Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 Open to Public

Department	of the	Treasury
Internal Rese	anua S	conneco .

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

→ 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.

Inspection

<u>A I</u>	or th	e 2016 calendar year, or tax year beginning 04/01, 2016, and	d ending		03	/31, 20 17					
_		C Name of organization		D Emplo	oyer identifica	tion number					
B	Check If ap	AMERICAN ONLINE GIVING FOUNDATION, INC.	AMERICAN ONLINE GIVING FOUNDATION, INC.								
	Addre	S Done hydrogo oc		7							
	7		m/suite	E Telep	E Telephone number						
\vdash	Initial	1		(800	1 828-5	415					
\vdash	→	return City or town, state or province, country, and ZIP or foreign postal code		1,555	(800) 828-5415						
-	termin Amen	ated		6 6 700	G Gross receipts \$ 127,847,235.						
\vdash	return Applic	DAFEIT HARBOR, FE 34033		_	his a group retur	127,847,235.					
L	pendi	Mand and address of principal officer BRIAN DE HOTTINVIELE		aut	ordinates?	H H.					
		P.O. BOX 1010 SAFETY HARBOR, FL 34695	 		all subordinates in						
<u> </u>		empt status X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or	527	<u>~</u> "	'No," attach a list	(see instructions)					
<u>J</u>	Websi	b: ► HTTP://WWW.ONLINEGIVINGFOUNDATION.ORG/	_		oup exemption nu						
K	Form o	of organization X Corporation Trust Association Other ▶	L Year of fo	rmation 20	15 M State	of legal domicile GA					
Р	art I	Summary									
	1	Briefly describe the organization's mission or most significant activities SEE SCHE	DULE O.	•							
æ											
Activities & Governance				,							
ē	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of	more than	25% of its ne	et assets						
Š	3	Number of voting members of the governing body (Part VI, line 1a)				3.					
~	4	Number of independent voting members of the governing body (Part VI, line 1b)				3.					
<u>es</u>	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)				0.					
₹	ء ا	Trade of the state			6	3.					
Ç	•	Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12 - IVED	• • • • •		· · · · 	0.					
	/ 4	Total unrelated business revenue from Part VIII, column (C), line 120 - V - O	:		7a						
	D	Net unrelated business taxable income from Form 990-T, line 34	$\frac{\Omega(\dots)}{\Omega(\dots)}$	Prlor		Current Year					
	_	Contributions and grants (Part VIII, line 1h). FEB 2 1 2018	Ŏ -	Prior		·					
9	8	Contributions and grants (Part VIII, line 1h)			0.	127,847,235.					
Revenue) 9	Program service revenue (Part VIII, line 2g)	뜨		0.	0.					
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d). GDEN, U.T			0.	0.					
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	∵∟		0.	0.					
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	. ,		0.	127,847,235.					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	L		0.	124,822,413.					
		Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.					
s	14-	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0.	0.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.					
ē	Ь	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.									
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			0.	3,171,519.					
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)			0.	127,993,932.					
					0.	-146,697.					
P 8	13	Revenue less expenses Subtract line 18 from line 12		Beginning of (End of Year					
sets c		Tatal accests (D. CV. b., 40)	⊢	-cymming or v	+						
Asse Bala	20	Total assets (Part X, line 16)	\cdots		0.	43,854,331.					
		Total liabilities (Part X, line 26)	· · · · ·		0.	44,001,028.					
		Net assets or fund balances Subtract line 21 from line 20	<u> </u>		0.	-146,697.					
	rt II	Signature Block			 						
Un	der per e. corre	nalties of perjury, I declare that I have examined this return, including accompanying schedules a ict, and com <u>pl</u> ete. Declaration of preparer (other than officer) is based on all information of which pr	and statemer reparer has a	nts, and to th inv knowledge	e bestof my l	knowledge and belief, it is					
	.,			Ť		0010					
e:-		17-			ebruary 9						
Sig		Signature of officer		Į.	Date						
He	re	► BRYAN DE LOTTINVILLE PRESIDENT	•								
_		Type or print name and title									
	_	Print/Type preparer's name Preparer's signature	Date	Ch	eck If F	PTIN					
Pak		MATTHEW PETROSKI	02/09/2	2040 I	f-employed	P00853132					
	parer	Firm's name PRICEWATERHOUSECOOPERS LLP		Firm's F	IN ▶ 13-4						
Use	Only	Firm's address Three embarcadero center san francisco, ca 94111		Phone		498-5000					
Ma	the II	RS discuss this return with the preparer shown above? (see instructions)		Lictions	·	. X Yes No					
_		rwork Reduction Act Notice, see the separate instructions.	<u></u>	<u></u>	<u></u>	Form 990 (2016)					
. 01	- ape	more necession act notice, see the separate instructions.				FUIII 230 (2010)					

JSA 6E1010 1 000 6775MW 1673

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AMERICAN ONLINE GIVING FOUNDATION, INC. 81-0739440

	Check If	Schedule O contains a r	esponse or note to any line in this Part	<u> </u>	. <u></u>
	Briefly describe the SEE SCHEDULE	ne organization's mission	ı		
	SEE SCHEDULE				
					
	prior Form 990 o		ficant program services during the year.		Yes X
3	Did the organiza	ation cease conducting	, or make significant changes in	how it conducts, any program	o vec v
		these changes on Sched			
4	Describe the org	ganization's program se n 501(c)(3) and 501(c)	rvice accomplishments for each of (4) organizations are required to represented reach program service reported		
			822,413. including grants of \$124	,822,413.) (Revenue \$)
į	SEE SCHEDULE	0.			
					
					
					
_					
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
					
					
•					
					
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
					_ _
					
					

Form 990 (2016)

3

Part	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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
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		<u> </u>
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		_ <u>x</u> _
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		_ X
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	X	
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		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	_		
_	complete Schedule D, Part III	8	<u> </u>	X
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			,
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9_	ļ	<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			v
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10_		<u> X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			} }
_	VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		x
h	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	110		
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	1		
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	1		 -
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<u> </u>	х
	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	111	ļ	х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
		12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13_		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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	ì	ľ	l
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	<u>. </u>	Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	[1	
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	<u> </u>	_ X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			ļ
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	ļ	X
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_	-	X
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		<u> </u>

Form **990** (2016)

Form 9	90 (2016)		F	ege 4
Part	V Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	l		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			x
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		_
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? If "Yes," complete Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			<u> </u>
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			İ
	through 24d and complete Schedule K If "No," go to line 25a	24a		х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	and the state of t	25a		<u> </u>
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?			x
0.0		25b	_	_
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	ļ		
	disqualified persons? If "Yes," complete Schedule L, Part II	26		x
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? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b				,,
	Schedule L, Part IV.	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28c		x
29	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive more than \$25,000 in horizont contributions? In the rest complete schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			 -
	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			1
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		ì	
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	-	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			v
05-	or IV, and Part V, line 1	34 35a	├	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	 	 ^
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	1000	1	1
-	related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37	<u> </u>	х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	
		Corn	- 990	/2016

Page 5

Check if Schedule C contains a response or note to any line in this Part V 1s Enter the number reported in Box 3 of 5 of mm 1096. Enter 0-if not applicable. 1s Enter the number of Forms W-2G included in line 1s. Enter 0-if not applicable. 1s D c bid the organization comply with backup withholding rules for reportable payments to vendors and responsible gaming (gambing) winnings to prace winners? 2s Enter the number of employees reported on Form W-3. Transmitted of Wage and Tax. 2s Enter the number of employees reported on Form W-3. Transmitted of Wage and Tax. 2s Enter the number of employees reported on Form W-3. Transmitted of Wage and Tax. 2s Enter the number of employees reported on Form W-3. Transmitted of Wage and Tax. 2s Enter the number of employees reported on Form W-3. Transmitted of Wage and Tax. 2s Enter the number of employees reported on five x year of the sum of lines is a mid x a greater than 250, you may be required to e-file (see instructions). 3d Did the organization have unrelated business gross income of \$1,000 or more during the year? 3d All any time during the calendary year, did the organization have an interest in or a signature or other authority over, a financial second year. 3e in the first think in the firs	Par				\Box
1a Enter the number reported in Box 3 of Form 1096. Enter -0-if not applicable.		Check if Schedule O contains a response or note to any line in this Part V	 ;		H-L
b Enter the number of Forms W-26 included in line 1a. Enter-0- if not applicable. c Did the organization compy with backing visit holding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax 2 0. b If at least one is reported on line 2a, did the organization file all required deseral employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). 3a Dot the organization have unrelated business gross income of \$1,000 or more during the year? 4a At any time during the calendar year, did the organization file all required deseral employment tax returns? Note. If the sum of lines 1 a and 2a is greater than 250, you may be required to e-file (see instructions). 3b If "Yes," is at Ited a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule 0. 3b If "Yes," enter the name of the foreign country lover, a financial account in a foreign country (such as a bank account, securities account, or other financial accountril a foreign country lover, a financial account in a foreign country lover. See instructions for fiting requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prinbibited tax sheller transaction at any time during the tax year? 5b D did any tax shell party notify the organization that it was or is a party to a probibited tax shelter transaction at any time during the tax year? 5c D b did the organization reduced with every solicitation an express statement that such contributions or grits were not tax deductible with every solicitation an express statement that such contributions or grits were not tax deductible contributions under section 17QC). 5c D bit the organization sell, exchange, or otherwise dispose of tangble personal property for which it was required to file Form 8282? 6b D bit the organizatio	1.	Enter the number reported in Rev 2 of Form 1006. Enter 0 of net applicable.		100	
c Did the organization comply with backup withholding rules for reportable payments to vendors and to reportable gaining (gambing) winnings to preve winners? 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax 2a 0. b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note if the sum of lines it and 2a is greater than 250, our may be required to effe (see instructions). 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has it field a form 980-7 for the year? If "Wo" to line 8b, provide an explication in Schedule O. 3b If "Yes," the firm or the foreign country per sequence of the companization for the year? 3b If "Yes," enter the name of the foreign country year. 3c Was the organization a party to a prohibited tax shelter transaction at any time during the examination of the year? 3c Was the organization have annual gross receipts that are normally greater than \$100,000, and did 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 or gifts were not tax deductible as charitable contributions or gifts were not tax deductible as a charitable organization and the organization may the contributions under section 170(c). 3c Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization shall may receive deductible contributions under section 170(c). 3c Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). 3c Did the organization have a promise the form \$100,000,000,000,000,000,000,000,000,000	h	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
2a Enter the number of employees reported on Form W-3. Transmitlal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a O. b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has If filed a Form 990-If for the year? If "No" b line \$3, provide an explination if Schedule O. 3b If "Yes," has If filed a Form 990-If or the year? If "No" b line \$3, provide an explination in Schedule O. 3b If "Yes," share the name of the foreign country less has a bank account, securities account, or other financial accountry in a foreign country less has a bank account, securities account, or other financial accountry in a file of the foreign country is shared an accountry or the financial accountry in a file of the foreign country is shared an accountry or file financial accountry in a foreign country is shared an accountry or file financial accountry in a file of the file of the foreign country is shared an accountry or file file of the file of t					
2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filed for the calendary pare anding with or within the year covered by this return. 2a 0. b if at least one is reported on line 2a, did the organization file all required to e-file (see instructions). 3a Drut the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3b or the organization have unrelated business gross income of \$1,000 or more during the year? 3b if Yes, has if filed a Form 990-17 for this year? If Yo* to line \$0, provide an explanation in Schedule O. 3b If Yes, has if filed a Form 990-17 for this year? If Yo* to line \$0, provide an explanation in Schedule O. 3b If Yes, has if filed a Form 990-17 for this year? If Yo* to line 3b, provide an explanation in Schedule O. 3b If Yes, relief the name of the foreign country (such as a bank account, securities account, or other financial account?)? . 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? If Yes, relief the name of the foreign country (such as a bank account, securities account, or other financial account?)? . 4a Was the organization and party to a prohibited tax shelter transaction? 6b If Yes, in the organization have annual gross receipts that are normally greater than \$100,000, and did the organization shew annual gross receipts that are normally greater than \$100,000, and did the organization shew annual gross receipts that are normally greater than \$100,000, and did the organization shew annual gross receipts that are normally greater than \$100,000, and did the organization shew an exceive deductible contribution and party to goods and services provided to the payor? 5b If Yes, did the organization include with every solicitation an express statement that such contributions of griss were not tax deductible. 5c Did the organization statemate service deductible contributions under section 170(c). 5c Did the organizati	Ū		1c	X	
Statements, field for the calendar year ending with or within the year covered by this return. 2 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2a				
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1 and 2 as greater than 250, you may be required to e-file (see instructions). 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If Yes, 'has it field a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O. 4a Al 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? 5b If 'Yes,' enter the name of the foreign country seven as a bank account, securities account, or other financial account? 5c li ryes,' enter the name of the foreign country seven as a bank account, securities account, or other financial account? 5c li ryes,' enter the name of the foreign country seven as a bank account, securities account, or other financial account? 5c li ryes,' enter the name of the foreign country seven as a bank account, securities account, or other financial accounts (FBAR). 5c li ryes,' enter the name of the foreign country seven as a bank account, securities account, or other financial accounts (FBAR). 5c li ryes,' to line 5a or 5b, did the organization file Form 8886-T? 5d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solind any contributions that twere not tax deductible as charitable contributions? 5d If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d Dross income sprowded to the payor? 6d Dross income provided to the payor? 7d Organizations that may receive deductible contributions under section 170(c). 8d If 'Yes,' did the organization notify the donor of the value of the goods or senoces provided? 9d If 'Yes,' did the organization receive a payment in e					
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b if "Yes," did the organization notify the donor of the value of the goods or services provided? C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? A If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? B Sponsoring organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? S Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?. Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?. Did the sponsoring organizations. Enter Intitation fees and capital contributions included on Part VIII, line 12. Did Gross receipts, included on Form 990, Part VIII, line 12. Did Gross income from members or shareholders. Did Gross income from members or shareholders. Did Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). Section 501(c)(212) organizations. Enter: Dif Yes," enter the amount of tax-exempt interest received or accrued during the year. Did It section 501(c)(29) qualified nonprofit health insurance Issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O Define the amount of reserves the organization is required to maintain by the states in which the organization	а		7a		X
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required to file Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? The individual of the organization of during the year, pay premiums, directly or indirectly, on a personal benefit contract? The individual of the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract? The individual of the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? The individual of the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? The sponsoring organizations maintaining donor advised funds. Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did the sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?. Did the sponsoring organizations maintaining donor advised funds. Did the sponsoring organizations. Enter a linitiation fees and capital contributions included on Part VIII, line 12 Did Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. Did by the organization members or shareholders. Did fireys," enter the amount of tax-exempt interest received or accrued during the year. Did by the organization incensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O Dienter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. Circle The amount of reserves on hand. Did the organization receive any payments for indoor tanning services during the tax year? The individual t		· ·			
d if "Yes," indicate the number of Forms 8282 filed during the year	Ŭ		7c		x
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Did the sponsoring organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 Gross income from members or shareholders Did Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 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 Enter the amount of reserves on hand Center the amount of reserves on hand Table United States on the property of the plans of th	d				
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7e		Х
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b			7f		X
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?			7g		
sponsoring organization have excess business holdings at any time during the year?	h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
sponsoring organization have excess business holdings at any time during the year?	8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		 _	
a Did the sponsoring organization make any taxable distributions under section 4966?. b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?. 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12			8		X
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9	Sponsoring organizations maintaining donor advised funds.			
10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12	а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		+
a Initiation fees and capital contributions included on Part VIII, line 12	b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>	X
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		1			
11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders	а	initiation rees and capital contributions included on rait vin, line 12 1111111111111111111111111111111111	-		
a Gross income from members or shareholders			-		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)					
against amounts due or received from them)		Cross modific from members of shareholders 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	1		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	b	1441			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	40-	agamet amounts also of received ment them for the first transfer and t	122		i
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?			120	 	
a is the organization licensed to issue qualified health plans in more than one state?			1		1
Note. See the instructions for additional information the organization must report on Schedule O 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			13a	_	一
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	a	·	1.55		
the organization is licensed to issue qualified health plans	.		1	i	
c Enter the amount of reserves on hand	J	The state of the s		1	
14a Did the organization receive any payments for indoor tanning services during the tax year?	c	the organization of the state o	1		Ĺ
144 Did in organization reconcurry payments for macor talking corridor daming in tax year.		Enter the amount of reserves of flang	14a		x
			14b		

Ferm 990 (2016) 81-0739440 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Part VI

Sect	ion A. Governing Body and Management	 		V	No.
			-	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u> <u>3</u>			
	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	7			.
b	Enter the number of voting members included in line 1a, above, who are independent	<u>1b</u> 3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business rel	ationship with			
	any other officer, director, trustee, or key employee?		2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or ur	der the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other	r person?	3		<u>x</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi	ed?	4		<u>x</u>
5	Did the organization become aware during the year of a significant diversion of the organization's	ssets?	5		<u>X</u>
6	Did the organization have members or stockholders?		6		<u>x</u>
7a	Did the organization have members, stockholders, or other persons who had the power to el	ect or appoint			
	one or more members of the governing body?		7a		<u> </u>
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		X
8	Did the organization contemporaneously document the meetings held or written actions under	ertaken during			
	the year by the following:				
а	The governing body?	<i></i>	8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot				
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Int	ernal Revenue	Code	9.)	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
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 pi		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	ling the form?	11a	Х	
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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests to				
	rise to conflicts?	_	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the p				
	describe in Schedule O how this was done	•	12c	Х	
13	Did the organization have a written whistleblower policy?		13		Х
14	Did the organization have a written document retention and destruction policy?		14		Х
15	Did the process for determining compensation of the following persons include a review ar				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation				
а	The organization's CEO, Executive Director, or top management official		15a		Х
ь	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a		r arrangement			
	with a taxable entity during the year?		16a		х
ь	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				
	organization's exempt status with respect to such arrangements?	-	16b		
Secti	on C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶ ATTACHMENT	ļ			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and		501/	c)(3)s	onlv)
- +-	available for public inspection. Indicate how you made these available. Check all that apply		. 55 . (- /\ - /\	J.115)
	Own website Another's website X Upon request Other (explain in Sci	nedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documen	•	erect	nolic	/ and
. •	financial statements available to the public during the tax year	o, commet or fit	5,631	POINT	,, and
20		nocks and record	is 🕨		
20	State the name, address, and telephone number of the person who possesses the organization's I JAMES PETTIGREW #100, 402 11TH AVE, SE	A T2G 0Y4 403-23	787	5	
				000	

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Form	990	(2016)	

AMERICAN ONLINE GIVING FOUNDATION, INC.

81-0739440

age 7

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

Check of 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, and 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

X 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) Officer Institutional trustee Or director		(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			
(1)BRYAN DE LOTTINVILLE DIRECTOR & PRESIDENT	2.00	х		х			0.	0.	0.
(2)KATHY FIELDS	1.00		Н			\vdash	0.	· · ·	<u> </u>
DIRECTOR & SECRETARY	0.	x		х			0.	0.	0.
(3)DAVID PAMENTER	1.00		Н			\vdash	•		
DIRECTOR & TREASURER	0.	x		х			٥.	0.	0.
(4) JAMES PETTIGREW	4.00								
SECRETARY	0.			х			0.	0.	0.
(5)									
(6)					 				
(7)									
(8)				-	-				
(9)									_
(10)									
(11)	-								
(12)									
(13)									
(14)									

Form **990** (2016)

AMERICAN ONLINE GIVING FOUNDATION, INC. 81-0739440 Page 8 Form 990 (2016) Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (D) (B) (C) Name and title Reportable Reportable Estimated Position Average amount of (do not check more than one compensation compensation from hours per box, unless person is both an other week (list any from related officer and a director/trustee) compensation hours for the organizations Individual trustee or director Officer Key employee Highest compensated employee from the (W-2/1099-MISC) related Institutional trustee organization organization organizations (W-2/1099-MISC) and related below dotted organizations line) 0. 0. 1b Sub-total O 0. c Total from continuation sheets to Part VII, Section A 0. 0. 0. 0. 0. Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0. Yes No 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated X 3 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 Х 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual Section B. Independent Contractors 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		
BENEVITY	INC.	100,	402	11TH	AVE	SE	CALGARY	AB	CA	T2G0Y4	ADMINISTRATIVE SVCS	2,892,167.
2 Total nur	nber o	f indep	ender	nt contr	actors	(In	cludina but	not	lımı	ted to thos	se listed above) who received	

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Form 990 (2016)

more than \$100,000 in compensation from the organization

Form 9				LINE GIVING	G FOUNDATION,	INC.	81-073	440 Page 9
Part	VIII					••		[]
		Check if Schedule O co	ntains a respor	se or note to an	y line in this Part VI (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tau under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b	Federated campaigns Membership dues	1 1					
A F		Fundraising events						
돌	d		· · · · · ·				1	
ñΕ	e				İ			
i s	ſ		,					Ì
호출	•	and similar amounts not included		127,847,235.			1	
탈	_	Noncash contributions included in	-	1211041,233.				
೮ ೯	_	Total, Add lines 1a-1f			127,847,235.			
9) 		Business Code	227704772557			
夏	22							
æ	2a h			- 	-	<u> </u>		
8	Ь						 	
ě	C							
Program Service Revenue	a							
B.	•	All other age areas						
2	ı a	All other program service rever Total. Add lines 2a-2f			0.		·	<u> </u>
	3	Investment income (inc						
	3	and other similar amounts).	-		0.			
	4	Income from investment of t			0.			
	5	Royalties			0.	-		-
1		((ı) Real	(II) Personal	- 0.	_		
	_	<u> </u>	(1) 1.001	(ii) i ci donai	1			
l	6a	Gross rents	_					
	Ь	Less rental expenses						
- }	C	Rental income or (loss) L						
1		Net rental income or (loss).	(ı) Secunties	(II) Other	0.			
	7a	Gross amount from sales of	(i) Occumines	(ii) Guici				
		assets other than inventory						
	Ь	Less cost or other basis						
		and sales expenses	·	-				
	C	Gain or (loss) L						
	d	Net gain or (loss)			0.		 	
9	8a	Gross income from fundral	3		1		1	-
Ş		events (not including \$						
8		of contributions reported on I	•	_				
Other Revenu		See Part IV, line 18						
ŏ		Less direct expenses						
- 1		Net income or (loss) from fur	_		0.			
- 1	9a	Gross income from gaming						
	_	See Part IV, line 19					[
- 1		Less direct expenses						
		Net income or (loss) from ga		· · · · · •	0.		 -	
	10a							
	_	returns and allowances						1
- 1		Less cost of goods sold						_
H	С_	Net income or (loss) from sale		Business Code	0.		 -	
 		Muscellancons Medeline		Liberius Code	-			
- [11a						 	
	b						 	
- 1	C				-		 	
	d	All other revenue				_		
	е 12	Total. Add lines 11a-11d Total revenue. See instruction			0.		 	
		THE PROPERTY OF THE PROPERTY O			127,847,235.		1	

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										
	not include amounts reported on lines 6b, 7b, 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	-		3	,					
	and domestic governments. See Part IV, line 21	124,822,413.	124,822,413.							
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	0.								
4	Benefits paid to or for members	0.								
5	Compensation of current officers, directors, trustees, and key employees	0.								
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	0.								
8	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)	0.								
9	Other employee benefits	0.								
10	Payroll taxes	0.								
11	(((_								
	Management	0.								
	Legal	0.								
	Accounting	0.								
	Lobbying	0.								
	Professional fundraising services See Part IV, line 17.	0.								
	Investment management fees	0.								
y	Other (If line 11g amount exceeds 10% of line 25, column	3,171,519.		3,171,519.						
12	(A) amount, list line 11g expenses on Schedule O)	0.		0,1,1,015						
13	Office expenses	0.								
14	Information technology	0.								
15	Royalties	0.								
16	Occupancy	0.								
17	Travel	0.								
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials	0.								
19		0.								
20	Interest	0.								
21		0.								
22	Depreciation, depletion, and amortization	0.								
23	Insurance	0.								
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 h					_					
c										
d					 -					
	All other expenses				·					
	Total functional expenses. Add lines 1 through 24e	127,993,932.	124,822,413.	3,171,519.						
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)	0.								
ISA										

Page 11

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this P	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	0.	1	6,587,609.
	2	Savings and temporary cash investments	0.	2	0.
	3	Pledges and grants receivable, net	0.	3_	0.
	4	Accounts receivable, net	0.	4	37,266,722.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees			
		Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	0.	5	0.
	6	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	0.	6	0.
əts	7	organizations (see instructions) Complete Part II of Schedule L	0.	7	0.
ssets	8	Inventories for sale or use	0.	8	0.
⋖	9	Prepaid expenses and deferred charges	0.		0.
		Land, buildings, and equipment. cost or	<u></u>		
		other basis Complete Part VI of Schedule D 10a			
	ь	Less accumulated depreciation 10b	0.	10c	´ 0.
	11	Investments - publicly traded securities		11	0.
	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)	0.	16	43,854,331.
	17	Accounts payable and accrued expenses	0.	17	44,001,028.
	18	Grants payable	0.	18	0.
	19	Deferred revenue		19	0.
	20	Tax-exempt bond liabilities		20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
8	22	Loans and other payables to current and former officers, directors,			
Ĕ		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons Complete Part II of Schedule L		22	0.
_	23	Secured mortgages and notes payable to unrelated third parties	0.		0.
	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	0	25	0.
	26	of Schedule D	0.		44,001,028.
	20	Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.			11,001,020
auc	27	Unrestricted net assets	0.	27	-146,697.
3ali	28	Temporarily restricted net assets	0.	28	0.
힏	29	Permanently restricted net assets	0.	29	0.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds		32	
Se	33	Total net assets or fund balances	0.		-146,697.
	34	Total liabilities and net assets/fund balances	0.	34	43,854,331.

Form **990** (2016)

Form 9	90 (2016)			Pa	ge 12
Par	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	127,8	47,2	235.
2	Total expenses (must equal Part IX, column (A), line 25)	2	127,9	93,9	32.
3	Revenue less expenses Subtract line 2 from line 1	3	-1	46,6	597.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			0.
5	Net unrealized gains (losses) on investments	5			0.
6	Donated services and use of facilities	6			0.
7	Investment expenses	7			0.
8	Prior period adjustments	8			0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	-1	46,6	597.
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			LJ.
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		1		
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplaın ın			
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled or			
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted on a			,
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				•
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for			.,	
	of the audit, review, or compilation of its financial statements and selection of an independent acc		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, e	explain in			
_	Schedule O				
Зa	As a result of a federal award, was the organization required to undergo an audit or audits as se		2-		x
L	the Single Audit Act and OMB Circular A-133?		3a		_^
D	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo audit or audits explain why in Sabadula O and describe any stone taken to undergo such as		26		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	นแร	3b		<u> </u>

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Form **990** (2016)

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No 1545-0047 ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

AMI	ERIC	CAN ONLINE GIVING FO	UNDATION, IN	c			81-073944	10
Pa	_	Reason for Public Char			omplete	this pa	rt.) See instructions	
The	orga	anization is not a private four	ndation because it	is. (For lines 1 throug	h 12, ch	eck only	one box.)	<u> </u>
1		A church, convention of chu	rches, or associat	on of churches descr	ibed in s	ection 1	70(b)(1)(A)(i).	AT
2		A school described in section	on 170(b)(1)(A)(ii).	(Attach Schedule E ((Form 99	0 or 990	-EZ).)	
3		A hospital or a cooperative	hospital service or	ganization described (n sectio	n 170(b)	(1)(A)(iii).	•
4		A medical research organiz	ation operated in d	conjunction with a hos	pital des	scribed in	section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and sta	ate:					
5		An organization operated f	or the benefit of a	a college or universit	y owned	or ope	rated by a governme	ntal unit described in
		section 170(b)(1)(A)(iv). (C						
6	Ш	A federal, state, or local go	vernment or gover	nmental unit describe	d ın sect	ion 170(l	b)(1)(A)(v).	
7	Х	An organization that norma	illy receives a sub	stantial part of its su	pport fro	m a gov	vernmental unit or fro	m the general public
	_	described in section 170(b)	(1)(A)(vi). (Comple	ete Part II.)				
8		A community trust describe	-					
9		An agricultural research org						
		or university or a non-land-	grant college of ag	riculture (see instruct	ions) Er	iter the r	name, city, and state of	the college or
	$\overline{}$	university						
10		An organization that normal receipts from activities relat support from gross investm acquired by the organization	ted to its exempt for ent income and ur n after June 30, 19	unctions - subject to c nrelated business tax 375 See section 509 (certain e able inco (a)(2). (C	xception: me (less omplete	s, and (2) no more than s section 511 tax) from Part III)	n 331/3 % of its
11	Н	An organization organized a						
12	Ш	An organization organized a						
		of one or more publicly sup						
	г	Check the box in lines 12a th	-					
а	L	☐ Type I A supporting orga		-				
		the supported organizatio	• •			ajority of	the directors or truste	es of the
_	Г	supporting organization. Y	•			with ito	nunnerted erganization	on(e) by baying
b	_	Type II A supporting orga control or management o	•					
		organization(s) You must			tile Saili	e person	is that control of man	age the supported
С	Г	Type III functionally integ	•		ted in co	nnectio	n with and functional	ly integrated with
·	_	its supported organization.						iy integrated with
d		Type III non-functionally		•				ted organization(s)
Ī	_	that is not functionally inte						
		requirement (see instructi	-					
е		Check this box if the orga	•	•				I, Type III
		functionally integrated, or						
f	En	ter the number of supported	• •			-		
g	Pro	ovide the following information	on about the suppo	orted organization(s).				
	(I) N	ame of supported organization	(II) EIN	(iii) Type of organization				(vi) Amount of
				(described on lines 1-10 above (see instructions))	listed in yo	ur governing ment?	support (see instructions)	other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)				-				
Tot	al							

Pai	Support Schedule for Orga (Complete only if you checke Part III. If the organization fai	d the box on	line 5, 7, or 8	of Part I or if the	he organizatio	n failed to qua	
Sec	tion A. Public Support				<u>_</u>		
	indar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	0.		0.	0.	127,847,235.	127,847,235.
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		 	ļ ———	_	127,847,235.	127,847,235.
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)						(1.162.499
6	Public support. Subtract line 5 from line 4		<u> </u>				61,163,488. 66,683,747.
Sec	tion B. Total Support		<u> </u>				00,003,747.2
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4					127,847,235.	127,847,235.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						0.
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)						0.
11	Total support. Add lines 7 through 10	L	<u> </u>	<u> </u>	L		127,847,235.
12	Gross receipts from related activities, etc. (see instructions)				12	
13	First five years. If the Form 990 is f organization, check this box and stop here	<u> </u>	<u></u>				
	tion C. Computation of Public Sup					T	
14	Public support percentage for 2016 (li						
15	Public support percentage from 2015	Schedule A, P	art II, line 14			15	%
16a	331/3% support test - 2016. If the c						
	this box and stop here . The organizati						
D	331/3% support test - 2015. If the						- 1 1
47.	check this box and stop here. The org						
1/a	10%-facts-and-circumstances test - 10% or more, and if the organization Part VI how the organization meets organization	n meets the "fa the "facts-and-	acts-and-circums circumstances"	stances" test, ch test The organ	neck this box a ization qualifies	nd stop here. E as a publicly s	Explain in supported
b	10%-facts-and-circumstances test - 15 is 10% or more, and if the org Explain in Part VI how the organization	2015. If the or anization meet	ganization did it is the "facts-ar	not check a boo nd-circumstances	k on line 13, 16 s" test, check t	Sa, 16b, or 17a, this box and st	, and line t op here.
18	supported organization						

instructions

Davidii Cumpout Cobodulo for Organicitions Described in Castion 500/	
	-1/0
Part III Support Schedule for Organizations Described in Section 509(3 JU Z

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

Sec	tion A. Public Support	*					
Caler	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	/ (f) Total
1	Gifts, grants, contributions, and membership fees	<u>"</u>				/	1
	received (Do not include any "unusual grants")	,					
2	Gross receipts from admissions, merchandise					/	
	sold or services performed, or facilities	``				1	
	furnished in any activity that is related to the		•			,	
	organization's tax-exempt purpose		<u>'</u>			/	
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .	ĺ	,				[
4	Tax revenues levied for the						
	organization's benefit and either paid		l v		,	l	İ
	to or expended on its behalf		,				
5	The value of services or facilities		1	-			
	furnished by a governmental unit to the		`,				
	organization without charge		*	."			1
6	Total. Add lines 1 through 5						
_	Amounts included on lines 1, 2, and 3			11			
	received from disqualified persons	[1/			
b	Amounts included on lines 2 and 3		,	/\			
	received from other than disqualified persons that exceed the greater of \$5,000),	1		
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b		//	\			
8	Public support. (Subtract line 7c from		· ·	1			
	line 6)			À			
Sec	tion B. Total Support		//				
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2012 /	(b) 2013	(c) 2014 \	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6			\			
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
ь	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975		;]	<u> </u>	}	1
С	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			·	i		
	loss from the sale of capital assets]	ľ.	
	(Explain in Part VI)		<u></u>		<u></u>	1	
13	Total support. (Add lines 9, 10c, 11,			_			
	and 12)			<u> </u>	<u></u>	<u> </u>	<u> </u>
14	First five years. If the Form 990 is for				•		
	organization, check this box and stop here.				<u>.,</u>	<u>\</u>	<u> ▶ _ </u>
	tion C. Computation of Public Sup					, <u>, , , , , , , , , , , , , , , , , , </u>	
15	Public support percentage for 2016 (line 8,					15	%
16	Public support percentage from 2015 Sche				<u></u>	16	%
Sec	tion D./ Computation of Investmen			·		 	
17	Investment income percentage for 2016 (lin					17	
18	Investment income percentage from 2015						
19a	331/3% support tests - 2016. If the org	janization did no	ot check the box	c on line 14, and	d line 15 is mor	e than 331/3 %	and line
	17 is not more than 331/3%, check this						
b	331/3% support tests - 2015. If the orga	nization did not	check a box on	line 14 or line 19	9a, and line 16 ii	s more than 331	1/3 %, and
	line 18 is not more than 331/3 %, check	this box and st	op here. The or	ganızatıon qualıfı	es as a publicly	supported orga	nization \ ▶
20	Private foundation. If the organization of	did not check	a box on line	14, 19a, or 19t	o, check this bo	ox and see ins	tructions \
JSA 5E122	1 1 000			- 		Schedule A (Form	990 or 990-EZ) 2016
	6775MW 1673		V 16-7.16				PAGE 1

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation If historic and continuing relationship, explain	1_		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3а	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.	3ь		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b 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		
С	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	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	├	L
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or		į	
	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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	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 I of Schedule L (Form 990 or 990-EZ).	8_		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) 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 9a) 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 VL	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b 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.)	106		

	1

Part	V Supporting Organizations (continued)			
			Yes	No
11	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		
Ь	A family member of a person described in (a) above?	11b		
	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		
Secti	on 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	i '		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on 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 1		
Secti	on D. All Type III Supporting Organizations			
<u> </u>	511 51 711 1 ypo iii oupporting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	1
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior	'		
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of	İ		
	the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	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	l		ĺ
	the organization maintained a close and continuous working relationship with the supported organization(s).	١.		
_		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	ĺ	1	1
	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		1	
=		3_	<u> </u>	
Secti	on 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 ins	itructi	ions)	
а	The organization satisfied the Activities Test Complete line 2 below.			
ь	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	ınstru		
2	Activities Test Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		1	
a	the supported organization(s) to which the organization was responsive? If "Yes," then in Part Vi identify		ľ	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1	ì	İ
	how the organization was responsive to those supported organizations, and how the organization determined		İ	
	that these activities constituted substantially all of its activities.	2a	L	
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
U	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1		i
	reasons for the organization's position that its supported organization(s) would have engaged in these	J]
	activities but for the organization's involvement	2b		
3	•			
	Parent of Supported Organizations Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	}	}	ļ
а	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? <i>Provide details in Part VI.</i>	3a		1
		Ja_	†	\vdash
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 III the role played by the organization in this regard.	25	Į]
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	<u>3b</u>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izatioi	15	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organize	zations	must complete Section	
Section A - Adjusted Net Income		(A) Pnor 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		<u></u>
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or	1 1		
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7	· 	
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Pnor Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	1		
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1 b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain ın 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	· <u>-</u>	-
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount		.	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 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	ly inteq	rated Type III supporting	g organization (see
instructions)			

Page 7

Part	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organization	ions (continued)	
Sect	ion D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish e			
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed	
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purpo	zations		
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.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9_	Distributable amount for 2016 from Section C, line 6			
<u> 10</u>	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
	Underdistributions, if any, for years prior to 2016			
2	(reasonable cause required-explain in Part VI). See			
	instructions.			
_3	Excess distributions carryover, if any, to 2016			
<u>a</u>				
b	5 2040			_
<u>_</u>	From 2013			
d	From 2014			
<u>e</u>	From 2015	-		<u>-</u>
f_	Total of lines 3a through e			
<u>g</u> h	Applied to underdistributions of prior years Applied to 2016 distributable amount			
<u>;</u>	Carryover from 2011 not applied (see instructions)			
 -	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2016 from	· · · · · · · · · · · · · · · · · · ·		
•	Section D, line 7. \$			
а	Applied to underdistributions of prior years			
<u>_</u> _	Applied to 2016 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI See instructions			
6	Remaining underdistributions for 2016 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3			
	and 4c			
8	Breakdown of line 7			
а				
b	Excess from 2013			
С	Excess from 2014			
d	Excess from 2015			
е	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

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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.)

SCHEDULE D · (Form 990)

Department of the Treasury

Internal Revenue Service

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 Open to Public Inspection

Employer Identification number Name of the organization AMERICAN ONLINE GIVING FOUNDATION, INC. 81-0739440 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 145,322. Total number at end of year 125,806,099. 2 Aggregate value of contributions to (during year) 124,822,413. Aggregate value of grants from (during year) . . 983,686. Aggregate value at end of year. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised | x | Yes | funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose X Yes Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a 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 Held at the End of the Tax Year easement on the last day of the tax year 2a 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items 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 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2016

Sched	ule D (Form 990) 2016 Page 2
Par	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)
а	Public exhibition d Loan or exchange programs
b	Scholarly research e Other
c	Preservation for future generations
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
Par	t IV Escrow and Custodial Arrangements.
	Complete if the organization answered "Yes" on 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?
ь	If "Yes," explain the arrangement in Part XIII and complete the following table
_	Amount
С	Beginning balance
đ	Additions during the year
е.	Distributions during the year
Ţ	Ending balance
	Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
	If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.
Par	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 10
	(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back
1 a	Beginning of year balance
b	Contributions
С	Net investment earnings, gains,
	and losses
d	Grants or scholarships
	Other expenditures for facilities
_	and programs
f	Administrative expenses
g g	End of year balance
2	Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
a	
b	Permanent endowment
	Temporarily restricted endowment ▶ %
_	The percentages on lines 2a, 2b, and 2c should equal 100%
3 a	Are there endowment funds not in the possession of the organization that are held and administered for the
	organization by.
	(i) unrelated organizations
	(ii) related organizations
h	If "Yes" on line 3a(ıı), are the related organizations listed as required on Schedule R?
	•
4 Par	Describe in Part XIII the intended uses of the organization's endowment funds. Vi Land, Buildings, and Equipment.
Ган	Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.
	Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value
1.	(investment) (other) depreciation
1a	Land
b	Buildings
C	Leasehold improvements
ď	Equipment
<u>e</u>	Other
Tota	I. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶

Schedule D (Form 990) 2016

	Investments - Other Securities.	nd "Noo" on Form 000	Dod M line 11h Con Form 000 Dod V line 12
		1), Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financi	al derivatives		
	-held equity interests		
(A)			
(B)			
(C)			
(D)			
(E)	· · · · · · · · · · · · · · · · · · ·	****	
(F)			
(G)		- 	
(H)		-	
<u>·`′</u>	- (h)		
	n (b) must equal Form 990, Part X, col (B) line 12)		<u>L</u>
art VIII		ed "Yes" on Form 990), Part IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation
			Cost or end-of-year market value
1)		 	-
2)		-	
(3)			
(4)			
[5)			
6)			
(7)			
(8)			
(9)	n (b) must equal Form 990, Part X, col (B) line 13) ▶		
(9)	Other Assets.	ed "Yes" on Form 990), Part IV, line 11d. See Form 990, Part X, line 15.
(9) tal. (Columi	Other Assets. Complete if the organization answere	ed "Yes" on Form 990	
9) al. (Columi	Other Assets. Complete if the organization answere		
(9) tal. (Column art IX	Other Assets. Complete if the organization answere		
ant IX	Other Assets. Complete if the organization answere		
(1) (2) (3)	Other Assets. Complete if the organization answere		
(1) (2) (3)	Other Assets. Complete if the organization answere		
9) al. (Column art IX 1) 2) 3) 4)	Other Assets. Complete if the organization answere		
(1) (2) (3) (4) (5)	Other Assets. Complete if the organization answere		
(1) (2) (3) (4) (5)	Other Assets. Complete if the organization answere		
(1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answere		
(9) tal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answere (a) [Description	(b) Book value
(9) tal. (Column (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column	Other Assets. Complete if the organization answere (a) [umn (b) must equal Form 990, Part X, col. (B Other Liabilities.	Description) line 15)	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (art X	Other Assets. Complete if the organization answere (a) D umn (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answere line 25.) line 15)	(b) Book value (b) Book value D, Part IV, line 11e or 11f. See Form 990, Part X,
(1) (2) (3) (4) (5) (6) (7) (8) (9) (art X	Other Assets. Complete if the organization answere (a) D umn (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answere line 25. (a) Description of liability	Description) line 15)	(b) Book value (c) Book value (b) Part IV, line 11e or 11f. See Form 990, Part X,
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Fede	Other Assets. Complete if the organization answere (a) D umn (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answere line 25.) line 15)	(b) Book value (c) Book value (b) Part IV, line 11e or 11f. See Form 990, Part X,
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Fede (2)	Other Assets. Complete if the organization answere (a) D umn (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answere line 25. (a) Description of liability) line 15)	(b) Book value D, Part IV, line 11e or 11f. See Form 990, Part X,
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Fede (2) (3)	Other Assets. Complete if the organization answere (a) D umn (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answere line 25. (a) Description of liability) line 15)	(b) Book value D, Part IV, line 11e or 11f. See Form 990, Part X,
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Fede (2) (3) (4)	Other Assets. Complete if the organization answere (a) D umn (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answere line 25. (a) Description of liability) line 15)	(b) Book value (c) Book value (b) Part IV, line 11e or 11f. See Form 990, Part X,
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Col.) (2) (3) (4) (2) (3) (4) (5)	Other Assets. Complete if the organization answere (a) D umn (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answere line 25. (a) Description of liability) line 15)	(b) Book value D, Part IV, line 11e or 11f. See Form 990, Part X,
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Col.) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answere (a) D umn (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answere line 25. (a) Description of liability) line 15)	(b) Book value (c) Book value (b) Part IV, line 11e or 11f. See Form 990, Part X,
(9) tal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column Part X (1) Fede (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answere (a) D umn (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answere line 25. (a) Description of liability) line 15)	D, Part IV, line 11e or 11f. See Form 990, Part X,
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Fede (2) (3) (4) (5) (6) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (8) (7) (8) (8)	Other Assets. Complete if the organization answere (a) D umn (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answere line 25. (a) Description of liability) line 15)	(b) Book value D, Part IV, line 11e or 11f. See Form 990, Part X,
(1) (2) (3) (4) (5) (6) (7) (8) (2) (3) (4) (5) (6) (7) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Other Assets. Complete if the organization answere (a) D umn (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answere line 25. (a) Description of liability) line 15)	(b) Book value D, Part IV, line 11e or 11f. See Form 990, Part X,

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Part XIII Supplemental Information (continued)

SCHEDULE

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

OMB No 1545-0047

Open to Publi Inspection

Employer Identification number 81-0739440 å

X Yes

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ► Attach to Form 990. Part 1 General Information on Grants and Assistance AMERICAN ONLINE GIVING FOUNDATION, INC. Department of the Treasury Internal Revenue Servos Name of the organization (Form 990)

990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (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 noncash assistance	(h) Purpose of grant or assistance
(1) SEE SCHEDULE I-1							
		501(C)(3)	71,780,752.				
(2)							
							,
(3)							
(4)							
:							
(5)							
(9)							
(7)							
(8)							
(6)				:			
(10)							
(11)	-						
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.	government o	rganizations lıs	ted in the line 1 tab	je		A : : : : : : : : : : : : : : : : : : :	2,193.
3 Enter total number of other organizations listed	ed in the line 1 table.	1 table				•	

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

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Schedule I (Form 990) (2016)

Page 2

AMERICAN ONLINE GIVING FOUNDATION, INC.

adule I (Form 990) (2016)

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

	(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	
8							
, m							
4							
ro							
9							
^							
Part IV	Part IV Supplemental Information. Provide the information.	information rec	quired in Part I, I	line 2, Part III, c	nformation required in Part I, Ilne 2, Part III, column (b); and any other additional	ther additional	

PART I, LINE 2

PROCEDURES FOR MONITORING GRANTS IN THE US

REQUIRED BY LAW. THE FOUNDATION PERFORMS DUE DILIGENCE TO ENSURE THAT ALL FUNDS. THE FOUNDATION WILL NOT BE REQUIRED TO FOLLOW SUCH ADVICE, AND IT PROVIDE ADVICE REGARDING POTENTIAL DISTRIBUTIONS FROM THE DONOR-ADVISED THE FOUNDATION'S BOARD HAS THE FINAL AUTHORITY OVER GRANT DISTRIUTIONS. GRANTEES ARE ELIGIBLE SECTION 501(C)(3) AND 170(B)(1)(A) ORGANIZATIONS. DONORS (AND EMPLOYEES OF EMPLOYERS WHO ARE DONORS) WILL BE ENTITLED TO WILL MAINTAIN FULL CONTROL AND DISCRETION OVER ALL DONATED FUNDS, AS

Schedule I (Form 990) (2016)

SCHEDULE O (Form 990 or 990-EZ)

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.

Department of the Treasury Internal Revenue Service

OMB No 1545-0047 Open to Public Inspection

Name of the organization

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

AMERICAN ONLINE GIVING FOUNDATION, INC.

Employer identification number

81-0739440

FORM 990, PART I, LINE 1

THE MISSION OF THE AMERICAN ONLINE GIVING FOUNDATION, INC. (THE "FOUNDATION") IS TO CONNECT CHARITIES WITH THE WORLD'S LARGEST COMPANIES AND THEIR EMPLOYEES, USING TECHNOLOGY TO TRANSFORM THE WAY THEY RECEIVE FUNDS AND FREE UP THEIR TIME AND RESOURCES TO FOCUS ON DELIVERING COMMUNITY IMPACT.

FORM 990, PART III, LINE 1

THE FOUNDATION WAS CREATED TO ENCOURAGE AND PROMOTE ONLINE GIVING BY PROVIDING DONORS WITH AN EFFICIENT AND CONVENIENT MEANS TO DONATE ELECTRONICALLY AND FROM WHICH TO RECOMMEND GRANTS TO THEIR FAVORITE CHARITIES.

THE FOUNDATION WAS ESTABLISHED WITH THE INTENTION AND PURPOSE THAT IT WILL BE OPERATED AS, AND SHALL AT ALL TIMES CONSTITUTE, AN ORGANIZATION DESCRIBED IN SECTION 170(B)(1)(A)(VI). THE FOUNDATION IS PARTICULARLY FOCUSED ON EFFICIENTLY INTEGRATING WITH CORPORATE EMPLOYEE GIVING PROGRAMS AND WILL OTHERWISE SEEK TO EDUCATE EMPLOYERS CONCERNING, AND TO PROMOTE, CORPORATE SOCIAL RESPONSIBILITY AND GENEROSITY BY INDIVIDUALS. THE FOUNDATION WILL ALSO SEEK TO MAXIMIZE THE CONVENIENCE OF CHARITABLE GIVING BY CORPORATIONS AND THEIR EMPLOYEES, WHILE AT THE SAME TIME MINIMIZING THE OVERALL ADMINISTRATIVE COSTS ASSOCIATED WITH SUCH GIVING. THE FOUNDATION'S PRINCIPAL ACTIVITY WILL BE PROVIDING CHARITABLE GRANTS TO QUALIFIED CHARITABLE BENEFICIARIES.

Employer Identification number 81-0739440

FORM 990, PART III, LINE 4A

THE FOUNDATION IS A US PUBLIC CHARITY THAT IS A SPONSORING ORGANIZATION OF DONOR-ADVISED FUNDS. THROUGH THE USE OF AN ONLINE MICRO-DONATION PLATFORM, INDIVIDUALS OR CORPORATE DONORS CAN MAKE DONATIONS AND RECOMMEND GRANTS TO ELIGIBLE CHARITIES. THE FOUNDATION MAY, IN ITS DISCRETION, MAKE GRANTS TO RECOMMENDED CHARITIES OR TO OTHER CHARITIES FOLLOWING ITS VERIFICATION AND APPROVAL PROCESS.

FORM 990, PART VI, LINE 11B

THE FORM 990 WAS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM WITH

INFORMATION PROVIDED BY MANAGEMENT. MANAGEMENT AND THE BOARD REVIEWED THE

RETURN PRIOR TO FILING.

FORM 990, PART VI, LINE 12C

ON AN ANNUAL BASIS EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A

COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS SHALL SIGN A STATEMENT
WHICH AFFIRMS SUCH PERSON:

- A. HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY,
- B. HAS READ AND UNDERSTANDS THE POLICY,
- C. HAS AGREED TO COMPLY WITH THE POLICY, AND
- D. UNDERSTANDS THE CORPORATION IS CHARITABLE AND IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.
- IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN

Name of the organization AMERICAN ONLINE GIVING FOUNDATION, INC.

Employer identification number 81~0739440

INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS.

AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE SHALL LEAVE THE GOVERNING BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS.

FORM 990, PART VI, LINE 19
IN ACCORDANCE WITH IRC SECTION 6104, THE FOUNDATION PROVIDES ITS MOST
RECENT FORMS 990 (WHICH PROVIDE FINANCIAL INFORMATION), AS WELL AS ITS
EXEMPT STATUS APPLICATION MATERIALS (WHICH INCLUDE ITS GOVERNING
DOCUMENTS AND THE CONFLICT OF INTEREST POLICY) TO THE PUBLIC UPON WRITTEN
REQUEST.

ATTACHMENT 1

FORM 990, PART VI, LINE 17 - STATES

AK, AR, CA, CT,

DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI,

MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,

RI, SC, TN, UT, VA, WA, WV, WI,