Data

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

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code	) (Expenses \$	5,037,967	including grants of \$	82,124 ) (Revenue \$	1,520,648 )
Points of Light Foundation					

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID ALBRITTON ..... Director	5 0 ..... 0 0	X						0	0	0
(1) KEVIN ARQUIT ..... Director	5 0 ..... 0 0	X						0	0	0
(2) GARY BAGLEY ..... Director	5 0 ..... 0 0	X						0	0	0
(3) JEAN BECKER ..... Director	5 0 ..... 0 0	X						0	0	0
(4) NEIL BUSH ..... Board Chairperson	5 0 ..... 0 0	X		X				0	0	0
(5) KYLE CALDWELL ..... Director	5 0 ..... 0 0	X						0	0	0
(6) RAYMOND G CHAMBERS ..... Director	5 0 ..... 0 0	X						0	0	0
(7) JAMES COLLINS ..... Director	5 0 ..... 0 0	X						0	0	0
(8) KAREN DELANEY ..... Director	5 0 ..... 0 0	X						0	0	0
(9) DAVID EISNER ..... Director	5 0 ..... 0 0	X						0	0	0
(10) AMBASSADOR C BOYDEN GRAY ..... Director	5 0 ..... 0 0	X						0	0	0
(11) JEFFREY K HAIDET ..... Director	5 0 ..... 0 0	X						0	0	0
(12) MARIAN L HEARD ..... Director	5 0 ..... 0 0	X						0	0	0
(13) JEFF HOFFMAN ..... Director	5 0 ..... 0 0	X						0	0	0
(14) MICHAEL KAY ..... Director	5 0 ..... 0 0	X						0	0	0
(15) KATHERINE LAUDERDALE ..... Director	5 0 ..... 0 0	X						0	0	0
(16) BRADY LUM ..... Director	5 0 ..... 0 0	X						0	0	0
(17) DIANE MELLEY ..... Director	5 0 ..... 0 0	X						0	0	0
(18) BERNARD J MILANO ..... Director	5 0 ..... 0 0	X						0	0	0
(19) PAMELA NORLEY ..... Director	5 0 ..... 0 0	X						0	0	0
(20) MICHELLE NUNN ..... Director	5 0 ..... 0 0	X						0	0	0
(21) RAUL PEREA-HENZE MD ..... Director	5 0 ..... 0 0	X						0	0	0
(22) Artur Davis ..... Director	5 0 ..... 0 0	X						0	0	0
(23) Gregg Petersmeyer ..... Director	5 0 ..... 0 0	X						0	0	0
(24) ken Sternad ..... Director	5 0 ..... 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) TRACY HOOVER ..... CEO, POINTS OF LIGHT	55 0 ..... 0 0			X				309,594	0	23,350
(1) MERIDITH RENTZ ..... CHIEF OF STAFF	55 0 ..... 0 0			X				129,576	0	12,534
(2) MONIQUE PATRICK ..... CHIEF FINANCIAL OFFICER	55 0 ..... 0 0			X				192,094	0	20,125
(3) RICHARD DUBOSE ..... CHIEF DEVELOPMENT OFFICER	55 0 ..... 0 0			X				169,718	0	21,733
(4) SCOTT GELLER ..... CTO	55 0 ..... 0 0				X			234,733	0	25,820
(5) AMY SMITH ..... CHIEF STRATEGY OFFICER	55 0 ..... 0 0				X			212,254	0	28,538
(6) AYESHA KHANNA ..... PRESIDENT CIVIC INCUBATOR	55 0 ..... 0 0				X			182,851	0	7,777
(7) DELORES MORTON ..... PRESIDENT PROGRAMS	55 0 ..... 0 0				X			176,131	0	20,880
(8) STEPHANIE WEISS ..... CHIEF MARKETING OFFICER	55 0 ..... 0 0				X			168,052	0	13,830
(9) MADDEN MANION ..... CHIEF DEVELOPMENT OFFICER	55 0 ..... 0 0				X			146,083	0	6,787
(10) JACQUELINE NORRIS ..... EXEC DIR CORPORATE INSTITUTE	55 0 ..... 0 0					X		161,852	0	6,308
(11) PATRICIA TURNER ..... SR ADVISOR TO THE CEO	55 0 ..... 0 0					X		162,257	0	13,699
(12) ALISON LEBRETON ..... SVP DIGITAL	55 0 ..... 0 0					X		196,678	0	5,313
(13) KATHRYN SAULITIS ..... SVP PROGRAMS	55 0 ..... 0 0					X		129,961	0	20,880
(14) PATRICIA CHANDLER ..... SR ADVISOR TO THE CEO	55 0 ..... 0 0					X		149,306	0	7,886



SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047  
2014  
Open to Public Inspection

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

Part I

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

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

- 1

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☒

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

☐

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

☐

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

☐

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

☐

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

☐

**Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

**Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

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**Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

**Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations . . . . . \_\_\_\_\_
- g

Provide the following information about the supported organization(s)

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

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	46,985,407	18,988,714	18,481,540	16,982,493	13,355,282	114,793,436
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	46,985,407	18,988,714	18,481,540	16,982,493	13,355,282	114,793,436
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						8,834,645
6 Public support. Subtract line 5 from line 4						105,958,791

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	46,985,407	18,988,714	18,481,540	16,982,493	13,355,282	114,793,436
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	38,201	57,128	64,763	55,229	159,683	375,004
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	75,533	241,776	75,465	525,216	380,625	1,298,615
11 Total support Add lines 7 through 10						116,467,055
12 Gross receipts from related activities, etc. (see instructions)					12	41,507,380
13 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		
14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	90.978 %
15 Public support percentage for 2013 Schedule A, Part II, line 14	15	95.850 %
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		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		

Part IIIPart III

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 in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6 )						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	
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% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

Part IV Supporting Organizations

(Complete only if you checked a box on line 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
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 <b>Part VI</b> 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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3c	
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)? 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 <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c <b>Substitutions only.</b> 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 <b>Part VI</b> .	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 <b>Part VI</b> .	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? If "Yes," provide detail in <b>Part VI</b> .	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 <b>Part VI</b> .	9c	
10a 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	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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	

Part IV

Supporting Organizations (continued)

Section 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 <b>Part VI</b> 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.		
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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		

Section 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section 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?		
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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
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 <b>Part VI</b> the role the organization's supported organizations played in this regard.		

Section 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 instructions)			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 <u>Activities Test</u> <b>Answer (a) and (b) below.</b>			
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 <b>Part VI identify those supported organizations and explain</b> 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.			
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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 <u>Parent of Supported Organizations</u> <b>Answer (a) and (b) below.</b>			
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.			
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

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 Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (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	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
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 required--see 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 Applied 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. . . . .			
e From 2014. . . . .			

**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 D  
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

► 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.

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

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		1
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		25,000
4 Aggregate value at end of year		19,624
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Part II

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)  
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► \_\_\_\_\_

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

Part III

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

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

(i) Revenue included in Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X

► \$ \_\_\_\_\_

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

a Revenue included in Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

b Assets included in Form 990, Part X

► \$ \_\_\_\_\_

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

- 3

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

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

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

☐ Yes

☐ No

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

- 1a

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

☐ Yes

☒ No
- b

If "Yes," explain the arrangement in Part XIII and complete the following table
- |    |        |
|----|--------|
|    | Amount |
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- 2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☒ No
- b

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

☐

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance . . . . .	5,409,356	5,483,365	5,501,686	4,763,822	4,001,407
b Contributions . . . . .	310,385	0	0	750,000	750,000
c Net investment earnings, gains, and losses	-147,882	-49,009	6,679	12,864	12,415
d Grants or scholarships . . . . .	25,000	25,000	25,000	25,000	
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .	5,546,859	5,409,356	5,483,365	5,501,686	4,763,822

- 2

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

Board designated or quasi-endowment

☒
- b

Permanent endowment

☒ 100 000 %
- c

Temporarily restricted endowment

☒

The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations . . . . .

3a(i)

☐ Yes

☐ No

(ii) related organizations . . . . .

3a(ii)

☐ Yes

☐ No
- b

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

☒

3b

☐ Yes

☐ No
- 4

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

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		973,107		973,107
b Buildings . . . . .		3,067,259	490,762	2,576,497
c Leasehold improvements . . . . .		1,032,659	972,764	59,895
d Equipment . . . . .		82,799	82,799	
e Other . . . . .		2,680,886	2,263,705	417,181
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				4,026,680



Part XI

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

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	25,138,925
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments . . . . .	2a	-366,050
b	Donated services and use of facilities . . . . .	2b	516,524
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIII ) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	150,474
3	Subtract line 2e from line 1 . . . . .	3	24,988,451
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIII ) . . . . .	4b	-855,870
c	Add lines 4a and 4b . . . . .	4c	-855,870
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 ) . . . . .	5	24,132,581

Part XII

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

1	Total expenses and losses per audited financial statements . . . . .	1	26,197,310
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	516,524
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIII ) . . . . .	2d	855,870
e	Add lines 2a through 2d . . . . .	2e	1,372,394
3	Subtract line 2e from line 1 . . . . .	3	24,824,916
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIII ) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . .	5	24,824,916

Part XIII

Supplemental Information

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

Return Reference	Explanation
Intended Uses of Endowment Funds	Schedule D, Part V, Line 4 THE ORGANIZATION'S ENDOWMENT FUNDS ARE USED FOR GENERAL SUPPORT OF THE ORGANIZATION. IN ADDITION, INTEREST EARNED ON \$750,000 ENDOWMENT IS USED FOR MAJOR MAINTENANCE ON THE BUILDING.
Liability for Uncertain Tax Position (ASC 740)	Schedule D, Part X, Line 2 Points of Light has received a determination letter from the Internal Revenue Service (the IRS) stating that it qualifies for exemption from federal income taxes as a nonprofit organization under Section 501(c)(3) of the Internal Revenue Code (the IRC). In addition, the IRS has determined that Points of Light is not a private foundation under Section 509(a) of the IRC. Points of Light evaluates its uncertain tax positions using the provisions of FASB ASC Topic 740 Income Taxes. Points of Light follows the criterion that an individual tax position has to meet some or all of the benefits of that position to be recognized in Points of Light's financial statements. Tax years open to examination by tax authorities under the statute of limitations include fiscal 2012 through 2015. Points of Light has a policy to record interest and penalties (if any) related to income tax matters in income tax expense. Points of Light has applied the more likely than not criterion to all the tax positions for which the statute of limitations remain open and has determined that the tax positions satisfy such criterion and that no provision for income taxes is required for the years ended September 30, 2015 or 2014.
RECONCILIATION OF Revenue PER AUDITED FINANCIAL STATEMENTS	SCHEDULE D, PART XI, LINE 4b FUNDRAISING EVENT EXPENSES INCLUDED IN REVENUE ON 990 - \$(826,396), Rental Expenses included in Revenue on 990 - \$(29,474)
RECONCILIATION OF EXPENSES PER AUDITED FINANCIAL STATEMENTS	SCHEDULE D, PART XII, LINE 2D FUNDRAISING EVENT EXPENSES INCLUDED IN REVENUE ON 990 - \$826,396, Rental Expenses included in Revenue on 990 - \$29,474
LAND, BUILDINGS, AND EQUIPMENT - OTHER	SCHEDULE D, PART VI, LINE 1E DESCRIPTION OF OTHER PROPERTY - COMPUTER AND SOFTWARE

[illegible]

SCHEDULE F  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.  
► Attach to Form 990.  
► Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization  
Points of Light Foundation

Employer identification number  
65-0206641

Part I

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
( 1) See Add'l Data					
( 2)					
( 3)					
( 4)					
( 5)					
3a Sub-total	1	1			566,910
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	1	1			566,910

Part II

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

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

2

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

13

3

Enter total number of other organizations or entities . . . . . ▶

Part III

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

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



**Part IV Foreign Forms**

- 1

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

☐ Yes

☒ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)*

☐ Yes

☒ No
- 3

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

☐ Yes

☒ No
- 4

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

☐ Yes

☒ No
- 5

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

☐ Yes

☒ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)*

☐ Yes

☒ No

**Part V**

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

990 Schedule F, Supplemental Information

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

Additional Data

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
East Asia and the Pacific			Grantmaking		237,280
Europe (Including Iceland and Greenland)			Grantmaking		133,405
North America			Grantmaking		40,925

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
South Asia			Grantmaking		36,300
Sub-Saharan Africa			Grantmaking		13,000
East Asia and the Pacific	1	1	Program Services	Volunteer coordination	106,000

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	VOLUNTEER Support	49,350	WIRED			
		Europe (Including Iceland and Greenland)	VOLUNTEER Support	13,500	WIRED			
		Sub-Saharan Africa	VOLUNTEER Support	13,000	WIRED			
		Europe (Including Iceland and Greenland)	VOLUNTEER Support	9,450	WIRED			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South Asia	VOLUNTEER Support	36,300	WIRED			
		East Asia and the Pacific	VOLUNTEER Support	11,705	WIRED			
		East Asia and the Pacific	VOLUNTEER Support	27,425	WIRED			
		East Asia and the Pacific	VOLUNTEER Support	131,400	WIRED			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		East Asia and the Pacific	VOLUNTEER Support	31,200	WIRED			
		Europe (Including Iceland and Greenland)	VOLUNTEER Support	37,105	WIRED			
		East Asia and the Pacific	VOLUNTEER Support	35,550	WIRED			
		Europe (Including Iceland and Greenland)	VOLUNTEER Support	24,000	WIRED			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	VOLUNTEER Support	40,925	WIRED			



SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization  
Points of Light Foundation

Employer identification number  
  
65-0206641

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1

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

a

☒ Mail solicitations

b

☒ Internet and email solicitations

c

☒ Phone solicitations

d

☒ In-person solicitations

e

☒ Solicitation of non-government grants

f

☒ Solicitation of government grants

g

☒ Special fundraising events

2a

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

☒ Yes ☐ No

b

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 Camilla Paige Moody 121 Scuffleboro Road  Eatonton, GA 31024	Fundraiser		No	1,250,000	61,125	1,250,000
2 Susan Peake 2727 Rever 1063  Houston, TX 77098	Fundraiser		No	272,000	32,000	272,000
3 The Webster Group 5185 MacArthur Blvd NW Suite 250  Washington, DC 20016	Fundraiser		No	272,000	7,222	272,000
4						
5						
6						
7						
8						
9						
10						
Total . . . . . ▶				1,794,000	100,347	1,794,000

3

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

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

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

Revenue			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
			<u>GenOn Block Pty</u>	<u>Houston Tribute</u>	<u>3</u>	(add col (a) through	
			(event type)	(event type)	(total number)	col (c))	
1	Gross receipts	. . .	330,119	1,250,000	272,500	1,852,619	
2	Less Contributions	. .	330,119	937,500	204,375	1,471,994	
3	Gross income (line 1 minus line 2)	. . .		312,500	68,125	380,625	
Direct Expenses	4	Cash prizes	. . .				
	5	Noncash prizes	. .	960		960	
	6	Rent/facility costs	. .	27,190	36,573	22,204	85,967
	7	Food and beverages	.	26,746		22,322	49,068
	8	Entertainment	. . .	8,543			8,543
	9	Other direct expenses	.	218,503	291,916	171,439	681,858
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶					(826,396)
	11	Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶					-445,771

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

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

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

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

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

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

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

11

Does the organization conduct gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activities conducted in

a	The organization's facility	13a	%
b	An outside facility	13b	%

14

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

Name  \_\_\_\_\_



Address  \_\_\_\_\_

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

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


c


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

Name  \_\_\_\_\_

Address  \_\_\_\_\_

16 Gaming manager information

Name  \_\_\_\_\_

Gaming manager compensation  \$ \_\_\_\_\_

Description of services provided  \_\_\_\_\_

☐ Director/officer                      ☐ Employee                      ☐ Independent contractor

17


Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

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

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

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

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Points of Light Foundation

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

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

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

OMB No 1545-0047

2014

Open to Public  
Inspection

Employer identification number

65-0206641

Part I General Information on Grants and Assistance

1

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

☒ Yes ☐ No

2

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

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

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

2

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

107

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)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

**Part IV**

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

Return Reference	Explanation
PROCEDURE FOR MONITORING USE OF GRANT FUNDS INSIDE U S	SCHEDULE I, PART I, LINE 2 We have agreements with all organizations to which we provide grants We request W-9 and 501c3 documentation as well as establish clear deliverables We also reiew to ensure funds are expended appropriately And used towards charitable purposes

Additional Data

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

Form 990,Schedule I, Part II, Grants and Other Assistance to 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) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
United Way of Greater PortlandPO Box 15200 Portland,ME 041125200	01-0241767	501(C)(3)	13,725				Volunteer Support
Boston Private Industry Council2 Oliver Street 3rd floor Boston,MA 02109	04-2676661	501(C)(3)	10,625				Volunteer Support
Boston Cares190 High Street Boston,MA 02110	04-3173682	501(C)(3)	177,670				Volunteer Support

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Kids Food Basket1239 Three Mile Rd NE Grand Rapids, MI 49505	04-3760991	501(C)(3)	10,000				Volunteer Support
WRLcom LLC Jason S Wolfe 495 Mansfield Avenue Pittsburgh,PA 15205	04-8685562	501(C)(3)	75,322				Volunteer Support
Serve Rhode Island655 Broad St Ste 202 Providence,RI 02909	05-0479705	501(C)(3)	8,500				Volunteer Support

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Connecticut Association for Human Services Inc110 Bartholomew Ave Ste 4030 Hartford,CT 06106	06-0653158	501(C)(3)	11,000				Volunteer Support
Hands on Hartford330 Main St 3rd fl Hartford,CT 06106	06-0861268	501(C)(3)	5,969				Volunteer Support
Asian Americans for Equality Inc108 Norfolk Street New York,NY 10002	13-3187792	501(C)(3)	5,500				Volunteer Support



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New York Cares846 South Clinton Ave Rochester, NY 14820	13-3444193	501(C)(3)	30,800				Volunteer Support
Covenant House Washington DC2001 Mississippi Ave SE Washington, DC 20020	13-3537709	501(C)(3)	8,625				Volunteer Support
The Door - A Center of Alternatives Inc121 Ave of the Americas New York, NY 10013	13-6127348	501(C)(3)	28,224				Volunteer Support

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Hands On Northeast OhioPO Box 91183 Cleveland,OH 441019713	14-1993984	501(C)(3)	31,190				Volunteer Support
Rochester CaresPO Box 10058 Rochester, NY 14610	16-1015782	501(C)(3)	6,000				Volunteer Support
Stop Hunger Now IncAttn Teresa Yacono Folcroft,PA 19032	16-1541024	501(C)(3)	20,500				Volunteer Support

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Friends of Military Families Incc/o UPS Store 3108 N Boundary Blvd Tampa,FL 33621	20-1926421	501(C)(3)	6,500				Volunteer Support
Simon's Fund706 Tatum Lane Plymouth Meeting, PA 19462	20-2771448	501(C)(3)	35,000				Volunteer Support
Activate Good IncPO Box 10683 Raleigh,NC 27605	20-3057526	501(C)(3)	41,465				Volunteer Support

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Courage Worldwide Inc4855 Waterbury Way Granite Bay, CA 95746	20-3126288	501(C)(3)	10,000				Volunteer Support
Project Compassion NFP223 Merriweather Lane Fairview Heights,IL 62208	20-3602290	501(C)(3)	10,000				Volunteer Support
Hands on Greater Richmond 7501 Boulders View DrSte 110 Richmond,VA 23225	20-8227522	501(C)(3)	73,093				Volunteer Support

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Leader's Institute6703 Coronation Ct Arlington, TX 76017	20-8352369	501(C)(3)	27,750				Volunteer Support
Wreaths Across AmericaPO Box 249 Columbia Falls, ME 04623	20-8362270	501(C)(3)	6,050				Volunteer Support
Jersey Cares494 Broad Street Newark, NJ 07102	22-3294530	501(C)(3)	181,144				Volunteer Support

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United Way of Greater Philadelphia and Southern Ne 1709 Benjamin Franklin Pkwy Philadelphia, PA 19103	23-1556045	501(C)(3)	10,470				Volunteer Support
Clarifi1608 Walnut St Tenth fl Philadelphia, PA 19103	23-1671903	501(C)(3)	11,250				Volunteer Support
Global Citizen1709 Benjamin Franklin Pkwy Philadelphia, PA 19103	23-7046393	501(C)(3)	28,500				Volunteer Support

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Sacred Heart Community Service1381 S First Street San Jose, CA 95110	23-7179787	501(C)(3)	11,000				Volunteer Support
Accounting Aid Society7700 Second Ave Ste 314 Detroit, MI 48202	23-7310753	501(C)(3)	11,000				Volunteer Support
Resource Genesee605 N Saginaw St Ste 2A Flint, MI 485022031	23-7355855	501(C)(3)	15,000				Volunteer Support

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Volunteer Fairfax10530 PAGE AVENUE Fairfax,VA 22030	23-7370759	501(C)(3)	120,897				Volunteer Support
Volunteer Houston3015 Richmond Avenue Houston,TX 77098	23-7382611	501(C)(3)	67,998				Volunteer Support
HELPLINE CENTER INC 1000 N West Ave Ste 310 Sioux Falls,SD 57104	23-7424387	501(C)(3)	6,180				Volunteer Support



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Pittsburgh Cares535 SmithField Street Pittsburgh, PA 15222	25-1702048	501(C)(3)	14,700				Volunteer Support
Be The Change Inc1012 14th St NW Ste 915 Washington, DC 20005	26-0402451	501(C)(3)	25,000				Volunteer Support
Hands On Northwest North Carolina690 Coliseum Drive WinstonSalem, NC 27106	26-0824793	501(C)(3)	7,040				Volunteer Support

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ImpactAssets Inc7315 Wisconsin Ave Ste 1100W Bethesda, MD 20814	26-2048480	501(C)(3)	100,000				Volunteer Support
Hands on New Orleans1050 S Jefferson Davis Pkwy New Orleans, LA 70125	26-2281213	501(C)(3)	11,595				Volunteer Support
Clean the World Foundation IncPO Box 533838 Orlando, FL 328533838	26-4212487	501(C)(3)	8,500				Volunteer Support

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DC Diaper Bank315 12th St NE 100 Washington, DC 20002	27-4276547	501(C)(3)	10,000				Volunteer Support
Off the Streets Program Inc PO Box 550547 Gastonia, NC 28055	30-0247482	501(C)(3)	10,000				Volunteer Support
Hands on Twin Cities2021 E Hennepin Ave Minneapolis, MN 55413	31-1084722	501(C)(3)	41,988				Volunteer Support

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Community Foundationof Louisville Depository Inc 3125 Allentown Road Sellersburg,IN 47172	31-1140889	501(C)(3)	10,000				Volunteer Support
Hands on Suburban Chicago 2121 S Goebbert Rd Arlington Heights,IL 60005	36-2692866	501(C)(3)	65,599				Volunteer Support
Casa Central Social Services Corporation1343 N California Chicago,IL 60622	36-2728618	501(C)(3)	27,122				Volunteer Support

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Chicago Cares2 N Riverside Plaza Ste 2200 Chicago,IL 60606	36-3777709	501(C)(3)	91,853				Volunteer Support
Volunteer Center RSVP3401 Lake Ave Ste 4 Fort Wayne,IN 46805	36-4559850	501(C)(3)	14,809				Volunteer Support
Heart of West Michigan United way118 Commerce Ave SW Grand Rapids, MI 495034106	38-1360923	501(C)(3)	11,238				Volunteer Support

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Volunteer Kalamazoo3901 Emerald Dr Ste A Kalamazoo, MI 49001	38-2026621	501(C)(3)	13,014				Volunteer Support
Volunteer Center of Greater Milwaukee2819 W Highland Blvd Milwaukee, WI 532083217	39-1258203	501(C)(3)	7,268				Volunteer Support
United Way of Greater St Louis910 N 11th St St Louis, MO 63101	43-0714167	501(C)(3)	28,301				Volunteer Support

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Youth Vol Corps of America 1025 Jefferson Street Kansas City, MO 64105	43-1597582	501(C)(3)	25,000				Volunteer Support
United Way of the Ozarks320 N Jefferson Springfield, MO 65806	44-0552047	501(C)(3)	5,300				Volunteer Support
Max's Love Project Inc199 E City Place Dr Santa Ana, CA 92705	45-3792057	501(C)(3)	10,000				Volunteer Support

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Operation Renewed Hope Foundation6315 Maryview Street Alexandria,VA 22310	45-3848293	501(C)(3)	10,000				Volunteer Support
Hands on Miami6600 W Commercial Blvd Lauderhill,FL 33319	46-2774277	501(C)(3)	5,575				Volunteer Support
Serve Smart LLC6271 NE Radford Dr Apt 2911 Seattle,WA 981158707	46-3539332	501(C)(3)	7,750				Volunteer Support



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Cloud For Cancer Foundation Corp719 Honeyflower Loop Bradenton, FL 34212	47-2221216	501(C)(3)	10,000				Volunteer Support
Volunteer Knoxville1301 Hannah Ave Knoxville, TN 37921	47-3336316	501(C)(3)	19,029				Volunteer Support
Volunteer Knoxville1301 Hannah Ave Knoxville, TN 37921	47-3336316	501(C)(3)	17,000				Volunteer Support

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Volunteer Center Of the United Way of Wyandotte Co 434 Minnesota Ave Kansas City, KS 661012914	48-0636601	501(C)(3)	8,997				Volunteer Support
Public Allies Inc735 N Water St Ste 550 Milwaukee, WI 53202	52-1759564	501(C)(3)	58,841				Volunteer Support
Job Opportunities Task Force 217 E Redwood St Ste 1500 Baltimore, MD 21202	52-2278450	501(C)(3)	11,000				Volunteer Support

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Phi Beta Sigma Fraternity Inc 145 Kennedy St NW Washington, DC 200115294	52-2289236	501(C)(3)	13,500				Volunteer Support
Treasury DirectPO Box 426 Parkersburg, WV 261067015	53-0197074	501(C)(3)	10,000				Volunteer Support
Council of Community ServicesPO Box 598 Roanoke, VA 24004	54-0718859	501(C)(3)	13,199				Volunteer Support

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VOLUNTEER Hampton Roads 400 W Olney Rd Ste B Norfolk,VA 235071864	54-1072533	501(C)(3)	5,020				Volunteer Support
HandsOn Asheville50 S French Broad Ave Asheville,NC 288013271	56-0576157	501(C)(3)	11,125				Volunteer Support
The Vol Ctr Of Greensboro Inc1500 YANCEYVILLE ST Greensboro,NC 27405	56-1134052	501(C)(3)	10,000				Volunteer Support

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Carolina Youth Development Center5055 Lackawanna Blvd North Charleston, SC 29405	57-0669877	501(C)(3)	8,456				Volunteer Support
One-Eighty PlacePO Box 20038 Charleston, SC 29413	57-0789483	501(C)(3)	5,097				Volunteer Support
Hands On Greenville105 Edinburgh Court Greenville, SC 29607	57-0996034	501(C)(3)	15,087				Volunteer Support

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United Way of Metropolitan Atlanta 211 Volunteer100 Edgewood Ave NE Atlanta, GA 303033026	58-0566194	501(C)(3)	21,000				Volunteer Support
Hands on Atlanta600 Means St Ste 110 Atlanta, GA 30318	58-1861026	501(C)(3)	39,986				Volunteer Support
Hands On Charlotte1616 Central Ave Ste 200 Charlotte,NC 28205	58-1965120	501(C)(3)	147,868				Volunteer Support

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Hands On Palm Beach CountyUnited Way of Palm Beac2600 Quantum Blvd Boynton Beach, FL 33426	59-0683258	501(C)(3)	8,675				Volunteer Support
HandsOn Jacksonville6817 Southpoint Pkwy Jacksonville,FL 32216	59-1466484	501(C)(3)	81,421				Volunteer Support
Handson Broward6600 West Commercial Blvd Lauderhill,FL 33319	59-1506570	501(C)(3)	51,040				Volunteer Support

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Hands On Orlando1850 Le Rd Ste 218 Winter Park,FL 32789	59-3660188	501(C)(3)	6,375				Volunteer Support
United Way Suncoast5201 West Kennedy Blvd Ste 600 Tampa,FL 33609	59-3725701	501(C)(3)	33,171				Volunteer Support
Metro United Way's Volunteer Connection334 E Broadway Louisville,KY 402021739	61-0444680	501(C)(3)	35,379				Volunteer Support



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Volunteer Mid-South3181 Poplar Ave Suite 325 Memphis, TN 38111	62-0983110	501(C)(3)	5,188				Volunteer Support
HANDS ON NASHVILLE209 10TH AVE S Ste 318 Nashville, TN 372030740	62-1461078	501(C)(3)	188,228				Volunteer Support
Hands On Birmingham601 North 19th St Birmingham, AL 35203	63-1207098	501(C)(3)	23,710				Volunteer Support

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Greater Miami Service Corps 810 NW 28th Street Miami, FL 33127	65-0221820	501(C)(3)	22,625				Volunteer Support
Cape Fear Volunteer Center 3534 South College Rd Wilmington, NC 28412	65-1251970	501(C)(3)	19,986				Volunteer Support
United Way of Central Oklahoma 1444 NW 28th Street Oklahoma City, OK 73106	73-0589829	501(C)(3)	5,300				Volunteer Support

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Girl Scouts - Western Oklahoma6100 N Robinson Ave Oklahoma City, OK 73118	73-0677849	501(C)(3)	11,175				Volunteer Support
Hands on Central Texas2000 E MLK Jr Blvd Austin, TX 78702	74-1193439	501(C)(3)	13,299				Volunteer Support
United Way of San Antonio & Bexar County700 S Alamo PO Box 898 San Antonio, TX 78293	74-1272381	501(C)(3)	8,170				Volunteer Support

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Salt Lake Education Foundation440 E 100 S Salt Lake City, UT 841111802	74-2563849	501(C)(3)	6,500				Volunteer Support
Dallas Bethlehem Center Inc 4410 Leland Ave Dallas,TX 75215	75-0800667	501(C)(3)	8,389				Volunteer Support
Volunteer Center of North Texas2800 Live Oak Street Dallas,TX 75204	75-1364145	501(C)(3)	106,899				Volunteer Support

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CitySquare511 N Akard St Ste 302 Dallas,TX 752016615	75-2332948	501(C)(3)	27,750				Volunteer Support
First Aid Concepts LLC6707 NE 117th Ave Ste B101 Vancouver,WA 98662	75-3125794	501(C)(3)	25,748				Volunteer Support
Hands on Bay Area135 Bluxome St 2nd fl San Francisco,CA 94107	77-0195144	501(C)(3)	49,604				Volunteer Support

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Habitat for Humanity Stanislaus County630 Kearney Ave Modesto, CA 953505714	77-0233512	501(C)(3)	5,400				Volunteer Support
Innovative Changes2010 Lloyd Center Portland,OR 97232	80-0516996	501(C)(3)	26,500				Volunteer Support
Metro Volunteers1355 S Colorado Blvd Ste C-601 DENVER,CO 80222	84-0782124	501(C)(3)	96,453				Volunteer Support

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Hands on Greater Phoenix 5151 N 19th Avenue Phoenix,AZ 85015	86-0735514	501(C)(3)	56,892				Volunteer Support
United Way of Southern Nevada PO Box 30910 Las Vegas,NV 89173	88-0071328	501(C)(3)	12,822				Volunteer Support
Boys & Girls Clubs of King County 603 Stewart St 300 Seattle,WA 98101	91-0532600	501(C)(3)	5,469				Volunteer 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) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Seattle Works1625 19th Ave Seattle, WA 98122	91-4496844	501(C)(3)	24,770				Volunteer Support
Hands on SacramentoVolunteer Center 2020 Hurley Way Ste 420 Sacramento, CA 958253214	94-1201196	501(C)(3)	6,325				Volunteer Support
Volunteer Centers of Santa Cruz County1740 17th Ave Santa Cruz, CA 95062	94-1702678	501(C)(3)	15,000				Volunteer 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) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Volunteer Center Orange County1901 E 4th St Ste 100 Santa Ana,CA 927053918	95-2021700	501(C)(3)	9,286				Volunteer Support
LA Works570 West Ave 26 Ste 400 Los Angeles,CA 90065	95-4329727	501(C)(3)	118,026				VOLUNTEER Support

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

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

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

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization  
Points of Light Foundation

Employer identification number  
  
65-0206641

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</div></div>	1b	
<div><div>2</div><div>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?</div></div>	2	
<div><div>3</div><div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div>		
<div><div>4</div><div>During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</div></div>		
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>	4a	No
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	4b	No
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</div>	4c	No
<div><div></div><div>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</div></div>		
<div><div>5</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</div></div>		
<div><div>a</div><div>The organization?</div></div>	5a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III.</div>	5b	No
<div><div>6</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</div></div>		
<div><div>a</div><div>The organization?</div></div>	6a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III.</div>	6b	No
<div><div>7</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</div></div>	7	No
<div><div>8</div><div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</div></div>	8	No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div></div>	9	

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

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

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

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

**Part III**   **Supplemental Information**

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

Return Reference	Explanation
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## Additional Data

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
TRACY HOOVER, CEO, POINTS OF LIGHT	(i) 309,474 (ii) 0	0 0	120 0	8,225 0	15,125 0	332,944 0	0 0
SCOTT GELLER, CTO	(i) 234,613 (ii) 0	0 0	120 0	4,940 0	20,880 0	260,553 0	0 0
MONIQUE PATRICK, CHIEF FINANCIAL OFFICER	(i) 191,974 (ii) 0	0 0	120 0	5,000 0	15,125 0	212,219 0	0 0
RICHARD DUBOSE, CHIEF DEVELOPMENT OFFICER	(i) 169,608 (ii) 0	0 0	110 0	2,400 0	19,333 0	191,451 0	0 0
AMY SMITH, CHIEF STRATEGY OFFICER	(i) 212,134 (ii) 0	0 0	120 0	7,777 0	20,761 0	240,792 0	0 0
AYESHA KHANNA, PRESIDENT CIVIC INCUBATOR	(i) 182,731 (ii) 0	0 0	120 0	6,400 0	1,377 0	190,628 0	0 0
DELORES MORTON, PRESIDENT PROGRAMS	(i) 176,070 (ii) 0	0 0	61 0	0 0	20,880 0	197,011 0	0 0
JACQUELINE NORRIS, EXEC DIR CORPORATE INSTITUTE	(i) 161,752 (ii) 0	0 0	100 0	5,250 0	1,058 0	168,160 0	0 0
STEPHANIE WEISS, CHIEF MARKETING OFFICER	(i) 167,932 (ii) 0	0 0	120 0	5,944 0	7,886 0	181,882 0	0 0
PATRICIA TURNER, SR ADVISOR TO THE CEO	(i) 162,211 (ii) 0	0 0	46 0	5,813 0	7,886 0	175,956 0	0 0
ALISON LEBRETON, SVP DIGITAL	(i) 196,558 (ii) 0	0 0	120 0	4,275 0	1,038 0	201,991 0	0 0
MADDEN MANION, CHIEF DEVELOPMENT OFFICER	(i) 146,041 (ii) 0	0 0	42 0	5,147 0	1,640 0	152,870 0	0 0
KATHRYN SAULITIS, SVP PROGRAMS	(i) 129,961 (ii) 0	0 0	0 0	0 0	20,880 0	150,841 0	0 0
PATRICIA CHANDLER, SR ADVISOR TO THE CEO	(i) 149,203 (ii) 0	0 0	103 0	0 0	7,886 0	157,192 0	0 0

SCHEDULE O  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on  
Form 990 or 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](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public  
Inspection

Name of the organization Points of Light Foundation	Employer identification number  65-0206641
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990 Schedule O, Supplemental Information

Return Reference	Explanation
POWERS OF EXECUTIVE COMMITTEE	
FORM 990 REVIEW PROCESS	FORM 990, PART VI, LINE 11B THE FORM IS PREPARED BY A MAJOR ACCOUNTING FIRM IN CONJUNCTION WITH MANAGEMENT THE AUDIT COMMITTEE HOLDS AN ANNUAL MEETING TO REVIEW ALL POINTS OF LIGHT BOARD MEMBERS ARE SENT A COPY OF THE FORM 990 AND INVITED TO THE MEETING TO REVIEW THE RETURN PRIOR TO FILING
CONFLICT OF INTEREST POLICY MONITORING & ENFORCEMENT	FORM 990, PART VI, LINE 12C THE STAFF AND BOARD SIGN CONFLICT OF INTEREST STATEMENTS ON AN ANNUAL BASIS THESE STATEMENTS ARE REVIEWED BY THE GOVERNANCE COMMITTEE, AND ANY ISSUES ARE ADDRESSED ON A CASE-BY-CASE BASIS
PROCESS FOR DETERMINING COMPENSATION	FORM 990, PART VI, LINE 15A THE HUMAN RESOURCES COMMITTEE OF THE BOARD IS RESPONSIBLE FOR THE CEO'S COMPENSATION THE HR COMMITTEE'S RESPONSIBILITIES INCLUDE REVIEWING AND APPROVING SALARIES FOR OFFICERS AND/OR KEY EMPLOYEES THE COMMITTEE'S REVIEW PROCESS INCLUDES A COMPARISON OF SALARIES TO OTHER SIMILAR NON-PROFIT ORGANIZATIONS POINTS OF LIGHT FOUNDATION CONTRACTED WITH A FIRM TO CONDUCT A COMPENSATION STUDY IN 2011
PROCESS FOR DETERMINING COMPENSATION	FORM 990, PART VI, LINE 15B THE HR COMMITTEE OF THE BOARD RESPONSIBILITIES INCLUDE REVIEWING AND APPROVING SALARIES FOR OFFICERS AND/OR KEY EMPLOYEES THE COMMITTEE'S REVIEW PROCESS INCLUDES A COMPARISON OF SALARIES TO THOSE OF OTHER SIMILAR NON-PROFIT THE COMMITTEE ENGAGED EXTERNAL COMPENSATION CONSULTANTS FOR A COMPENSATION REVIEW IN 2011
HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC	FORM 990, PART VI, LINE 19 THE FOUNDATION MAKES GOVERNING DOCUMENTS, FORM 990'S, CONFLICT OF INTEREST POLICIES, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization  
Points of Light Foundation

Employer identification number  
65-0206641

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) POLI Events Inc 600 Means Street Ste 210  Atlanta, GA 30318	Inactive	GA	501(c)(3)		NA		No

Part III

Identification of Related Organizations Taxable as a Partnership

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

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

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

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



Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

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

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

Schedule R (Form 990) 2014

**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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII

Supplemental Information

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

Return Reference	Explanation
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