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DLN: 93493351009216

OMB No 1545-0047

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

Return of Organization Exempt From Income Tax

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

▶ Information about Form 990 and its instructions is at <u>www IRS gov/foim990</u>

Open to Public Inspection

			C Name of organization	ing 01-01-2015 , and ending 12-31-20)15	D Emm	Javan id	lantification number
_		applicable change	UNIVERSALGIVING				-	lentification number
_	ame ch	-				73-	16624	80
_	ntial re	=	Doing business as					
F			Number and street (or P.O. box if	mail is not delivered to street address) Room/s	suite	E Teler	ohone nu	ımber
_	/termir nended	nated d return	901 MISSION STREET NO 205	main is that delivered to succe dadress, Room, s	Juice	(41	5)296	-9193
<u> </u>		on pending		untry, and ZIP or foreign postal code		,		
		, ,	SAN FRANCISCO, CA 94103			G Gros	s receipt	s \$ 1,752,199
			F Name and address of princ	ıpal officer	Н	(a) Is this a grou	up retu	rn for
			PAMELA HAWLEY 901 MISSION STREET NO 2	205		subordinates	•	┌ Yes 🗸
			SAN FRANCISCO, CA 9410		╛	No (b) Are all subor	dinator	-
I Ta	x-exer	mpt status	√ 501(c)(3)	(insert no) 4947(a)(1) or 527	"	included?	umates	Yes No
1 W	oheit	a: > \\/\/	VW UNIVERSALGIVING ORG		-	If "No," atta	ch a lıs	t (see instructions)
	CDSIC	C. P ***	VW ONIVERSALOIVING ORG			(c) Group exem		
K Fon	m of or	rganızatıor	n ✓ Corporation Trust Assoc	ciation Other >	'	L Year of formation	2003	M State of legal domicile Ca
Da	rt I	Sum	ımary					
- (scribe the organization's mission	on or most significant activities				
			_	GIVING AND VOLUNTEER OPPORT	UNIT	IES WORLDWID	E	
Ce	-							
Governance	-							
/en	2	Check th	his box ▶ ☐ if the organization (discontinued its operations or disposed	d of m	ore than 25% of	ıts net	assets
<u> </u>			ı	·				
	3	Number	of voting members of the gover	ning body (Part VI, line 1a)			3	11
<u>8</u>	4	Number	of independent voting members	of the governing body (Part VI, line 1b) .		4	10
Activities &	5	Total nu	5	6				
ACI	6	Total nu	mber of volunteers (estimate if		6	60		
			related business revenue from F		7a	0		
	b N	let unrel	ated business taxable income fi	rom Form 990-T, line 34	•		7b	
						Prior Year		Current Year
Qı	8			line 1h)	· -	934	4,143	1,749,055
Ravenue	9	_	am service revenue (Part VIII,	• -		583		
Ϋ́ς	10		tment income (Part VIII, colum			3,017		
_	11		r revenue (Part VIII, column (A	<u> </u>		127		
	12	12)	revenue—add illies o tillough 1	1 (must equal Part VIII, column (A), li		93	4,726	1,752,199
	13	Grant	s and similar amounts paid (Pai	rt IX, column (A), lines 1-3)	.		0	(
	14	Benef	fits paid to or for members (Part	IX, column (A), line 4)	. [0	(
(0	15			yee benefits (Part IX, column (A), lines		231	0,705	433,742
Expenses	l.,	5-10	•		-		.	
p eg	16a		,	X, column (A), line 11e)	. ⊢		0	(
ă	b		undraising expenses (Part IX, column (-			160.256
	17			, lines 11a-11d, 11f-24e)	_ 		9,920	160,350
	18 19			ust equal Part IX, column (A), line 25) e 18 from line 12			4,101	594,092 1,158,107
× 6	13	VC161	nac iess expenses subtract IIII					
Net Assets or Fund Balances					В	eginning of Curren	it Year	End of Year
Bak	20	Total	assets (Part X, line 16)			1,12	8,835	2,363,531
# <u>₽</u>	21	Total	liabilities (Part X, line 26) .		· <u>L</u>	14	3,261	219,738
	22	_	ssets or fund balances Subtrac	98.	5,574	2,143,793		
	rt II		nature Block					
				xamined this return, including accompa implete Declaration of preparer (other				
		_	nowledge			,		
		***	k * k			2045 45 11		
Ci~-		I I I I	ature of officer			2016-12-16 Date)	
Sigr Her			ELA HAWLEY CEO					
-			e or print name and title					
			Print/Type preparer's name	Preparer's signature	Date	Check I if	PTIN	
Paid	d	Ľ	MAGA E KISRIEV	MAGA E KISRIEV		self-employe	d Tolo	008919
	pare	er ⊢	Firm's name			Fırm's EIN ▶		
	On		Firm's address ► 275 BATTERY STREET	STE 900		Phone no (4	15) 781-	-0793
			SAN FRANCISCO, CA	94111				

Form	990 (2	·		Page 2
Par	t III	Statement of Program Service Accomplishments		_
1	Briefly	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>	
TO (3) N	ONPRO	CT PEOPLE TO QUALITY GIVING AND VOLUNTEERING OPPORTUNITIES WORLDWIDE UNIVERSAL OFIT ORGANIZATION, WHOSE VISION IS TO CREATE A WORLD WHERE GIVING AND VOLUNTEERIVERYDAY LIFE "		
2	the pri	e organization undertake any significant program services during the year which were not listed on ior Form 990 or 990-EZ?	□ Yes	√No
3	servic	e organization cease conducting, or make significant changes in how it conducts, any program es?	□ Yes	√No
4	Descr expens	ribe the organization's program service accomplishments for each of its three largest program services, as ises. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocated expenses, and revenue, if any, for each program service reported.		
4a	NGOS PUBLIC VOLUN NOT T PUBLIC COUN FACILI HELP I TRIPS ONE V MILLIC YEARS THAT I VOLUN PHILAI ARTIC ABOUT PAMEL TO MA TOTAL ANNIV FEATU BECAL IS TO BUT A AREAS ENVIR AFRIC LIVES LIVES LITE I TRAIM TO TAL WATEI SITE E THA IM HYGIE PREMI COMM KIND, VOLUN AND C INTER	C SERVICEUNIVERSALGIVING HELPS ORGANIZATIONS AROUND THE WORLD ACCESS RESOURCES BY CONNETING DONORS AND V AND THEIR PROJECTS IN AN EFFICIENT AND TRANSPARENT MANNER UNIVERSALGIVING'S WEBSITE (WWW UNIVERSALGIVING OF C SERVICE WHERE USERS CAN SELECT AMONG HUNDREDS OF VOLUNTEER AND DONATION OPPORTUNITIES TO HELP PEOPLE IN N TUTERING TO BUILD SCHOOLS IN NEPAL OR MAKING A 510 DONATION OF PROVIDE MOSQUITO NETS ORMILLES IN CAMERON AKE A CUT, SO 100% OF EVERY DONATION MADE TO OUR PARTINER NOS GOES DIRECTLY TO THE CAUSE WE WANT OUR SERVI C AND IT HAS BEEN SINCE WE BEGAN IN 2002 CRITICAL TO OUR MISSION IS OUR VOLUNTEERING SERVICE WE HELP VOLUNTEER TRIES, WHICH HAS INCREASED 20% SINCE LAST YEAR FOR EXAMPLE, WE MATCHED ONE VOLUNTEER WITH THE OPPORTUNITY OF TWICH SHIP THE ORDITARY OF THE OPPORTUNITY OF THE OPPORTUNITY OF THE OPPORTUNITY OF THATES FOR THAN 3,146 VOLUNTEER REFERRALS, OUR HIGHEST NUMBER TO DATE IN TOTAL, WE HAVE EMPOWERED MORE THA WITH PROJECTS FOR COMMUNITIES IN NEED ALL OVER THE WORLD STUDENTS, FAMILES, AND RETIRES USE UNIVERSALGIVING THAT SERVE THE IMPOVERISHED JUST THIS YEAR ALONE WE HAVE FACILITATED MORE THAN 35,033,600 WORTH OF VOLUNTEERS ON WORTH OF VOLUNTEERS HOUR AT \$20 PER INDEPENDENT SECTOR, AND A TRIP IS ON A WERRAGE TWO WEEKS, WE HAVE FACILITY ON WORTH OF VOLUNTEER HOUR AT \$20 PER INDEPENDENT SECTOR, AND A TRIP IS ON A WERRAGE TWO WEEKS, WE HAVE FACILITY ON WORTH OF VOLUNTEERS HOUR AT \$20 PER INDEPENDENT SECTOR, AND A TRIP IS ON A WERRAGE TWO WEEKS, WE HAVE FACILITY ON WORTH OF VOLUNTEER HOURS THIS IS AN EXTREMELY CONSERVATIVE ESTIMATE, SINCE MANY OF OUR VOLUNTEERS OF ALL WITERSO FA ALL AGES, BACKGROUNDS, AND ECONOMIC STATUS UNIVERSALGIVING VETS EACH ON PROPERTY OF A THE OWN OF A THE FACILITY OR AND A TRY IS ON A WERRAGE TWO WEEKS, WE HAVE FACILITY ON WORTH OF VOLUNTEERS HOUR SYSTEM OF THE AT THE STATE OF THE SEAD OF THE FACILITY OR ON THE PROPERTY OF THE PR	RG) PROVIDIBLE ROPOVIDED SOLUTION OF FINANCIAL PROGRAMMAND AND SALE REAL STANDARD SOLUTION OF FINANCIAL PROGRAMMAND AND ALL VILLAGE TO SPROUT OF SALGIVING THE DEVELOR OF SALGIVING THE DEVELOR OF SALGIVING PACT THEIR WEBSITE TO THE VILLAGE OF SALGIVING PACT THE COUNTY OF SALGIVING THE DEVELOR OF SALGIVING AND ALL VILLAGE AND SALGIVING AND S	DES A FREE H AS GIVING DOES FREE TO THE I THAN 100 THE SUMMER IN ALGIVING VOLUNTEERS TO MEANINGFUL ONTRIBUTED IF I THAN 36 HONTHS OR EVEN S, ENSURING RS AND HRONICLE OF E PUBLISH H ARTICLES B15 WE WANT NORS GAVE A CTIMS OF THE I, FOR HOLIDAYS, IAVE A DONATE WORLD ALMOST THEY DO SO 'S KEY SERVICES R COMMUNITIES, RIES IN THE ELOPMENT, CORPS, DEVELOP CATED TO SAVING ETHE QUALITY OF Y OFFERING SPOND RAPIDLY K TO SELF- S ACROSS 6 RED RUNNING IVERSALGIVING OPING WORLD D IS PORTABLE, D CARE FOR LOCAL ENANCIAL, IN- GI IS HEALTH CARE, ES, WHERE THEY
4b	VOLUNDESER PEOPL SCIEN AVAILA WITH THESE SUCH CHRIS AFTER ON UN AND D NGO P VOLUN PROMI UNIVE SOCIA EXPER BASED MEMB FOR S SEECH FEATU GIVIN WORL	PARTNERSHIPSUNIVERSALGIVING PARTNERS WITH OTHER ORGANIZATIONS IN SUPPORT OF UNIVERSALGIVING'S MISSION TO IN NITERING BY PROMOTING OUR VETTED NGO PARTNERS AND THEIR PROJECTS. WE ARE EXPANDING THE REACH OF OUR NGO PARTVING CAUSES BY BUILDING RELATIONSHIPS WITH INDIVIDUAL PHILANTHROPISTS, CORPORATIONS AND FOUNDATIONS THAT SHA LE AROUND THE WORLD. SOME PARTNERSHIPS FROM 2015 INCLUDE COMPASS PARTNERS, SOCAP, GROUNDWORK OPPORTUNITIE ICE MONITOR, AND AMAZON SMILE. OTHER PARTNERSHIPS INCLUDE SOCIAL INERTIA/ACTON, WITH WHOM WE HELPED TO CREAT ABLE TO OVER 100 NONPROFITS FEATURING WAYS TO GIVE, VOLUNTEER, SIGN PETITIONS, AND TAKE GLOBAL ACTION. UNIVERSA SYNERGOS, A GROUP OF HIGH NET WORTH DONORS HELPING THEM GIVE BACK TO SOCIETY IN MORE THAN 40 COUNTRIES ACRE PARTNERSHIPS ARE BRINGING NEW DONORS AND VOLUNTEERS TO HUNDREDS OF OUR NGO PARTNERS. WE PIONEER NEW INN. AS COMMUNITY BASED JOURNALISM WHERE WE PARTNER WITH MEDIA ORGANIZATIONS TO INCREASE GIVING AND VOLUNTEERS ISTIAN SCIENCE MONITOR IS ONE OF OUR TOP COMMUNITY BASED JOURNALISM PARTNERS THROUGH THEIR "PEOPLE MAKING A IR SOMEONE IS INSPIRED BY READING AN ARTICLE OR WATCHING A VIDEO ABOUT PHILANTHROPY, A LINK IS PROVIDED FOR THEM YOVERSALGIVING FOR EXAMPLE, AFTER THEY READ AN ARTICLE ABOUT A CRISIS IN THAILAND THEY CAN THEN TAKE ACTION THROUGH PUBLIC SPEAKING FOR EXAMPLE, AFTER THEY READ AN ARTICLE ABOUT A CRISIS IN THAILAND THEY CAN THEN TAKE ACTION THROUGH PUBLIC SPEAKING FOR EXAMPLE, AFTER THEY READ AN ARTICLE ABOUT A CRISIS IN THAILAND THEY CAN THEN TAKE ACTION THROUGH PUBLIC SPEAKING EVENTS AS WELL AS NUMBEROUS WRITINGS ABOUT PHILANTHROPY AND THE AND FACILITATE GIVING THROUGH PUBLIC SPEAKING EVENTS AS WELL AS NUMBEROUS WRITINGS ABOUT PHILANTHROPY AND THE AND FACILITATE GIVING THROUGH PUBLIC SPEAKING EVENTS AS WELL AS NUMBEROUS WRITINGS ABOUT PHILANTHROPY AND THE AND FACILITATE GIVING THROUGH PUBLIC SPEAKING EVENTS AS WELL AS NUMBEROUS WRITINGS ABOUT PHILANTHROPY AND THE AND FACILITATE GIVING THROUGH PUBLIC SPEAKING EVENTS AND WILL BE DISCUSSED THE DIFFERENT WAYS	RTNERS ANI RE OUR GC SES, WOMEN E A MOBILE LGIVING ALL DOSS THE W. NG FOR EX DIFFERENCI TO GIVE A OUGH UNIV OTE HUNDI TION AND C D EVENTS, LEY, SPOKE A PHENOME SEESENTING NCREASE TI D ORGANIZA TO GLOBAL TO SHER BLC TO GY GROWN TO SHER BLC TO SOR THE SHER TO SOR THE SHER BLC TO SOR THE SHER TO SOR THE SHER BLC TO SOR THE SHER BLC TO SOR THE SHER BLC TO S	D THEIR NAL OF HELPING 2 0, CHRISTIAN E APPLICATION SO WORKED ORLD ALL OF AYS TO HELP, (AMPLE, E" ARTICLES ND VOLUNTEER /FERSALGIVING REDS OF OUR GIVE OR HELPING THEM ITY SERVICE, E AND WROTE ON ENAL GIVING LLY SKILLS- 11,000 HEIR IMPACT ATTIONS SUCH AS CAUSES DG, LIVING AND NITIES
4 c	AND V TO UI FUNDI THEIR PROGI SAME WE AR	ORATE GIVING AND VOLUNTEERINGUNIVERSALGIVING REGULARLY PARTNERS WITH OTHER ORGANIZATIONS, PROVIDING OUR SERVING AND VOLUNTEERINGUNIVERSALGIVING REGULARLY PARTNERS WITH OTHER ORGANIZATIONS, PROVIDING OUR SERVING HITH TOP PERFORMING NONPROFITS ONE OF THE BEST WAYS WE DO THIS IS HELP COMPANIES OR FOUNDATIONS KNIVERSALGIVING LEVERAGES ITS EXPERTISE AND CORE COMPETENCY OF VETTING NON-PROFIT ORGANIZATIONS AND PROJECTS: ING TO CORPORATE FOUNDATIONS AND TO DONORS THEREFORE WE PROVIDE MORE VALUE TO CORPORATIONS AND DONORS AS FUNDS ARE GOING TO BEST NGOS WE HELP OUR NGOS BY PRESENTING THEM TO COMPANIES FOR THEIR CORPORATE SOCIAL IN RAMS, THIS INCREASES MORE AWARENESS ABOUT THESE NGOS, HELPS THEM WITH FUNDING AND HELPS THEM WITH MORE CORPORATE IN OUR WORK WITH UNIVERSITIES, FOUNDATIONS, AND DONORS BY ENSURING THESE ENTITIES' GIVING AND VOLUNTEERING OPPORTURE FURTHER BROADENING UNIVERSALGIVING'S MISSION TO CONNECT PEOPLE TO QUALITY GIVING AND VOLUNTEERING OPPORTURE. D. SOME COMPANY PARTNERS IN 2015 INCLUDE CISCO, FLUOR, RSF SOCIAL FINANCE, BHP BILLITON, AND GAP	NOW WHIC TO RECOMI 5 THEY CAN RESPONSIB PORATE VO UNTEERING	CH NGOS TO GIVE MEND NGOS FOR I BE ENSURED ILITY DLUNTEERS THE IS IS EFFECTIVE,

Form **990** (2015)

)

) (Revenue \$

(Expenses \$

Other program services (Describe in Schedule O $\,$)

including grants of \$

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

Part IV Checklist of Required Schedules (continued)

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

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 1^7 If "Yes," complete Schedule I, Parts I and II	21	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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	No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d		

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . .

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

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35a

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Yes

Form 990 (2015)

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Nο

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Nο

Part V Statements Regarding Other IRS Filings and Tax Complian
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Pai	t V	Statements Regarding Other IRS Filings and Tax Complianc Check if Schedule O contains a response or note to any line in this				
		eneak in seneaule o contains a response of note to any line in ans	Tare V	•	Yes	No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 8			
		the number of Forms W-2G included in line 1a Enter -0 - if not applicable	1b 0			
		L ie organization comply with backup withholding rules for reportable payments to	o vendors and reportable			
٠		ig (gambling) winnings to prize winners?	·	1 c	Yes	
2a	Enter	the number of employees reported on Form W-3, Transmittal of Wage and				
		tatements, filed for the calendar year ending with or within the year covered	2a 6			
L	•	s return		2b	Yes	
U		If the sum of lines 1a and 2a is greater than 250, you may be required to e-file			103	
3a	Did th	e organization have unrelated business gross income of \$1,000 or more during	g the year?	3a		No
b	If"Ye	s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanati</i> c	on ın Schedule O	3b		
4a	Atan	y time during the calendar year, did the organization have an interest in, or a si	gnature or other authority			
		a financial account in a foreign country (such as a bank account, securities acc	count, or other financial	4a		N.o.
L		int)?				No
b		s," enter the name of the foreign country ▶	, and Einangial Associate			
	(FBAF		Cand Financial Accounts			
5a	Was t	· he organization a party to a prohibited tax shelter transaction at any time durir	ng the tax year?	5a		No
		ny taxable party notify the organization that it was or is a party to a prohibited t		5b		No
		s," to line 5a or 5b, did the organization file Form 8886-T?		30		
	1, 10	5, to line 3d of 3b, aid the organization me form 6000-11		5c		
6 a		the organization have annual gross receipts that are normally greater than \$10		6a		No
	_	ization solicit any contributions that were not tax deductible as charitable cont				
D		s," did the organization include with every solicitation an express statement the not tax deductible?		6b		
7	Organ	sizations that may receive deductible contributions under section 170(c).				
а		e organization receive a payment in excess of \$75 made partly as a contributi		7a		Νo
h		es provided to the payor?		7b		
		re organization sell, exchange, or otherwise dispose of tangible personal proper				
•		orm 8282?		7 c		No
d	If"Ye	s," indicate the number of Forms 8282 filed during the year \dots .	7d			
e	Did th	ie organization receive any funds, directly or indirectly, to pay premiums on a p	personal benefit contract?			
				7e		No
		e organization, during the year, pay premiums, directly or indirectly, on a perso		7f		No
g	requir	organization received a contribution of qualified intellectual property, did the o	rganization file Form 8899 as	7 g		
h	•	organization received a contribution of cars, boats, airplanes, or other vehicles	s, did the organization file a			
		1098-C?		7h		
8	-	oring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess bu	siness holdings at any time			
		the year?	· · · · · · ·	8		
9a	Did th	e sponsoring organization make any taxable distributions under section 4966	7	9a		
		e sponsoring organization make a distribution to a donor, donor advisor, or rela		9b		
10		on 501(c)(7) organizations. Enter				
а	Initia	tion fees and capital contributions included on Part VIII, line 12	10a			
b		receipts, included on Form 990, Part VIII, line 12, for public use of club	10b			
	facilit					
		on 501(c)(12) organizations. Enter	11a			
		Income from other sources (Do not net amounts due or paid to other sources	114			
_		st amounts due or received from them)	11b			
12a	Section	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990) in lieu of Form 1041?	12a		
		s," enter the amount of tax-exempt interest received or accrued during the				
	year		12b			
13	Section	on 501(c)(29) qualified nonprofit health insurance issuers.				
а		organization licensed to issue qualified health plans in more than one state? N	lote. See the instructions for			
_		onal information the organization must report on Schedule O		13a		
b		the amount of reserves the organization is required to maintain by the states chithe organization is licensed to issue qualified health plans	13b			
c		the amount of reserves on hand	13c			
14a	Did th	L le organization receive any payments for indoor tanning services during the tax		14a		No
		s," has it filed a Form 720 to report these payments? <i>If "No," provide an explana</i>	•	14b		-
		<u> </u>				

Form 990 (2015) Page 6 Governance, Management, and Disclosure Part VI 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 **1**a 11 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 Enter the number of voting members included in line 1a, above, who are 10 ındependent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 2 Νo Did the organization delegate control over management duties customarily performed by or under the direct 3 Νo supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any cignificant changes to its governing documents since the prior Form 0.00 was

4	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?	7 b		No				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	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				
Se	Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							

Yes No 10a **10a** Did the organization have local chapters, branches, or affiliates? . . . Νo **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing 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 Yes **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12h Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe **12**c Yes 13 Yes Did the organization have a written document retention and destruction policy? 14 Yes Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Yes ${f b}$ 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 **16**a Νo **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its

Section C. Disclosure

List the States with which a copy of this Form 990 is required to be filed▶

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

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?

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records ▶REBECCA BEAUMAN VIRTUALLY DETAILED LLC 9611 BROOKDALE DRIVE CHARLOTTE, NC 28215 (800) 240-2151

16b

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

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) A verage hours per week (list any hours	more pers	than on is	one bot	not bo: h ar	chec x, unle n offic rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations	
(1) RANDY BEST	8 00	, , , , , , , , , , , , , , , , , , ,							0		
DIRECTOR		×						0	0	0	
(2) PETER SAMUELSON	8 00	Ī						_	_		
DIRECTOR		×						0	0	0	
(3) EDUARDO RALLO DIRECTOR	1 00	х						0	0	0	
(4) ROBERT GOLDBERG DIRECTOR	1 00	×						0	0	0	
(5) CHRISTINE LETTS DIRECTOR	1 00	×						0	0	0	
(6) GREG SEGAL DIRECTOR	1 00	x						0	0	0	
(7) ADRIENNE ARIEFF DIRECTOR	1 00	х						0	0	0	
(8) SCOTT REHMUS DIRECTOR	8 00	x						0	0	0	
(9) ALAN OLSEN TREASURER	10 00	×						0	0	0	
(10) COLE WILBUR SECRETARY	8 00	×						0	0	0	
(11) PAMELA HAWLEY FOUNDER & CEO	70 00	х		х				70,000	0	8,000	

rt VII	Section A.	Officers,	Directors,	Trustees,	Key	Employees,	and Highest	Compensated	Employees (col	ntınued)

	(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
		for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officei	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
1b c	Sub-Total		ection A	٠.			*		_		
d	Total (add lines 1b and 1c)							70,000	0	8,000	
2	Total number of individuals (i \$100,000 of reportable comp						d abov	e) wl	ho received more th	nan	

- - Did the organization list any former officer, director or trustee, key employee, or highest compensated employee

 - on line 1a? If "Yes," complete Schedule J for such individual .

 - For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the
 - organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such
 - ındıvıdual .
- Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for
 - services rendered to the organization? If "Yes," complete Schedule J for such person . . . 5

Section B. Independent Contractors

3

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

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

Yes

3

4

No

Νo

Νo

Νo

Form 99		15)						Page 9
Part V	/++1	Statement o						
		Check If Schedu	ule O contains a respo	nse or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated camp	paigns 1a					
ons, Gifts, Grants Similar Amounts	ь	Membership du	es 1b					
	c	Fundraising eve	ents 1 c					
fts.	d	Related organiz	rations 1d					
	e	Government grants	s (contributions) 1e					
Contributions, and Other Sim	f	All other contribution	ons, gifts, grants, and 1f					
tributio Other	'	similar amounts no						
g ij	g	Noncash contribution	ons included in lines	18,505				
Cont	h	Total. Add lines	s 1a-1f		1,749,055			
				Business Code				
- nue	2a							
.¥ ₹	ь							
Program Service Revenue	c							
	d							
Ε	e							
ogra	f	All other progra	im service revenue					
Ĕ	g	Total. Add lines	s 2a-2f	>				
	3		ome (ıncludıng dıvıden		3,017			3,017
	4		ar amounts) tment of tax-exempt bond		-,			
	5	Royalties		` ▶				
			(ı) Real	(II) Personal				
	6a	Gross rents						
	ь	Less rental						
	c	expenses Rental income						
	d	or (loss) Net rental incoi	me or (loss)	•				
	"	Weet remed medi	(i) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory						
	ь	Less cost or other basis and sales expenses Gain or (loss)						
	d	Net gain or (los	s)					
venue	8a	Gross income fi						
Other Revenue		See Part IV, lin	e 18 a					
õ	c		penses b loss) from fundraising	events ▶				
	9a	Gross income fi See Part IV, lin	rom gaming activities e 19					
	1		penses b loss) from gamıng actı	vities				
	10a	Gross sales of returns and allo	wances .					
	Ь	Less cost of go	a oods sold b					
	1	_	loss) from sales of inv	entory ▶				
		Miscellaneous	·	Business Code				
	11a	OTHER INCOM	1E	900099	127	127		
	b							
	С							
	d	All other revenue						
	e	Total. Add lines		•	127			
	12	Total revenue.	See Instructions .	•	1,752,199	127		0 3,017

Part IX Statement of Functional Expenses

ection	501(c)(3)) and $50.1(c)(4)$ or	raanizations miist d	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							-	-

	Г				
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	70,000	53,803	14,260	1,937
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	302,456	232,472	61,614	8,370
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)				
9	Other employee benefits	30,073	23,115	6,126	832
10	Payroll taxes				
		31,213	23,991	6,358	864
11	Fees for services (non-employees)				
а	Management				
b	Legal	4,227	3,249	861	117
С	Accounting	7,683	5,905	1,565	213
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	42,270	32,489	8,611	1,170
12	Advertising and promotion	5,522	4,244	1,125	153
13	Office expenses	6,682	5,136	1,361	185
14	Information technology	3,440	2,644	701	95
15	Royalties				
16	Occupancy	43,306	33,286	8,822	1,198
17	Travel	12,876	9,897	2,623	356
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,303	1,770	469	64
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)				
а	BANK SERVICE FEES	26,119	20,075	5,321	723
b	NGO SERVICES	3,485	2,679	710	96
c	MEMBERSHIPS & DUES	1,453	1,117	296	40
d	EDUCATION SEMINAR	746	573	152	21
e	All other expenses	238	183	48	7
25	Total functional expenses. Add lines 1 through 24e	594,092	456,628	121,023	16,441
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)		-		-

Par	t X	Balance Sheet						
		Check if Schedule O contains a response or note to any line	ın thıs	Part X				
					(A) Beginning of year		(B) End of year	
	1	Cash-non-interest-bearing			97,279	1	325,533	
	2	Savings and temporary cash investments			1,029,071	2	2,035,513	
	3	Pledges and grants receivable, net				3		
	4	Accounts receivable, net				4		
Assets	5	Loans and other receivables from current and former office trustees, key employees, and highest compensated emplo II of Schedule L			5			
	6	section 4958(f)(1)), persons described in section 4958(c contributing employers and sponsoring organizations of se	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					
AS:	7	Notes and loans receivable, net				6 7		
	8					8		
		Inventories for sale or use				9		
	9	Prepaid expenses and deferred charges				9		
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	2,631				
	ь	Less accumulated depreciation	10b	2,577	54	10c	54	
	11	Investments—publicly traded securities	<u> </u>			11		
	12	Investments—other securities See Part IV, line 11		12				
	13	Investments—program-related See Part IV, line 11				13		
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11			2,431	15	2,431	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			1,128,835	16	2,363,531	
	17	Accounts payable and accrued expenses				17		
	18	Grants payable				18		
	19	Deferred revenue				19		
	20	Tax-exempt bond liabilities				20		
	21	Escrow or custodial account liability Complete Part IV of		21				
Si	22	Loans and other payables to current and former officers, di						
ilities		key employees, highest compensated employees, and disc						
<u>.</u>		persons Complete Part II of Schedule L				22		
Liab	23	Secured mortgages and notes payable to unrelated third pa	arties			23		
_	24	Unsecured notes and loans payable to unrelated third part	ies .		10,000	24	18,678	
	25	Other liabilities (including federal income tax, payables to and other liabilities not included on lines 17-24) Complete Part X of Schedule D	related	third parties,				
					133,261	25	201,060	
	26	Total liabilities. Add lines 17 through 25			143,261	26	219,738	
seo		Organizations that follow SFAS 117 (ASC 958), check here lines 27 through 29, and lines 33 and 34.	· ► _	and complete				
<u>lan</u>	27	Unrestricted net assets				27		
ထိ	28	Temporarily restricted net assets				28		
P.	29	Permanently restricted net assets				29		
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), che complete lines 30 through 34.	ck here	e ► 🔽 and				
ţ	30	Capital stock or trust principal, or current funds			0	30	0	
Net Assets	31	Paid-in or capital surplus, or land, building or equipment fu	ınd .		0	31	0	
Ă	32	Retained earnings, endowment, accumulated income, or ot			985,574	32	2,143,793	
Net	33	Total net assets or fund balances			985,574	33	2,143,793	
•	34	Total liabilities and net assets/fund balances			1,128,835	34	2,363,531	

2a

2b

2c

3a

3b

Νo

Νo

Nο

Form 990 (2015)

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Separate basis

Separate basis

Schedule O

basis, consolidated basis, or both

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

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?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

If the organization changed either its oversight process or selection process during the tax year, explain in

Both consolidated and separate basis

Both consolidated and separate basis

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

hospital's name, city, and state

170(b)(1)(A)(iv). (Complete Part II)

described in section 170(b)(1)(A)(vi). (Complete Part II)

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

OMB No 1545-0047 Open to Public **Inspection**

DLN: 93493351009216

Employer identification number

73-1662480

Treasury Internal Revenue Service Name of the organization

SCHEDULE A

(Form 990 or

990EZ)

Department of the

UNIVERSALGIVING

Part I

1

2 3 www.irs.gov/form990.

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

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization that normally receives a substantial part of its support from a governmental unit or from the general public

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

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

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

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

A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

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

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

9	Γ	An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4).								
10		An organization organi	zed and opera	ated exclusively to tes	t for public safe	ety See secti	on 509(a)(4).			
11	F	one or more publicly s the box in lines 11a th	upported orga rough 11d tha	nizations described in at describes the type (section 509(a of supporting or)(1) or sectio ganization an	nctions of, or to carry o n 509(a)(2) See sectio d complete lines 11e, 1	n 509(a)(3). Check 1f, and 11g		
а	Γ	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	Γ		pporting orgar	nization vested in the s			ported organization(s), b r manage the supported			
c		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	Γ	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							is a Type I, Type II, Ty	ype III functionally		
f	F-+	integrated, or Type III		, , , , , , , , , , , , , , , , , , , ,						
-	Ente	the number of supporte	-				· · · · · · · · · · · · · · · · · · ·			
g		Provide the following ii	nformation abo	out the supported orga	anization(s)					
(i) Name of supported organization		(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	listed in your governing mone es document? (see i		(v) A mount of monetary support (see instructions)	(vi) A mount of other support (see instructions)			
					Yes	No				
Tota	1									
For F	aperw	ork Reduction Act Noti	ce, see the In	structions for Form 99	90 or 990EZ.	Cat No 11		990 or 990-EZ) 2015		

instructions

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 gualify under Part II

	Part III. If the organiza							anny ander
S	ection A. Public Support	and to qu	any ander the	115to Hotela Bell	, picase com	F1000 1 C		
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)20)15	(f) Total
•	fiscal year beginning in) ▶	(4)2011	(5)2012	(6)2013	(4)2014	(0)2	,13	(1)10tu1
1	Gifts, grants, contributions, and	452,377	286,494	375,071	934,143	1	,749,055	3,797,140
	membership fees received (Do not include any unusual grants)	432,377	200,494	3/3,0/1	934,143	1	.,749,033	3,797,140
2	Tax revenues levied for the							
_	organization's benefit and either							
	paid to or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit							
	to the organization without							
	charge							
4	Total. Add lines 1 through 3	452,377	286,494	375,071	934,143	1	,749,055	3,797,140
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly supported organization) included							1,390,176
	on line 1 that exceeds 2% of the							1,330,170
	amount shown on line 11, column							
	(f)							
6	Public support. Subtract line 5							2,406,964
_	from line 4							2,400,304
5	ection B. Total Support							
(or	Calendar year fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c)2013	(d)2014	(e) 20	15	(f) Total
7	Amounts from line 4	452,377	286,494	375,071	934,143	1	,749,055	3,797,140
8	Gross income from interest.	,	,	,	,			<u> </u>
•	dividends, payments received on	1.045	4 555	011	F03		2.017	7.011
	securities loans, rents, royalties	1,045	1,555	811	583		3,017	7,011
	and income from similar sources							
9	Net income from unrelated							
	business activities, whether or							
	not the business is regularly							
10	Carried on Other income Do not include							
10	gain or loss from the sale of							
	capital assets (Explain in Part							
	VI)							
11	Total support. Add lines 7							3,804,151
	through 10							3,004,131
12	Gross receipts from related activit	ies, etc (see inst	ructions)			12		1,283
13	First five years.If the Form 990 is	for the organization	on's first, second,	thırd, fourth, or fı	fth tax year as a	section 5	01(c)(3)	organization,
	check this box and stop here						.▶ □	
S	ection C. Computation of Pul							
14	Public support percentage for 201!	5 (line 6, column	(f) divided by line	11, column (f))		14		63 270 %
15	Public support percentage for 2014	4 Schedule A , Pai	rt II, line 14			15		53 960 %
16a	33 1/3% support test—2015. If the	organization did i	not check the box	on line 13, and li	ne 14 is 33 1/3%	or more	, check th	
	and stop here. The organization qu	· ·					-	··►
b	33 1/3% support test—2014. If the	9		•	and line 15 is 33	1/3% Or	more, che	
. . .	box and stop here. The organizatio			_	- 12 1616		. 1.4	•
1/a	10%-facts-and-circumstances test is 10% or more, and if the organiza	_				•		
	in Part VI how the organization me							ted
	-	cts the lacts-all	a circumstances	cest The Organiz	Lacion qualifies as	a public	iy suppui	~ [
b	organization 10%-facts-and-circumstances test	-2014 .If the orga	anization did not c	heck a box on line	e 13 16a 16b o	r 17a ar	nd line	
	15 is 10% or more, and if the orga	_						
	Explain in Part VI how the organiza					•		y
	supported organization				- '		- '	▶ □
18	Private foundation. If the organizat	ion did not check	a box on line 13,	16a, 16b, 17a, o	r 17b, check this	box and	see	•

Part 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.)

Se	ction A. Public Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) ⊤otal
•	iscal year beginning in) ▶	(-)	(-)	(0)_00	(-)	(-)	(1)
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 Total. Add lines 1 through 5						
6	Amounts included on lines 1, 2,						
/a	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 Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
٥	from line 6)						
Se	ction B. Total Support		•	•	•		•
	Calendar year						757
(or f	iscal year beginning in) ▶	(a)2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
b	and income from similar sources Unrelated business taxable						
U	income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
C	Add lines 10a and 10b						
L1	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)						
L3	Total support. (Add lines 9, 10c, 11, and 12)						
L4	First five years.If the Form 990 is	cor the organizati	n's first, second	, third, fourth, or	I fifth tax vear as a	section 501(c)(3) organization
	check this box and stop here		,	,,,	,		▶ □
Se	ction C. Computation of Pub	lic Support P	ercentage				-
15	Public support percentage for 2015			13 column (f))		45	
		•		15, column (1))		15	
L6	Public support percentage from 20		<u> </u>			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ge			
L7	Investment income percentage for	2015 (line 10c, c	olumn (f) dıvıded	by line 13, colun	nn (f))	17	
18	Investment income percentage from	n 2014 Schedule	A, Part III, line	17		18	
L9a	33 1/3% support tests—2015.If the				l line 15 is more t		nd line 17 is not
-	more than 33 1/3%, check this box	=					▶ □
b	33 1/3% support tests—2014.If the					-	•
_	18 is not more than 33 1/3%, check	-					
20	Private foundation If the organizat						

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, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and Complete Part V, D

	I, complete Sections A and D, and complete Part V)			
Se	ction A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section	2		
3a	509(a)(1) or (2) 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 Part VI when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3 c		
4 a	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?	4b		
_	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 Did the organization support any foreign supported organization that does not have an IRS determination under	15		
C	If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		
9 a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9 c		
0a	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	10 a		
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)	10 b		
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
_	A 3.5% controlled entity of a person described in (a) or (b) above 2.16 "Vee" to a bioric provide detail in Part VI	110		1

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

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

3a

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			ructions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
	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		
,	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)	1		
а	A verage monthly value of securities	1a		
b	A verage monthly cash balances	1b 1c		
C	Fair market value of other non-exempt-use assets	1d		
d	Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors	Id		
e	(explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
;	Distributable A mount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting (organization (see

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (co	ontinuea)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furthe excess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec			
6 Other distributions (describe in Part VI) See instru			
· · · · · · · · · · · · · · · · · · ·	20010115		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		T	T
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
<u>c</u>			
d From 2013			
e From 2014			
f Total of lines 3a through e g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013			
d From 2014			
e From 2015			
			(F 000 000 F7) /2 0 1 F

SCHEDULE D

(Form 990)

Department of the

Internal Revenue Service

Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

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

OMB No 1545-0047

DLN: 93493351009216

Open to Public Inspection

	nme of the organization IVERSALGIVING	Empl	Employer identification number				
Pa	Organizations Maintaining Donor Advised Funds or Other Simila	r Funds o	662480 or Accounts.				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6		Friends and other accounts				
	(a) Donor advised funds Total number at end of year	(b)	Funds and other accounts				
	Aggregate value of contributions to (during year)						
	Aggregate value of grants from (during year)						
	Aggregate value at end of year						
	Did the organization inform all donors and donor advisors in writing that the assets held in funds are the organization's property, subject to the organization's exclusive legal control		sed Yes No				
	Did the organization inform all grantees, donors, and donor advisors in writing that grant fu used only for charitable purposes and not for the benefit of the donor or donor advisor, or fo conferring impermissible private benefit?						
а	rt II Conservation Easements. Complete if the organization answered "Ye	s" on Forn	n 990, Part IV, line 7.				
	Purpose(s) of conservation easements held by the organization (check all that apply)						
	Preservation of land for public use (e.g., recreation or education) Preservation	of an histor	ically important land area				
	Protection of natural habitat Preservation	of a certifie	d historic structure				
	Preservation of open space						
	Complete lines 2a through 2d if the organization held a qualified conservation contribution easement on the last day of the tax year	ın the form	of a conservation				
			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					
	Number of conservation easements modified, transferred, released, extinguished, or termi	nated by the	e organization during the				
	tax year ▶						
	Number of states where property subject to conservation easement is located ▶						
	Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?	handling of	┌ Yes				
	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and entry ear $\ $	forcing cons	ervation easements during the				
	A mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing	na conserva	tion easements during the year				
	►\$.9 00000	casee.as aag a , ca.				
	Does each conservation easement reported on line 2(d) above satisfy the requirements of (B)(i) and section $170(h)(4)(B)(ii)^7$	section 17	0 (h)(4) Yes No				
	In Part XIII, describe how the organization reports conservation easements in its revenue balance sheet, and include, if applicable, the text of the footnote to the organization's finar the organization's accounting for conservation easements	•	· ·				
ar	Organizations Maintaining Collections of Art, Historical Treasure Complete if the organization answered "Yes" on Form 990, Part IV, line 8	3.					
	If the example the property of	01/08/10 C+-+	oment and halance chect				

- 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 on Form 990, Part VIII, line 1
- (ii) Assets included in Form 990, Part X
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- a Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X
 For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Pair	(continued)	Collections of	Art, Hi	Storica	aiireas	sures, or G	otne	r Similar A	ssets	
3	Using the organization's acquisition, accollection items (check all that apply)	ession, and other re	cords, c	hec k a n	y of the fo	ollowing that	are a	sıgnıfıcant us	e of its	
а	Public exhibition		d	Г	Loan or e	xchange prog	grams			
b	Scholarly research		e	Г	Other					
c	Preservation for future generations									
4	Provide a description of the organization	's collections and ex	vnlain ho	ow they f	urther the	organizatioi	n's ev	emnt nurnose	ın	
7	Part XIII			ŕ		-			""	
5	During the year, did the organization sol assets to be sold to raise funds rather the							ılar Ve s	s No	_
Pa	rt IV Escrow and Custodial Arra Complete if the organization	angements.						<u>'</u>		
1a	Part X, line 21. Is the organization an agent, trustee, cu included on Form 990, Part X?	stodian or other inte	ermediar	y for cor	ntributions	s or other ass	sets n	ot Ye s	s No)
b	If "Yes," explain the arrangement in P	If "Yes," explain the arrangement in Part XIII and complete the following table Amount								
c	Beginning balance	·		_		10	: 🗀			
d	Additions during the year					1d	ı			
е	Distributions during the year					1e				
f	Ending balance					1f				
2 a	Did the organization include an amount of	on Form 990, Part X,	, lıne 21	, for esc	row or cus	stodial accou	ınt lıa	bility? Ye :	5 No)
b	11 Test explain the arrangement in Far									
Pa	art V Endowment Funds. Comple		1							ana bank
	Beginning of year balance	(a)Current year	(B)F	nor year	B (C)	wo years back	(a)11	ree years back	(e)Four ye	ears back
b										
_										
c	Net investment earnings, gains, and losses									
d	Grants or scholarships	•								
е	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the	current year end ba	lance (lı	ne 1g, c	olumn (a)) held as				
а	Board designated or quasi-endowment ▶									
b	Permanent endowment ▶									
c	Temporarily restricted endowment ▶ The percentages on lines 2a, 2b, and 2c	should equal 100%)							
3a	Are there endowment funds not in the po organization by	_		that are	e held and	l administere	d for t		Yes	No
	(i) unrelated organizations					•			(i) (ii)	-
ь								 	вь	
4	Describe in Part XIII the intended uses									'
Pa	rt VI Land, Buildings, and Equip									
	Complete if the organization Description of property	answered 'Yes' to	Form		rt IV, lın other basıs		Form	990, Part X		ook value
	Description of property		(estment)	Cost or other to (other)	oasis	(c) depreciation		ok value
1 a	Land									
b	Buildings									
c	Leasehold improvements		. [
d	Equipment					2,	,631	2,	577	54
	Other									
Tota	al. Add lines 1a through 1e (Column (d) mu	st equal Form 990, Pa	art X, colu	umn (B),	line 10(c))		▶		54

(a) Description of security or category (b) Book value (c) Method of valuation of security) (d) Innertial density interests (d) Giffield which density interests (e) Facility (b) Facility (c) Fac	Part VII Investments—Other Securities. Co	omplete if the orgar	iization answered 'Ye	es' on Form 990, Part IV, line 11b.
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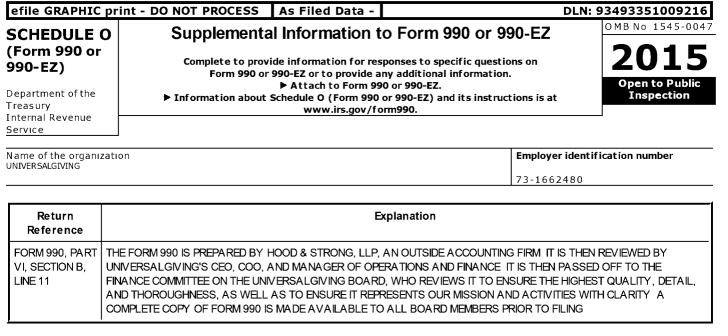
Return Reference

Schedule D (Form 990) 2015

	Total revenue, gains, and other support per audited financial statements	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
	Net unrealized gains (losses) on investments 2a	
	Donated services and use of facilities	
	Recoveries of prior year grants	
ı	Other (Describe in Part XIII)	
•	Add lines 2a through 2d	2e
	Subtract line 2e from line 1	3
	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	
,	Other (Describe in Part XIII) 4b	
	Add lines 4a and 4b	4c
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5
_	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	
art	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	1
		1
	Total expenses and losses per audited financial statements	1
1	Total expenses and losses per audited financial statements	1
1	Total expenses and losses per audited financial statements	1
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•	Total expenses and losses per audited financial statements	1 2e
	Total expenses and losses per audited financial statements A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	
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	Total expenses and losses per audited financial statements A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	2e
	Total expenses and losses per audited financial statements A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII) Add lines 2a through 2d Subtract line 2e from line 1 A mounts included on Form 990, Part IX, line 25, but not on line 1:	2e
	Total expenses and losses per audited financial statements	2e

Explanation

Schedule D (Form 990) 2015	Page 5				
Part XIII Supplemental Information (continued)					
Return Reference	Explanation				



Return Reference	Explanation
PART VI, SECTION B, LINE 12C	MEMBERS OF THE BOARD, OFFICERS, AND KEY EMPLOYEES MUST DISCLOSE ETHICAL, LEGAL, FINANCIAL OR OTHER CONFLICTS OF INTEREST INVOLVING UNIVERSALGIVING, AND REMOVE THEMSELVES FROM A POSITION OF DECISION-MAKING AUTHORITY WITH RESPECT TO ANY CONFLICT SITUATION INVOLVING THE ORGANIZATION IF THE BOARD OF DIRECTORS DETERMINES THAT AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST DOES EXIST, THE BOARD SHALL ALSO DETERMINE AN APPROPRIATE REMEDY SUCH REMEDY MAY INCLUDE, FOR EXAMPLE, THE RECUSAL OF THE CONFLICTED INDIVIDUAL FROM PARTICIPATING IN CERTAIN MATTERS PENDING BEFORE THE BOARD OR OTHER UG BODY OR THE REMOVAL FROM THE ORGANIZATION OR THE BOARD

Return Reference	Explanation
FORM 990,	COMPENSATION IS BASED ON COMPARABLE DATA FOR NONPROFIT ORGANIZATIONS FROM THE COUNCIL OF
PART VI,	FOUNDATIONS REPORT, GRANTMAKERS SALARY AND BENEFITS REPORT, AND ALSO CROSS REFERENCED WITH SMALL
SECTION B, LINE	AND MID SIZE COMPANIES IN SILICON VALLEY, IN OUR EFFORTS TO BE FAIR AND COMPETITIVE IT IS PREPARED
15	CONSISTENTLY BY OUR COO AND IS REVIEWED AND APPROVED BY EXECUTIVE OFFICERS AND THE BOARD OF
	DIRECTORS UNIVERSALGIVING IS PROVIDED COMPENSATION THAT IS ON PAR OR A BIT BELOW THE AVERAGE
	COMPENSATION FOR THE SIZE OF OUR ORGANIZATION IN CALIFORNIA

Return Reference	Explanation
SECTION C, LINE 19	UNIVERSALGIVING MAKES ALL GOVERNING DOCUMENTS, POLICIES, AND FORM 990'S AVAILABLE ON OUR WEBSITE THE FORM 990 IS ALSO AVAILABLE ON GUIDESTAR ALL GOVERNING DOCUMENTS, POLICIES, AND FORM 990'S ARE ALSO AVAILABLE UPON REQUEST FOR THE SAME PERIOD OF TIME SET FORTH IN SEC 6104(D) REQUESTS SHOULD BE SUBMITTED IN WRITING AND SENT TO OUR OFFICE AT 901 MISSION STREET, SUITE 205, SAN FRANCISCO CA, 94103, ALONG WITH A POSTAGE PAID, SELF-ADDRESSED ENVELOPE POLICIES AVAILABLE INCLUDE AMONG OTHERS - CONFLICT OF INTEREST, DOCUMENT RETENTION AND DESTRUCTION, GIFT ACCEPTANCE, PRIVACY POLICY, TERMS AND CONDITIONS AND WHISTLEBLOWER POLICY