For Paperwork Reduction Act Notice, see the separate instructions.

Department of the

Treasury

# **Return of Organization Exempt From Income Tax**

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

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

► Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

2019

DLN: 93493120014571 OMB No. 1545-0047

> Open to Public Inspection

|                                |            | e 2019 c                  | I                                                                                                              | nning 10-01-2019 , and ending 09-              | -30-2  | 020             |                   |                 |                       |  |  |
|--------------------------------|------------|---------------------------|----------------------------------------------------------------------------------------------------------------|------------------------------------------------|--------|-----------------|-------------------|-----------------|-----------------------|--|--|
|                                |            | pplicable:                | C Name of organization                                                                                         | ming 10 01 2015 , and chaing 05                | 30 2   | 1               | D Employe         | er identif      | ication number        |  |  |
|                                |            | change                    | World Vision Inc                                                                                               |                                                |        |                 |                   |                 |                       |  |  |
| □ Na                           | me ch      | ange                      |                                                                                                                |                                                |        |                 | 95-1922           | 22/9            |                       |  |  |
| ☐ Ini                          |            |                           | Doing business as                                                                                              |                                                |        |                 |                   |                 |                       |  |  |
|                                |            | n/terminated              |                                                                                                                | nail is not delivered to street address) Room/ | /aita  |                 | E Telephon        | e number        |                       |  |  |
|                                |            | f return<br>on pending    | PO Boy 9716                                                                                                    | lail is not delivered to street address) Roomy | Suite  |                 | (253) 8           | 15-1000         |                       |  |  |
| _ · .p.                        | J.,, Care. | on ponung                 |                                                                                                                | ntry, and ZIP or foreign postal code           |        |                 | (233) 0           | 13 1000         |                       |  |  |
|                                |            |                           | Federal Way, WA 980639716                                                                                      | ,, 5 ,                                         |        |                 | <b>G</b> Gross re | ceints \$ 1.    | ,496,713,628          |  |  |
|                                |            |                           | <b>F</b> Name and address of princip                                                                           | al officer:                                    | П      | (a) Is this a   |                   |                 |                       |  |  |
|                                |            |                           | Edgar Sandoval                                                                                                 |                                                | "      | subordi         |                   | turri ioi       | □Yes <b>☑</b> No      |  |  |
|                                |            |                           | PO Box 9716<br>Federal Way, WA 980639716                                                                       |                                                | Н      | (b) Are all     |                   | es              | Yes No                |  |  |
| I Tax                          | -exen      | npt status:               | <b>.</b>                                                                                                       | (; , )                                         |        | include         |                   | :               |                       |  |  |
|                                | . 1 74     |                           | <b>☑</b> 501(c)(3) ☐ 501(c)( ) <b>◄</b>                                                                        | (insert no.) ☐ 4947(a)(1) or ☐ 527             | ⊣ н    | (c) Group 6     |                   | -               | instructions)         |  |  |
| J 99                           | ebsit      | e:► ww                    | w.worldvision.org                                                                                              |                                                | '      | (9) Gloup e     | xemption          | Hullibel        | 6170                  |  |  |
| V [2                           |            |                           | : 🗹 Corporation 🗌 Trust 🗎 Ass                                                                                  | - sinking Outhor S                             | LY     | ear of formati  | on: 1950          | M State         | of legal domicile: CA |  |  |
| N FOIT                         | 1 01 01    | ganization                | : 🖭 Corporation 🗀 Trust 🗀 Assi                                                                                 | ociation                                       |        |                 |                   |                 | _                     |  |  |
| Pa                             | ırt I      | Sum                       | mary                                                                                                           |                                                |        |                 |                   |                 |                       |  |  |
|                                |            |                           | scribe the organization's mission o                                                                            |                                                |        |                 |                   |                 |                       |  |  |
| e)                             | <u>\</u>   | Norld Visi                | on is a Christian humanitarian org                                                                             | ganization serving children and families       | global | lly.            |                   |                 |                       |  |  |
| e<br>E                         | _          |                           |                                                                                                                |                                                |        |                 |                   |                 |                       |  |  |
| Ë                              | -          |                           |                                                                                                                |                                                |        |                 |                   |                 |                       |  |  |
| Governance                     | 2          | Check thi                 | is box 🕨 🗌 if the organization di                                                                              | scontinued its operations or disposed of       | f more | than 25% c      | of its net a      | ssets.          |                       |  |  |
|                                | 3          | Number o                  | of voting members of the governi                                                                               | ng body (Part VI, line 1a)                     |        |                 |                   | 3               | 16                    |  |  |
| <b>დ</b><br>დე                 | 4          | Number o                  | of independent voting members o                                                                                | f the governing body (Part VI, line 1b)        |        |                 |                   | 4               | 15                    |  |  |
| Activities &                   | 5          | Total nun                 | nber of individuals employed in ca                                                                             | alendar year 2019 (Part V, line 2a) .          |        |                 |                   | 5               | 1,009                 |  |  |
| ⋛                              | 6          | Total nun                 | nber of volunteers (estimate if ne                                                                             | 6                                              | 39,895 |                 |                   |                 |                       |  |  |
| ď                              | 7a         | Total unr                 | elated business revenue from Par                                                                               |                                                | 7a     | -22,549         |                   |                 |                       |  |  |
|                                | b          | Net unrel                 | lated business taxable income fro                                                                              | m Form 990-T, line 39                          |        |                 |                   | 7b              | -29,999               |  |  |
|                                |            |                           |                                                                                                                |                                                |        | Prio            | r Year            |                 | Current Year          |  |  |
| g <sub>i</sub>                 | 8          | Contribut                 | tions and grants (Part VIII, line 1h                                                                           | )                                              |        | 1               | ,127,966,1        | 156             | 1,226,916,786         |  |  |
| Ravenue                        | 9          | Program                   | service revenue (Part VIII, line 2g                                                                            | 967,1                                          | 149    | 630,682         |                   |                 |                       |  |  |
| ۸څ                             | 10         | Investme                  | ent income (Part VIII, column (A),                                                                             | 5,529,0                                        | 061    | -7,655,518      |                   |                 |                       |  |  |
| _                              | 11         | Other rev                 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,129,124                             |                                                |        |                 |                   |                 |                       |  |  |
|                                | 12         | Total rev                 | enue—add lines 8 through 11 (m                                                                                 | ust equal Part VIII, column (A), line 12)      |        | 1               | ,135,591,4        | 190             | 1,220,294,518         |  |  |
|                                | 13         | Grants ar                 | nd similar amounts paid (Part IX,                                                                              | column (A), lines 1–3 )                        |        |                 | 912,934,1         | 137             | 984,706,559           |  |  |
|                                | 14         | Benefits                  | paid to or for members (Part IX, c                                                                             | 0                                              | 0      |                 |                   |                 |                       |  |  |
| 8                              | 15         | Salaries,                 | other compensation, employee be                                                                                | enefits (Part IX, column (A), lines 5-10)      | )      |                 | 108,118,3         | 345             | 45 108,633,576        |  |  |
| us(                            | 16a        | Professio                 | onal fundraising fees (Part IX, colu                                                                           | mn (A), line 11e)                              |        |                 | 13,655,9          | 5,962 4,641,749 |                       |  |  |
| Expenses                       | b          | Total fundr               | raising expenses (Part IX, column (D),                                                                         | line 25) ▶84,796,138                           |        |                 |                   |                 |                       |  |  |
| ū                              | 17         | Other exp                 | penses (Part IX, column (A), lines                                                                             | 11a-11d, 11f-24e)                              |        |                 | 114,399,885 103,  |                 |                       |  |  |
|                                | 18         | Total exp                 | enses. Add lines 13–17 (must eq                                                                                | ual Part IX, column (A), line 25)              |        | 1               | ,149,108,3        | 329             | 1,201,702,191         |  |  |
|                                | 19         | Revenue                   | less expenses. Subtract line 18 fr                                                                             | om line 12                                     |        |                 | -13,516,8         | 339             | 18,592,327            |  |  |
| \$ <del>8</del>                |            |                           |                                                                                                                |                                                |        | Beginning of    | f Current Y       | ear             | End of Year           |  |  |
| Net Assets or<br>Fund Balances |            |                           |                                                                                                                |                                                |        |                 |                   |                 |                       |  |  |
| Bal                            |            |                           | ets (Part X, line 16)                                                                                          |                                                |        |                 | 278,619,4         |                 | 304,280,458           |  |  |
| 잘                              |            |                           | ilities (Part X, line 26)                                                                                      |                                                |        |                 | 85,345,3          |                 | 87,772,074            |  |  |
| Zű                             | 22         | Net asset                 | ts or fund balances. Subtract line                                                                             | 21 from line 20                                |        |                 | 193,274,0         | 099             | 216,508,384           |  |  |
|                                | rt II      |                           | ature Block                                                                                                    |                                                |        |                 |                   |                 |                       |  |  |
|                                |            |                           |                                                                                                                | nined this return, including accompanyir       |        |                 |                   |                 |                       |  |  |
| any k                          |            |                           | <u> </u>                                                                                                       |                                                |        |                 |                   |                 |                       |  |  |
|                                |            | *****                     | *                                                                                                              |                                                |        | 2021            | 04-30             |                 |                       |  |  |
| c:an                           |            | Signati                   | ure of officer                                                                                                 |                                                |        | Date            | 04-30             |                 |                       |  |  |
| Sign<br>Here                   |            | N Daniela                 | T# C)/D, CFO                                                                                                   |                                                |        |                 |                   |                 |                       |  |  |
|                                |            |                           | ns Treff SVP, CFO<br>or print name and title                                                                   |                                                |        |                 |                   |                 |                       |  |  |
|                                |            | 17                        | rint/Type preparer's name                                                                                      | Preparer's signature                           | Date   |                 |                   | PTIN            |                       |  |  |
| Paid                           | 1          |                           |                                                                                                                | '                                              |        | Check<br>self-e |                   | 200721951       | 1                     |  |  |
| Pre <sub>l</sub>               |            | sr                        | irm's name                                                                                                     | 1                                              |        |                 | EIN ► 36-         | 3990892         |                       |  |  |
| Use                            |            | ı  -                      | Sanda adda a Arone Marie M | Culti- 200                                     |        |                 |                   |                 |                       |  |  |
| JJC                            | UII        | ' <b>y</b>   <sup>F</sup> | irm's address ► 345 Massachusetts Av                                                                           |                                                |        | Phone           | e no. (317) i     | 885-2620        |                       |  |  |
|                                |            |                           | Indianapolis, IN 4620                                                                                          | 4                                              |        |                 |                   |                 |                       |  |  |
| May t                          | he IR      | S discuss                 | this return with the preparer sho                                                                              | wn above? (see instructions)                   |        |                 |                   | <b>✓</b> γ      | res □No               |  |  |

Cat. No. 11282Y

Form **990** (2019)

| orm | 990 (2019)                                                                                                                                                                            |                         |                   |                                                      |                                                                         | Page <b>2</b>           |  |  |  |  |  |  |  |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------|------------------------------------------------------|-------------------------------------------------------------------------|-------------------------|--|--|--|--|--|--|--|
| Par | t III Statement                                                                                                                                                                       | of Program Servi        | ce Accomplis      | hments                                               |                                                                         |                         |  |  |  |  |  |  |  |
|     | ——<br>Check if Sche                                                                                                                                                                   | edule O contains a resp | onse or note to   | any line in this Part III                            |                                                                         | 🗆                       |  |  |  |  |  |  |  |
| 1   | Briefly describe the                                                                                                                                                                  | organization's mission: | :                 | •                                                    |                                                                         |                         |  |  |  |  |  |  |  |
|     |                                                                                                                                                                                       |                         |                   | ted to working with chil<br>stice. (Cont. on Sch O.) | ldren, families, and their communi                                      | ties worldwide to reach |  |  |  |  |  |  |  |
| 2   | -                                                                                                                                                                                     | , -                     |                   | · ,                                                  | hich were not listed on                                                 |                         |  |  |  |  |  |  |  |
|     |                                                                                                                                                                                       | or 990-EZ?              |                   |                                                      |                                                                         | ☐ Yes ☑ No              |  |  |  |  |  |  |  |
| _   | •                                                                                                                                                                                     | ese new services on So  |                   |                                                      |                                                                         |                         |  |  |  |  |  |  |  |
| 3   | Did the organization cease conducting, or make significant changes in how it conducts, any program                                                                                    |                         |                   |                                                      |                                                                         |                         |  |  |  |  |  |  |  |
|     | services?                                                                                                                                                                             |                         |                   |                                                      |                                                                         |                         |  |  |  |  |  |  |  |
|     | If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. |                         |                   |                                                      |                                                                         |                         |  |  |  |  |  |  |  |
| 4   | Section 501(c)(3) ar                                                                                                                                                                  |                         | ions are required | to report the amount of                              | largest program services, as mea<br>of grants and allocations to others |                         |  |  |  |  |  |  |  |
| 4a  | (Code:                                                                                                                                                                                | ) (Expenses \$          | 865,466,294       | including grants of \$                               | 839,461,918 ) (Revenue \$                                               | )                       |  |  |  |  |  |  |  |
|     | See Additional Data                                                                                                                                                                   |                         | . ,               |                                                      |                                                                         | ,                       |  |  |  |  |  |  |  |
| 4b  | (Code:                                                                                                                                                                                | ) (Expenses \$          | 192,749,806       | including grants of \$                               | 145,244,641 ) (Revenue \$                                               | 630,682 )               |  |  |  |  |  |  |  |
|     | See Additional Data                                                                                                                                                                   |                         |                   |                                                      |                                                                         |                         |  |  |  |  |  |  |  |
| 4c  | (Code:                                                                                                                                                                                | ) (Expenses \$          | 3,666,391         | including grants of \$                               | ) (Revenue \$                                                           | )                       |  |  |  |  |  |  |  |
|     | See Additional Data                                                                                                                                                                   |                         |                   |                                                      |                                                                         |                         |  |  |  |  |  |  |  |
| 4d  | Other program serv                                                                                                                                                                    | ices (Describe in Sched | dule O.)          |                                                      |                                                                         |                         |  |  |  |  |  |  |  |
|     | (Expenses \$                                                                                                                                                                          | inc                     | cluding grants of | \$                                                   | ) (Revenue \$                                                           | )                       |  |  |  |  |  |  |  |
| 4e  | Total program ser                                                                                                                                                                     | vice expenses ►         | 1,061,882,4       | 91                                                   |                                                                         |                         |  |  |  |  |  |  |  |
| 4e  | Total program ser                                                                                                                                                                     | vice expenses ▶         | 1,061,882,4       | 91                                                   |                                                                         | Fo                      |  |  |  |  |  |  |  |

| Form   | 990 (2019)                                                                                                                                                                                                                                                                                                                                                         |           |                                       | Page <b>3</b> |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------|---------------|
| Par    | tiV Checklist of Required Schedules                                                                                                                                                                                                                                                                                                                                |           | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |               |
| 1      | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A                                                                                                                                                                                                                                  | 1         | Yes                                   | No_           |
| 2<br>3 | Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?                                                                                                                                                                                                                                                           | 2         | Yes                                   | No            |
| 4      | for public office? If "Yes," complete Schedule C, Part I                                                                                                                                                                                                                                                                                                           | 3         |                                       |               |
| 5      | election in effect during the tax year? If "Yes," complete Schedule C, Part II $\mathfrak D$                                                                                                                                                                                                                                                                       | 4         | Yes                                   |               |
|        | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 🖏 .                                                                                                                                                                                                                                                 | 5         |                                       | No            |
| 6      | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part   2                                                                                                    | 6         | Yes                                   |               |
| 7      | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II                                                                                                                                                     | 7         |                                       | No            |
| 8      | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III 2                                                                                                                                                                                                         | 8         |                                       | No            |
| 9      | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV                                                                      | 9         |                                       | No            |
| 10     | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>                                                                                                                                                        | 10        | Yes                                   |               |
|        | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.                                                                                                                                                                                                                    |           |                                       |               |
|        | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 2                                                                                                                                                                                                                             | 11a       | Yes                                   |               |
|        | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🥞                                                                                                                                                                                                                                                                                      | 11b       |                                       | No            |
|        | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII                                                                                                                                                              | 11c       |                                       | No            |
|        | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX                                                                                                                                                                               | 11d       | Yes                                   |               |
|        | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏                                                                                                                                                                                                                                            | 11e       | Yes                                   |               |
|        | 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 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | 11f       | Yes                                   |               |
|        | Schedule D, Parts XI and XII 🖢                                                                                                                                                                                                                                                                                                                                     | 12a       |                                       | No            |
| 13     | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                  | 12b       | Yes                                   |               |
|        | Did the organization maintain an office, employees, or agents outside of the United States?                                                                                                                                                                                                                                                                        | 13<br>14a |                                       | No<br>No      |
|        | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV                                                          | 14b       | Yes                                   |               |
| 15     | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV                                                                                                                                                                     | 15        | Yes                                   |               |
| 16     | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV                                                                                                                                                               | 16        |                                       | No            |
| 17     | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)                                                                                                                                                      | 17        | Yes                                   |               |
| 18     | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II                                                                                                                                                                                     | 18        | Yes                                   |               |
| 19     | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III                                                                                                                                                                                                               | 19        |                                       | No            |
|        | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                                                                                                                                                    | 20a       |                                       | No            |
| 21     | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic                                                                                                                                                                                                                                               | 20b<br>21 | Yes                                   |               |
|        | government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II                                                                                                                                                                                                                                                                           |           | Form <b>99</b>                        | 0 (2019)      |

| rm ' | 990 (2019)                                                                                                                                                                                                                                                                                                                                                                        |     |     | Page <b>4</b> |  |  |  |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|---------------|--|--|--|
| Par  | Checklist of Required Schedules (continued)                                                                                                                                                                                                                                                                                                                                       |     |     |               |  |  |  |
| _    |                                                                                                                                                                                                                                                                                                                                                                                   |     | Yes | No            |  |  |  |
|      | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III                                                                                                                                                                                         | 22  |     | No            |  |  |  |
| 3    | 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  | Yes |               |  |  |  |
|      | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a                                                                                                    | 24a |     | No            |  |  |  |
| b    | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                                                                                                                                                                                                                                                                                 | 24b |     |               |  |  |  |
| 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 |     |               |  |  |  |
|      | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I                                                                                                                                                                        | 25a |     | No            |  |  |  |
| b    | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I                                                                                                               | 25b |     | No            |  |  |  |
|      | Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II                                                         |     |     |               |  |  |  |
| 7    | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III |     |     |               |  |  |  |
|      | 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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV                                                                                                                                                                                                                              | 28a |     | No            |  |  |  |
| b    | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV                                                                                                                                                                                                                                                                                   | 28b |     | No            |  |  |  |
| С    | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV                                                                                                                                                                                                                                     | 28c |     | No            |  |  |  |
| 9    | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐒                                                                                                                                                                                                                                                                        | 29  | Yes |               |  |  |  |
| 0    | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M                                                                                                                                                                                                          | 30  |     | No            |  |  |  |
| L    | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I                                                                                                                                                                                                                                                                | 31  |     | No            |  |  |  |
| 2    | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II                                                                                                                                                                                                                                              | 32  |     | No            |  |  |  |
| 3    | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I                                                                                                                                                                                              | 33  | Yes |               |  |  |  |
| 4    | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1                                                                                                                                                                                                                                          | 34  | Yes |               |  |  |  |
| 5a   | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                                                                                           | 35a | Yes |               |  |  |  |
| 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 |     | No            |  |  |  |
| 6    | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2                                                                                                                                                                                                          | 36  |     | No            |  |  |  |
| 7    | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI                                                                                                                                                     | 37  |     | No            |  |  |  |
| 8    | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O                                                                                                                                                                                               | 38  | Yes |               |  |  |  |
| Par  | Statements Regarding Other IRS Filings and Tax Compliance                                                                                                                                                                                                                                                                                                                         |     |     |               |  |  |  |
|      | Check if Schedule O contains a response or note to any line in this Part V                                                                                                                                                                                                                                                                                                        | • ; |     |               |  |  |  |
| 12   | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   205                                                                                                                                                                                                                                                                                           |     | Yes | No            |  |  |  |
|      | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable                                                                                                                                                                                                                                                                                                   |     |     |               |  |  |  |

**1**c

| -01111  | 990 (2019)                                                                                                                                                                                                                                                                                   |            |     | Page 5   |  |  |  |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----|----------|--|--|--|
| Pai     | Statements Regarding Other IRS Filings and Tax Compliance (continued)                                                                                                                                                                                                                        |            |     |          |  |  |  |
| 2a      | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return                                                                                                                |            |     |          |  |  |  |
|         | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)                                                                    | 2b         | Yes |          |  |  |  |
| 3a      | Did the organization have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                                                                                | 3a         | Yes |          |  |  |  |
| b       | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O                                                                                                                                                                                  | 3b         | Yes |          |  |  |  |
|         | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country: | 4a         |     | No       |  |  |  |
|         | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                                                   | 5a         |     | Na       |  |  |  |
|         | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                                                                             |            |     | No<br>No |  |  |  |
| b       |                                                                                                                                                                                                                                                                                              | 5b         |     | NO       |  |  |  |
|         | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?                                                                                                                                                                                                                           | 5c         |     |          |  |  |  |
|         | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?                                                                                      | 6a         |     | No       |  |  |  |
|         | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?                                                                                                                                                | <b>6</b> b |     |          |  |  |  |
|         | Organizations that may receive deductible contributions under section 170(c).                                                                                                                                                                                                                |            |     |          |  |  |  |
|         | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?                                                                                                                                              | 7a         | Yes |          |  |  |  |
|         | If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                                                                                                                                                              | 7b         | Yes |          |  |  |  |
|         | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?                                                                                                                                                         | 7c         |     | No       |  |  |  |
|         | 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?                                                                                                                                                                              | 7e<br>7f   |     | No<br>No |  |  |  |
| f       |                                                                                                                                                                                                                                                                                              |            |     |          |  |  |  |
| _       | 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?                                                                                                                                                           | 7h         |     |          |  |  |  |
| 8       | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?                                                                                               | 8          |     | No       |  |  |  |
| 9       | Sponsoring organizations maintaining donor advised funds.                                                                                                                                                                                                                                    |            |     |          |  |  |  |
| а       | Did the sponsoring organization make any taxable distributions under section 4966?                                                                                                                                                                                                           | 9a         |     | No       |  |  |  |
| b       | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?                                                                                                                                                                                            | 9b         |     | No       |  |  |  |
| 10      | Section 501(c)(7) organizations. Enter:                                                                                                                                                                                                                                                      |            |     |          |  |  |  |
|         | Initiation fees and capital contributions included on Part VIII, line 12 10a                                                                                                                                                                                                                 |            |     |          |  |  |  |
|         | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b                                                                                                                                                                                              |            |     |          |  |  |  |
| 11      | Section 501(c)(12) organizations. Enter:                                                                                                                                                                                                                                                     |            |     |          |  |  |  |
| a       | Gross income from members or shareholders                                                                                                                                                                                                                                                    |            |     |          |  |  |  |
| D       | 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?                                                                                                                                                                                   | 12a        |     |          |  |  |  |
| b       | If "Yes," enter the amount of tax-exempt interest received or accrued during the year.                                                                                                                                                                                                       |            |     |          |  |  |  |
| 13      | Section 501(c)(29) qualified nonprofit health insurance issuers.                                                                                                                                                                                                                             |            |     |          |  |  |  |
|         | Is the organization licensed to issue qualified health plans in more than one state?                                                                                                                                                                                                         | 13a        |     |          |  |  |  |
|         | 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                                                                                                                                                                                                                                                         |            |     |          |  |  |  |
|         | 14a                                                                                                                                                                                                                                                                                          |            | No  |          |  |  |  |
| b<br>4- | 14b                                                                                                                                                                                                                                                                                          |            |     |          |  |  |  |
| 15      | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?                                                                                                                                   | 15         |     | No       |  |  |  |
| 16      | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.                                                                                                                                    | 16         |     | No       |  |  |  |

| orm ' | 990 (2019)                                                                                                                                                                                                                                                                                      |      |           | Page <b>6</b> |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------|---------------|
| Parl  | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI |      | onse to i | ines          |
| Sec   | tion A. Governing Body and Management                                                                                                                                                                                                                                                           |      |           |               |
|       |                                                                                                                                                                                                                                                                                                 |      | Yes       | No            |
| 1a    | Enter the number of voting members of the governing body at the end of the tax year 1a 16                                                                                                                                                                                                       |      |           |               |
|       | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.                                                                               |      |           |               |
| b     | Enter the number of voting members included in line 1a, above, who are independent  1b 15                                                                                                                                                                                                       |      |           |               |
|       | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?                                                                                                                           | 2    |           | No            |
|       | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?                                                                             | 3    |           | No            |
|       | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .                                                                                                                                                                              | 4    |           | No            |
| 5     | Did the organization become aware during the year of a significant diversion of the organization's assets?                                                                                                                                                                                      | 5    |           | No            |
| 6     | Did the organization have members or stockholders?                                                                                                                                                                                                                                              | 6    |           | No            |
|       | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?                                                                                                                                              | 7a   |           | No            |
| b     | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?                                                                                                                                       | 7b   |           | No            |
|       | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                                                                                                                                               |      |           |               |
| а     | The governing body?                                                                                                                                                                                                                                                                             | 8a   | Yes       |               |
| b     | Each committee with authority to act on behalf of the governing body?                                                                                                                                                                                                                           | 8b   | Yes       |               |
|       | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O                                                                                    | 9    |           | No            |
| Sec   | ction B. Policies (This Section B requests information about policies not required by the Internal Revenue                                                                                                                                                                                      | Code | ⊋.)       | _             |
|       |                                                                                                                                                                                                                                                                                                 |      | Yes       | No            |
| 10a   | Did the organization have local chapters, branches, or affiliates?                                                                                                                                                                                                                              | 10a  |           | No            |
|       | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?                                                                      | 10b  |           |               |
|       | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?                                                                                                                                                                     | 11a  | Yes       |               |
| b     | Describe in Schedule O the process, if any, used by the organization to review this Form 990                                                                                                                                                                                                    |      |           | -             |
| 12a   | Did the organization have a written conflict of interest policy? If "No," go to line 13                                                                                                                                                                                                         | 12a  | Yes       |               |
| b     | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?                                                                                                                                                             | 12b  | Yes       |               |
| c     | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done                                                                                                                                              | 12c  | Yes       |               |
| 13    | Did the organization have a written whistleblower policy?                                                                                                                                                                                                                                       | 13   | Yes       |               |
| 14    | Did the organization have a written document retention and destruction policy?                                                                                                                                                                                                                  | 14   | Yes       |               |
|       | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                                                                            |      |           |               |
| а     | The organization's CEO, Executive Director, or top management official                                                                                                                                                                                                                          | 15a  | Yes       |               |
| b     | Other officers or key employees of the organization                                                                                                                                                                                                                                             | 15b  | Yes       |               |
|       | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).                                                                                                                                                                                                             |      |           |               |
|       | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?                                                                                                                                           | 16a  |           | No            |
| b     | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?    |      |           |               |
|       |                                                                                                                                                                                                                                                                                                 | 16b  |           |               |
|       | tion C. Disclosure                                                                                                                                                                                                                                                                              |      |           |               |
| 17    | List the states with which a copy of this Form 990 is required to be filed▶  CA                                                                                                                                                                                                                 |      |           |               |
|       | Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.                                                                           |      |           |               |
| 19    | Own website Another's website Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.                     |      |           |               |
|       | State the name, address, and telephone number of the person who possesses the organization's books and records:  Dennifer Brenner 34834 Weyerhaeuser Way S Federal Way, WA 98001 (253) 815-1000                                                                                                 |      |           |               |
|       |                                                                                                                                                                                                                                                                                                 | _    |           | 0 /2010       |

(A)

Name and title

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

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

✓

(F)

Estimated

amount of other

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount

of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000

of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the

organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

(C)

Position (do not check more

than one box, unless person

(D)

Reportable

compensation

(E)

Reportable

compensation

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(B)

Average

hours per

week (list is both an officer and a from the from related compensation director/trustee) any hours organization organizations from the for related (W-2/1099-(W-2/1099organization and Individual trustee or director Highest compensatemployee Former organizations MISC) MISC) related Institutional Trustee below dotted organizations employee line) Ē See Additional Data Table

| Form 990 (2019)                                                                             |                                                       |                                   |                       |                        | _                                                  |                              |        |                             |                                         |                                                      | / 1°  | ·                                          | Page <b>8</b>                     |
|---------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------|-----------------------|------------------------|----------------------------------------------------|------------------------------|--------|-----------------------------|-----------------------------------------|------------------------------------------------------|-------|--------------------------------------------|-----------------------------------|
| Part VII Section A. Officers, Direct (A) Name and title                                     | (B) Average hours per week (list any hours            | Position than of is b             | on (do                | (C)<br>lo no<br>lox, u | c)<br>ot ch<br>unle                                | neck mo<br>ess pers          | ore    | Rep-<br>comp<br>fro<br>orga | (D) portable pensation om the anization | (E) Reportable compensatio from related organization | n a   | (F<br>Estima<br>amount o<br>compen<br>from | ated<br>of other<br>sation<br>the |
|                                                                                             | for related<br>organizations<br>below dotted<br>line) | Individual trustee<br>or director | Institutional Trustee | Officer                | Key employee                                       | Highest compensated employee | Former |                             | 2/1099-<br>MISC)                        | (W-2/1099-<br>MISC)                                  |       | organizat<br>relat<br>organiz              | :ed                               |
| See Additional Data Table                                                                   |                                                       |                                   |                       |                        |                                                    |                              |        |                             |                                         |                                                      |       |                                            |                                   |
|                                                                                             |                                                       |                                   | <u> </u>              | lacksquare             | $ar{\perp}$                                        | <u> </u>                     |        |                             |                                         |                                                      |       |                                            |                                   |
|                                                                                             |                                                       | <u> </u>                          |                       | <u> </u>               | _                                                  | <u> </u>                     |        |                             |                                         |                                                      | $\pm$ |                                            |                                   |
|                                                                                             |                                                       |                                   | igspace               | lacksquare             | lacksquare                                         |                              |        |                             |                                         |                                                      |       |                                            |                                   |
|                                                                                             |                                                       |                                   | $\vdash$              | $\vdash$               | $\vdash$                                           | $\vdash$                     |        |                             |                                         |                                                      | +     |                                            |                                   |
|                                                                                             |                                                       |                                   |                       | L                      | $\perp$                                            |                              |        |                             |                                         |                                                      |       |                                            |                                   |
|                                                                                             | <del> </del>                                          |                                   | <del> </del>          | $\perp$                | $\vdash$                                           | <del> </del>                 |        | <u> </u>                    |                                         |                                                      | -     |                                            |                                   |
| 1b Sub-Total                                                                                |                                                       |                                   |                       |                        | . <del>'                                    </del> | <b> </b>                     |        | 3,                          | ,804,461                                |                                                      | 0     |                                            | 802,672                           |
| Total number of individuals (including<br>of reportable compensation from the               | but not limited                                       | to thos                           |                       |                        | -vods                                              | e) who                       | ) rec  | eived mo                    | ore than \$                             | 100,000                                              | •     |                                            |                                   |
| 3 Did the organization list any former line 1a? If "Yes," complete Schedule 3               |                                                       |                                   |                       |                        |                                                    | loyee,                       |        | ghest co                    | mpensate                                | d employee on                                        | 3     | <b>Yes</b><br>Yes                          | No                                |
| 4 For any individual listed on line 1a, is organization and related organization individual |                                                       |                                   |                       |                        |                                                    |                              |        |                             |                                         | om the                                               | 4     | Yes                                        |                                   |
| 5 Did any person listed on line 1a receiver services rendered to the organization           |                                                       | •                                 |                       |                        |                                                    |                              |        | _                           |                                         |                                                      | 5     | 103                                        | No                                |
| Section B. Independent Contract  Complete this table for your five high                     | est compensate                                        |                                   |                       |                        |                                                    |                              |        |                             |                                         |                                                      | mpens | ation                                      |                                   |
| from the organization. Report comper                                                        | (A)                                                   |                                   | year                  | end                    | gnit                                               | with o                       | r wit  | thin the c                  | T                                       | (B)                                                  |       | (0                                         |                                   |
| Thriving Children Advocates LLC                                                             | and business addre                                    | 355                               |                       |                        |                                                    |                              |        |                             | Marketing                               | scription of services                                |       | Comper<br>7                                | 1,168,980                         |
| 7106 Crossroads Blvd Ste 215 Brentwood, TX 37027 Southwest Media Group                      |                                                       |                                   |                       |                        |                                                    |                              |        |                             | Marketing                               |                                                      |       | 2                                          | 2,277,326                         |
| 1717 Main St 40th Flr<br>Dallas, TX 75201                                                   |                                                       |                                   |                       |                        |                                                    |                              |        |                             |                                         |                                                      |       |                                            |                                   |
| Kaye Smith Business Graphics  Marketing  PO Box 956                                         |                                                       |                                   |                       |                        |                                                    |                              |        | 1                           | ,820,754                                |                                                      |       |                                            |                                   |
| Renton, WA 98057 Desert Research Institute                                                  |                                                       |                                   |                       |                        |                                                    |                              |        |                             | Capacity B                              | Building                                             |       | 1                                          | ,800,000                          |
| 2215 Raggio Pkwy<br>Reno, NV 89512<br>BrandAlliance LLC                                     |                                                       |                                   |                       |                        |                                                    |                              |        |                             | Marketing                               |                                                      |       | 1                                          | .,337,517                         |
| 13325 South Point Blvd Ste 100<br>Charlotte, NC 28273                                       |                                                       |                                   |                       |                        |                                                    |                              |        |                             |                                         |                                                      |       |                                            |                                   |
| 2 Total number of independent contractor compensation from the organization ▶               |                                                       | : not lim                         | ited t                | to th                  | ıose                                               | listed                       | abov   | ve) who r                   | received r                              | more than \$100,0                                    |       | 00                                         | <b>0</b> (2019)                   |
|                                                                                             |                                                       |                                   |                       |                        |                                                    |                              |        |                             |                                         |                                                      |       | rorm 99                                    | <b>U</b> (2019)                   |

|                                                           |                          | (2019)                                                                                     |                                           |                |                    |                      |                        |                                        |                                         | Page <b>9</b>                                          |
|-----------------------------------------------------------|--------------------------|--------------------------------------------------------------------------------------------|-------------------------------------------|----------------|--------------------|----------------------|------------------------|----------------------------------------|-----------------------------------------|--------------------------------------------------------|
| Part                                                      | VIII                     | Statement Check if Scheo                                                                   |                                           |                | resno              | onse or note to any  | line in this Part VIII |                                        |                                         | 🗆                                                      |
|                                                           |                          | Check if Sched                                                                             | auic                                      | O contains t   | тезро              | wise of flore to any | (A)<br>Total revenue   | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| . s                                                       | 1a                       | Federated campa                                                                            | aigns                                     | ·              | 1a                 | 1,672,000            |                        |                                        |                                         |                                                        |
| ant                                                       | Ŀ                        | Membership due                                                                             | s .                                       | . [            | <b>1</b> b         |                      |                        |                                        |                                         |                                                        |
| بر<br>س                                                   | (                        | : Fundraising even                                                                         | ts .                                      | . [            | 1c                 | 2,432,227            |                        |                                        |                                         |                                                        |
| Contributions, Gifts, Grants<br>and Other Similar Amounts | (                        | Related organiza                                                                           | tions                                     |                | 1d                 |                      |                        |                                        |                                         |                                                        |
| s, G<br>m:                                                |                          | Government grants                                                                          |                                           | · I            | 1e                 | 425,780,293          |                        |                                        |                                         |                                                        |
| ion<br>I Si                                               | f                        | All other contribution and similar amounts                                                 |                                           |                | 1f                 | 797,032,266          |                        |                                        |                                         |                                                        |
| Contributions, Gifts, Grants<br>and Other Similar Amounts | ١                        | above<br>Noncash contribution                                                              | ns in                                     | cluded in      |                    |                      |                        |                                        |                                         |                                                        |
| ont<br>id O                                               |                          | lines 1a - 1f:\$                                                                           |                                           | l              | <b>1</b> g         | 408,489,589          |                        |                                        |                                         |                                                        |
| <u>ة</u> ك                                                | ا                        | <b>1 Total.</b> Add lines                                                                  | 1a-1                                      | f              | •                  | >                    | 1,226,916,786          |                                        |                                         |                                                        |
|                                                           |                          |                                                                                            |                                           |                |                    | Business Code        | 630,682                | 630,682                                |                                         |                                                        |
| o                                                         | 2a                       | Other Program Service                                                                      | ces                                       |                |                    | 900099               | 030,002                | 030,002                                |                                         |                                                        |
| len.                                                      | b                        |                                                                                            |                                           |                |                    |                      |                        |                                        |                                         |                                                        |
| á                                                         | _                        |                                                                                            |                                           |                |                    |                      |                        |                                        |                                         |                                                        |
| vice                                                      | С                        |                                                                                            |                                           |                |                    |                      |                        |                                        |                                         |                                                        |
| Se l                                                      | d                        |                                                                                            |                                           |                |                    |                      |                        |                                        |                                         |                                                        |
| Program Service Revenue                                   | _                        |                                                                                            |                                           |                |                    |                      |                        |                                        |                                         |                                                        |
| δ                                                         | е                        |                                                                                            |                                           |                |                    |                      |                        |                                        |                                         |                                                        |
|                                                           |                          | All other program                                                                          |                                           |                |                    |                      |                        |                                        |                                         |                                                        |
|                                                           |                          | Total. Add lines 2                                                                         |                                           |                |                    | 630,682              | 1                      |                                        |                                         |                                                        |
|                                                           |                          | investment income imilar amounts)                                                          | •                                         | cluding divide |                    | nterest, and other   | 3,880,554              |                                        | -22,549                                 | 3,903,103                                              |
|                                                           |                          | ncome from invest                                                                          | mer                                       | nt of tax-exe  | mpt bo             | ond proceeds         | <u> </u>               |                                        |                                         | 6.004                                                  |
|                                                           | 5 F                      | Royalties                                                                                  | ·                                         | (i) Rea        |                    | (ii) Personal        | 6,904                  |                                        |                                         | 6,904                                                  |
|                                                           |                          |                                                                                            |                                           |                |                    |                      | _                      |                                        |                                         |                                                        |
|                                                           |                          | Gross rents                                                                                | 6a                                        | 1,0            | 012,631            | 1                    |                        |                                        |                                         |                                                        |
|                                                           | b                        | Less: rental expenses                                                                      | ;                                         | 392,602        | 2                  |                      |                        |                                        |                                         |                                                        |
|                                                           |                          | Rental income or (loss) 6c 620,029                                                         |                                           |                |                    |                      |                        |                                        |                                         |                                                        |
|                                                           |                          | Net rental income                                                                          | or                                        | l<br>(loss)    | •                  |                      | 620,029                |                                        |                                         | 620,029                                                |
|                                                           |                          | (i) Securities (ii) Other                                                                  |                                           |                |                    | (ii) Other           |                        |                                        |                                         |                                                        |
|                                                           |                          | Gross amount<br>from sales of<br>assets other<br>than inventory                            | ales of <b>7a</b> 262,677,085 1,530 other |                |                    |                      | 3                      |                                        |                                         |                                                        |
|                                                           |                          | Less: cost or other basis and sales expenses                                               | 7b                                        | 273,9          | 925,982            | 1,817,243            | 3                      |                                        |                                         |                                                        |
|                                                           | С                        | Gain or (loss)                                                                             | 7c                                        | -11,2          | 248,897            | -287,175             | 5                      |                                        |                                         |                                                        |
|                                                           |                          | Net gain or (loss)                                                                         |                                           |                |                    |                      | -11,536,072            |                                        |                                         | -11,536,072                                            |
| Other Revenue                                             |                          | Gross income from fu<br>(not including \$<br>contributions reporte<br>See Part IV, line 18 | 2<br>d on                                 | ,432,227 of    | 8a                 | 28,478               |                        |                                        |                                         |                                                        |
| ۾<br>۾                                                    |                          | Less: direct expen                                                                         |                                           |                | 8b                 | 283,283              | _                      |                                        |                                         |                                                        |
| the                                                       | C                        | Net income or (los                                                                         | s) fr                                     | om fundrais    | ing ev             | ents 🕨               | -254,805               |                                        |                                         | -254,805                                               |
|                                                           |                          | Gross income from<br>See Part IV, line 19                                                  | •                                         |                | 9a                 |                      |                        |                                        |                                         |                                                        |
|                                                           |                          | Less: direct expen<br>Net income or (los                                                   |                                           |                | <b>9b</b> activiti | ies                  | _                      |                                        |                                         |                                                        |
|                                                           |                          |                                                                                            |                                           |                |                    | • •                  |                        |                                        |                                         |                                                        |
|                                                           |                          | Gross sales of invertering and allowed                                                     | nce                                       | s              | 10a                |                      | -                      |                                        |                                         |                                                        |
|                                                           |                          | Less: cost of good<br>Net income or (los                                                   |                                           |                |                    |                      | Т                      |                                        |                                         |                                                        |
|                                                           |                          | Miscellaneo                                                                                |                                           |                |                    | Business Code        |                        |                                        |                                         |                                                        |
|                                                           | 11a <sub>Recycling</sub> |                                                                                            |                                           |                |                    | 900099               | 7,630                  |                                        |                                         | 7,630                                                  |
|                                                           | b                        |                                                                                            |                                           |                |                    |                      |                        |                                        |                                         |                                                        |
|                                                           | С                        |                                                                                            |                                           |                |                    |                      |                        |                                        |                                         |                                                        |
|                                                           |                          | All other revenue                                                                          |                                           |                |                    |                      | 22,810                 |                                        |                                         | 22,810                                                 |
|                                                           |                          | <b>Total.</b> Add lines 1                                                                  |                                           |                |                    | •                    | 30,440                 |                                        |                                         |                                                        |
|                                                           | 12                       | Total revenue. S                                                                           | ee ir                                     | nstructions    |                    | • • • •              | 1,220,294,518          | 630,682                                | -22,549                                 | -7,230,401                                             |
|                                                           |                          |                                                                                            |                                           |                |                    |                      |                        |                                        |                                         | Form <b>990</b> (2019)                                 |

| Form 990 (2019)                                                                                                                                                                                      |                        |                                           |                                                  | Page <b>10</b>                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------------------------------|--------------------------------------------------|---------------------------------------|
| Part IX Statement of Functional Expenses                                                                                                                                                             |                        |                                           |                                                  |                                       |
| Section 501(c)(3) and 501(c)(4) organizations must co                                                                                                                                                |                        | _                                         |                                                  | ımn (A).                              |
| Check if Schedule O contains a response or note to an                                                                                                                                                | y line in this Part IX |                                           |                                                  | <u>U</u>                              |
| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.                                                                                                                       | (A)<br>Total expenses  | <b>(B)</b><br>Program service<br>expenses | <b>(C)</b><br>Management and<br>general expenses | <b>(D)</b><br>Fundraising<br>expenses |
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21                                                                                               | 145,240,088            | 145,240,088                               |                                                  |                                       |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22                                                                                                                   | 4,553                  | 4,553                                     |                                                  |                                       |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.                                                                  | 839,461,918            | 839,461,918                               |                                                  |                                       |
| <b>4</b> Benefits paid to or for members                                                                                                                                                             |                        |                                           |                                                  |                                       |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees                                                                                                                    | 2,694,770              | 464,295                                   | 1,773,150                                        | 457,325                               |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)                                               |                        |                                           |                                                  |                                       |
| <b>7</b> Other salaries and wages                                                                                                                                                                    | 83,951,201             | 18,469,264                                | 28,543,408                                       | 36,938,529                            |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)                                                                                                | 5,704,018              | 1,254,884                                 | 1,939,366                                        | 2,509,768                             |
| 9 Other employee benefits                                                                                                                                                                            | 10,104,913             | 2,638,473                                 | 2,301,557                                        | 5,164,883                             |
| <b>10</b> Payroll taxes                                                                                                                                                                              | 6,178,674              | 1,359,308                                 | 2,100,749                                        | 2,718,617                             |
| 11 Fees for services (non-employees):                                                                                                                                                                |                        |                                           |                                                  |                                       |
| a Management                                                                                                                                                                                         |                        |                                           |                                                  |                                       |
| <b>b</b> Legal                                                                                                                                                                                       | 80,305                 |                                           | 62,750                                           | 17,555                                |
| c Accounting                                                                                                                                                                                         | 480,249                | 37,603                                    | 442,646                                          |                                       |
| <b>d</b> Lobbying                                                                                                                                                                                    | 184                    | 184                                       |                                                  |                                       |
| e Professional fundraising services. See Part IV, line 17                                                                                                                                            | 4,641,749              |                                           |                                                  | 4,641,749                             |
| f Investment management fees                                                                                                                                                                         | 548,596                |                                           | 548,596                                          | _                                     |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)                                                                                         | 11,657,265             | 4,953,060                                 | 2,807,391                                        | 3,896,814                             |
| 12 Advertising and promotion                                                                                                                                                                         | 9,704,502              | 447,212                                   | 671,588                                          | 8,585,702                             |
| 13 Office expenses                                                                                                                                                                                   | 24,944,893             | 6,783,279                                 | 6,437,154                                        | 11,724,460                            |
| 14 Information technology                                                                                                                                                                            | 4,466,366              | 554,083                                   | 3,028,254                                        | 884,029                               |
| 15 Royalties                                                                                                                                                                                         |                        |                                           |                                                  |                                       |
| <b>16</b> Occupancy                                                                                                                                                                                  | 1,893,015              | 1,326,958                                 | 5,459                                            | 560,598                               |
| <b>17</b> Travel                                                                                                                                                                                     | 3,274,243              | 454,904                                   | 195,595                                          | 2,623,744                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials .                                                                                                  |                        |                                           |                                                  |                                       |
| 19 Conferences, conventions, and meetings                                                                                                                                                            | 4,579,537              | 636,254                                   | 273,570                                          | 3,669,713                             |
| <b>20</b> Interest                                                                                                                                                                                   | 6,563                  |                                           | 6,563                                            |                                       |
| 21 Payments to affiliates                                                                                                                                                                            |                        |                                           |                                                  |                                       |
| 22 Depreciation, depletion, and amortization                                                                                                                                                         | 4,114,955              | 1,115,382                                 | 2,788,581                                        | 210,992                               |
| 23 Insurance                                                                                                                                                                                         | 440,653                |                                           | 440,653                                          |                                       |
| 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 Domestic GIK Ministry                                                                                                                                                                              | 36,560,662             | 36,560,662                                |                                                  |                                       |
| <b>b</b> Repairs and Maintenance                                                                                                                                                                     | 968,319                | 120,127                                   | 656,532                                          | 191,660                               |
| c                                                                                                                                                                                                    |                        |                                           |                                                  |                                       |
| d                                                                                                                                                                                                    |                        |                                           |                                                  |                                       |

1,201,702,191

2,084,515

1,061,882,491

558,979

55,023,562

521,959

e All other expenses

25 Total functional expenses. Add lines 1 through 24e

**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).

84,796,138

1,003,577

Form **990** (2019)

Form 990 (2019)

Liabilities

Fund Balances

ō 29

Assets 30

27

28

31

32

33

(B)

End of year

5

6

7

8

9

10c

11

12 13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

141.264

29.306.786

19,333,272

45,429,347

17,053,667

104.552.356

27,107,140

278,619,466

38,746,738

19.663.002

12,367,646

14,567,981

85.345.367

77,170,015

116,104,084

193,274,099

278,619,466

Page **11** 

519,133

6,666,572

15,261,092 9.639.742

138.776

33.211.570

31,954,546

41,965,869

139,282,926

25,640,232

304,280,458

38,663,772

27.125.513

7,937,926

14,044,863

87.772.074

86,324,102

130,184,282

216,508,384

304,280,458

Form 990 (2019)

| 1 | Cash-non-interest-bearing              | 579,014    | 1 |  |
|---|----------------------------------------|------------|---|--|
| 2 | Savings and temporary cash investments | 4,262,065  | 2 |  |
| 3 | Pledges and grants receivable, net     | 27,659,238 | ω |  |
| 4 | Accounts receivable, net               | 3,195,317  | 4 |  |

84.531,280

42,565,411

Beginning of year

3 Accounts receivable, net . . . . Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled 

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).

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

Notes and loans receivable, net . . .

Assets Inventories for sale or use .

Prepaid expenses and deferred charges .

10a 10b

basis. Complete Part VI of Schedule D

Investments—publicly traded securities .

10a Land, buildings, and equipment: cost or other b Less: accumulated depreciation

Investments—program-related. See Part IV, line 11

Investments—other securities. See Part IV, line 11 . Intangible assets . Other assets. See Part IV, line 11 . . .

11

12 13 14 15 16

Accounts payable and accrued expenses Grants payable .

Total assets. Add lines 1 through 15 (must equal line 34) . Deferred revenue . . .

17 18 19 20 Tax-exempt bond liabilities . 21

22

Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity 

23 Secured mortgages and notes payable to unrelated third parties

24

Unsecured notes and loans payable to unrelated third parties 25

and other liabilities not included on lines 17 - 24).

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

complete lines 29 through 33.

Total net assets or fund balances

Other liabilities (including federal income tax, payables to related third parties, 26 Total liabilities. Add lines 17 through 25 . .

Organizations that follow FASB ASC 958, check here <a> \square</a> and

Organizations that do not follow FASB ASC 958, check here > \(\begin{align\*} \text{and} \\ \text{and} \end{align\*}

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

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

3a

3b

Yes

Yes (2019)

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Audit Act and OMB Circular A-133?

### Additional Data

Software ID:

Software Version:

**EIN:** 95-1922279

Name: World Vision Inc.

Form 990 (2019)

Form 990, Part III, Line 4a: International Programs - The Organization partners with families and communities around the world to design and implement sustainable plans to overcome poverty by helping to establish ongoing access to basic resources such as clean water, nutritious food, basic healthcare, education, income generating opportunities, and other essentials. One of the Organization's primary funding sources for this work is child sponsorship, through which the Organization partners with long term individual child sponsors to improve the physical, emotional, and spiritual well being of children in impoverished communities. Additionally, the Organization responds to natural and man made disasters to save lives and help restore livelihoods. For additional information visit www.worldvision.org/our-work.

Form 990, Part III, Line 4b: Domestic Programs - The Organization works with local churches, teachers, business owners, local nonprofit organizations, and volunteers throughout the United States to serve distressed communities and neighborhoods in a variety of U.S. locations, primarily through distribution of donated products such as clothing, educational supplies, and home improvement materials, and through relief response to domestic disasters. This work is carried out in part through the Organization's network of product distribution

warehouses, local churches and nonprofit partners. For additional information visit www.worldvision.org/our-work.

### Form 990, Part III, Line 4c:

Public Awareness and Education - The Organization seeks to make government officials and the public aware of and take action on poverty and justice-related issues. World

www.worldvision.org/our-work.

Vision advocates on behalf of children and the poor to increase understanding of issues and involvement in solutions. For additional information visit

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation

and a director/trustee)

organization

organizations

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from the

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

and Independent Contractors

Dr Leith Anderson

Rev Noel Castellanos

Board Member

Board Member

Larry Probus

Board Member

Board Member

Laura Whitley

Board Member

Board Member

Dr Nicole Baker Fulgham

Jerry White

|                                | l any nouns                                           |                                   |                       |         |              |                              |        | (iv a trace          | digametracións       | 1                                            |  |
|--------------------------------|-------------------------------------------------------|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------|----------------------|----------------------------------------------|--|
|                                | for related<br>organizations<br>below dotted<br>line) | Individual trustee<br>or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (W- 2/1099-<br>MISC) | (W- 2/1099-<br>MISC) | organization and<br>related<br>organizations |  |
| Edgar Sandoval<br>President    | 40.00                                                 | х                                 |                       | х       |              |                              |        | 459,497              | 0                    | 64,878                                       |  |
| Dr Joan Singleton<br>Chair     | 1.00                                                  | х                                 |                       | х       |              |                              |        | 0                    | 0                    | 0                                            |  |
| Robert Abernathy<br>Vice Chair | 1.00                                                  | х                                 |                       | х       |              |                              |        | 0                    | 0                    | 0                                            |  |
| 0 1 0 11                       | 1.00                                                  |                                   |                       |         |              |                              |        |                      |                      |                                              |  |

|                  |      | Х  |  | X |  | l n |  |
|------------------|------|----|--|---|--|-----|--|
| Chair            |      | ^  |  | ^ |  | ,   |  |
| Robert Abernathy | 1.00 | X  |  | Х |  | 0   |  |
| Vice Chair       |      | Α. |  | ^ |  |     |  |
| Sandy Grubb      | 1.00 | X  |  |   |  | 0   |  |
| Board Member     |      | Α. |  |   |  | Ĭ   |  |

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(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation

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

|                                          | any hours                                             |                                   |                       |   |              | ustee                        |        | organization         | organizations        | from the                                     |  |
|------------------------------------------|-------------------------------------------------------|-----------------------------------|-----------------------|---|--------------|------------------------------|--------|----------------------|----------------------|----------------------------------------------|--|
|                                          | for related<br>organizations<br>below dotted<br>line) | Individual trustee<br>or director | Institutional Trustee | Ē | Key employee | Highest compensated employee | Former | (W- 2/1099-<br>MISC) | (W- 2/1099-<br>MISC) | organization and<br>related<br>organizations |  |
| Rev Dr Michael Henderson<br>Board Member | 1.00                                                  | X                                 |                       |   |              |                              |        | 0                    | 0                    | C                                            |  |
| Norbert Hsu<br>Board Member              | 1.00                                                  | Х                                 |                       |   |              |                              |        | 0                    | 0                    | C                                            |  |
| Pastor John Jenkins                      | 1.00                                                  | Х                                 |                       |   |              |                              |        | 0                    | 0                    | C                                            |  |

| Board Member        |      |     |  |  |   |  |
|---------------------|------|-----|--|--|---|--|
| Norbert Hsu         | 1.00 |     |  |  | 0 |  |
| Board Member        |      | , , |  |  | , |  |
| Pastor John Jenkins | 1.00 |     |  |  | 0 |  |
| Board Member        |      | ^   |  |  |   |  |
| Vonna Laue          | 1.00 | ×   |  |  | 0 |  |
| Board Member        |      | ^   |  |  | ľ |  |

and Independent Contractors

Jennifer Brenner

Brian Sytsma

Margaret Schuler

Sr VP International

Asst Treasurer/VP Controll

Asst Secretary/Exec Direct

| Pastor John Jenkins  | 1.00 | v |  |  | 0 | 0 |  |
|----------------------|------|---|--|--|---|---|--|
| Board Member         |      | ^ |  |  | 0 | O |  |
| Vonna Laue           | 1.00 | _ |  |  | 0 | 0 |  |
| Board Member         |      | ^ |  |  | J | 0 |  |
| Lisa Trevino Cummins | 1.00 | v |  |  | 0 | 0 |  |
| Board Member         |      | ^ |  |  | 0 | 0 |  |

| voinia Educ          |       | Y        |       |  |   | ا ا     | n   | 1      |
|----------------------|-------|----------|-------|--|---|---------|-----|--------|
| Board Member         |       | ,        |       |  |   |         | •   |        |
| Lisa Trevino Cummins | 1.00  | v        |       |  |   | 0       | 0   |        |
| Board Member         |       | <b>~</b> |       |  |   |         | 0   |        |
| Wing Yew Lum         | 1.00  | v        |       |  |   |         | 0   |        |
| Board Member         |       | ^        |       |  |   | 0       | O   |        |
| Douglas Treff        | 40.00 |          | _     |  |   | 224 605 | 0   | 53,496 |
|                      |       |          | I ^ ∣ |  | I | 234,695 | l V | 33,490 |

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|                           |       | l X | l I |    | l | l | 1 ()    |   | 1  |
|---------------------------|-------|-----|-----|----|---|---|---------|---|----|
| Board Member              |       | ,   |     |    |   |   | Ĭ       |   |    |
| Wing Yew Lum              | 1.00  | ×   |     |    |   |   | 0       | 0 |    |
| Board Member              |       | Α.  |     |    |   |   |         |   |    |
| Douglas Treff             | 40.00 |     |     | х  |   |   | 234,695 | 0 | 53 |
| Treasurer/Secretary/Sr VP |       |     |     | ^` |   |   | [       |   |    |

| Wing Yew Lum              | 1.00  | ×  |   |  | 0       |   |  |
|---------------------------|-------|----|---|--|---------|---|--|
| Board Member              |       | Λ. |   |  |         | Ĭ |  |
| Douglas Treff             | 40.00 |    | v |  | 234,695 | 0 |  |
| Treasurer/Secretary/Sr VP |       |    | ^ |  | 234,093 | Ĭ |  |
| Jennifer Brenner          | 40.00 |    |   |  |         |   |  |

40.00

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(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

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

|                                                 | ally hours                                            | anu                               | a uii                 | ecto | 71 / []      | ustee,              | ,      | Organization         |   | mom the                                      |  |
|-------------------------------------------------|-------------------------------------------------------|-----------------------------------|-----------------------|------|--------------|---------------------|--------|----------------------|---|----------------------------------------------|--|
|                                                 | for related<br>organizations<br>below dotted<br>line) | Individual trustee<br>or director | Institutional Trustee |      | Key employee | Highest compensated | Former | (W- 2/1099-<br>MISC) | 0 | organization and<br>related<br>organizations |  |
| Christopher Glynn<br>Sr VP Transform Engagement | 40.00                                                 |                                   |                       |      | х            |                     |        | 240,375              | 0 | 54,577                                       |  |
| William Randolph<br>CIO/CAO                     | 40.00                                                 |                                   |                       |      | х            |                     |        | 222,383              | 0 | 52,924                                       |  |
| John Daggett<br>Treasurer/Chief Invest Off      | 40.00                                                 |                                   |                       |      | х            |                     |        | 205,217              | 0 | 64,956                                       |  |
| Christine Talbot                                | 40.00                                                 |                                   |                       |      | х            |                     |        | 213,087              | 0 | 38,334                                       |  |

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| CIO/CAO                    |
|----------------------------|
| John Daggett               |
| Treasurer/Chief Invest Off |
| Christine Talbot           |
| Sr VP Human Resources      |
|                            |

Steve McFarland

Richard Stearns

Kathleen Evans

Sammy Jackson

Ivan Gomez

Gregory Allgood

President Emeritus

VP Strategy & Integration

Sr Exec Dir Philanthropy

VP Marketing Innovation

Chief Development Officer

VP CLO

and Independent Contractors

and Independent Contractors (A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation compensation amount of other hours per week (list person is both an officer from the from related

compensation

120,862

42,998

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

|                            | any hours                                             | and | a di                  | recto | r/tr         | ustee)                       | )      | organization         | organizations        | from the                                     |  |
|----------------------------|-------------------------------------------------------|-----|-----------------------|-------|--------------|------------------------------|--------|----------------------|----------------------|----------------------------------------------|--|
|                            | for related<br>organizations<br>below dotted<br>line) |     | Institutional Trustee | 10    | Key employee | Highest compensated employee | Former | (W- 2/1099-<br>MISC) | (W- 2/1099-<br>MISC) | organization and<br>related<br>organizations |  |
| Joan Mussa                 | 40.00                                                 |     |                       |       |              |                              | x      | 174,816              | 0                    | 63,097                                       |  |
| Exec Dir Public Engagement |                                                       |     |                       |       |              |                              | ^      | 174,818              | 0                    | 63,097                                       |  |

40.00

. . . . . . . . . . . . . . . . . .

Eric Wetterling

Sr Director Accounting

| efil       | e GR            | APHIC pri                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | nt - DO NOT PROCESS                                                                                                         | As Filed Data -                                                                            |                                                                                                |                                     | DLN: 9                                            | 3493120014571                                   |  |  |  |  |  |
|------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------------------|-------------------------------------------------|--|--|--|--|--|
| SC         | HED             | ULE A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | - Dublic 4                                                                                                                  | Charity Statu                                                                              | e and Dul                                                                                      | hlic Sunn                           | ort                                               | OMB No. 1545-0047                               |  |  |  |  |  |
|            | m 99            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Complete if the or                                                                                                          | rganization is a sect<br>4947(a)(1) nonexe<br>▶ Attach to Form                             | section 501(c)(3) organization or a section nexempt charitable trust.  orm 990 or Form 990-EZ. |                                     |                                                   |                                                 |  |  |  |  |  |
|            |                 | the Treasury                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ► Go to <u>www.irs</u>                                                                                                      | <u>.gov/Form990</u> for i                                                                  | nstructions and                                                                                | I the latest info                   | ormation.                                         | Open to Public<br>Inspection                    |  |  |  |  |  |
| Nam        | e of the Vision | ne organiza                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | tion                                                                                                                        |                                                                                            |                                                                                                |                                     | Employer identific                                | ation number                                    |  |  |  |  |  |
|            |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                             |                                                                                            |                                                                                                |                                     | 95-1922279                                        |                                                 |  |  |  |  |  |
|            | rt I            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | for Public Charity State<br>a private foundation because                                                                    |                                                                                            |                                                                                                |                                     | See instructions.                                 |                                                 |  |  |  |  |  |
| 1 <b>1</b> | _               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | onvention of churches, or as                                                                                                | •                                                                                          | •                                                                                              |                                     | (A)(i)                                            |                                                 |  |  |  |  |  |
| 2          | ✓               | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | scribed in section 170(b)(                                                                                                  |                                                                                            |                                                                                                |                                     |                                                   |                                                 |  |  |  |  |  |
|            |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                             |                                                                                            | `                                                                                              | , ,                                 |                                                   |                                                 |  |  |  |  |  |
| 3          | Ш               | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | or a cooperative hospital serv                                                                                              | _                                                                                          |                                                                                                |                                     | -                                                 |                                                 |  |  |  |  |  |
| 4          |                 | A medical r<br>name, city,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | esearch organization operate<br>and state:                                                                                  | ed in conjunction with                                                                     | a hospital descri                                                                              | ibed in <b>section</b> :            | 170(b)(1)(A)(iii). E                              | nter the hospital's                             |  |  |  |  |  |
| 5          |                 | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ation operated for the benefi<br>(iv). (Complete Part II.)                                                                  | t of a college or unive                                                                    | rsity owned or op                                                                              | perated by a gov                    | ernmental unit descri                             | bed in <b>section 170</b>                       |  |  |  |  |  |
| 6          |                 | A federal, s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | tate, or local government or                                                                                                | governmental unit de                                                                       | scribed in <b>sectio</b>                                                                       | on 170(b)(1)(A                      | ()(v).                                            |                                                 |  |  |  |  |  |
| 7          |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ation that normally receives (O(b)(1)(A)(vi). (Complete                                                                     |                                                                                            | s support from a                                                                               | governmental u                      | init or from the gener                            | al public described in                          |  |  |  |  |  |
| 8          |                 | A communi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ty trust described in <b>sectior</b>                                                                                        | 170(b)(1)(A)(vi).                                                                          | (Complete Part I                                                                               | I.)                                 |                                                   |                                                 |  |  |  |  |  |
| 9          |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ural research organization de<br>rant college of agriculture. S                                                             |                                                                                            |                                                                                                |                                     |                                                   | ege or university or a                          |  |  |  |  |  |
| 10         |                 | from activit<br>investment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ation that normally receives:<br>lies related to its exempt fun<br>income and unrelated busin<br>See section 509(a)(2). (Co | ctions—subject to ceres taxable income (le                                                 | tain exceptions,                                                                               | and (2) no more                     | than 331/3% of its su                             | ipport from gross                               |  |  |  |  |  |
| 11         |                 | An organiza                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ation organized and operated                                                                                                | d exclusively to test fo                                                                   | r public safety. S                                                                             | See <b>section 509</b>              | (a)(4).                                           |                                                 |  |  |  |  |  |
| 12         |                 | more public                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ation organized and operated<br>ly supported organizations of<br>through 12d that describes                                 | described in <b>section 5</b>                                                              | <b>09(a)(1)</b> or <b>se</b>                                                                   | ction 509(a)(2                      | ). See <b>section 509(</b> a                      |                                                 |  |  |  |  |  |
| а          |                 | organizatio                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | supporting organization oper<br>n(s) the power to regularly a<br>Part IV, Sections A and B.                                 | appoint or elect a majo                                                                    |                                                                                                |                                     |                                                   |                                                 |  |  |  |  |  |
| b          |                 | Type II. A<br>manageme                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | supporting organization sup<br>nt of the supporting organiza<br>plete Part IV, Sections A                                   | ervised or controlled i<br>ation vested in the sar                                         |                                                                                                |                                     |                                                   |                                                 |  |  |  |  |  |
| C          |                 | Type III f                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | unctionally integrated. A sorganization(s) (see instructi                                                                   | supporting organizatio                                                                     |                                                                                                |                                     |                                                   | ted with, its                                   |  |  |  |  |  |
| d          |                 | Type III n                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | on-functionally integrated integrated integrated. The organization (s). You must complete Par                               | <b>d.</b> A supporting organi<br>n generally must satis                                    | ization operated<br>fy a distribution                                                          | in connection wi<br>requirement and | th its supported orgar                            |                                                 |  |  |  |  |  |
| e          |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | box if the organization receiver<br>or Type III non-functionally                                                            |                                                                                            |                                                                                                | RS that it is a Ty                  | pe I, Type II, Type II                            | I functionally                                  |  |  |  |  |  |
| f          | Enter           | the number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | of supported organizations                                                                                                  |                                                                                            |                                                                                                |                                     | <u> </u>                                          |                                                 |  |  |  |  |  |
| g          |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ing information about the su                                                                                                | · · · · · · · · · · · · · · · · · · ·                                                      | т'                                                                                             |                                     | Γ                                                 | T                                               |  |  |  |  |  |
|            | (i) N           | Name of supported of the second of the secon |                                                                                                                             | (iii) Type of<br>organization<br>(described on lines<br>1- 10 above (see<br>instructions)) |                                                                                                | anization listed<br>ing document?   | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |  |  |  |  |  |
|            |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                             |                                                                                            | Yes                                                                                            | No                                  |                                                   |                                                 |  |  |  |  |  |
|            |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                             |                                                                                            |                                                                                                |                                     |                                                   |                                                 |  |  |  |  |  |
|            |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                             |                                                                                            |                                                                                                |                                     |                                                   |                                                 |  |  |  |  |  |
| Tota       |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | tion Act Notice, see the Ir                                                                                                 |                                                                                            | Cat. No. 11285                                                                                 |                                     |                                                   | <br>90 or 990-EZ) 2019                          |  |  |  |  |  |

| _   |                                                                                                          |                       |                 |               |               |               |                      |
|-----|----------------------------------------------------------------------------------------------------------|-----------------------|-----------------|---------------|---------------|---------------|----------------------|
|     | Calendar year<br>(or fiscal year beginning in) ▶                                                         | (a) 2015              | <b>(b)</b> 2016 | (c) 2017      | (d) 2018      | (e) 2019      | (f) Total            |
| 1   | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") .      | 1,006,004,252         | 1,033,796,270   | 1,049,341,279 | 1,127,966,156 | 1,226,916,786 | 5,444,024,743        |
| 2   | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf          |                       |                 |               |               |               |                      |
| 3   | The value of services or facilities furnished by a governmental unit to the organization without charge. |                       |                 |               |               |               |                      |
| 4   | Total. Add lines 1 through 3                                                                             | 1,006,004,252         | 1,033,796,270   | 1,049,341,279 | 1,127,966,156 | 1,226,916,786 | 5,444,024,743        |
| 5   | The portion of total contributions<br>by each person (other than a<br>governmental unit or publicly      |                       |                 |               |               |               | , , ,                |
|     | supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column        |                       |                 |               |               |               |                      |
| =   | (f) <b>Public support.</b> Subtract line 5                                                               |                       |                 |               |               |               |                      |
| •   | from line 4.                                                                                             |                       |                 |               |               |               | 5,444,024,743        |
| :   | Section B. Total Support                                                                                 | •                     | •               | •             | •             | •             |                      |
|     | Calendar year                                                                                            | (a) 2015              | <b>(b)</b> 2016 | (c) 2017      | (d) 2018      | (e) 2019      | (f) Total            |
| _   | (or fiscal year beginning in) ▶                                                                          |                       | ` '             | • •           | ` '           | ` '           |                      |
| 7   |                                                                                                          | 1,006,004,252         | 1,033,796,270   | 1,049,341,279 | 1,127,966,156 | 1,226,916,786 | 5,444,024,743        |
| 8   | dividends, payments received on securities loans, rents, royalties                                       | 5,222,838             | 3,477,806       | 5,495,651     | 7,352,595     | 4,922,638     | 26,471,528           |
| 9   | business activities, whether or not                                                                      |                       |                 |               |               |               |                      |
|     | the business is regularly carried on                                                                     |                       |                 |               |               |               |                      |
| 10  |                                                                                                          | 742,566               | 314,465         | 2,924,619     | 1,553,421     | 58,918        | 5,593,989            |
| 11  |                                                                                                          |                       |                 |               |               |               | 5,476,090,260        |
| 12  | Gross receipts from related activities                                                                   | s, etc. (see instruct | ions)           |               |               | 12            | 2,946,859            |
|     | First five years. If the Form 990 is                                                                     |                       |                 |               |               |               |                      |
| _   | check this box and stop here                                                                             |                       |                 |               |               |               | ,                    |
| _   | Section C. Computation of Pub                                                                            |                       |                 |               |               |               |                      |
|     | Public support percentage for 2019 (                                                                     | • •                   |                 | column (f))   |               |               |                      |
|     | Public support percentage for 2019 (                                                                     |                       |                 |               |               | 15            | 99.410 %<br>98.620 % |
| . 6 | Figure Support Dercentage for 2018 S                                                                     | ochequie A. Part II.  | 1111E 14        |               |               | 1 15 1        | ug 67n %             |

16a 33 1/3% support test-2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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

17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

b 33 1/3% support test-2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 

Schedule A (Form 990 or 990-F7) 2019

| Р         | art III Support Schedule for                                                  |                    |                       |                       |                      |                      |                     |
|-----------|-------------------------------------------------------------------------------|--------------------|-----------------------|-----------------------|----------------------|----------------------|---------------------|
|           | (Complete only if you cl                                                      |                    |                       |                       |                      |                      | er Part II. If      |
| S         | the organization fails to ection A. Public Support                            | quality under      | the tests listed i    | pelow, please co      | ompiete Part II.)    |                      |                     |
| 30        | Calendar year                                                                 | ( ) 2015           | (1) 2016              | ( ) 2247              | (1) 2010             |                      | (O.T.)              |
|           | (or fiscal year beginning in) ▶                                               | (a) 2015           | <b>(b)</b> 2016       | (c) 2017              | (d) 2018             | (e) 2019             | (f) Total           |
| 1         | Gifts, grants, contributions, and                                             |                    |                       |                       |                      |                      |                     |
|           | membership fees received. (Do not include any "unusual grants.").             |                    |                       |                       |                      |                      |                     |
| 2         | Gross receipts from admissions,                                               |                    |                       |                       |                      |                      |                     |
|           | merchandise sold or services                                                  |                    |                       |                       |                      |                      |                     |
|           | performed, or facilities furnished in any activity that is related to the     |                    |                       |                       |                      |                      |                     |
|           | organization's tax-exempt purpose                                             |                    |                       |                       |                      |                      |                     |
| 3         | Gross receipts from activities that are                                       |                    |                       |                       |                      |                      |                     |
|           | not an unrelated trade or business                                            |                    |                       |                       |                      |                      |                     |
| 4         | under section 513  Tax revenues levied for the                                |                    |                       |                       |                      |                      |                     |
| •         | organization's benefit and either paid                                        |                    |                       |                       |                      |                      |                     |
| _         | to or expended on its behalf                                                  |                    |                       |                       |                      |                      |                     |
| 5         | The value of services or facilities furnished by a governmental unit to       |                    |                       |                       |                      |                      |                     |
|           | the organization without charge                                               |                    |                       |                       |                      |                      |                     |
| 6         | Total. Add lines 1 through 5                                                  |                    |                       |                       |                      |                      |                     |
| 7a        | Amounts included on lines 1, 2, and                                           |                    |                       |                       |                      |                      |                     |
| <b>L</b>  | 3 received from disqualified persons<br>Amounts included on lines 2 and 3     |                    |                       |                       |                      |                      |                     |
| D         | received from other than disqualified                                         |                    |                       |                       |                      |                      |                     |
|           | persons that exceed the greater of                                            |                    |                       |                       |                      |                      |                     |
|           | \$5,000 or 1% of the amount on line 13 for the year.                          |                    |                       |                       |                      |                      |                     |
| c         | Add lines 7a and 7b                                                           |                    |                       |                       |                      |                      |                     |
| 8         | Public support. (Subtract line 7c                                             |                    |                       |                       |                      |                      |                     |
|           | from line 6.)                                                                 |                    |                       |                       |                      |                      |                     |
| Se        | ection B. Total Support                                                       |                    | 1                     | <del></del>           |                      |                      | Г                   |
|           | Calendar year<br>(or fiscal year beginning in) ▶                              | (a) 2015           | <b>(b)</b> 2016       | (c) 2017              | (d) 2018             | (e) 2019             | (f) Total           |
| 9         | Amounts from line 6                                                           |                    |                       |                       |                      |                      |                     |
| 10a       | Gross income from interest,                                                   |                    |                       |                       |                      |                      |                     |
|           | dividends, payments received on                                               |                    |                       |                       |                      |                      |                     |
|           | securities loans, rents, royalties and income from similar sources.           |                    |                       |                       |                      |                      |                     |
| b         | Unrelated business taxable income                                             |                    |                       |                       |                      |                      |                     |
|           | (less section 511 taxes) from                                                 |                    |                       |                       |                      |                      |                     |
|           | businesses acquired after June 30, 1975.                                      |                    |                       |                       |                      |                      |                     |
| 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                                          |                    |                       |                       |                      |                      |                     |
|           | loss from the sale of capital assets                                          |                    |                       |                       |                      |                      |                     |
| 12        | (Explain in Part VI.) <b>Total support.</b> (Add lines 9, 10c,                |                    |                       |                       |                      |                      |                     |
| 13        | 11, and 12.).                                                                 |                    |                       |                       |                      |                      |                     |
| 14        | First five years. If the Form 990 is for                                      | the organization   | n's first, second, th | nird, fourth, or fift | h tax year as a sec  | tion 501(c)(3) o     | ganization <u>,</u> |
|           | check this box and <b>stop here</b>                                           |                    |                       |                       |                      |                      | ▶ ⊔                 |
|           | ection C. Computation of Public S                                             |                    |                       | ! (6))                |                      | 1 1                  |                     |
| 15        | Public support percentage for 2019 (lin                                       |                    | •                     |                       |                      | 15                   |                     |
| 16        | Public support percentage from 2018 S                                         | -                  | <u> </u>              |                       |                      | 16                   |                     |
|           | ection D. Computation of Investr<br>Investment income percentage for 201      |                    |                       | line 13 column (f     | :))                  | 17                   |                     |
| 17<br>10  | Investment income percentage for 201                                          | -                  |                       | -                     |                      | 17                   |                     |
| 18<br>10- | 331/3% support tests—2019. If the                                             |                    | •                     |                       |                      | 18   33 1/3% and lin | e 17 is not         |
|           | more than 33 1/3%, check this box and s                                       |                    |                       |                       |                      |                      |                     |
|           | more than 33 1/3%, check this box and s<br>33 1/3% support tests—2018. If the |                    |                       |                       |                      |                      |                     |
| ט         | not more than 33 1/3%, check this box                                         | -                  |                       |                       | •                    |                      | _                   |
| 20        | Private foundation. If the organization                                       | -                  | -                     |                       |                      |                      |                     |
|           | Frivate foundation. If the organization                                       | ni ulu not check a | a DOX ON UNE 14, I    | .a, or iad, check     | , unis pox and see I | HSGRUCHONS           | . 📂 📖               |

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

6

7

8

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents?  If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, |   |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
|   | describe the designation. If historic and continuing relationship, explain.                                                                                                                                                             | 1 |

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 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.

3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. 3b

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.

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 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 4b supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under 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

3с

10b

Schedule A (Form 990 or 990-EZ) 2019

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and 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

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported 5a amendment to the organizing document). 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

5c Substitutions only. Was the substitution the result of an event beyond the organization's control?

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 benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

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 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

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 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.

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

9b 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 VI. 9c

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. 10a

|    | edule A (101111 550 01 550 E2) 2015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |        |         | age 3 |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------|-------|
| Pa | rt IV Supporting Organizations (continued)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |        |         |       |
| _  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |        | Yes     | No    |
|    | 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    |         |       |
|    | 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 <b>Part VI</b> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 11c    |         |       |
| S  | ection B. Type I Supporting Organizations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |        |         |       |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |        | Yes     | No    |
| 1  | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1      |         |       |
| 2  | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | -      |         |       |
| 2  | operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting                                                                                                                                                                                                                                                                                                                                                                                                                     | 2      |         |       |
|    | organization.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |         |       |
| S  | ection C. Type II Supporting Organizations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |        |         |       |
| _  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |        | Yes     | No    |
| 1  | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |        |         |       |
|    | each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1      |         |       |
|    | supporting organization was vested in the same persons that controlled or managed the supported organization(s).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |        |         |       |
| S  | ection D. All Type III Supporting Organizations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |        |         |       |
| _  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |        | Yes     | No    |
| 1  | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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 the organization's governing                                                                                                                                                                                                                                                                                 |        |         |       |
|    | documents in effect on the date of notification, to the extent not previously provided?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1      |         |       |
| 2  | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).                                                                                                                                                                                                                                                                                                              |        |         |       |
| _  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2      |         |       |
| 3  | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax                                                                                                                                                                                                                                                                                                                                                                                                        |        |         |       |
|    | year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3      |         |       |
| S  | ection E. Type III Functionally-Integrated Supporting Organizations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |        |         |       |
| 1  | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ions): |         |       |
|    | The organization satisfied the Activities Test. Complete line 2 below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |         |       |
|    | b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |        |         |       |
| •  | The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | instru | ctions) |       |
| 2  | Activities Test. Answer (a) and (b) below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ſ      | Yes     | No    |
| •  | a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.                                                                                                                                     | 2a     |         |       |
| ı  | b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's                                                                                                                                                                                                                                                                                      |        |         |       |
|    | involvement.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2b     |         |       |
| 3  | Parent of Supported Organizations. Answer (a) and (b) below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |        |         |       |
| •  | a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 3a     |         |       |
|    | <b>b</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 <b>Part VI.</b> the role played by the organization in this regard.                                                                                                                                                                                                                                                                                                                                                                                                                | 3h     |         |       |

3b

Schedule A (Form 990 or 990-EZ) 2019 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Add lines 1 through 3 4 4 5 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 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) **1**d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt use assets 2 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see 4 instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 6 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Current Year Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 4 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity |  |
|---|---------------------------------------------------------------------------------------------------------------------------------------|--|
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations                                                 |  |
| 4 | Amounts paid to acquire exempt-use assets                                                                                             |  |
| 5 | Qualified set-aside amounts (prior IRS approval required)                                                                             |  |
| 6 | Other distributions (describe in <b>Part VI</b> ). See instructions                                                                   |  |
| 7 | Total annual distributions. Add lines 1 through 6.                                                                                    |  |
|   |                                                                                                                                       |  |

| 7  | <b>Total annual distributions.</b> Add lines 1 through 6.                                              |                        |  |
|----|--------------------------------------------------------------------------------------------------------|------------------------|--|
| 8  | Distributions to attentive supported organizations to wh details in <b>Part VI</b> ). See instructions | nsive (provide         |  |
| 9  | Distributable amount for 2019 from Section C, line 6                                                   |                        |  |
| 10 | Line 8 amount divided by Line 9 amount                                                                 |                        |  |
|    | Section E - Distribution Allocations                                                                   | (iii)<br>Distributable |  |

| 8  | Distributions to attentive supported organizations to wh details in $\bf Part\ VI)$ . See instructions                        | sive (provide               |                                        |                                           |
|----|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------------|-------------------------------------------|
| 9  | 9 Distributable amount for 2019 from Section C, line 6                                                                        |                             |                                        |                                           |
| 10 | Line 8 amount divided by Line 9 amount                                                                                        |                             |                                        |                                           |
|    | Section E - Distribution Allocations (see instructions)                                                                       | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2019 | (iii)<br>Distributable<br>Amount for 2019 |
| 1  | Distributable amount for 2019 from Section C, line 6                                                                          |                             |                                        |                                           |
| 2  | Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in <b>Part VI</b> ). See instructions. |                             |                                        |                                           |
| 3  | Excess distributions carryover, if any, to 2019:                                                                              |                             |                                        | _                                         |

| 9 Distributable amount for 2019 from Section C, line 6                                                                          |                             |                                        |                                           |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------------|-------------------------------------------|
| 10 Line 8 amount divided by Line 9 amount                                                                                       |                             |                                        |                                           |
| Section E - Distribution Allocations (see instructions)                                                                         | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2019 | (iii)<br>Distributable<br>Amount for 2019 |
| 1 Distributable amount for 2019 from Section C, line 6                                                                          |                             |                                        |                                           |
| 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in <b>Part VI</b> ). See instructions. |                             |                                        |                                           |
| 3 Excess distributions carryover, if any, to 2019:                                                                              |                             |                                        |                                           |
| a From 2014                                                                                                                     |                             |                                        |                                           |
| <b>b</b> From 2015                                                                                                              |                             |                                        |                                           |
| c From 2016                                                                                                                     |                             |                                        |                                           |
| <b>d</b> From 2017                                                                                                              |                             |                                        |                                           |

| f Total of lines 3a through e                        |  |  |
|------------------------------------------------------|--|--|
| g Applied to underdistributions of prior years       |  |  |
| h Applied to 2019 distributable amount               |  |  |
| i Carryover from 2014 not applied (see instructions) |  |  |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f.  |  |  |
| 4 Distributions for 2019 from Section D, line 7:     |  |  |
| <u></u> \$                                           |  |  |
| Applied to underdistributions of prior years         |  |  |
| <b>b</b> Applied to 2019 distributable amount        |  |  |
| c Remainder. Subtract lines 4a and 4b from 4.        |  |  |
| 5 Remaining underdistributions for years prior to    |  |  |

e From 2018. . . . . .

d Excess from 2018. e Excess from 2019.

| j Remainder. Subtract lines 39, 31, and 31 from 31.                                                                                                                                            |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| 4 Distributions for 2019 from Section D, line 7:                                                                                                                                               |  |  |
| <u>      \$                              </u>                                                                                                                                                  |  |  |
| Applied to underdistributions of prior years                                                                                                                                                   |  |  |
| <b>b</b> Applied to 2019 distributable amount                                                                                                                                                  |  |  |
| c Remainder. Subtract lines 4a and 4b from 4.                                                                                                                                                  |  |  |
| <b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions. |  |  |
| <b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.                        |  |  |
| <b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.                                                                                                                          |  |  |

|                        | See instructions.                                                                                                                                              |  |  |
|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| 6                      | Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions. |  |  |
| 7                      | <b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c.                                                                                            |  |  |
| 8 Breakdown of line 7: |                                                                                                                                                                |  |  |
| а                      | Excess from 2015                                                                                                                                               |  |  |
| b                      | Excess from 2016                                                                                                                                               |  |  |
|                        | Excess from 2017                                                                                                                                               |  |  |
|                        |                                                                                                                                                                |  |  |

Schedule A (Form 990 or 990-EZ) (2019)

Schedule A (Form 990 or 990-EZ) 2019 Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D. lines 5, 6, and 8; and Part V. Section E. lines 2, 5, and 6. Also complete this part for any additional information. (See instructions). **Facts And Circumstances Test** 990 Schedule A, Supplemental Information Return Reference Explanation Schedule A. Part II. Line 10. Fundraising events - 2015 Amount: \$ 296.252, 2016 Amount: \$ 314,465, 2017 Amount: \$ 2,586, Explanation of Other Income: 660. 2018 Amount: \$ 1,536,538. 2019 Amount: \$ 28,478. Other income - 2015 Amount: \$ 446,31

4. 2017 Amount: \$ 337,959. 2018 Amount: \$ 16,883. 2019 Amount: \$ 30,440.

| 990 Schedule A, Supplemental Information |                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |
|------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| Return Reference                         | Explanation                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |
| Sch A, Part I Line 1:                    | World Vision, Inc. is exempt from federal income tax under section $501(c)(3)$ of the Intern al Revenue Code and is classified as a public charity because it is described in sections $509(a)(1)$ and $170(b)(1)(A)(i)$ of the Code as a church. The Organization is not required to file Form 990, Return of Exempt Organization, but chooses to do so voluntarily. |  |  |  |  |

| 990 Schedule A, Supplemental Information |                                                                                                                                                                                                                                                                                                                                    |  |  |  |
|------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| Return Reference                         | Explanation                                                                                                                                                                                                                                                                                                                        |  |  |  |
| Sch A, Part II:                          | The organization is a church as described under $170(b)(1)(A)(i)$ and is not required to complete a public support schedule. Schedule A, Part II is completed to verify the Church qualifies under public charity status section $170(b)(1)(A)(i)(vi)$ and qualifies to use the first listed special rule for Schedule B reporting |  |  |  |

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

# Political Campaign and Lobbying Activities

**DLN: 93493120014571**OMB No. 1545-0047

2019

Open to Public Inspection

EZ)

5

SCHEDULE C (Form 990 or 990-

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

▶Go to www.irs.gov/Form990 for instructions and the latest information.

• Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. • Section 527 organizations: Complete Part I-A only. If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of the organization **Employer identification number** World Vision Inc 95-1922279 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") Political campaign activity expenditures (see instructions) 2 3 Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 ...... 1 Enter the amount of any excise tax incurred by organization managers under section 4955 ...... If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ..... 3 ☐ Yes □ No Was a correction made? ☐ Yes ☐ No If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b....... Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds. If none, enter and promptly and -0-. directly delivered to a separate political organization. If none, enter -0-. 2

|                                                   | dule C (Form 990 or 990-E2) 2019                                         | -sting is account under continu FO1/s)/2) and has NOT Si                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                 |                                          |                                      | P                         | age 3   |
|---------------------------------------------------|--------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|------------------------------------------|--------------------------------------|---------------------------|---------|
| Pa                                                | rt II-B Complete if the organi<br>Form 5768 (election u                  | zation is exempt under section 501(c)(3) and has NOT finder section 501(h)).                                                                                                                                                                                                                                                                                                                                                                                                    |                                                 |                                          |                                      |                           |         |
| For each "Yes" response on lines 1a throactivity. |                                                                          | Ii below, provide in Part IV a detailed description of the lobbying                                                                                                                                                                                                                                                                                                                                                                                                             | (a)<br>Yes   No                                 |                                          |                                      | (b)                       |         |
|                                                   |                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                 | 110                                      |                                      |                           |         |
| 1                                                 |                                                                          | tion attempt to influence foreign, national, state or local legislation, ic opinion on a legislative matter or referendum, through the use of:                                                                                                                                                                                                                                                                                                                                  |                                                 |                                          |                                      |                           |         |
| а                                                 | Volunteers?                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Yes                                             |                                          |                                      |                           |         |
| b                                                 | Paid staff or management (include com                                    | pensation in expenses reported on lines 1c through 1i)?                                                                                                                                                                                                                                                                                                                                                                                                                         | Yes                                             |                                          | 1                                    |                           |         |
| С                                                 | Media advertisements?                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                 | No                                       | 1                                    |                           |         |
| d                                                 | Mailings to members, legislators, or the                                 | e public?                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                 | No                                       |                                      |                           |         |
| е                                                 | Publications, or published or broadcast                                  | statements?                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                 | No                                       |                                      |                           |         |
| f                                                 | Grants to other organizations for lobby                                  | ing purposes?                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                 | No                                       |                                      |                           |         |
| g                                                 | Direct contact with legislators, their sta                               | ffs, government officials, or a legislative body?                                                                                                                                                                                                                                                                                                                                                                                                                               | Yes                                             |                                          |                                      | 14                        | 49,587  |
| h                                                 | Rallies, demonstrations, seminars, con                                   | ventions, speeches, lectures, or any similar means?                                                                                                                                                                                                                                                                                                                                                                                                                             | Yes                                             |                                          |                                      |                           | 184     |
| i                                                 | Other activities?                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                 | No                                       |                                      |                           |         |
| j                                                 | Total. Add lines 1c through 1i                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                 |                                          |                                      | 14                        | 49,771  |
| 2a                                                |                                                                          | ganization to be not described in section 501(c)(3)?                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                 | No                                       |                                      |                           |         |
| b                                                 | If "Yes," enter the amount of any tax in                                 | ncurred under section 4912                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                 |                                          |                                      |                           |         |
| c                                                 | If "Yes," enter the amount of any tax in                                 | ncurred by organization managers under section 4912                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                 |                                          |                                      |                           |         |
| d                                                 |                                                                          | tion 4912 tax, did it file Form 4720 for this year?                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                 |                                          |                                      |                           |         |
| Pai                                               | ct III-A Complete if the organi 501(c)(6).                               | zation is exempt under section 501(c)(4), section 501(c)                                                                                                                                                                                                                                                                                                                                                                                                                        | (5), o                                          | r sect                                   | ion                                  |                           |         |
|                                                   |                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                 |                                          |                                      | Yes                       | No      |
| 1                                                 | , , ,                                                                    | ues received nondeductible by members?                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                 |                                          | 1                                    |                           |         |
| 2                                                 | •                                                                        | se lobbying expenditures of \$2,000 or less?                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                 |                                          | 2                                    |                           |         |
| 3                                                 |                                                                          | r lobbying and political expenditures from the prior year?                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                 |                                          | 3                                    |                           |         |
| Pai                                               |                                                                          | zation is exempt under section 501(c)(4), section 501(c) Part III-A, lines 1 and 2, are answered "No" OR (b) Part                                                                                                                                                                                                                                                                                                                                                               |                                                 |                                          |                                      | 301(c                     | .)(6)   |
| 1                                                 |                                                                          | s from members                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1                                               |                                          |                                      |                           |         |
| 2                                                 | Section 162(e) nondeductible lobbying expenses for which the section 527 | and political expenditures (do not include amounts of political                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                 |                                          |                                      |                           |         |
| а                                                 |                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 2a                                              |                                          |                                      |                           |         |
| b                                                 | '                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 2b                                              |                                          |                                      |                           |         |
| С                                                 |                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 2c                                              |                                          |                                      |                           |         |
| 3                                                 |                                                                          | 6033(e)(1)(A) notices of nondeductible section 162(e) dues .                                                                                                                                                                                                                                                                                                                                                                                                                    | 3                                               |                                          |                                      |                           |         |
| 4                                                 | the organization agree to carryover to                                   | l line 2c exceeds the amount on line 3, what portion of the excess does the reasonable estimate of nondeductible lobbying and political                                                                                                                                                                                                                                                                                                                                         |                                                 |                                          |                                      |                           |         |
| 5                                                 | •                                                                        | al expenditures (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                              | 5                                               |                                          |                                      |                           |         |
|                                                   | art IV Supplemental Informa                                              | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                 |                                          |                                      |                           |         |
| Pro                                               | ovide the descriptions required for Part I-A                             | A, line 1; Part l-B, line 4; Part l-C, line 5; Part II-A (affiliated group list); aplete this part for any additional information.                                                                                                                                                                                                                                                                                                                                              | Part II-                                        | ·A, line                                 | s 1 an                               | d 2 (se                   | <br>ee  |
| 3                                                 | Return Reference                                                         | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                 |                                          |                                      |                           |         |
| )t                                                |                                                                          | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                           | <u> </u>                                        | ئالمىدىن.                                |                                      |                           |         |
| ·aπ                                               | issue<br>huma<br>legisl<br>huma<br>any o                                 | plunteers - World Vision volunteers are involved in lobbying in support of s. 1b Paid staff - The Advocacy team of World Vision is involved in lobby anitarian and poverty issues. 1g Direct contact with legislators, their staff ative body - World Vision has periodic direct contact with these parties is anitarian or poverty issues. 1h Rallies, demonstrations, seminars, convertible means - World Vision will periodically publish articles on policy regarty issues. | ring in si<br>ffs, gove<br>n suppo<br>ntions, s | upport<br>ernmen<br>ert of gl<br>speeche | of glo<br>t offic<br>obal<br>es, lec | bal<br>ials, or<br>tures, | a<br>or |

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DLN: 93493120014571

OMB No. 1545-0047

## **SCHEDULE D**

Department of the Treasury

Internal Revenue Service

(Form 990)

**Supplemental Financial Statements** ▶ Complete if the organization answered "Yes," on Form 990,

2019

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

|      | <b>ne of the organization</b><br>Id Vision Inc                                                                                                                                 |                                     |                        | Employer        | identification            | number      |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------|-----------------|---------------------------|-------------|
|      |                                                                                                                                                                                |                                     |                        | 95-192227       | =                         |             |
| Pa   | rt I Organizations Maintaining Donor Adv<br>Complete if the organization answered "Y                                                                                           |                                     |                        | r Accounts      | 5.                        |             |
|      |                                                                                                                                                                                | (a) Donor advis                     |                        | <b>(b)</b> Fu   | ınds and other a          | accounts    |
| 1    | Total number at end of year                                                                                                                                                    |                                     | 90                     |                 |                           | 10          |
| 2    | Aggregate value of contributions to (during year)                                                                                                                              |                                     | 7,361,765              |                 |                           | 129,176     |
| 3    | Aggregate value of grants from (during year)                                                                                                                                   |                                     | 6,080,233              |                 |                           | 555,529     |
| 4    | Aggregate value at end of year                                                                                                                                                 |                                     | 17,956,019             |                 |                           | 2,659,089   |
| 5    | Did the organization inform all donors and donor advis organization's property, subject to the organization's e                                                                |                                     |                        |                 |                           | Yes 🗌 No    |
| 6    | Did the organization inform all grantees, donors, and of charitable purposes and not for the benefit of the dono private benefit?                                              | or or donor advisor, or for         | any other purpose c    |                 | permissible               | Yes 🗆 No    |
| Par  | Conservation Easements. Complete if the organization answered "Y                                                                                                               | es" on Form 990. Part               | IV. line 7.            |                 |                           | Tes 🗀 No    |
| 1    | Purpose(s) of conservation easements held by the organization                                                                                                                  | ·                                   |                        |                 |                           |             |
| _    | Preservation of land for public use (e.g., recreation                                                                                                                          | · —                                 | Preservation of an     | historically in | mportant land a           | rea         |
|      | Protection of natural habitat                                                                                                                                                  |                                     | Preservation of a c    | •               | •                         | cu          |
|      | Preservation of open space                                                                                                                                                     | _                                   | Treservation of a c    | cremica moto    | The ser decere            |             |
| 2    | Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.                                                                              | a qualified conservation co         | ntribution in the for  |                 | rvation<br>d at the End o | fabr Voor   |
| а    | Total number of conservation easements                                                                                                                                         |                                     |                        | 2a              | d at the End o            | Tine Tear   |
| b    | Total acreage restricted by conservation easements                                                                                                                             |                                     | F                      | 2b              |                           |             |
| c    | Number of conservation easements on a certified histor                                                                                                                         |                                     | L                      | 2c              |                           |             |
| d    | Number of conservation easements included in (c) acquistructure listed in the National Register                                                                                |                                     | <u> </u>               | 2d              |                           |             |
| 3    | Number of conservation easements modified, transferr tax year                                                                                                                  | ed, released, extinguished          | l, or terminated by t  | he organizat    | ion during the            |             |
| 4    | Number of states where property subject to conservation                                                                                                                        | ion easement is located <b>&gt;</b> |                        |                 |                           |             |
| 5    | Does the organization have a written policy regarding and enforcement of the conservation easements it hold                                                                    |                                     |                        | f violations,   | ☐ Yes                     | □ No        |
| 6    | Staff and volunteer hours devoted to monitoring, inspe                                                                                                                         | ecting, handling of violatio        | ns, and enforcing co   | nservation e    | asements durin            | g the year  |
| 7    | Amount of expenses incurred in monitoring, inspecting  \$ \bigsup \$                                                                                                           | , handling of violations, a         | nd enforcing conserv   | ation easem     | ents during the           | year        |
| 8    | Does each conservation easement reported on line 2(d                                                                                                                           | l) above satisfy the require        | ements of section 17   | '0(h)(4)(B)(i   | )                         |             |
|      | and section 170(h)(4)(B)(ii)?                                                                                                                                                  |                                     |                        |                 | ☐ Yes                     | □ No        |
| 9    | In Part XIII, describe how the organization reports con<br>balance sheet, and include, if applicable, the text of the<br>the organization's accounting for conservation easeme | e footnote to the organiza          |                        |                 |                           |             |
| Par  | Organizations Maintaining Collections Complete if the organization answered "Y                                                                                                 |                                     |                        | er Similar      | Assets.                   |             |
| 1a   | If the organization elected, as permitted under SFAS 1 art, historical treasures, or other similar assets held fo provide, in Part XIII, the text of the footnote to its final | r public exhibition, educat         | ion, or research in fu |                 |                           |             |
| b    | If the organization elected, as permitted under SFAS 1 historical treasures, or other similar assets held for pul following amounts relating to these items:                   |                                     |                        |                 |                           |             |
| (    | i) Revenue included on Form 990, Part VIII, line 1                                                                                                                             |                                     |                        | <b>&gt;</b> \$  |                           |             |
| (i   | i) Assets included in Form 990, Part X                                                                                                                                         |                                     |                        | ▶\$             |                           |             |
| 2    | If the organization received or held works of art, histor following amounts required to be reported under SFAS                                                                 | rical treasures, or other sii       | milar assets for finar |                 |                           |             |
| а    | Revenue included on Form 990, Part VIII, line 1                                                                                                                                |                                     |                        | ►\$             |                           |             |
| b    | Assets included in Form 990, Part X                                                                                                                                            |                                     |                        | ▶\$             | 3                         |             |
| or F | Paperwork Reduction Act Notice, see the Instruction                                                                                                                            |                                     |                        |                 | chedule D (Fo             | rm 990) 201 |

 ${f c}$  Leasehold improvements

**d** Equipment .

| Sche | dule D (Forr               | n 990) 2019                                    |                                        |                  |                        |           |                |                  |                  |                 |                    | P                      | age <b>2</b> |
|------|----------------------------|------------------------------------------------|----------------------------------------|------------------|------------------------|-----------|----------------|------------------|------------------|-----------------|--------------------|------------------------|--------------|
| Par  | Or                         | ganizations M                                  | aintaining Col                         | lections of A    | rt, Histo              | rical T   | reas           | ures, oi         | · Othe           | · Similar As    | ssets (c           | ontinued)              |              |
| 3    |                            | organization's acq<br>ck all that apply):      |                                        | n, and other rec | ords, checl            | k any of  | the fo         | ollowing t       | hat are          | a significant ı | use of its         | collection             |              |
| а    | ☐ Publ                     | ic exhibition                                  |                                        |                  | d                      |           | Loar           | or excha         | ange pro         | grams           |                    |                        |              |
| b    | ☐ Scho                     | olarly research                                |                                        |                  | е                      |           | Othe           | er               |                  |                 |                    |                        |              |
| С    | Pres                       | ervation for future                            | e generations                          |                  |                        |           |                |                  |                  |                 |                    |                        |              |
| 4    | Provide a d<br>Part XIII.  | description of the                             | organization's coll                    | lections and exp | olain how t            | hey furt  | her th         | e organiz        | ation's e        | exempt purpo    | se in              |                        |              |
| 5    |                            | year, did the org<br>e sold to raise fur       |                                        |                  |                        |           |                |                  |                  |                 | ☐ <b>Y</b> e       | s 🗆 No                 |              |
| Pai  | Co                         | crow and Cust<br>mplete if the ord<br>line 21. |                                        |                  | ı Form 99              | 0, Part   | : IV,          | ine 9, o         | r report         | ed an amou      | ınt on F           | orm 990, Pa            | rt           |
| 1a   |                            | nization an agent<br>n Form 990, Part I        |                                        |                  |                        |           |                |                  |                  |                 | ☐ <b>Y</b> e       | s 🗆 No                 |              |
| b    | If "Yes," e                | xplain the arrange                             | ement in Part XIII                     | and complete t   | he followin            | g table:  |                |                  |                  | А               | mount              |                        |              |
| С    |                            | balance                                        |                                        | •                |                        | _         |                |                  | 1c               |                 |                    |                        |              |
| d    | Additions                  | during the year .                              |                                        |                  |                        |           |                |                  | 1d               |                 |                    |                        |              |
| е    |                            | ns during the year                             |                                        |                  |                        |           |                |                  | 1e               |                 |                    |                        |              |
| f    |                            | ance                                           |                                        |                  |                        |           |                |                  | 1f               |                 |                    |                        |              |
| 2a   | Did the ord                | ganization include                             | an amount on Fo                        | rm 990, Part X,  | line 21, fo            | r escrov  | v or cu        | ustodial a       | ccount l         | iability?       | ☐ Ye               | s 🗆 No                 |              |
| b    | -                          | r<br>xplain the arrange                        |                                        |                  |                        |           |                |                  |                  |                 | _                  |                        |              |
|      |                            | dowment Fund                                   |                                        |                  |                        |           |                |                  |                  |                 |                    |                        |              |
|      | Co                         | mplete if the or                               | ganization answ                        |                  |                        |           |                |                  |                  |                 |                    |                        |              |
|      |                            |                                                |                                        | (a) Current yea  |                        | Prior yea |                | <b>(c)</b> Two y |                  | (d) Three ye    |                    | (e) Four years b       |              |
|      |                            | f year balance .                               |                                        | 9,291,           |                        |           | 3,540          |                  | 8,563,88         | <u> </u>        | 729,253            | 8,591                  |              |
|      |                            | is                                             |                                        | 1,019,           |                        |           | 5,001<br>3,056 |                  | 770,45<br>268,77 |                 | 609,458<br>469,837 | -731                   | ,629         |
|      |                            | ent earnings, gair                             |                                        |                  |                        |           |                |                  |                  |                 |                    |                        |              |
|      |                            | holarships                                     |                                        |                  | 874                    | 27        | 5,081          |                  | 339,56           | 8               | 244,664            | 221                    | ,005         |
|      | Other exper<br>and progran | nditures for facilitions                       | es                                     |                  |                        |           |                |                  |                  |                 |                    |                        |              |
| f    | Administrati               | ve expenses .                                  |                                        | 5,               | ,417                   |           |                |                  |                  |                 |                    |                        |              |
| g    | End of year                | balance                                        |                                        | 8,315,           | ,341                   | 9,29      | 1,516          |                  | 9,263,54         | 0 8,            | .563,884           | 7,729                  | ,253         |
| 2    |                            | e estimated perce                              | •                                      | ent year end bal | ance (line             | 1g, colu  | mn (a          | a)) held a       | s:               |                 |                    |                        |              |
| а    | Board desi                 | gnated or quasi-e                              | ndowment 🟲                             | 5.000 %          |                        |           |                |                  |                  |                 |                    |                        |              |
| b    | Permanent                  | endowment ►                                    |                                        |                  |                        |           |                |                  |                  |                 |                    |                        |              |
| С    | Temporari                  | y restricted endo                              | wment ► 12.0                           | 000 %            |                        |           |                |                  |                  |                 |                    |                        |              |
|      | The percer                 | ntages on lines 2a                             | , 2b, and 2c shou                      | ld equal 100%.   |                        |           |                |                  |                  |                 |                    |                        |              |
| 3a   | Are there e                | endowment funds<br>on by:                      | not in the posses                      | sion of the orga | nization th            | at are h  | eld ar         | nd admini        | istered f        | or the          |                    | Yes N                  | <u>о</u>     |
|      | -                          | ed organizations                               |                                        |                  |                        |           |                |                  |                  |                 | 3a                 |                        | 0            |
|      | (ii) related               | d organizations .                              |                                        |                  |                        |           |                |                  |                  |                 | 3a                 | (ii) N                 | 0            |
| b    |                            | 3a(ii), are the re                             |                                        |                  |                        |           |                |                  |                  |                 | 3                  | b                      |              |
| 4    | Describe ir                | Part XIII the inte                             | ended uses of the                      | organization's e | endowmen               | t funds.  |                |                  |                  |                 |                    |                        |              |
| Pai  |                            | nd, Buildings,                                 |                                        |                  |                        |           | T              |                  | <u> </u>         | 000 5           |                    | - 10                   |              |
|      |                            | mplete if the order                            | ganization answ (a) Cost or oth        |                  | Form 99<br>Cost or oth |           |                |                  |                  | orm 990, Pa     |                    | e 10.<br>d) Book value |              |
|      | Describuon                 | or broberry                                    | // // // // // // // // // // // // // |                  | . 5550 01 001          | 54515 (   | )              | 1 (5) 700        |                  | - 5p. 55.44.011 |                    | L, Doon value          |              |

| Description of property | (a) Cost or other basis<br>(investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book Value |
|-------------------------|-----------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land          |                                         | 6,791,876                       |                              | 6,791,876      |
| <b>b</b> Buildings      |                                         | 51,896,259                      | 23,478,104                   | 28,418,155     |

2,234,301

12,768,386

1,925,096

11,447,469

309,205

1,320,917

5,125,716

41,965,869

| Part VII               | Investments—Other Securities.                                                                                                                       | 5 . 7 ( )    |          |                      |                                |                     |
|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------|----------------------|--------------------------------|---------------------|
|                        | Complete if the organization answered "Yes" on Form 990,  (a) Description of security or category                                                   | Part IV, II  | ne 11b   |                      | art X, line 12.  of valuation: |                     |
|                        | (including name of security)                                                                                                                        | Book         |          |                      | year market valu               | ıe                  |
| Einancial              | derivatives                                                                                                                                         | value        |          |                      |                                |                     |
|                        | neld equity interests                                                                                                                               |              |          |                      |                                |                     |
|                        |                                                                                                                                                     |              |          |                      |                                |                     |
|                        |                                                                                                                                                     |              |          |                      |                                |                     |
|                        |                                                                                                                                                     |              |          |                      |                                |                     |
|                        |                                                                                                                                                     |              |          |                      |                                |                     |
|                        |                                                                                                                                                     |              |          |                      |                                |                     |
|                        |                                                                                                                                                     |              |          |                      |                                |                     |
|                        |                                                                                                                                                     |              |          |                      |                                |                     |
|                        |                                                                                                                                                     |              |          |                      |                                |                     |
|                        |                                                                                                                                                     |              |          |                      |                                |                     |
|                        |                                                                                                                                                     |              |          |                      |                                |                     |
|                        |                                                                                                                                                     |              |          |                      |                                |                     |
|                        |                                                                                                                                                     |              |          |                      |                                |                     |
| al. (Columi<br>rt VIII | n (b) must equal Form 990, Part X, col. (B) line 12.)  Investments—Program Related.                                                                 | <b>&gt;</b>  |          |                      |                                |                     |
| r ATTT                 | Complete if the organization answered 'Yes' on Form 990,                                                                                            | Part IV, li  | ne 11c   | . See Form 990,      | Part X, line 13.               |                     |
|                        | (a) Description of investment                                                                                                                       |              |          | (b) Book value       | (c) Method of                  |                     |
|                        |                                                                                                                                                     |              |          |                      | Cost or end-of-<br>valu        |                     |
|                        |                                                                                                                                                     |              |          |                      |                                |                     |
|                        |                                                                                                                                                     |              |          |                      |                                |                     |
|                        |                                                                                                                                                     |              |          |                      |                                |                     |
|                        |                                                                                                                                                     |              |          |                      |                                |                     |
|                        |                                                                                                                                                     |              |          |                      |                                |                     |
|                        |                                                                                                                                                     |              |          |                      |                                |                     |
|                        |                                                                                                                                                     |              |          |                      |                                |                     |
|                        |                                                                                                                                                     |              |          |                      |                                |                     |
|                        |                                                                                                                                                     |              |          |                      |                                |                     |
|                        |                                                                                                                                                     |              |          |                      |                                |                     |
|                        |                                                                                                                                                     |              |          |                      |                                |                     |
|                        |                                                                                                                                                     |              |          |                      |                                |                     |
|                        | o (b) must equal Form 990, Part X, col.(B) line 13.)  Other Assets.                                                                                 |              | <b>•</b> |                      |                                |                     |
|                        | Complete if the organization answered 'Yes' on Form 990, F                                                                                          | Part IV, lir | ne 11d.  | . See Form 990, Par  |                                |                     |
| Accotc U               | (a) Description                                                                                                                                     |              |          |                      | (b) Book                       | value<br>12,653,566 |
|                        | e Trusts Receivable                                                                                                                                 |              |          |                      |                                | 10,124,075          |
| Donated                | Real Estate                                                                                                                                         |              |          |                      |                                | 1,535,056           |
| Deposits               | artnerships                                                                                                                                         |              |          |                      |                                | 146,639<br>18,337   |
| Other Ass              |                                                                                                                                                     |              |          |                      |                                | 1,162,559           |
|                        |                                                                                                                                                     |              |          |                      |                                |                     |
|                        |                                                                                                                                                     |              |          |                      |                                |                     |
|                        |                                                                                                                                                     |              |          |                      |                                |                     |
|                        |                                                                                                                                                     |              |          |                      |                                |                     |
|                        | mn (b) must equal Form 990, Part X, col.(B) line 15.)                                                                                               |              |          |                      |                                | 25,640,232          |
| rt X                   | <b>Other Liabilities.</b> Complete if the organization answered 'Yes' on Form 990, F                                                                | Part IV lir  | ne 110   | or 11f.See Form      | 990. Part X lin                | e 25.               |
|                        | (a) Description of liability                                                                                                                        |              | .0 110   |                      | (b) Book                       |                     |
| Federal i              | ncome taxes                                                                                                                                         |              |          |                      | value                          |                     |
|                        | Held for Others                                                                                                                                     |              |          |                      | 8,825,574                      |                     |
|                        | e Gift Annuities                                                                                                                                    |              |          |                      | 5,219,289                      |                     |
| _                      |                                                                                                                                                     |              | _        |                      |                                |                     |
|                        |                                                                                                                                                     |              |          |                      |                                |                     |
|                        |                                                                                                                                                     |              |          |                      |                                |                     |
|                        |                                                                                                                                                     |              |          |                      |                                |                     |
|                        |                                                                                                                                                     |              |          |                      |                                |                     |
|                        |                                                                                                                                                     |              |          |                      |                                |                     |
|                        |                                                                                                                                                     |              |          |                      |                                |                     |
| ))                     |                                                                                                                                                     |              |          |                      |                                |                     |
|                        |                                                                                                                                                     |              |          |                      |                                |                     |
|                        | n (b) must equal Form 990, Part X, col.(B) line 25.)                                                                                                |              |          |                      | 14,044,863                     |                     |
|                        | or uncertain tax positions. In Part XIII, provide the text of the footnon<br>or positions under FIN 48 (ASC 740). Check here if the text of the foo |              |          |                      |                                | s the organiza      |
| icalli (a)             | , positions under FIN 40 (ADC 740). Check here if the text of the foo                                                                               | mote has b   | reen pro | ovided ili Part XIII | _                              |                     |

Schedule D (Form 990) 2019

|       | Complete if the organize                   | zation answered 'Yes' on Form 990, Part                                                              | : IV, li | ne 12a.   |           |                         |
|-------|--------------------------------------------|------------------------------------------------------------------------------------------------------|----------|-----------|-----------|-------------------------|
| 1     | Total revenue, gains, and other su         | upport per audited financial statements                                                              |          |           | 1         |                         |
| 2     | Amounts included on line 1 but no          | ot on Form 990, Part VIII, line 12:                                                                  |          |           |           |                         |
| а     | Net unrealized gains (losses) on in        | nvestments                                                                                           | 2a       |           |           |                         |
| b     | Donated services and use of facilit        | ties                                                                                                 | 2b       |           |           |                         |
| c     | Recoveries of prior year grants .          |                                                                                                      | 2c       |           |           |                         |
| d     | Other (Describe in Part XIII.) .           |                                                                                                      | 2d       |           |           |                         |
| e     | Add lines 2a through 2d                    |                                                                                                      |          |           | 2e        |                         |
| 3     | Subtract line 2e from line 1               |                                                                                                      |          |           | 3         |                         |
| 4     | Amounts included on Form 990, P            | art VIII, line 12, but not on line 1:                                                                |          |           |           |                         |
| а     | Investment expenses not included           | on Form 990, Part VIII, line 7b .                                                                    | 4a       |           |           |                         |
| b     | Other (Describe in Part XIII.) .           |                                                                                                      | 4b       |           |           |                         |
| c     | Add lines <b>4a</b> and <b>4b</b>          |                                                                                                      |          |           | 4c        |                         |
| 5     | Total revenue. Add lines 3 and 4c          | . (This must equal Form 990, Part I, line 12.)                                                       |          |           | 5         |                         |
| Par   |                                            | penses per Audited Financial Statem                                                                  |          | •         | Retur     | n.                      |
|       | •                                          | zation answered 'Yes' on Form 990, Part                                                              |          |           | 1 .       |                         |
| 1     | •                                          | lited financial statements                                                                           |          |           | 1         |                         |
| 2     | Amounts included on line 1 but no          | , ,                                                                                                  |          | 1         |           |                         |
| а     |                                            | cies                                                                                                 | 2a       |           |           |                         |
| b     | Prior year adjustments                     |                                                                                                      | 2b       |           | _         |                         |
| С     | Other losses                               |                                                                                                      | 2c       |           |           |                         |
| d     | Other (Describe in Part XIII.) .           |                                                                                                      | 2d       |           | ]         |                         |
| е     | Add lines 2a through 2d                    |                                                                                                      |          |           | 2e        |                         |
| 3     | Subtract line <b>2e</b> from line <b>1</b> |                                                                                                      |          |           | 3         |                         |
| 4     | Amounts included on Form 990, P            | art IX, line 25, but not on line 1:                                                                  |          |           |           |                         |
| а     | Investment expenses not included           | l on Form 990, Part VIII, line 7b 🔒 🔒                                                                | 4a       |           |           |                         |
| b     | Other (Describe in Part XIII.) .           |                                                                                                      | 4b       |           |           |                         |
| C     | Add lines 4a and 4b                        |                                                                                                      |          |           | 4c        |                         |
| 5     | Total expenses. Add lines 3 and 4          | c. (This must equal Form 990, Part I, line 18.                                                       | .)       |           | 5         |                         |
| Pai   | t XIII Supplemental Info                   | rmation                                                                                              |          |           |           |                         |
|       |                                            | art II, lines 3, 5, and 9; Part III, lines 1a and a<br>2d and 4b. Also complete this part to provide |          |           | t V, line | 4; Part X, line 2; Part |
|       | Return Reference                           |                                                                                                      | Ex       | olanation |           |                         |
| See A | Additional Data Table                      |                                                                                                      |          |           |           |                         |
|       |                                            |                                                                                                      |          |           |           |                         |
|       |                                            |                                                                                                      |          |           |           |                         |
|       |                                            |                                                                                                      |          |           |           |                         |
|       |                                            |                                                                                                      |          |           |           |                         |
|       |                                            |                                                                                                      |          |           |           |                         |

Page 4

| chedule D (Form 990) 2019   | Page <b>5</b>        |
|-----------------------------|----------------------|
| Part XIII Supplemental Info | ormation (continued) |
| Return Reference            | Explanation          |
|                             |                      |
|                             |                      |
|                             |                      |
|                             |                      |
|                             |                      |
|                             |                      |
|                             |                      |
|                             |                      |

Schedule D (Form 990) 2019

## **Additional Data**

Software ID:

**Software Version: EIN:** 95-1922279

Name: World Vision Inc

## Supplemental Information

| Return Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part V, Line 4:  | Endowment funds held by the Organization are invested to provide a stable, long-term fundi ng source to supplement strategic funding needs. These include support for our child spons orship program, children in crisis, Christian commitments, and other priority projects not fully funded from annual giving. Part V, Lines 2a-2c: In accordance with the principles o f FASB ASU 2016-14 (ASC 958), the organization has implemented required changes to its aud ited financial statements for the period ended 9/30/2020. To date, Schedule D has not been updated to reflect changes made by this standard. Thus, we have reported the revised net asset categories from the audited financial statements as follows on Form 990, Schedule D, Part V, Lines 2a-2c: Line 2a - Without donor restrictions Lines 2b and 2c - With donor re strictions |

| Supplemental Information |                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |  |  |  |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|
| Return Reference         | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |  |  |
| Part X, Line 2:          | The Organization follows the guidance of Accounting Standards Codification (ASC) 740, Accounting for Income Taxes, related to uncertainties in income taxes, which prescribes a thre shold of more likely than not for recognition and derecognition of tax positions taken or expected to be taken in a tax return. There are no such uncertain tax positions for the Organization for the year ended September 30, 2020. |  |  |  |  |  |  |  |

s

| Supplemental Information |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Return Reference         | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Part XI and Part XII     | The Organization was included in consolidated, independent audited financial statements fo r the tax year for which it is completing this return. Therefore, the Organization is not required to complete Schedule D, Part XI Reconciliation of Revenue per Audited Financial S tatements With Revenue per Return nor Schedule D, Part XII Reconciliation of Expense per A udited Financial Statements With Expense per Return. In order to improve readability of Fo rm 990 and allow for easy comparability to the Organization's audited financial statements , the Organization is voluntarily including the reconciliations below. Reconciliation of R evenue per Audited Financial Statements With Revenue per Return Operating Revenue per Audited Financial Statements (AFS) 1,233,319,698 Non-operating Investment and Other Income (9, 864,136) Donated Services and Use of Facilities (1,971,755) Unrealized Loss on Investments (562,738) Investment Management Fees 71,883 Fundraising Event Expenses (283,283) Rental Expenses (392,602) Loss on Limited Partnerships (22,549) Total Reconciling Items (13,025,18 0) Total Revenue per Form 990, Part I, Line 12 1,220,294,518 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Operating Expenses per Audited Financial Statements (AFS) 1,203,664,596 Donated Services and Use of Facilities (1,971,755) I nvestment Management Fees 432,577 Fundraising Event Expenses (283,283) Rental Expenses (39 2,602) Non-operating Interest Expense 252,658 Total Reconciling Items (1,962,405) Total Expenses per Form 990, Part I, Line 18 1,201,702,191 |

| SCHEDULE F                                                                                                                                                            | State                              | ement of A                                 | Activities                                                                 | Outside the Un                                                                                                                                                | ited States                                                                                          | OMB No. 1545-0047                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Form 990)                                                                                                                                                             | •                                  | _                                          | ► Attach                                                                   | Yes" to Form 990, Part IV, to Form 990.                                                                                                                       |                                                                                                      | 2019                                                                    |
| Pepartment of the Treasury ternal Revenue Service  Solution  For to www.irs.gov/Form990 for instructions and the latest information.  Inspection  Open to  Inspection |                                    |                                            |                                                                            |                                                                                                                                                               |                                                                                                      |                                                                         |
| ame of the organization                                                                                                                                               |                                    |                                            |                                                                            |                                                                                                                                                               | Employer ide                                                                                         | ntification number                                                      |
| Vorld Vision Inc                                                                                                                                                      |                                    |                                            |                                                                            |                                                                                                                                                               | 95-1922279                                                                                           |                                                                         |
|                                                                                                                                                                       | <b>nformation</b><br>Part IV, line |                                            | Outside the l                                                              | <b>Jnited States.</b> Comple                                                                                                                                  | ete if the organization                                                                              | answered "Yes" on                                                       |
| 1 For grantmakers                                                                                                                                                     | . Does the or                      | ganization mai                             | ntain records to                                                           | substantiate the amoun                                                                                                                                        | t of its grants and                                                                                  |                                                                         |
| other assistance, t                                                                                                                                                   | he grantees'                       | eligibility for th                         | e grants or assi                                                           | stance, and the selection                                                                                                                                     | criteria used                                                                                        |                                                                         |
| to award the grant                                                                                                                                                    | s or assistan                      | ce?                                        |                                                                            |                                                                                                                                                               |                                                                                                      | ☑ Yes ☐ No                                                              |
| 2 For grantmakers outside the United                                                                                                                                  |                                    | Part V the orga                            | anization's proce                                                          | dures for monitoring the                                                                                                                                      | use of its grants and o                                                                              | ther assistance                                                         |
| 3 Activites per Region                                                                                                                                                | . (The followin                    | ng Part I, line 3 t                        | able can be dupl                                                           | icated if additional space is                                                                                                                                 | s needed.)                                                                                           |                                                                         |
| (a) Region                                                                                                                                                            |                                    | <b>(b)</b> Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in<br>region (by type) (such as,<br>fundraising, program<br>services, investments, grants<br>to recipients located in the<br>region) | (e) If activity listed in (d) is program service, describe specific type of service(s) in the region | a <b>(f)</b> Total expenditures<br>for and investments<br>in the region |
| See Add'l Data                                                                                                                                                        |                                    |                                            |                                                                            | ,                                                                                                                                                             |                                                                                                      |                                                                         |
|                                                                                                                                                                       |                                    |                                            |                                                                            |                                                                                                                                                               |                                                                                                      |                                                                         |
|                                                                                                                                                                       |                                    |                                            |                                                                            |                                                                                                                                                               |                                                                                                      |                                                                         |
|                                                                                                                                                                       |                                    |                                            |                                                                            |                                                                                                                                                               |                                                                                                      |                                                                         |
|                                                                                                                                                                       |                                    |                                            |                                                                            |                                                                                                                                                               |                                                                                                      |                                                                         |
| 3a Sub-total b Total from continuati                                                                                                                                  |                                    | 0                                          | С                                                                          |                                                                                                                                                               |                                                                                                      | 655,248,50                                                              |
|                                                                                                                                                                       |                                    | 0                                          |                                                                            |                                                                                                                                                               |                                                                                                      | 180,570,11<br>835,818,62                                                |
| Part I                                                                                                                                                                | 20d 2h)                            | 0                                          | l c                                                                        |                                                                                                                                                               |                                                                                                      |                                                                         |

| Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. |                      |            |                      |                          |                    |                       |                            |                         |
|------------------------------------------------------------------------------------------------------------------------------|----------------------|------------|----------------------|--------------------------|--------------------|-----------------------|----------------------------|-------------------------|
| (a) Name of organization                                                                                                     | (b) IRS code section | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash | (g) Amount of noncash | (h) Description of noncash | (i) Method of valuation |

|                | and EIN (if<br>applicable) |  | 5 | disbursement | assistance | assistance | (book, FMV,<br>appraisal, other) |
|----------------|----------------------------|--|---|--------------|------------|------------|----------------------------------|
| See Add'l Data |                            |  |   |              |            |            |                                  |
|                |                            |  |   |              |            |            |                                  |
|                |                            |  |   |              |            |            |                                  |
|                |                            |  |   |              |            |            |                                  |
|                |                            |  |   |              |            |            |                                  |
|                |                            |  |   |              |            |            |                                  |
|                |                            |  |   |              |            |            |                                  |
|                |                            |  |   |              |            |            |                                  |
|                |                            |  |   |              |            |            |                                  |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as taxexempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . . 95

Schedule F (Form 990) 2019

|                            | uplicated if addit | (c) Number of |                             | (a) Mannay of as -1-               | (f) Amount of                          | (a) Decembring                              | (h) Math                                                      |
|----------------------------|--------------------|---------------|-----------------------------|------------------------------------|----------------------------------------|---------------------------------------------|---------------------------------------------------------------|
| ype of grant or assistance | ( <b>b)</b> Region | recipients    | (d) Amount of<br>cash grant | (e) Manner of cash<br>disbursement | (f) Amount of<br>noncash<br>assistance | (g) Description<br>of noncash<br>assistance | (h) Method of<br>valuation<br>(book, FMV,<br>appraisal, other |
|                            |                    |               |                             |                                    |                                        |                                             |                                                               |
|                            |                    |               |                             |                                    |                                        |                                             |                                                               |
|                            |                    |               |                             |                                    |                                        |                                             |                                                               |
|                            |                    |               |                             |                                    |                                        |                                             |                                                               |
|                            |                    |               |                             |                                    |                                        |                                             |                                                               |
|                            |                    |               |                             |                                    |                                        |                                             |                                                               |
|                            |                    |               |                             |                                    |                                        |                                             |                                                               |
|                            |                    |               |                             |                                    |                                        |                                             |                                                               |
|                            |                    |               |                             |                                    |                                        |                                             |                                                               |
|                            |                    |               |                             |                                    |                                        |                                             |                                                               |
|                            |                    |               |                             |                                    |                                        |                                             |                                                               |
|                            |                    |               |                             |                                    |                                        |                                             |                                                               |
|                            |                    |               |                             |                                    |                                        |                                             |                                                               |
|                            |                    |               |                             |                                    |                                        |                                             |                                                               |
|                            |                    |               |                             |                                    |                                        |                                             |                                                               |
|                            |                    |               |                             |                                    |                                        |                                             |                                                               |
|                            |                    |               |                             |                                    |                                        |                                             |                                                               |
|                            |                    |               |                             |                                    |                                        |                                             |                                                               |

| Sche | dule F (Form 990) 2019                                                                                                                                                                                                                                                                                                                                                                                        |                  | Page <b>4</b> |
|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------|
| Par  | t IV Foreign Forms                                                                                                                                                                                                                                                                                                                                                                                            |                  |               |
| 1    | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)                                                                                                                                                | Yes              | <b>✓</b> No   |
| 2    | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) |                  |               |
|      |                                                                                                                                                                                                                                                                                                                                                                                                               | ∐ Yes            | <b>✓</b> No   |
| 3    | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)                                                                                                                                 | <b>✓</b> Yes     | Пло           |
|      |                                                                                                                                                                                                                                                                                                                                                                                                               | ı <b>⊻</b> ı res |               |
| 4    | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).                                                       | Yes              | <b>☑</b> No   |
| 5    | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)                                                                                                                                              |                  |               |
|      | • •                                                                                                                                                                                                                                                                                                                                                                                                           | $\square$ Yes    | <b>☑</b> No   |
| 6    | Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the                                                                                                                                                                                                                                                                                         |                  |               |
|      | organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).                                                                                                                                                                                                                                                           | <b>✓</b> Yes     | □No           |

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

Explanation

# 990 Schedule F, Supplemental Information

Return

# Part I, Line 2: World Vision Inc implements its international activities through World Vision International and World Vision International's affiliated entities. The Organization is committed to strong program and financial management of grant awards to ensure that donor funds and non-cash assistance are used for their intended purposes. World Vision promotes solid comprehension and effective utilization of grant regulations, policies and resources to successfully execute U.S. government-funded projects through the following: Grants Compliance Capacity Building which promote the comprehension of grant requirements, knowledge of best practices and hands-on experience with regulations and related policies as prerequisite for effective grant compliance. Efforts include a comprehensive internally developed certification program; field desk guides on high priority issues; web-based tools; start-up workshops; and field visits and coaching. Grant Performance and Reporting: World Vision actively manages programmatic and financial performance to ensure that activities managed directly by World Vision field offices as well as those activities managed by sub-recipient partners are implemented effectively. World Vision complies with all program and financial reporting as required by each donor. Policies and Manuals: World Vision has established comprehensive and uniform policies and procedures that promote best business practices to ensure efficient and effective internal controls. Internal Audit: World Vision has a strong internal audit function with auditors based at the headquarters, regional, and field offices. These functions routinely conduct audits on grant funded programs to ensure compliance with regulatory requirements. External Audit: Grant funded programs are audited annually as part of the

organization's financial statement and government grant Single Audit in accordance with 2 CFR200.

990 Schedule F, Supplemental Information

| Return Reference | Explanation                                                            |
|------------------|------------------------------------------------------------------------|
| Part I, line 3:  | Expenditures are accounted for using the accrual method of accounting. |

990 Schedule F, Supplemental Information

Beturn Reference

Explanation

Return Reference Explanation

Part III Accounting Method:

990 Schedule F, Supplemental Information

| Return Reference | Explanation                                                                                                                                                                                                                                                                                              |
|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3 North America: | World Vision Inc makes grants to independently organized World Vision International offices located in foreign countries. These grants consist primarily of gifts-in-kind. Total expenditures differ to that reported on Part IX, Line 3 as a result of freight charges not being broken out by country. |

## **Additional Data**

East Asia and the Pacific

## Software ID: Software Version:

**EIN:** 95-1922279

Name: World Vision Inc

Relief and development

1,287,749

| Form 990 Schedule F Part I - Activities Outside The United States |                                           |                                                      |                                                                                                                                |                                                                                                    |                                      |  |  |  |
|-------------------------------------------------------------------|-------------------------------------------|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|--------------------------------------|--|--|--|
| (a) Region                                                        | (b) Number of<br>offices in the<br>region | (c) Number of<br>employees or<br>agents in<br>region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures<br>for region |  |  |  |
| Central America and the Caribbean                                 | 0                                         | 0                                                    | Program services                                                                                                               | Relief and development                                                                             | 8,460,082                            |  |  |  |

0 Program services

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) Relief and development 1.168.937 Europe 0 Program services Middle East and North Africa 0 Program services Relief and development 8,968,564

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) North America Relief and development 616,195,515 0 Program services Russia and Neighboring States 0 Program services Relief and development 5,092,365

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) South America Relief and development 9,393,103 0 Program services South Asia 0 Program services Relief and development 4,682,193

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of reaion agents in fundraising, program service(s) in region services, grants to reaion recipients located in the reaion) Sub-Saharan Africa Relief and development 180,570,113 0 Program services

(i) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(if cash grant arant non-cash disbursement assistance appraisal. applicable) assistance other) Central America Development 3.031,890|School furniture |FMV at time of land the Idonation |Caribbean

lassorted

Central America Development 2,399,024 Building IFMV at time of supplies, Idonation

land the Caribbean

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

(i) Method of (h) Description (b) IRS code (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(if cash grant arant non-cash disbursement assistance appraisal, applicable) assistance other) |Central America | Development 1.092.941 House IFMV at time of land the lfurnishinas, Idonation

lassorted

Caribbean

Central America Development
and the products. donation

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

Caribbean

(i) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(if cash grant arant non-cash disbursement assistance appraisal. applicable) assistance other) Central America Development 391,762 Bottles, IFMV at time of land the lbeverage Idonation |Caribbean

Central America Development 293,274 Personal care IFMV at time of Idonation

land the

Caribbean

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

(i) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(if cash grant arant non-cash disbursement assistance appraisal, applicable) assistance other) Central America Development 226,460 Apparel. IFMV at time of land the lassorted Idonation |Caribbean

Central America Development 145,896 Apparel.

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

Caribbean

IFMV at time of land the Idonation lassorted

(i) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(if cash grant arant non-cash disbursement assistance appraisal. applicable) assistance other) Central America Development 142,198 Medical IFMV at time of land the Supplies, sorted donation |Caribbean

Central America Development 71,795 Books, reading, FMV at time of primary Spanish donation land the

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

Caribbean

(i) Method of l(b) IRS codel (h) Description (f) Manner of (g) Amount of valuation section (d) Purpose of (e) Amount of (a) Name of (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) |Central America | Development 16,127 Medical IFMV at time of tion

|  | Caribbean       |             |        |       | assorted | donati |
|--|-----------------|-------------|--------|-------|----------|--------|
|  | Central America | Development | 29,871 | Check |          |        |

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

land the Caribbean

(i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (e) Amount of (a) Name of section (d) Purpose of (c) Region cash non-cash (book, FMV, organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) East Asia and Development 134,114 Books, math, FMV at time of the Pacific Idonation Iprimary

Idonation

East Asia and 130.000 Bicycles IFMV at time of IDevelopment

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

lthe Pacific

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of I (a) Name of section (c) Region non-cash (book, FMV, cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal. applicable) assistance other) East Asia and Development 1,023,635|Food FMV at time of the Pacific **Icommodities** Idonation

1,168,937 Apparel, IFMV at time of Europe Development lassorted ldonation

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (e) Amount of (a) Name of section (d) Purpose of (c) Region (book, FMV, non-cash cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal. applicable) assistance other) 63,972 School furniture Middle East Development FMV at time of land North donation Africa Middle East 5.959.170 Food IFMV at time of Development

land North Icommodities donation

Africa

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (e) Amount of (a) Name of section (d) Purpose of (c) Region (book, FMV, non-cash cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Middle East Development 2,905,422 Assorted FMV at time of land North Icommodities donation Africa Middle East International 40.000 Check land North Relief

Africa

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash and EIN(if cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) North America | Development 5,727,553 House IFMV at time of lfurnishinas. Idonation lassorted North America Housing 119.101 Check

Development

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l (b) IRS code (q) Amount of (f) Manner of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal. applicable) assistance other) North America Christian 20,000 Check North America Relief and 610.318.861 Wire Development

(i) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(if organization cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Russia and Development 3.341.634 House IFMV at time of Neiahborina lfurnishinas, Idonation

lassorted

### States lassorted 1.745.731 Building Russia and Development

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

States

IFMV at time of Neighboring supplies Idonation

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) South America Development 3,744,988 Apparel, IFMV at time of lassorted Idonation

South America Development 269.520|School Furniture|FMV at time of donation

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (g) Amount of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV, cash non-cash and EIN(if organization grant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) South America Development 5.857 Furniture. IFMV at time of lassorted Idonation

commodities

Idonation

|South America |Development 52,116 Assorted IFMV at time of

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (g) Amount of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV, cash non-cash and EIN(if organization grant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) South America Development 5,074,430|Food IFMV at time of Icommodities Idonation

|South America |Development 246,191 Food FMV at time of commodities Idonation

(i) Method of (h) Description (b) IRS code (f) Manner of (g) Amount of valuation (a) Name of (e) Amount of section (d) Purpose of (c) Region non-cash (book, FMV, cash organization and EIN(if grant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) South Asia Development 401,861 Apparel, IFMV at time of

commodities

donation

South Asia Development 401,861 Apparel, assorted donation

South Asia Development 168,232 Food FMV at time of

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

(i) Method of l(b) IRS codel (h) Description (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(if organization cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other)

888.488 Wire

time of

|  | South Asia | Development |  | 2,557,599 | Monetization      | FMV at tim |
|--|------------|-------------|--|-----------|-------------------|------------|
|  |            |             |  |           | freight, assorted | donation   |
|  |            |             |  |           | commodities       |            |

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

Development

South Asia

(i) Method of (h) Description . l(b) IRS codel (q) Amount of (f) Manner of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal. applicable) assistance other) South Asia 666,013 Wire |Development

donation

lassorted

Sub-Saharan Development 8,651,765 Apparel, FMV at time of

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

Africa

(i) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan 5.191,988 House IFMV at time of Development Africa lfurnishinas. Idonation

Idonation

Iprimary

Africa Sub-Saharan Development Sub-Saharan Development 4,735,139 Books, reading, FMV at time of furnishings, assorted

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

(i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash and EIN(if cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan 4,278,854 Books, reading, FMV at time of Development Africa Idonation Iprimary

lassorted

donation

Sub-Saharan 1.638.338 Apparel. IFMV at time of Development

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

(i) Method of (h) Description l(b) IRS codel (g) Amount of (f) Manner of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash and EIN(if cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan 1,378,923 Apparel, FMV at time of Development Africa lassorted donation

Sub-Saharan 1.125.506 Apparel. IFMV at time of Development Africa lassorted donation

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

(i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash and EIN(if cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) 1.342.316|School furniture |FMV at time of Sub-Saharan Development Africa Idonation

Sub-Saharan 831,680 Apparel, IFMV at time of Development Africa lassorted donation

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

(i) Method of (b) IRS code (f) Manner of (q) Amount of (h) Description of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV, cash non-cash non-cash organization and EIN(if cash grant grant disbursement assistance assistance appraisal, applicable) other) Sub-Saharan Development 815.746 Pharmacueticals IFMV at time of

lassorted

Idonation



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

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash and EIN(if cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan 331,195 Books, general FMV at time of Development Africa donation Sub-Saharan 303.465 Medical IFMV at time of Development Africa broducts. donation

lassorted

(i) Method of (b) IRS code (f) Manner of (q) Amount of (h) Description of valuation (d) Purpose of l(e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash non-cash organization and EIN(if cash grant grant disbursement assistance assistance appraisal, applicable) other) Sub-Saharan Development 280,656 Books, reading, IFMV at time of

Idonation

|  | Africa      |             |  |         | primary         | donation       |
|--|-------------|-------------|--|---------|-----------------|----------------|
|  | Sub-Saharan | Development |  | 266.860 | Pharmaceuticals | FMV at time of |

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

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash and EIN(if cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan 250,678 Books, general FMV at time of Development Africa donation Sub-Saharan 219.936 Medical IFMV at time of Development Africa broducts. donation

lassorted

(i) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region cash non-cash (book, FMV, and EIN(if cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan 190,492 Brushes, paint IFMV at time of Development Africa Idonation

Idonation

Sub-Saharan 170.505 Wheelchairs IFMV at time of Development

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

(i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash and EIN(if cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan 117,772 Furniture, FMV at time of Development Africa lassorted donation

donation

Sub-Saharan 101.712 Bicvcles IFMV at time of Development

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

(i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash and EIN(if cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan 100,040 Building FMV at time of Development

donation

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

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (q) Amount of (f) Manner of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash and EIN(if cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan 33,300 Vitamin A FMV at time of Development Africa donation Sub-Saharan 32.596 Medical IFMV at time of Development Africa broducts. donation

lassorted

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region cash non-cash (book, FMV, and EIN(if cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan Development 10,544,169 Food FMV at time of Africa commodities Idonation

Sub-Saharan 11,241,547 Food IFMV at time of Development Africa Icommodities Idonation

(i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region cash non-cash (book, FMV, organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan Development 42,139,122 Food, freight FMV at time of Africa land assorted Idonation

Idonation



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

(i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(if cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan 3.482.860|Food IFMV at time of Development Africa Icommodities Idonation

Idonation

Sub-Saharan 2.476.523|Food IFMV at time of Development

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

(i) Method of (b) IRS code (f) Manner of (g) Amount of (h) Description of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash non-cash and EIN(if cash grant organization grant disbursement assistance assistance appraisal, applicable) other) Sub-Saharan Development 2,750,235|Food IFMV at time of Africa commodities. Idonation

Idonation

Sub-Sanaran Development 2,750,235 Food FMV at time of commodities, freight freight Sub-Saharan Development 3.104.320 Food FMV at time of

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

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region cash non-cash (book, FMV, and EIN(if cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan Development 30,036,007 Food FMV at time of Africa commodities Idonation IFMV at time of

Sub-Saharan 8,367,788|Food Development Africa Icommodities Idonation

(i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region cash non-cash (book, FMV, and EIN(if cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan Development 995,683|Food FMV at time of Africa commodities Idonation

Idonation

Sub-Saharan 23,213,051 Food IFMV at time of Development

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

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan International 125,000 Check Africa Economic Development Christian 110.000 Check Sub-Saharan Africa

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of ( (a) Name of section (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan Protestant 100,000 Check Africa Sub-Saharan 59,175 Check |Emeraency Africa Assistance

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan International 20,000 | Check Africa lHuman Rights Sub-Saharan Health General & 6.000 Check Africa Rehabilitative

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan International 35,000 | Check Africa Human Rights Sub-Saharan Education 15.269 Check Africa

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan Christian 7.000 Check Africa Sub-Saharan 2.908.559 Wire Development Africa

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan 1.312.549 Wire Development Africa Sub-Saharan 1.051.466 Wire Development Africa

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan 878,622 Wire Development Africa Sub-Saharan 877.254 Wire Development

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan 451,692 Wire Development Africa Sub-Saharan 349.738 Wire Development

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (q) Amount of (f) Manner of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan 170,594 Wire Development Africa Sub-Saharan 152.783 Wire Development

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan 60,000 Wire Development Africa Sub-Saharan 54,006 Wire Development Africa

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of l(b) IRS code (h) Description (f) Manner of (g) Amount of valuation (e) Amount of (a) Name of (d) Purpose of section (c) Region (book, FMV, cash non-cash organization and EIN(if grant cash grant non-cash disbursement assistance appraisal. applicable) assistance other) Sub-Saharan 12,610 Wire Development

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493120014571

OMB No. 1545-0047

**SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

## Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a. ►Attach to Form 990 or Form 990-EZ.

►Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

-544,024

Name of the organization World Vision Inc

123 Woolwich St

**Employer identification number** 

| VOITG V1510                      | THE                                                                                                                                                 |                                                                      |                                            |                                       |                            | 95-1922279                    |                                                   |  |  |
|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|--------------------------------------------|---------------------------------------|----------------------------|-------------------------------|---------------------------------------------------|--|--|
| Part I                           | <b>Fundraising Activi</b><br>Form 990-EZ filers a                                                                                                   | •                                                                    |                                            |                                       |                            | orm 990, Part IV, line        | 17.                                               |  |  |
| <b>1</b> Indica                  | ate whether the organiza                                                                                                                            | tion raised funds th                                                 | rough any                                  | of the fo                             | ollowing activities. Check | all that apply.               |                                                   |  |  |
| a 🗹 M                            | lail solicitations                                                                                                                                  |                                                                      |                                            | e                                     | ✓ Solicitation of non-     | -government grants            |                                                   |  |  |
| <b>b</b> 🗸 Ir                    | b ✓ Internet and email solicitations                                                                                                                |                                                                      |                                            | f ✓ Solicitation of government grants |                            |                               |                                                   |  |  |
| c 🔽 Pi                           | hone solicitations                                                                                                                                  |                                                                      |                                            | q                                     | Special fundraising        | g events                      |                                                   |  |  |
| <b>d √</b> Ir                    | n-person solicitations                                                                                                                              |                                                                      |                                            | _                                     |                            | •                             |                                                   |  |  |
| or ke  b If "Ye to be  i) Name a | he organization have a way employees listed in Fores," list the 10 highest participants of individual and address of individual antity (fundraiser) | m 990, Part VII) or<br>id individuals or ent<br>5,000 by the organiz | entity in titles (fundation.               | connectio                             | n with professional fundr  |                               | es No er is  (vi) Amount paid to (or retained by) |  |  |
| or entity (fundraiser)           |                                                                                                                                                     |                                                                      | custody or<br>control of<br>contributions? |                                       | mom activity               | fundraiser listed in col. (i) | organization                                      |  |  |
| 7106 C                           | g Children Advocates<br>Crossroads Blvd Ste 215<br>1700d, TN 37027                                                                                  | Consulting                                                           | Yes                                        | No                                    | 0                          | 2,580,120                     | -2,580,120                                        |  |  |
| One an<br>Compa<br>2 N Lak       | nd All (Russ Reid                                                                                                                                   | Consulting                                                           |                                            | No                                    | 0                          | 924,969                       | -924,969                                          |  |  |
|                                  | orth Strategies Inc                                                                                                                                 | Consulting                                                           |                                            |                                       |                            |                               |                                                   |  |  |

| Guelph, Ontario<br>CA N1H 3V1                |            |    |   |           |            |
|----------------------------------------------|------------|----|---|-----------|------------|
| The Hacker Group Inc<br>1326 5th Ave Ste 350 | Consulting | No | 0 | 216,113   | -216,113   |
| Seattle, WA 98101                            | C III      |    |   |           |            |
| Stelter Company<br>10435 New York Ave        | Consulting | No | 0 | 141,689   | -141,689   |
| Des Moines, IA 50322                         |            |    |   |           |            |
| Journey Group Inc<br>418 4th St NE           | Consulting | No | 0 | 83,620    | -83,620    |
| Charlottesville, VA 22902                    |            |    |   |           |            |
| Mediassociates Inc<br>75 Glen Rd             | Consulting | No | 0 | 56,333    | -56,333    |
| Sandy Hook, CT 06482                         | Consulting |    |   |           |            |
| Parliament LLC<br>1655 State Rd 279 N        | Sonsaimig  | No | 0 | 50,000    | -50,000    |
| Owensboro, KY 42301                          |            |    |   |           |            |
| Bentz Whaley Flessner<br>7251 Ohms Lane      | Consulting | No | 0 | 28,500    | -28,500    |
| Minneapolis, MN 55439                        |            |    |   |           |            |
| Carter<br>400 Madison Drive Ste 204          | Consulting | No | 0 | 16,380    | -16,380    |
| Sarasota, FL 34236                           |            |    |   |           |            |
| Total                                        |            |    |   | 4,641,748 | -4,641,748 |

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

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY, DC 1, W1, DC

|                                        |                                                                                                               | (a) Event #1 (b) Event #2 (c) Other events  Hood to Coast Relay Seattle 6K 6                                                                                        |                                                                       | (c)Other events                              | (d) Total events<br>(add col. (a) through<br>col. (c))                     |  |
|----------------------------------------|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------------------------|--|
|                                        |                                                                                                               | (event type)                                                                                                                                                        | Marathon<br>(event type)                                              | (total number)                               | coi. <b>(c)</b> )                                                          |  |
|                                        |                                                                                                               |                                                                                                                                                                     |                                                                       |                                              |                                                                            |  |
|                                        | L Gross receipts                                                                                              | 892,466                                                                                                                                                             | 506,927                                                               | 1,061,312                                    | 2,460,70                                                                   |  |
| 2                                      | Less: Contributions                                                                                           | 880,076                                                                                                                                                             | 503,727                                                               | 1,048,424                                    | 2,432,22                                                                   |  |
| 3                                      | Gross income (line 1 minus line 2)                                                                            | 12,390                                                                                                                                                              | 3,200                                                                 | 12,888                                       | 28,47                                                                      |  |
| 4                                      | Cash prizes                                                                                                   |                                                                                                                                                                     |                                                                       |                                              |                                                                            |  |
| 5                                      | Noncash prizes                                                                                                |                                                                                                                                                                     |                                                                       |                                              |                                                                            |  |
| 1                                      | Rent/facility costs                                                                                           |                                                                                                                                                                     |                                                                       |                                              |                                                                            |  |
| 7                                      | Food and beverages                                                                                            |                                                                                                                                                                     |                                                                       |                                              |                                                                            |  |
| 8                                      | Entertainment                                                                                                 |                                                                                                                                                                     |                                                                       |                                              |                                                                            |  |
| و                                      | Other direct expenses                                                                                         | 31,299                                                                                                                                                              | 25,259                                                                | 226,725                                      | 283,28                                                                     |  |
| - 1                                    |                                                                                                               |                                                                                                                                                                     |                                                                       |                                              |                                                                            |  |
| 1                                      | .0 Direct expense summary. Add lines 4 t                                                                      | through 9 in column (d)                                                                                                                                             |                                                                       | •                                            | 283,28                                                                     |  |
| 1                                      | 1 Net income summary. Subtract line 10                                                                        | from line 3, column (d)                                                                                                                                             |                                                                       | · · · · · •                                  | -254,80                                                                    |  |
| 1                                      | ·                                                                                                             | from line 3, column (d)                                                                                                                                             | s" on Form 990, Part I                                                |                                              | -254,80                                                                    |  |
| art                                    | 1 Net income summary. Subtract line 10  Gaming. Complete if the organic                                       | from line 3, column (d)                                                                                                                                             | s" on Form 990, Part I  (b) Pull tabs/Instant bingo/progressive bingo | ▶  V, line 19, or reported  (c) Other gaming | -254,80<br>more than \$15,000<br>(d) Total gaming (add                     |  |
| art                                    | 1 Net income summary. Subtract line 10  Gaming. Complete if the organic                                       | from line 3, column (d)<br>anization answered "Ye                                                                                                                   | (b) Pull tabs/Instant                                                 |                                              | -254,80<br>more than \$15,000<br>(d) Total gaming (add                     |  |
| art :                                  | 1 Net income summary. Subtract line 10  Gaming. Complete if the organism on Form 990-EZ, line 6a.             | from line 3, column (d)<br>anization answered "Ye                                                                                                                   | (b) Pull tabs/Instant                                                 |                                              | -254,80<br>more than \$15,000<br>(d) Total gaming (add                     |  |
| art                                    | 1 Net income summary. Subtract line 10  Gaming. Complete if the organ on Form 990-EZ, line 6a.  Gross revenue | from line 3, column (d)<br>anization answered "Ye                                                                                                                   | (b) Pull tabs/Instant                                                 |                                              | -254,80<br>more than \$15,000<br>(d) Total gaming (add                     |  |
| art                                    | 1 Net income summary. Subtract line 10  Gaming. Complete if the organ on Form 990-EZ, line 6a.  Gross revenue | from line 3, column (d)<br>anization answered "Ye                                                                                                                   | (b) Pull tabs/Instant                                                 |                                              | -254,80<br>more than \$15,000<br>(d) Total gaming (add                     |  |
| art                                    | Gaming. Complete if the organ on Form 990-EZ, line 6a.  Gross revenue                                         | from line 3, column (d)<br>anization answered "Ye                                                                                                                   | (b) Pull tabs/Instant                                                 |                                              |                                                                            |  |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | 1 Net income summary. Subtract line 10  Gaming. Complete if the organ on Form 990-EZ, line 6a.  Gross revenue | from line 3, column (d)<br>anization answered "Ye                                                                                                                   | (b) Pull tabs/Instant                                                 |                                              | -254,80<br>more than \$15,000<br>(d) Total gaming (add                     |  |
| 1 3 2 2 <u>5</u>                       | Gaming. Complete if the organ on Form 990-EZ, line 6a.  Gross revenue                                         | from line 3, column (d) anization answered "Ye  (a) Bingo                                                                                                           | (b) Pull tabs/Instant bingo/progressive bingo                         | (c) Other gaming                             | -254,80<br>more than \$15,000<br>(d) Total gaming (add                     |  |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | 1 Net income summary. Subtract line 10  Gaming. Complete if the organ on Form 990-EZ, line 6a.  Gross revenue | from line 3, column (d) anization answered "Ye  (a) Bingo  Yes                                                                                                      | (b) Pull tabs/Instant bingo/progressive bingo                         | (c) Other gaming                             | -254,80<br>more than \$15,000<br>(d) Total gaming (add                     |  |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | Gaming. Complete if the organ on Form 990-EZ, line 6a.  Gross revenue                                         | from line 3, column (d) anization answered "Ye  (a) Bingo  Yes                                                                                                      | (b) Pull tabs/Instant bingo/progressive bingo  Yes % No               | (c) Other gaming  Yes % No                   | -254,80<br>more than \$15,000<br>(d) Total gaming (add                     |  |
| 11 11 11 11 11 11 11 11 11 11 11 11 11 | Gaming. Complete if the organ on Form 990-EZ, line 6a.  Gross revenue                                         | from line 3, column (d) anization answered "Ye  (a) Bingo  Yes                                                                                                      | (b) Pull tabs/Instant bingo/progressive bingo  Yes % No  n (d)        | (c) Other gaming  Yes % No                   | -254,80<br>more than \$15,000<br>(d) Total gaming (add                     |  |
| 11 11 11 11 11 11 11 11 11 11 11 11 11 | Gaming. Complete if the organization on Form 990-EZ, line 6a.  Gross revenue                                  | from line 3, column (d) anization answered "Ye  (a) Bingo  Yes %  No  Chrough 5 in column (d) t line 7 from line 1, column on conducts gaming activities in each of | (b) Pull tabs/Instant bingo/progressive bingo  Yes                    | (c) Other gaming  Yes % No                   | -254,80 more than \$15,000  (d) Total gaming (add col.(a) through col.(c)) |  |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | Gaming. Complete if the organization on Form 990-EZ, line 6a.  Gross revenue                                  | from line 3, column (d) anization answered "Ye  (a) Bingo  Yes %  No  Chrough 5 in column (d) t line 7 from line 1, column on conducts gaming activities in each of | (b) Pull tabs/Instant bingo/progressive bingo  Yes                    | (c) Other gaming  Yes % No                   | -254,80 more than \$15,000  (d) Total gaming (add col.(a) through col.(c)) |  |

| Sche         | dule G (Form 990 or 990-EZ) 2019                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Page <b>3</b>                                                      |  |  |  |  |  |  |  |  |
|--------------|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|--|--|--|--|--|--|--|--|
| 11           | Does the organization conduct gaming                                            | activities with nonmembers?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | . □ No                                                             |  |  |  |  |  |  |  |  |
| 12           | Is the organization a grantor, beneficial formed to administer charitable gamin | ary or trustee of a trust or a member of a partnership or other entity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | No                                                                 |  |  |  |  |  |  |  |  |
| 13           | Indicate the percentage of gaming acti                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                    |  |  |  |  |  |  |  |  |
| а            | The organization's facility                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | %                                                                  |  |  |  |  |  |  |  |  |
| b            | An outside facility                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | %                                                                  |  |  |  |  |  |  |  |  |
| 14           | Enter the name and address of the per                                           | son who prepares the organization's gaming/special events books and records:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                    |  |  |  |  |  |  |  |  |
|              | Name ►                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                    |  |  |  |  |  |  |  |  |
|              | Address •                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                    |  |  |  |  |  |  |  |  |
| 15a          |                                                                                 | with a third party from whom the organization receives gaming                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | . □ No                                                             |  |  |  |  |  |  |  |  |
| b            |                                                                                 | revenue received by the organization > \$ and the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>□ 140</b>                                                       |  |  |  |  |  |  |  |  |
|              | amount of gaming revenue retained by                                            | γ the third party ▶ \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                    |  |  |  |  |  |  |  |  |
| c            | If "Yes," enter name and address of th                                          | e third party:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                    |  |  |  |  |  |  |  |  |
|              | Name ▶                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                    |  |  |  |  |  |  |  |  |
|              | Address •                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                    |  |  |  |  |  |  |  |  |
| 16           | Gaming manager information:  Name ►  Gaming manager compensation ► \$           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                    |  |  |  |  |  |  |  |  |
|              | ☐ Director/officer                                                              | ☐ Employee ☐ Independent contractor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                    |  |  |  |  |  |  |  |  |
| 17<br>a<br>b | retain the state gaming license?                                                | ired under state law distributed to other exempt organizations or spent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | □No                                                                |  |  |  |  |  |  |  |  |
| Pai          | t IV Supplemental Information                                                   | on. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a 5c, 16, and 17b, as applicable. Also provide any additional information. See ins                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                    |  |  |  |  |  |  |  |  |
|              | Return Reference                                                                | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                    |  |  |  |  |  |  |  |  |
| Part         | I, Line 2b, Column (iii)                                                        | Thriving Children Advocates is authorized to collect funds and required to remit them imm<br>World Vision at the end of the fundraising event.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | nediately to                                                       |  |  |  |  |  |  |  |  |
| Part         | I, Line 2b, Column (iv)                                                         | In regards to fundraising consultants: Due to the nature of the consultants' assistance to no revenue is specifically attributable to them. They assist World Vision in many aspects fundraising efforts throughout the organization. Some of the work is related to the currer fundraising efforts and others are related to the securing the future of the organization. Assome of the costs paid to Blue North Strategies, The Hacker Group, One and All, and Ste are not related to fundraising activities, rather they are fees for routine services. Therefore not included in the amounts paid listed on Part I of Schedule G. For FY20, the costs incluses, 449,407, postage of \$87,198, and freight of \$98. | of our<br>nt year<br>Additionally<br>Iter Company<br>are, they are |  |  |  |  |  |  |  |  |

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I (Form 990)

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

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

OMB No. 1545-0047

DLN: 93493120014571

Open to Public Inspection

| reasury<br>nternal Revenue Service                 |                                      |                         | Go to <u>www.i</u> | rs.gov/rorm990 tor                      | the latest information                   | on.                                                         |           |                                       |                                |          |
|----------------------------------------------------|--------------------------------------|-------------------------|--------------------|-----------------------------------------|------------------------------------------|-------------------------------------------------------------|-----------|---------------------------------------|--------------------------------|----------|
| lame of the organization                           |                                      |                         |                    |                                         |                                          |                                                             | E         | mployer identifica                    | ition number                   |          |
| Vorld Vision Inc                                   |                                      |                         |                    |                                         |                                          |                                                             | 9         | 5-1922279                             |                                |          |
| Part I General                                     | Information on                       | Grants and Ass          | sistance           |                                         |                                          |                                                             | •         |                                       |                                |          |
| the selection crite                                | eria used to award t                 | he grants or assista    | ince?              | grants or assistance, t                 |                                          | for the grants or assistanc                                 | e, and    |                                       | ✓ Yes                          | □ N•     |
| Part II Grants and that receiv                     | d Other Assistanced more than \$5.00 | e to Domestic Org       | ganizations and    | Domestic Governme onal space is needed. | nts. Complete if the or                  | ganization answered "Yes"                                   | on Form 9 | 990, Part IV, line                    | 21, for any recip              | ient     |
| (a) Name and addr<br>organization<br>or government | ress of (b)                          | EIN (c) II              |                    | (d) Amount of cash<br>grant             | (e) Amount of non-<br>cash<br>assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) |           | escription of<br>sh assistance        | (h) Purpose o<br>or assistance | f grant  |
| 1) See Additional Data                             |                                      |                         |                    |                                         |                                          |                                                             |           |                                       |                                |          |
| (2)                                                |                                      |                         |                    |                                         |                                          |                                                             |           |                                       |                                |          |
| (3)                                                |                                      |                         |                    |                                         |                                          |                                                             |           |                                       |                                |          |
| (4)                                                |                                      |                         |                    |                                         |                                          |                                                             |           |                                       |                                |          |
| (5)                                                |                                      |                         |                    |                                         |                                          |                                                             |           |                                       |                                |          |
| (6)                                                |                                      |                         |                    |                                         |                                          |                                                             |           |                                       |                                |          |
| (7)                                                |                                      |                         |                    |                                         |                                          |                                                             |           |                                       |                                |          |
| (8)                                                |                                      |                         |                    |                                         |                                          |                                                             |           |                                       |                                |          |
| (9)                                                |                                      |                         |                    |                                         |                                          |                                                             |           |                                       |                                |          |
| (10)                                               |                                      |                         |                    |                                         |                                          |                                                             |           |                                       |                                |          |
| (11)                                               |                                      |                         |                    |                                         |                                          |                                                             |           |                                       |                                |          |
| (12)                                               |                                      |                         |                    |                                         |                                          |                                                             |           |                                       |                                |          |
|                                                    |                                      |                         |                    |                                         |                                          |                                                             |           |                                       |                                | 447<br>0 |
| 5 Enter total number                               | er or other organizat                | LIONS HSLEU IN LINE III | ie i table         |                                         |                                          |                                                             | • • •     | · · · · · · · · · · · · · · · · · · · |                                |          |

Department of the

(1)

(2)

(3)

(4)

(5)

(6)

(7)

Part IV

Part I, Line 2:

**Return Reference** 

Schedule I (Form 990) 2019

(b) Number of

recipients

Part III can be duplicated if additional space is needed.

**Explanation** 

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

(c) Amount of

cash grant

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

(d) Amount of

noncash assistance

World Vision Inc. is committed to strong program and financial management of grant awards to ensure that donor funds and non-cash assistance are used for their

(e) Method of valuation (book,

FMV, appraisal, other)

(f) Description of noncash assistance

Page 2

practices and hands-on experience with regulations and related policies as prerequisites for effective grant compliance. Efforts include a comprehensive internally developed certification program; field desk guides on high priority issues; web-based tools; start-up workshops; and field visits and coaching. Grant Performance and Reporting: World Vision actively manages programmatic and financial performance to ensure that activities managed directly by World Vision field offices as well as

intended purposes. World Vision promotes solid comprehension and effective utilization of grant regulations, policies and resources to successfully execute U.S. government-funded projects through the following: Grants Compliance Capacity Building promotes the comprehension of grant requirements, knowledge of best those activities managed by sub-recipient partners are implemented effectively. World Vision complies with all program and financial reporting as required by each donor. Policies and Manuals: World Vision has established comprehensive and uniform policies and procedures that promote best business practices to ensure efficient and effective internal controls. Internal Audit: World Vision has a strong internal audit function with auditors based at the headquarters, regional, and field offices. These functions routinely conduct audits on grant funded programs to ensure compliance with regulatory requirement. External Audit: Grant funded programs are laudited annually as part of the organization's financial statement and government grant Single Audit in accordance with 2 CFR200. World Vision primarily donates cash to other organizations through Donor-Advised Funds (DAFs) and sub-grants. Additionally, there are a few donations to other organizations.

## **Additional Data**

CityServe

3201 F St

314 Elk St

Bakersfield, CA 93301 Mountain Re-Source Center

Gassaway, WV 26624

Software ID: **Software Version:** 

82-4490879

84-1178699

**EIN:** 95-1922279

Name: World Vision Inc

| Form 990,Schedule I, Part | II, Grants and | Other Assistance to | o Domestic Organiza | tions and Domesti  | ic Governments.         |  |
|---------------------------|----------------|---------------------|---------------------|--------------------|-------------------------|--|
| (a) Name and address of   | (b) EIN        | (c) IRC section     | (d) Amount of cash  | (e) Amount of non- | (f) Method of valuation |  |

if applicable organization (book, FMV, appraisal, grant cash

assistance other) or government

501(c)(3)

501(c)(3)

16,866,273 FMV at time of

11,089,600 FMV at time of

(g) Description of

(h) Purpose of grant

non-cash assistance

or assistance

Development

Development

donations

donations

House furnishings, assorted

Building supplies, assorted

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Christian Appalachia Project 61-0661137 501(c)(3) 7.018.962 FMV at time of Building supplies, assorted Development

Idonations

441 KY 2417 Idonations Corbin, KY 40701 27-0730530 501(c)(3) 5,877,664 FMV at time of Toys, general Development

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

CityServe 3215 Brown St

Little Rock, AR 72204

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government New Birth Church Holdings Inc 20-1788145 501(c)(3) 3,712,741 FMV at time of Food, produce boxes Food Assistance

6400 Woodrow Road Idonations Lithonia, GA 30038

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

Los Angeles, CA 90026

Dream Center 95-1803686 501(c)(3) 3.197.588 FMV at time of House furnishings, assorted Development 2301 Bellevue Ave. Idonations

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Benison Center 81-4190155 501(c)(3) 3.134.132 FMV at time of Food, produce boxes Food Assistance 1225 W Main St Idonations Immokalee, FL 34142

3.086,708 FMV at time of

Idonations

Food, produce boxes

Food Assistance

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

501(c)(3)

83-2777693

Benison Center

815 F Main Street

Immokalee, FL 34142

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Feed The Children 73-6108657 501(c)(3) 2.833.333 FMV at time of Toys, general Family Assistance 333 N Meridian Idonations

2,293,596 FMV at time of

Idonations

Building supplies, assorted

Development

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

501(c)(3)

Oklahoma City, OK 73107 Goodness Outreach Depot

102 Bavne Road

Haglet, TX 76052

68-0512138

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 75-1813170 501(c)(3) 2.186.421 FMV at time of Building supplies, assorted School Assistance Community Food Bank Idonations

3000 Galvez Ave Fort Worth, TX 76111

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

90-0855391 501(c)(3) 1.982,416 FMV at time of Building supplies, assorted Development Idonations

Josh Paul Ministries 2119 Statesville Rd

North Wilkesboro, NC 28659

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 84-1403727 501(c)(3) 1.958.808 FMV at time of Food, produce boxes Food Assistance Idonations

Idonations

Wings As Eagles Ministry 12 Givens Road Arapahoe, WY 82510

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

12820 Pierce St

Pacoima, CA 91331

Children's Hunger Fund 95-4335462 501(c)(3) 1.839.786 FMV at time of House furnishings, assorted Development

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government The Storehouse 81-4354698 501(c)(3) 1.616.433 FMV at time of House furnishings, assorted Development Idonations

4411 Plainfield Ave NE Grand Rapids, MI 49525

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

Maywood, IL 60153

Proviso Baptist Church 36-3310913 501(c)(3) 1.533,630 FMV at time of Food, produce boxes Food Assistance 411 Madison St Idonations

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 84-0476858 501(c)(3) Building supplies, assorted Development Cornerstone Ministries 1.529.104 FMV at time of PO Box 496 Idonations Crownpoint, NM 87313

1,494,448 FMV at time of

Idonations

Food, produce boxes

Food Assistance

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

501(c)(3)

Cutliff Grove Family Resource

835 West Broad Avenue Albany, GA 31701

Center Inc.

58-2639533

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) Freedom Faith Missionary 03-0407527 501(c)(3) 1.435.666 FMV at time of Food, produce boxes Food Assistance Baptist Church Idonations 6540 North Main St. Dayton, OH 45415 85-8016902 501(c)(3) 1.409.928 FMV at time of Food, produce boxes Food Assistance Glorious COGIC - City of

Idonations

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

Destiny

38301 Martin Luther King Blvd Dade City, FL 33525

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

Idonations

| RCCG - Hope For You<br>515 County Rd 1118<br>Greenville, TX 75401 | 46-4884985 | 501(c)(3) | l ' '     | FMV at time of donations | House furnishings, assorted | Development |
|-------------------------------------------------------------------|------------|-----------|-----------|--------------------------|-----------------------------|-------------|
| Compassion Coalition                                              | 16-1579336 | 501(c)(3) | 1,348,360 | FMV at time of           | House furnishings, assorted | Development |

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

509 Lafavette Street

Utica, NY 13502

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Church of God 91-1080665 501(c)(3) House furnishings, assorted Development 1.274.825 FMV at time of 200 S 333rd St Idonations Federal Way, WA 98003

R L Jones Community Outreach 82-1531096 501(c)(3) 1.241,985 FMV at time of Food, produce boxes

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

Food Assistance Center Inc Idonations 6702 N Dort Highway Flint, MI 48505

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Corinthian Baptist Church Des 42-1211322 501(c)(3) Food, produce boxes Food Assistance 1.225.647 FMV at time of Idonations

Moines 814 School St Des Moines, IA 50309

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

Food, produce boxes First Baptist Church of Vienna 54-1479082 501(c)(3) 1.199.287 FMV at time of Food Assistance Idonations

450 Orchard St NW

Vienna, VA 22180

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government FWA - LifeGate Outreach 60-2775593 501(c)(3) 1.164.298 FMV at time of House furnishings, assorted Development

216 S 2nd Ave Idonations Yakima, WA 98902

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

Milwaukee, WI 53204

The Community Warehouse 81-0549816 501(c)(3) 1,109,198 FMV at time of Building supplies, assorted Development 521 South 9th Street Idonations

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 74 6075504 E044 \(\sigma\) d Assistance

Idonations

| Urban Strategies - Alamo | /4-60/5521 | 501(c)(3) | 1,033,315 | IFMV at time of | Food, produce boxes | Food As: |
|--------------------------|------------|-----------|-----------|-----------------|---------------------|----------|
| Community Church         |            |           |           | donations       |                     |          |
| 900 E Bowie Ave          |            |           |           |                 |                     |          |
| Alamo, TX 78516          |            |           |           |                 |                     |          |
|                          |            |           |           |                 |                     |          |

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

5133 Health Ave

Salt Lake City, UT 84118

The Point 90-0802070 501(c)(3) 1.019.475 FMV at time of Food, produce boxes Food Assistance

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 33-0940020 501(c)(3) 951.049 FMV at time of House furnishings, assorted Adventist Health Development 450 Greenfield Avenue Suite Idonations 400 Hanford, CA 93230

New Salem Missionary Baptist 41-1170020 501(c)(3) 927.284 FMV at time of Food, produce boxes Food Assistance Church Idonations

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

2507 Bryant Avenue N Minneapolis, MN 55411

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Morning Star Prayer Center 26-4191640 501(c)(3) 921.029 FMV at time of House furnishings, assorted Development 5036 Wichita Street Idonations Fort Worth, TX 76119

885,651 FMV at time of

Idonations

House furnishings, assorted

Development

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

501(c)(3)

Cutliff Grove Community

835 W Broad Ave

Albany, GA 31701

58-2639533

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government 84-1403727 501(c)(3) 883,134 FMV at time of Food, produce boxes Food Assistance Idonations

Wings As Eagles 37772 BIA HWY 27 Porcupine, SD 57772

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

Orangeburg, SC 29115

Andrew Chapel Baptist Church 57-6070393 501(c)(3) 880,884 FMV at time of Food, produce boxes Food Assistance 3670 Five Chop Rd Idonations

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 74-2272331 501(c)(3) Food, produce boxes Food Assistance Central Baptist Church 869.949 FMV at time of 2400 California Street Idonations

Denver, CO 80205 Kingdom Community Center 85-1069160 501(c)(3) 869,270 FMV at time of Food, produce boxes Food Assistance CDC

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

Idonations 7701 Highway 51 Southaven, MS 38671

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 35-1607688 501(c)(3) 860,806 FMV at time of Food, produce boxes Food Assistance Nu Corinthian Baptist Church 5935 W 56th Street Idonations Indianapolis, IN 46254

854,862 FMV at time of

Idonations

Food, produce boxes

Food Assistance

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

501(c)(3)

Bethel Anniston MBC

Anniston, AL 36201

1658 Lehman Ave

63-0862776

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government Mountain Resource Center 84-1178699 501(c)(3) 852,764 FMV at time of Building supplies, assorted Development Idonations

546 2nd Street Yuba City, CA 95991

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

Pine Ridge, SD 57770

Wings As Eagles Ministry 84-1403727 501(c)(3) 841,757 FMV at time of Food, produce boxes Food Assistance 30225 US Highway 18 Idonations

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government Harrackald of Paikk Panaily 72 1206520 E01/-1/21 025 706 FMV -+ +:--- - + Food produce boyes Food Assistance

Idonations

Food Assistance

| Cedar Street Baptist                                              | 30-0548408 | 501(c)(3) | 828,834 | FMV at time of | Food, produce boxes | Food A |
|-------------------------------------------------------------------|------------|-----------|---------|----------------|---------------------|--------|
| Worship Center<br>9300 I-10 Service Road<br>New Orleans, LA 70126 | 72-1306529 | 501(c)(3) | l '     | donations      | rood, produce boxes | FOOG P |

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

301 Cedar Street

Richmond, VA 23223

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government AAAG 37-1426340 501(c)(3) 809,918 FMV at time of House furnishings, assorted Development Idonations

4360 Commerce Circle Atlanta, GA 30336

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

Tampa, FL 33610

Grace Family Church 59-3223784 501(c)(3) 799,375 FMV at time of Food, produce boxes Food Assistance 4915 N 34th St Idonations

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Project Bridges 52-2220010 501(c)(3) Personal care articles, assorted School Assistance 752,854 FMV at time of 3600 Brightseat Rd Idonations Landover, MD 20785 Reaching & Educating for 84-1709644 501(c)(3) 752,586 FMV at time of House furnishings, assorted School Assistance

Idonations

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

Community Hope (RECH) Fou

PO Box 10470 Jackson, MS 39289

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Seattle Union Gospel Mission 91-0595029 501(c)(3) 713.605 FMV at time of Furniture, assorted Development

3800 S Othello St Idonations Seattle, WA 98118

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

RCCG Winners Chapel Detroit 38-3059530 501(c)(3) 699,448 FMV at time of Building supplies, assorted Development Idonations

13980 Greenfield Road

Detroit, MI 48227

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 82-0566218 501(c)(3) 690.078 FMV at time of Food, produce boxes Food Assistance Victory World Outreach Idonations

Ministries 4901 Memorial Parkway NW Huntsville, AL 35810 63-0876040 Food, produce boxes 687.144 FMV at time of

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

501(c)(3) Food Assistance Galilee Missionary Baptist Church Idonations 23001 County Road 14 Florence, AL 35633

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 84-1568566 501(c)(3) Medical products, assorted Development PROJECT CURE 652.097 FMV at time of Idonations

10377 East Geddes Ave Ste 200 Centennial, CO 80112 Banco Alimentos 501(c)(3)

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

20 Jessica Lane

Del Rio, TX 78840

Food, produce boxes 638,510 FMV at time of Food Assistance

Idonations

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Greater Deliverance Church of 501(c)(3) Food, produce boxes Food Assistance 633.018 FMV at time of God In Christ Idonations

624,742 FMV at time of

Idonations

Food, produce boxes

Food Assistance

God In Christ
110 Holiday LN
Byram, MS 39272
412 Food Rescue 47-3476140 501(c)(3)

6022 Broad St

Pittsburgh, PA 15206

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 88-0196411 501(c)(3) 617.422 FMV at time of Food, produce boxes Food Assistance Second Baptist Las Vegas 1941 North H St Idonations Las Vegas, NV 89106

602,639 FMV at time of

Idonations

Food, produce boxes

Food Assistance

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

501(c)(3)

Greater Praise Church

Milwaukee, WI 53210

5422 West Center

46-3946764

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance assistance other) or government Land of Promise 501(c)(3) 581,865 FMV at time of Food, produce boxes Food Assistance 5924 Smith Station Rd Idonations

541,379 FMV at time of

Idonations

Food, produce boxes

Food Assistance

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

501(c)(3)

Fredericksburg, VA 22407
Ebenezer Baptist Church

Oklahoma City, OK 73114

9700 N Western Ave

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government Inner Court Outreach Ministries 54-2175700 501(c)(3) 536.017 FMV at time of House furnishings, assorted Development

Inner Court Outreach Ministries 54-2175700 501(c)(3) 536,017 FMV at time of donations House furnishings, assorted Dev 27324 US Highway 96 S Kirbyville, TX 75956

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

Puyallup, WA 98372

Kirbyville, TX 75956

Puyallup Food Bank 23-7259739 501(c)(3)
10 23 St SE

Standard Standard

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government New Hopewell Baptist Church 501(c)(3) 506,060 FMV at time of Food, produce boxes Food Assistance 3500 New Hopewell Road Idonations

Darlington, SC 29540

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

Oakland, CA 94621

Supply Bank (K to College) 51-0671019 501(c)(3) 502,516 FMV at time of House furnishings, assorted Development 7730 Pardee Lane Idonations

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government Mt Olive Baptist Church 501(c)(3) 493,295 FMV at time of Food, produce boxes Food Assistance

11 Ashland Ave Idonations East Orange, NJ 07017

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

Dallas, TX 75233

Believing In Our Future Inc 46-0642106 501(c)(3) 485,292 FMV at time of Building supplies, assorted Development 4232 S Westmoreland Rd Idonations

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government 27-0132117 501(c)(3) 477,795 FMV at time of Building supplies, assorted School Assistance OK to Share Ministry-TDC

515 S Chestnut Idonations Holdenville, OK 74848

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

Cedar Ridge Preschool Inc 27-2801726 501(c)(3) 448,035 FMV at time of House furnishings, assorted School Assistance Idonations

419 N Cedar Ridge Dr

Duncanville, TX 75116

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Washington Confessors of CDA 01 0644000 E01/-1/21 House furnishings asserted Davelonment

| 32229 Weyerhauser Way S<br>Federal Way, WA 98001 | 91-0644803 | 501(c)(3) | , | donations                | Trouse furnishings, assorted | Development       |
|--------------------------------------------------|------------|-----------|---|--------------------------|------------------------------|-------------------|
| New Life Changers Christian<br>Center            | 27-1255823 | 501(c)(3) | , | FMV at time of donations | House furnishings, assorted  | School Assistance |

1901 South Margaret Ave Kirbyville, TX 75956

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 81-0549816 501(c)(3) Building supplies, assorted Development Community Warehouse 413,966 FMV at time of 4837 West Woolworth Ave Idonations Milwaukee, WI 53218

4837 West Woolworth Ave Milwaukee, WI 53218

New Zion Missionary Baptist Church
308 Maryland Ave

donations

donations

Food, produce boxes food Assistance donations

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

Alamogordo, NM 88310

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 78-0225267 501(c)(3) 410,732 FMV at time of Building supplies, assorted Development Idonations

Idonations

Bread of Life 95 East First Street Crossville, TN 38555

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

11160 Montwood Drive

El Paso, TX 79936

Christ Temple Apostolic 32-0022126 501(c)(3) 356,561 FMV at time of Food, produce boxes Food Assistance

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government Evangel Life Ministries 47-1018838 501(c)(3) 354,323 FMV at time of Building supplies, assorted Development PO Box 261 Idonations

352,353 FMV at time of

Idonations

Food, produce boxes

Food Assistance

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

501(c)(3)

Waco, TX 76703
City Church

3100 Bethlehem Church

Gastonia, NC 28056

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) Greater Community Temple 62-1479013 501(c)(3) 351.724 FMV at time of Food, produce boxes Food Assistance Idonations

Church Of God In Christ 5151 Winchester Rd Memphis, TN 38118 Iglesia Apostolica De La Fe En 74-2891600 501(c)(3) Furniture, assorted Development 325,809 FMV at time of

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

Cristo Jesus

600 F Adams St. Connell, WA 99326

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 61-1103422 501(c)(3) 322.032 FMV at time of Furniture, assorted Development Kentucky Mountain Bible College Idonations

855 Highway 541 Jackson, KY 41339 Banco Iinternacional De 501(c)(3) 320,359 FMV at time of House furnishings, assorted Development

Alimentos AC donations 20 Jessica Ln

Del Rio, TX 78840

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government 26-4721685 501(c)(3) 317,118 FMV at time of Food, produce boxes Food Assistance Liaht House Church

2 Jane Pl donations Food, produce boxes Food Assistance

New Hope Church 501(c)(3)

317,118 FMV at time of Food, produce boxes Food Assistance

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

508 South Oueen

Kinston, NC 28501

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Inner Court Outreach Ministries 54-2175700 501(c)(3) Food, produce boxes Food Assistance 304,234 FMV at time of 27324 US Highway 96 S Idonations

Kirbyville, TX 75956 New Hope Full Gospel Baptist 85-0329912 501(c)(3) 301,591 FMV at time of Food, produce boxes Church Idonations

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

Albuqueraue, NM 87110

Food Assistance 1901 Pennsylvania St NE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Refreshing Church 26-0303646 501(c)(3) Food, produce boxes Food Assistance 296.312 FMV at time of 3327 W Earll Dr Idonations

281,883 FMV at time of

Idonations

Food, produce boxes

Food Assistance

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

501(c)(3)

Phoenix, AZ 85017

Forest Pointe Community
Church

6700 Wilkinson BLVD Belmont, NC 28012 56-2228423

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government Victory Life Church 501(c)(3) 278,569 FMV at time of Food, produce boxes Food Assistance Idonations

19609 South Mcqueen Rd Chandler, AZ 85286

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

Pittsburgh, PA 15202

Holy Family Institute 25-0984606 501(c)(3) 277,800 FMV at time of House furnishings, assorted Development 8235 Ohio River Blvd Idonations

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) Gospel Outreach Ministries 90-0221404 501(c)(3) 273.350 FMV at time of Food, produce boxes Food Assistance 321 Belmont Rd Idonations Development

Grand Forks, ND 58201

Helping Elevate Low Income People 465 West Parker Road Suite A100

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

Houston, TX 77091

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 03-0407527 501(c)(3) Food, produce boxes Food Assistance Freedom Faith Missionary 251.574 FMV at time of Baptist Church Idonations

249,661 FMV at time of

Idonations

House furnishings, assorted

Development

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

6540 North Main St Dayton, OH 45415

The Education Partnership 90-0438744 501(c)(3)
281 Corliss Street
Pittsburgh, PA 15220

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government Heavenly Temple - COGIC 30-0042791 501(c)(3) 246,647 FMV at time of Food, produce boxes Food Assistance Idonations

15 Martin Luther King Drive Jersey City, NJ 07305

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

2004 Rock Quarry Road

Raleigh, NC 27610

Macedonia New Life Church 56-1650283 501(c)(3) 246,647 FMV at time of Food, produce boxes Food Assistance

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government Greater Macedonia 59-2988316 501(c)(3) 245,724 FMV at time of Food, produce boxes Food Assistance Idonations

1880 Edgewood Ave W Jacksonville, FL 32208 238,499 FMV at time of House furnishings, assorted Development

Northwest Christian Church 93-0509798 501(c)(3) 13405 Sw Hall Blvd

TIgard, OR 97223

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government Synergy Baltimore 81-4999026 501(c)(3) 220,468 FMV at time of Food, produce boxes Food Assistance Idonations

4602 Denview Way Raspeburg, MD 21206

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

Santa Clara, CA 95054

River of Life Christian Church 94-3219288 501(c)(3) 219,618 FMV at time of Food, general Food Assistance 1177 Laurelwood Rd Idonations

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government 94-1514037 501(c)(3) 219,213 FMV at time of Food, produce boxes Food Assistance Idonations

Bethel Church 933 College View Dr Redding, CA 96003

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

Los Angeles, CA 90016

West Angeles 95-4486925 501(c)(3) 219,213 FMV at time of Food, produce boxes Food Assistance 3045 Crenshaw Blvd Idonations

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) New Living Word Church House 501(c)(3) 214.039 FMV at time of House furnishings, assorted Development of God Idonations

1700 Polo Road Ste 124 Grand Prairie, TX 75052 National Alliance for Hispanic 46-3662091 501(c)(3) 213,419 FMV at time of House furnishings, assorted Development Families Idonations

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

PO Box 41408 Arlington, VA 22204

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 03-0515259 501(c)(3) 212.068 FMV at time of House furnishings, assorted Development Believe in West Virginia Storehouse Idonations PO Box 8622 South Charleston, WV 25303 Nehemiah Christian Center 56-1943711 501(c)(3) 211.412 FMV at time of Food, produce boxes Food Assistance

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

Church of God in Christ

514 N Mangum Street Durham, NC 27701

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

| Think Kingdom<br>465 South Cannon Blvd<br>Kannapolis, NC 28083 | 47-5180907 | 501(c)(3) | •       | FMV at time of donations | Food, produce boxes | Food Assistance   |
|----------------------------------------------------------------|------------|-----------|---------|--------------------------|---------------------|-------------------|
| Potomac Center                                                 | 55-0601422 | 501(c)(3) | 211,372 | FMV at time of           | Furniture, assorted | Family Assistance |

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

1 Blue Street

Romney, WV 26757

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government St Buth Miccionary Bantist 65-0352438 501(c)(3) 210 793 FMV at time of Food produce hoves Food Assistance

School Assistance

| Church                                  | 03-0332+30 | 301(0)(3) | 1       | donations      | Toda, produce boxes         | 1 000 A3313 |
|-----------------------------------------|------------|-----------|---------|----------------|-----------------------------|-------------|
| 145 NW 5th Ave<br>Dania Beach, FL 33004 |            |           |         |                |                             |             |
| Community Enrichment Center             | 75-2231694 | 501(c)(3) | 202,444 | FMV at time of | House furnishings, assorted | School Ass  |

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

North Richland Hills, TN 76180

6250 NE Loop 820

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

| Living Water Ministry Inc | 47-3246937 | 501(c)(3) | 198,275 | FMV at time of | Furniture, assorted | Develo |
|---------------------------|------------|-----------|---------|----------------|---------------------|--------|
| 20 Edgar Avenue           |            |           |         | donations      |                     |        |
| Petersburg, WV 26847      |            |           |         |                |                     |        |
|                           |            |           |         |                |                     |        |

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

900 W Bowie Ave

Alamo, TX 78516

Alamo Community Church 74-6075521 501(c)(3) 189,862 FMV at time of Building supplies, assorted Family Assistance

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 30-0072544 501(c)(3) Food, produce boxes Food Assistance RCCG Living Spring Miracle 188.972 FMV at time of Center Idonations 1000 Columbia Ave

185.712 FMV at time of

Idonations

Food, produce boxes

Food Assistance

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

501(c)(3)

Marcus Hook, PA 19061

Iglesia Bautista Jerico

1600 Boca Chica Blvd

Brownsville, TX 78520

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 58-2570480 501(c)(3) Food, produce boxes Food Assistance Mt Zion Baptist Church 185.500 FMV at time of Idonations

1020 Clark Ave Albany, GA 31705 Franklin Center of Beaver 25-1485031 501(c)(3) 178,458 FMV at time of Furniture, assorted Development

County Idonations 524 Franklin Avenue Aliquippa, PA 15001

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Danisan Cantan The 01 /1001EE E01/-1/21 176 227 FMV/ -+ +:--- - - 5 House furnishings, accorted In - union and

176,177 FMV at time of

Idonations

Food, produce boxes

Food Assistance

| benison Center-The   | 01-4190100 | 301(c)(3) | 1/0,23/ | ILIMA E CILLE OI | riouse furnishings, assorted | Development |
|----------------------|------------|-----------|---------|------------------|------------------------------|-------------|
| Immokalee Foundation |            |           |         | donations        |                              |             |
| 908 Roberts Ave      |            |           |         |                  |                              |             |
| Immokalee, FL 34142  |            |           |         |                  |                              |             |
|                      |            |           |         |                  |                              |             |

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

501(c)(3)

Wells Cathedral Church

Newark, NJ 07102

672 Martin Luther King Blvd

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 82-4490879 501(c)(3) Building supplies, assorted Development Kerman City Serve 175.455 FMV at time of 7001 Auburn St Idonations

7001 Auburn St
Bakersfield, CA 93306

New Beginnings Worship
Center
307 Broad Street

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

Summersville, WV 26651

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 83-4260358 501(c)(3) House furnishings, assorted Development Hope Outlook Foundation 172.016 FMV at time of 6208 Forest River Drive Idonations Fort Worth, TX 76112

170,620 FMV at time of

Idonations

House furnishings, assorted

Development

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

501(c)(3)

New True Vine Miracle

1705 Robinson Road Grand Prairie, TX 75051

Tabernacle

20-2143720

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government 26-1184106 501(c)(3) 168,351 FMV at time of Food, produce boxes Food Assistance Idonations

Bloom Church 326 East Colorado Ave Denver, CO 80210

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

Wings As Eagles Ministry 84-1403727 501(c)(3) 168,351 FMV at time of Food, produce boxes Food Assistance

520 Frontage Road

Rosebud, SD 57570

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

| I II - W Out                                                 | 46 5455605 | 504( )(2)    | 165 076 | ENO                      | D                     |       |
|--------------------------------------------------------------|------------|--------------|---------|--------------------------|-----------------------|-------|
| Black Diamond Camps<br>19830 SE 328th Pl<br>Auburn, WA 98092 | 91-1513/25 | 501(c)(3)    | 166,/99 | FMV at time of donations | Turmture, assorted    | Devel |
| I Black Diamond Campo I                                      | 91-1513775 | I E01/61/211 | 166 700 | IEMN/ at time a of       | I Furniture, assorted |       |

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

Rupert, WV 25984

His Way Outreach 46-5455695 501(c)(3) 165,076 IFMV at time of Personal care articles, assorted

School Assistance PO Box 1237 Idonations

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Emergency Feeding Program 91-1902023 501(c)(3) House furnishings, assorted Development 159.739 FMV at time of 851 Houser Way North Ste A Idonations Renton, WA 98057

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

Church of God Northeast 62-0484177 501(c)(3) 157,477 FMV at time of Food, produce boxes Food Assistance Territory Idonations PO BOX 2430 Cleveland, TN 37320

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 81-0549816 501(c)(3) 155.687 FMV at time of Building supplies, assorted Development Community Warehouse

153,645 FMV at time of

Idonations

Furniture, assorted

Development

| 521 South 9th Street ATTN |  | , | donations | · · |
|---------------------------|--|---|-----------|-----|
| Ray                       |  |   |           |     |
| Curtiss                   |  |   |           |     |
| Milwaukee, WI 53204       |  |   |           |     |

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

501(c)(3)

82-2744221

SETX Civilian Taskforce

223 S 17th Street

Nederland, TX 77627

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) Southwest Region Conference 75-6002433 501(c)(3) 148.929 FMV at time of Building supplies, assorted Development of Seventh day Adventists Idonations 2215 Lanark Avenue Dallas, TX 75203

146.529 FMV at time of

Idonations

Furniture, assorted

Development

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

501(c)(3)

Cabwaylingo Appalachian

Mission

PO Box 81 Dunlow, WV 25511 81-3590310

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government E04( )(3) Transference become sistance

| 6200 W Hampden Ave<br>Denver, CO 80227 | 84-6028596 | 501(c)(3) | · ' | donations                | Food, produce boxes | Food Assistance |
|----------------------------------------|------------|-----------|-----|--------------------------|---------------------|-----------------|
| Hampshire County Pathways<br>Inc       | 46-3722481 | 501(c)(3) | · ' | FMV at time of donations | Furniture, assorted | Development     |

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

Inc PO Box 299

Romney, WV 26757

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government FO4 ( ) (3) I must discuss a consultation of the consultat ment

125,833 FMV at time of

Idonations

Furniture, assorted

Development

| Proviso Missionary Baptist | 36-3310913 | 501(c)(3) | 129,560 | IFMV at time of | Building supplies, assorted | Developn |
|----------------------------|------------|-----------|---------|-----------------|-----------------------------|----------|
| Church                     |            |           |         | donations       |                             |          |
| 1116 S 5th Ave             |            |           |         |                 |                             |          |
| Maywood, IL 60153          |            |           |         |                 |                             |          |
|                            |            |           |         |                 | 1                           | 1        |

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

501(c)(3)

27-2761791

RCCG Restoration Center

Greenbelt, MD 20770

119 Centerway

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government Sunnybrook Hope Center 84-3815075 501(c)(3) 125,820 FMV at time of Apparel, assorted Family Assistance 5601 Sunnybrook Drive Idonations

124,725 FMV at time of

Idonations

House furnishings, assorted

School Assistance

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

501(c)(3)

Sioux City, IA 51106

Bethel School District

516-176th Street Fast

Spanaway, WA 98387

91-0832829

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government Texas Conference of SDA 75-0939961 501(c)(3) 120,404 FMV at time of House furnishings, assorted Development

| PO Box 800<br>Alvarado, TX 76009   |            |           |     | donations                |                             |             |
|------------------------------------|------------|-----------|-----|--------------------------|-----------------------------|-------------|
| New Beginning Covenant<br>Ministry | 26-3826998 | 501(c)(3) | l ' | FMV at time of donations | House furnishings, assorted | Development |

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

1207 McMillan Dr

Cedar Hill, TX 75104

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) LIRA GROUP (MLK Dallas 81-2617385 501(c)(3) 117,902 FMV at time of House furnishings, assorted Development Dream Forward) Idonations 2922 MLK Jr Blvd Dallas, TX 75215

116.036 FMV at time of

Idonations

Food, general

Food Assistance

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

501(c)(3)

The Grace and Peace

Community

2100 N Kildare Chicago, IL 60639 36-3369977

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 58-0904463 501(c)(3) 109.707 FMV at time of Furniture, assorted Development Iglesia Pentecostal Nueva Jerusalen Idonations 1867 Kok Rd Lynden, WA 98264 The Legacy Center Community 27-1033434 501(c)(3) Apparel, assorted Development 109.235 FMV at time of

Development Corporation

16-33 Centre Street Ridgewood, NY 11385

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

| Church of God In Christ<br>7800 Susquehanna Street<br>Pittsburgh, PA 15208 | 82-1860390 | 501(c)(3) | /       | FMV at time of donations | Food, produce boxes | Food Assistance   |
|----------------------------------------------------------------------------|------------|-----------|---------|--------------------------|---------------------|-------------------|
| Bethel Mission Outreach                                                    | 23-7109091 | 501(c)(3) | 106,693 | FMV at time of           | Apparel, assorted   | Family Assistance |

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

Bethel Mission Outreach 206 Bethel St

Roma, TX 78584

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Shiloh Baptist Church 91-1439571 501(c)(3) Food, produce boxes Food Assistance 106.000 FMV at time of 8955 Highway 54 Idonations Jonesboro, GA 30238

Seacoast Church Conway 57-1045195 501(c)(3) 105,706 FMV at time of Food, produce boxes

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

Food Assistance Campus Idonations 1500 US 501 Business Conway, SC 29526

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government Central Baptist Church 74-2272331 501(c)(3) 104,999 FMV at time of Food, produce boxes Food Assistance

2400 California Street Idonations Denver, CO 80205

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

Orangeburg, SC 29115

Andrew Chapel Baptist Church 57-6070393 501(c)(3) 104,793 FMV at time of Food, produce boxes Food Assistance 3670 Five Chop Rd Idonations

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government King Josus Ministry Charie 94-2212221 501(c)(3) 104 793 FMV at time of Food produce hoves Food Assistance

| King sesus Pilinsery Charles | 0- 3212231 | 301(0)(3) | 107,755 | print at time of | . cou, produce boxes | II ood Assistance |
|------------------------------|------------|-----------|---------|------------------|----------------------|-------------------|
| Community Center             |            |           |         | donations        |                      |                   |
| 13850 SW 143 Ct 9            |            |           |         |                  |                      |                   |
| Miami, FL 33186              |            |           |         |                  |                      |                   |
|                              |            |           |         |                  | i e                  |                   |

House furnishings, assorted New Beginnings Home YWAM 91-1104941 501(c)(3) 100,899 FMV at time of Development

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

7317 56th St E

Puvallup, WA 98371

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Samaritan's Purse - Operation 58-1437002 501(c)(3) 100.180 FMV at time of Apparel, assorted Development

| Christmas Child           |  |  | donations | 1 |
|---------------------------|--|--|-----------|---|
| 235 NE Loop 820 Suite 202 |  |  |           | 1 |
| Hurst, TX 76053           |  |  | <u> </u>  |   |
|                           |  |  |           |   |

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

Rumford, RI 02916

99.875 FMV at time of House furnishings, assorted The Elisha Project 45-4507647 501(c)(3) Development 65 Newport Avenue Idonations

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government City of Destiny 59-3383244 501(c)(3) 97.877 FMV at time of House furnishings, assorted Family Assistance 333 Semoran Commerce Pl Idonations

96,432 FMV at time of

Idonations

Food, produce boxes

Food Assistance

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

501(c)(3)

Apopka, FL 32703

Tulsa, OK 74103

1201 N Robinson Ave

Grace City Community Church

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government Urban Impact Foundation 91-1368333 501(c)(3) 92,243 FMV at time of Furniture, assorted Development 801 Union Ave Idonations

89,259 FMV at time of

Idonations

Food, produce boxes

Food Assistance

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

501(c)(3)

Pittsburgh, PA 15212 United Family Center

106 North Flm Street

Grandview, WA 98930

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 35-1372095 501(c)(3) Food, produce boxes Food Assistance Sanders Temple COGIC 86.081 FMV at time of 3915 E 39th St Idonations Indianapolis, IN 46205

Adventist Health 94-6076765 501(c)(3) 82,328 FMV at time of Apparel, assorted Development 450 Greenfield Avenue Suite Idonations

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

400 Hanford, CA 93230

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

| God's Bible College<br>1810 Young Street<br>Cincinnati, OH 45202 | 31-05442/1 | 501(c)(3) | /      | donations      | Furniture, assorted | Development     |
|------------------------------------------------------------------|------------|-----------|--------|----------------|---------------------|-----------------|
| Lighthouse Storehouse                                            | 60-3187388 | 501(c)(3) | 82,125 | FMV at time of | Food, general       | Food Assistance |

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

6202 20th St F

Fife, WA 98424

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Charity Baptist Church 47-1097072 501(c)(3) 80.319 FMV at time of Personal care articles, assorted Family Assistance

7 Starlite Rd Idonations mt nebo, WV 26678

YWAM Pittsburgh 30-0154061 501(c)(3) 79,312 FMV at time of Food, produce boxes Food Assistance 1912 Brownsville Rd Idonations

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

Pittsburgh, PA 15203

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 25-1120677 501(c)(3) 74.994 FMV at time of House furnishings, assorted House of Praver Lutheran Development Idonations

Church 2100 Irwin Street Aliquippa, PA 15001 55-0481419 74,733 FMV at time of Furniture, assorted Family Assistance Mountain Heart Community

501(c)(3) Services Idonations PO Box 1509

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

Oceana, WV 24870

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government Personal care articles assorted Family Assistance Olympia Daningula Daning E01/-1/21 74 CEO EMV -+ +:--- --

| Olympic Pellinsula bueling | 301(0)(3 | <i>)</i> | /4,050 | ILMA at time of | reisonal care articles, assorted | rainiiy Ass |
|----------------------------|----------|----------|--------|-----------------|----------------------------------|-------------|
| Bluebills                  |          |          |        | donations       |                                  |             |
| 120 Spinnaker Place        |          |          |        |                 |                                  |             |
| Port Ludlow, WA 98365      |          |          |        |                 |                                  |             |
|                            |          |          |        |                 |                                  |             |

Seneca Hills Bible Conference 25-1058062 501(c)(3) 72.905 FMV at time of

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

Polk, PA 16342

Building supplies, assorted Development 276 Damascus Rd Idonations

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government T 12 1 0 0 11 46 2220420 E04( )(3) 70 700 ENN/ 1 1 l 👝

| D 61/4 11 7                       | 20 0520202 | =04()(0)  | 70.110 | = = = = = = = = = = = = = = = = = = = = |                      |             |
|-----------------------------------|------------|-----------|--------|-----------------------------------------|----------------------|-------------|
| 7245 College St<br>Lima, NY 14485 | 40-2330120 | 301(0)(3) | '      | donations                               | Tarmare, assorted    | Development |
| Elim Bible Institute & College    | 46-2338120 | 501(C)(3) | /0.//8 | IFIMIV at time of                       | Truffiture, assorted | Development |

Passage of Youth Inc. 30-0520383 501(c)(3) 70,140 FMV at time of House furnishings, assorted IDevelopment 4024 Flm StSte A Idonations

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

Dallas, TX 75217

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 59-3164570 501(c)(3) 69,862 FMV at time of Food, produce boxes Food Assistance

Ignite Life Center 59-3164570 501(c)(3) 69,862 FMV at time of donations Food, produce boxes Food Assistance donations

Gainesville, FL 32609

1HCP Foodshare 22-2474771 501(c)(3) 69,587 FMV at time of donations Food, general Food Assistance

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

West Hartford, CT 06107

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government Kingdom Hoart to Hoart's 26-1220727 501/61/21 65 760 EMV at time of House furnishings assorted Family Assistance

63,457 FMV at time of

Idonations

Personal care articles, assorted

Development

| Killiguolii riealt to riealt s | 20-1339/3/ | 1 301(0)(3) | 03,709 | ILIMA AL UILLE OL | riouse rurnishings, assorted | I allilly As |
|--------------------------------|------------|-------------|--------|-------------------|------------------------------|--------------|
| Ministry of Women              |            |             |        | donations         |                              |              |
| 1603 Shannon Dr                |            |             |        |                   |                              |              |
| Duncanville, TX 75137          |            |             |        |                   |                              |              |
|                                |            |             |        |                   |                              |              |

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

501(c)(3)

South East Asia Praver Center 25-1758752

531 5th Street

Oakmont, PA 15139

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government River of Life Assembly 82-4490879 501(c)(3) 62,632 FMV at time of Food, produce boxes Food Assistance

7001 Auburn St Idonations Bakersfield, CA 93306

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

Queens, NY 11101

Materials for the Arts 81-0551712 501(c)(3) 62,435 FMV at time of Books, general School Assistance 33-66 Northern Blvd Idonations

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 27-2775566 501(c)(3) Furniture, assorted Development The Blessing Board 61.631 FMV at time of 140 Pennsylvania Ave Idonations

Oakmont, PA 15139 Proviso Levden Council for 36-2728599 501(c)(3) 61,522 FMV at time of House furnishings, assorted Development Community Action Idonations

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

411 W Madison Maywood, IL 60153

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government Shekinah Ranch of the Mon 31-1478513 501(c)(3) House furnishings, assorted 61,226 FMV at time of Development

| Pure Heart Ministries                            | 52-2449788 | 501(c)(3) | 59,635 | FMV at time of | Furniture, assorted | Development |
|--------------------------------------------------|------------|-----------|--------|----------------|---------------------|-------------|
| 371 Cracker Jack Rd<br>Monongahela, PA 150633332 |            |           |        | donations      |                     |             |
| Valley                                           |            |           |        | Idonations     |                     |             |

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

Pure Heart Ministries 52-2449788 30819 14th Ave S

Federal Way, WA 98003

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

| Delancey Street Foundation<br>PO Box 1240<br>San Juan Pueblo, NM 87566 | 23-7102690 | 501(c)(3) | 59,091 | FMV at time of donations | Building supplies, assorted | School Assistance |
|------------------------------------------------------------------------|------------|-----------|--------|--------------------------|-----------------------------|-------------------|
| CRU                                                                    | 95-6006173 | 501(c)(3) | 58,778 | FMV at time of           | Apparel, assorted           | School Assistance |

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

37-10 Skillman Ave

Long Island City, NY 11101

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

| Church of the Living God<br>1954 South M St<br>Tacoma, WA 98405 | 94-3111463 | 501(c)(3) | /      | FMV at time of donations | Furniture, assorted | Development |
|-----------------------------------------------------------------|------------|-----------|--------|--------------------------|---------------------|-------------|
| Appalachian Bible College                                       | 55-0370901 | 501(c)(3) | 58,338 | FMV at time of           | Furniture, assorted | Development |

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

Appalachian Bible College 161 College Dr

Mt Hope, WV 25880

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government 26-2404272 501(c)(3) 58.288 FMV at time of Apparel, assorted Family Assistance Idonations

Real Life Church 890 Garrison Ave Bronx, NY 10474

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

Kittanning, PA 16201

Life Choices INC 25-1482633 501(c)(3) 58,238 FMV at time of Personal care Family Assistance 15A Franklin Village Mall

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

| Vision House<br>PO Box 2951 | 91-1493474 | 501(c)(3) | · ' | FMV at time of donations | Furniture, assorted | Develop |
|-----------------------------|------------|-----------|-----|--------------------------|---------------------|---------|
| Renton, WA 98056            |            |           |     |                          |                     |         |

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

Shoreline, WA 98155

Food Lifeline 81-4190155 501(c)(3) 54,697 FMV at time of Food, general Food Assistance 1702 NF 150th St

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Iglesia Pentecostal Camino Al 57-1198318 501(c)(3) Apparel, assorted Family Assistance 54,400 FMV at time of Cielo Sol De Justicia Idonations 6120 3rd Avenue Brooklyn, NY 11220

54,322 FMV at time of

Idonations

Furniture, assorted

Development

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

501(c)(3)

FUEL Outreach Inc.

Pittsburgh, PA 15237

113 Hivue Lane

83-3149439

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

| Dayspring Family Church<br>618 N Beltline Rd<br>Irving, TX 75061 | 75-2621143 | 501(c)(3) | l '    | FMV at time of donations | House furnishings, assorted | Development     |
|------------------------------------------------------------------|------------|-----------|--------|--------------------------|-----------------------------|-----------------|
| Grandview Salvation Army                                         | 22-2406433 | 501(c)(3) | 53,253 | FMV at time of           | Food, produce boxes         | Food Assistance |

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

Grandview Salvation Army 246 Division St 1357

Grandview, WA 98930

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government SchoolKidz Whse 501(c)(3) 50,769 FMV at time of School supplies, assorted School Assistance Idonations

120 Schelter Road Lincolnshire, IL 60069

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

Ennis, TX 75119

The Avenue Church 501(c)(3) 50,250 FMV at time of School supplies, assorted School Assistance 2300 W Ennis Avenue Idonations

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

| SHOUT YM           | 46-2785713 | 501(c)(3) | 48,249 | FMV at time of | House furnishings, assorted | Develo        |
|--------------------|------------|-----------|--------|----------------|-----------------------------|---------------|
| 2512 Waterloo Ln   |            |           |        | donations      |                             |               |
| Mesquite, TX 75181 |            |           |        |                |                             |               |
|                    |            |           |        |                |                             | $\overline{}$ |

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

Avenel, NJ 07001

RCCG Lighthouse 26-4721685 501(c)(3) 47,384 FMV at time of Apparel, assorted Family Assistance 2 Jane Place

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Tablenacle Southaven 84-4751381 501(c)(3) 46,664 FMV at time of House furnishings, assorted Development Idonations

7701 US Hwy 51 Southaven, MS 38672 91-1081345 501(c)(3) 46,514 FMV at time of House furnishings, assorted Development

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

Northwest Life Church 13120 SE 192nd St

Renton, WA 98058

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

| Sabala International Center<br>814 North L Street 1<br>Tacoma, WA 98403 | 82-2645514 | 501(c)(3) | ·      | FMV at time of donations | Food, general       | Food Assistance |
|-------------------------------------------------------------------------|------------|-----------|--------|--------------------------|---------------------|-----------------|
| RCCG Jesus House                                                        | 36-4107164 | 501(c)(3) | 45,445 | FMV at time of           | Furniture, assorted | Development     |

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

RCCG Jesus House 36-4107164 15730 New Hampshire Avenue

Silver Spring, MD 20905

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government Victory Outreach Tacoma 92-1714756 501(c)(3) 44,693 FMV at time of House furnishings, assorted Development

PO Box 1811 Idonations Tacoma, WA 98401

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

Baltimore, MD 21244

RCCG Higher Ground Assembly 27-0110501 501(c)(3) 44,577 FMV at time of Furniture, assorted Development 2021 Lord Baltimore Drive

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 51-0502404 501(c)(3) 44,378 FMV at time of Furniture, assorted RCCG Jesus Palace Development Idonations

43,680 FMV at time of

Idonations

Food, produce boxes

Food Assistance

9528 Smith Avenue Lanham, MD 20706

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

501(c)(3)

Christian Life Center

3489 Little York Rd

Dayton, OH 45414

31-1050608

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government Philippian MBC 501(c)(3) 43,680 FMV at time of Food, produce boxes Food Assistance 190 E 8th Street Idonations

43,680 FMV at time of

Idonations

Food, produce boxes

Food Assistance

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

501(c)(3)

190 E 8th Street
Lima, OH 45804
Compassion Coalition

509 Lafavette St

Utica, NY 13502

16-1579336

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government The City Church 16-1524887 501(c)(3) 43,680 FMV at time of Food, produce boxes Food Assistance

114 Liberty Street Idonations Batavia, NY 14020

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

Ellwood City, PA 16117

Pine Valley Bible Camp 25-1270330 501(c)(3) 43,158 FMV at time of House furnishings, assorted Development 504 Chapel Drive Idonations

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government City of Philippi 501(c)(3) House furnishings, assorted Development 41.797 FMV at time of PO Box 460 Idonations

PO Box 460
Philippi, WV 26416

Metro Pittsburgh Youth for Christ

Metro Pittsburgh You

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

16 West College Street Canonsburg, PA 15317

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government New Life Changers Christian 27-1255823 501(c)(3) Recreational items, assorted Family Assistance 40.768 FMV at time of

Center Idonations 901 South Hwy 87 Newton, TX 75966 501(c)(3) 39.589 FMV at time of Building supplies, assorted Development

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

Fred W Eberle Technical Center 55-6000407 Rt 5 Box 2

Buckhannon, WV 26201

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government House of Matthew Permanent 45-5073315 501(c)(3) 39.482 FMV at time of Furniture, assorted Development

| & Supportive Housing<br>1127 Broadway<br>Tacoma, WA 98402 |            |           | ·      | donations      |                     | ·           |
|-----------------------------------------------------------|------------|-----------|--------|----------------|---------------------|-------------|
| Everlasting Covenant Church                               | 55-0747385 | 501(c)(3) | 39,077 | FMV at time of | Furniture, assorted | Development |

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

17 Everlasting Drive

Fairmont, WV 26554

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Chestnut Mountain Ranch Inc. 20-1614712 501(c)(3) 38.134 FMV at time of Building supplies, assorted Development Idonations

38,120 FMV at time of

Idonations

Furniture, assorted

Development

Chestnut Mountain Ranch Inc 20-1614/12 501(c)(3) 38,134 FMV at time of donations Building supplies, assorted Development Devel

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

501(c)(3)

Morgantown, WV 26508

Lively Stones Mission
830 SE Everett Mall Way

Everett, WA 98208

27-0133870

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Dream Center Pensacola 47-2083744 501(c)(3) 37.337 FMV at time of Recreational items, assorted Development

| 321 N Devlilliers St Suite 216<br>Pensacola, FL 32503 |            | , , ,     | · | donations      |                             | ·        |
|-------------------------------------------------------|------------|-----------|---|----------------|-----------------------------|----------|
| New Life Changers Christian                           | 27-1255823 | 501(c)(3) | , | FMV at time of | House furnishings, assorted | School A |

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

Assistance 1901 South Margaret Ave Kirbyville, TX 75956

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government 25-1270330 501(c)(3) 35.232 FMV at time of Furniture, assorted Pine Valley Bible Camp Development 504 Chapel Dr Idonations Ellwood City, PA 16117

34,931 FMV at time of

Idonations

Food, produce boxes

Food Assistance

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

501(c)(3)

Destiny Church Naples

Naples, FL 34119

6455 Hidden Oaks Lane

14-1985290

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 82-0809728 501(c)(3) 33.648 FMV at time of Furniture, assorted Development Idonations

For Good PGHHollander 910 Braddock Ave Braddock, PA 15104

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

Old Fields, WV 26845

Old Fields Baptist Church 62-0535346 501(c)(3) 33,453 FMV at time of Furniture, assorted Development PO Box 10 Idonations

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government COGIC Open Door 11-3037717 501(c)(3) 30.681 FMV at time of House furnishings, assorted Development

999 Greene Avenue Idonations Brooklyn, NY 11221

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

City of Destiny Ministry 60-2773764 501(c)(3) 30,308 FMV at time of House furnishings, assorted Development Idonations

PO Box 7533

Tacoma, WA 98407

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance assistance other) or government 81-2605221 501(c)(3) 29,386 FMV at time of Building supplies, assorted Development Promise Ranch Ministries 106 Meadow Lane Idonations

29,326 FMV at time of

Idonations

Building supplies, assorted

School Assistance

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

501(c)(3)

McAlisterville, PA 17049

Dubiski Career High School

Grand Prairie, TX 75052

2990 S Highway 161

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government Greater Emmanuel Church of 37-1644713 501(c)(3) Food, produce boxes Food Assistance 28.817 FMV at time of Idonations

Idonations

God in Christ 1910 Schafer Hwy Detroit, MI 48235 45-4900831 501(c)(3) 28,513 FMV at time of Personal care articles, assorted Family Assistance

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

DRAW Buckets 6 S Main

Clarkston, MI 48346

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government 72-1112572 501(c)(3) 28,309 FMV at time of Food, produce boxes Food Assistance

Greater Living Witness 9300 I-10 Service RD Idonations New Orleans, LA 70126

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

Praise Temple Full Gospel 01-0798499 501(c)(3) 28,309 FMV at time of Food, produce boxes Food Assistance Idonations

11160 Montwood Dr

El Paso, TX 79936

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance assistance other) or government 72-0956468 501(c)(3) 28,309 FMV at time of Food, produce boxes Food Assistance Second Harvest 700 Edwards Ave Idonations

New Orleans, LA 70123

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

Victory Family Church 25-1665973 501(c)(3) 27,710 FMV at time of Food, produce boxes Food Assistance Idonations

21150 Route 19

Cranberry Township, PA 16066

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 85-0476858 501(c)(3) House furnishings, assorted Family Assistance New Mexico Cornerstone 27.076 FMV at time of Ministries Idonations

26,932 FMV at time of

Idonations

Medical products, assorted

Family Assistance

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

501(c)(3)

| PO Box 496       |        |
|------------------|--------|
| Crownpoint, NM   | 87313  |
| MultiCare Health | System |

402 South J Street

Tacoma, WA 98415

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government Union Bantist Church 55-0635759 501/61/31 26.875 FMV at time of Furniture accorted Development

26,500 FMV at time of

Idonations

Food, produce boxes

Food Assistance

| Official papers charen | 33-0033/33 | 301(0)(3) | 20,073 | print at time or | r arrintare, abbortea | Develop |
|------------------------|------------|-----------|--------|------------------|-----------------------|---------|
| (Simpson)              |            |           |        | donations        |                       |         |
| 88 Union Baptist Drive |            |           |        |                  |                       |         |
| Flemington, WV 26437   |            |           |        |                  |                       |         |
|                        |            |           |        |                  |                       |         |

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

501(c)(3)

New Springfield Baptist Church

2560 Sylvan Rd

Atlanta, GA 30344

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 91-1228977 501(c)(3) House furnishings, assorted School Assistance Lewis County Adventist School 26,003 FMV at time of Idonations

Idonations

PO Box 1203 2102 S Scheuber Rd Chehalis, WA 98532

Christian Baptist Church 72-0809573 501(c)(3)

donations donations Cleaning supplies, assorted Family Assistance

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

4460 5th Ave

Lake Charles, TX 70607

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Boles Center 91-1962241 501(c)(3) 25,046 FMV at time of Furniture, assorted Development Idonations

4020 Heritage Ave East Fife, WA 98424

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

Tacoma, WA 98404

Iglesia La Roca 91-1470569 501(c)(3) 24,905 FMV at time of Furniture, assorted Development 702 F Harrison St Idonations

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government 55-6000301 501(c)(3) 24.571 FMV at time of Furniture, assorted School Assistance

Braxton County High School 200 Jerry Burton Drive Idonations Sutton, WV 26601

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

Dover, DE 19901

RCCG Father's House Assembly 82-1553026 501(c)(3) 23,727 FMV at time of Furniture, assorted Development

1700 Governors Avenue Idonations

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

22,802 FMV at time of

Idonations

School supplies, assorted

School Assistance

| Westchester Church of the | 501(c)(3) | 22,895 | FMV at time of | Furniture, assorted | Development |
|---------------------------|-----------|--------|----------------|---------------------|-------------|
| Nazarene                  |           |        | donations      |                     |             |
| 7299 W Manchester Ave     |           |        |                |                     |             |
| Los Angeles, CA 90045     |           |        |                |                     |             |
|                           |           |        |                |                     |             |

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

501(c)(3)

33-0720982

Lifesteps

3247 Ramos Circle

Sacramento, CA 95827

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 73-1664999 501(c)(3) Furniture, assorted House of Praver COGIC 22.617 FMV at time of Development 6602 S Ferdinand St Idonations School Assistance

Tacoma, WA 98409 Indian Ministries of North 73-1659743 501(c)(3) 22,533 FMV at time of House furnishings, assorted America Inc Idonations

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

PO Box 3472 Cleveland, TN 37320

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government Jackson Technical Center 501(c)(3) Building supplies, assorted Development 22.504 FMV at time of Idonations

9450 Spencer Road Leroy, WV 25252 Wyoming County Career and 501(c)(3) 22,504 FMV at time of Building supplies, assorted Technical Center

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

Development Idonations 1201 Bearhole Rd Pineville, WV 24874

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government Soma Federal Wav 47-3145087 501(c)(3) Furniture, assorted 22,498 FMV at time of Development 5319 Frances Ave NE Idonations Tacoma, WA 98422

22,438 FMV at time of

Idonations

Furniture, assorted

Development

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

501(c)(3)

Lamb of God Christian

711 S 25th Street Bldg B Tacoma, WA 98405

Ministries

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 52-2455871 501(c)(3) Building supplies, assorted Development Fuller Center for Housing 22.310 FMV at time of 701 S Martin Luther King Jr Idonations Blvd

22,172 FMV at time of

Idonations

Food, general

Food Assistance

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

501(c)(3)

Americus, GA 31719

4818 Portland Avenue

Tacoma, WA 98404

Bethlehem Baptist Church

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government New Faith AOH Church of God 82-3570318 501(c)(3) 21.637 FMV at time of Furniture, assorted Development Idonations

Idonations

New Faith AOH Church of God 82-3570318 501(c)(3) 21,637 FMV at time of donations Everett, WA 98204

ROYAL Corporation 20-5594193 501(c)(3) 21,508 FMV at time of Furniture, assorted Development Development Development

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

2911 Hogan Road

East Point, GA 30344

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 76-0783792 501(c)(3) 20.961 FMV at time of House furnishings, assorted Development

Hope of the City Church 19600 International Blvd Idonations Seatac, WA 98188

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

Shelton, WA 98584

Shelton School District 91-1124683 20,632 FMV at time of House furnishings, assorted

501(c)(3) School Assistance 700 S 1st Street Idonations

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 91-1090357 501(c)(3) 20,405 FMV at time of Furniture, assorted Development

Black Lake Bible Camp 6521 Fairview Rd SW Idonations Olympia, WA 98512

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

Lifesteps - Desert 33-0720982 501(c)(3) 20,393 FMV at time of Books, general School Assistance Idonations

3247 Ramos Circle

Sacramento, CA 95827

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 23-7203822 501(c)(3) 20.337 FMV at time of Books, general Family Assistance Girls Club of Los Angeles

2057 W Century Blvd Idonations Los Angeles, CA 90047

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

San Pedro, CA 90732

Hope 4 Kids 30-0214102 501(c)(3) 20,337 FMV at time of Books, general Development 1846 West Santa Cruz St Idonations

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government W & B Montgomery Helping 56-2449758 501(c)(3) 20,298 FMV at time of Building supplies, assorted Development

Idonations

| Hands Inc<br>8551 Honeysuckle Lane<br>Dallas, TX 75241 |            |           |        | donations      |                     | ·                 |
|--------------------------------------------------------|------------|-----------|--------|----------------|---------------------|-------------------|
| Heritage Christian School                              | 55-0750658 | 501(c)(3) | 20,253 | FMV at time of | Furniture, assorted | School Assistance |

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

225 Newton Ave

Bridgeport, WV 263301734

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government City of Grafton 501(c)(3) 20.237 FMV at time of House furnishings, assorted Development 1 West Main Street Idonations Grafton, WV 26354

19,945 FMV at time of

Idonations

Furniture, assorted

Development

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

501(c)(3)

Ebenezer Baptist Church

7243 Independence Road

Independence, WV 26374

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government More Grace 25-1586307 501(c)(3) 19,804 FMV at time of Personal care articles, assorted | Family Assistance

| 5219 Beverly Pike<br>Grafton, WV 26354             |            |           |     | donations                |                     |             |
|----------------------------------------------------|------------|-----------|-----|--------------------------|---------------------|-------------|
| Veteran's Empowerment and<br>Transitional Services | 90-0789686 | 501(c)(3) | l ' | FMV at time of donations | Furniture, assorted | Development |

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

300 Vuemont PL NE B204 Renton, WA 98056

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

| Oaks Church       | 501(c)(3) | 19,351 | FMV at time of | Medical products, assorted | Family |
|-------------------|-----------|--------|----------------|----------------------------|--------|
| 777 S I-35E       |           |        | donations      |                            |        |
| Red Oak, TX 75154 |           |        |                |                            |        |
|                   |           |        |                |                            |        |

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

Pittsburgh, PA 15210

Foster Love Project 81-2263514 501(c)(3) 19,215 FMV at time of

Personal care articles, assorted | Family Assistance 336 Tarragonna Street Idonations

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

Idonations

| 101 Rodeo Dr Spring Creek, PA 16436 828 Ministry Center | 83-3125823 | 501(c)(3) | 10.0 | 93 FMV at time of | Furniture, assorted         | Development |
|---------------------------------------------------------|------------|-----------|------|-------------------|-----------------------------|-------------|
| Miracle Mountain Ranch<br>Missions                      | 25-1448556 | 501(c)(3) | 19,1 | donations         | Building supplies, assorted | Development |

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

828 Ministry Center 72 S Marsham St

Romney, WV 26757

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Penuel SDA Church 75-2990702 501(c)(3) 18.995 FMV at time of Building supplies, assorted Development 3339 Bernal Drive Idonations Dallas, TX 75212

18,753 FMV at time of

Idonations

School supplies, assorted

Family Assistance

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

501(c)(3)

Mt Pilgrim Baptist Church

Lake Charles, LA 70601

119 North Bank St

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 31-0988955 501(c)(3) Furniture, assorted School Assistance Tygart Valley MiddleHigh 18.733 FMV at time of School Idonations 10189 Seneca Trail Mill Creek, WV 26280

18.561 FMV at time of

Idonations

Furniture, assorted

Development

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

501(c)(3)

09-1085992

Project 253

6321 Nyaza Park Dr

Lakewood, WA 98499

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) Prince of Peace Lutheran 36-3513679 501(c)(3) 18.549 FMV at time of Furniture, assorted Development Church Idonations 19030 8th Av South SeaTac. WA 98148

18.413 FMV at time of

donations

Apparel, assorted

Development

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

501(c)(3)

Five Loaves & Two Fishes Food

Bank

171 Riverside Dr Welch, WV 24801

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

Idonations

| Webster County High School<br>1 Highlander Dr<br>Upper Glade, WV 26266 |            | 501(c)(3) | 1      | FMV at time of donations | Building supplies, assorted | School Assistand |
|------------------------------------------------------------------------|------------|-----------|--------|--------------------------|-----------------------------|------------------|
| Metro Ministries                                                       | 11-3382193 | 501(c)(3) | 17,817 | FMV at time of           | School supplies, assorted   | Development      |

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

Metro Ministries 56-06 Cooper Ave

Flushing, NY 11385

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 91-0565014 501(c)(3) 17.795 FMV at time of Furniture, assorted The Rescue Mission Development 425 S Tacoma Way Idonations Tacoma, WA 98402

17,771 FMV at time of

Idonations

House furnishings, assorted

Development

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

501(c)(3)

Lake Grove Elementary - ESC

3600 S 344th Wav

Auburn, WA 98001

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government Four Corners International 54-2140315 501(c)(3) 17.711 FMV at time of Furniture, assorted Development

Idonations

| Mission<br>PO Box 145 |  |  | donations |  |
|-----------------------|--|--|-----------|--|
| PO Box 145            |  |  |           |  |
| Bowie, MD 20719       |  |  |           |  |
|                       |  |  |           |  |

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

513 Davis Dr

DeSoto, TX 75115

17.415 FMV at time of Building supplies, assorted Beauty Through Brokenness 81-5200885 501(c)(3) Development

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government The James Isaac House 52-1612228 501(c)(3) 16,736 FMV at time of Furniture, assorted Development

| 314 S Second St<br>Oakland, MD 21550             |            |           |   | donations                |                     |             |
|--------------------------------------------------|------------|-----------|---|--------------------------|---------------------|-------------|
| Washington State University<br>Pierce County 4-H | 32-0182950 | 501(c)(3) | , | FMV at time of donations | Furniture, assorted | Development |

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

3602 Pacific Avenue Suite 200

Tacoma, WA 98418

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government Big Creek People in Action Inc 55-0710393 501(c)(3) Building supplies, assorted Development 16.333 FMV at time of Idonations

17586 Rocket Boys Dr War, WV 24892 Golgotha Baptist Church 68-0514883 501(c)(3) 16,146 FMV at time of Food, produce boxes

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

Tacoma, WA 98445

Food Assistance 1611 85th St Fast Tacoma WA Idonations 98445

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) Western Pennsylvania Dianer 35-2461923 501(c)(3) 16 029 FMV at time of Personal care articles assorted Family Assistance

| Bank<br>201 N Braddock Ave<br>Pittsburgh, PA 15208 | 33 2 102323 | 301(0)(0) | l '    | donations      | ,                           | Tanin, resistance |
|----------------------------------------------------|-------------|-----------|--------|----------------|-----------------------------|-------------------|
| Pocahontas County High                             |             | 501(c)(3) | 15,898 | FMV at time of | Building supplies, assorted | School Assistance |

School Idonations 227 Warrior Way

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

Dunmore, WV 24934

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government Bay Center Food Bank 46-1095437 501(c)(3) Furniture, assorted 15.530 FMV at time of Development PO Box 420 Idonations

Bay Center, WA 98527 Ministerios De Restauracion 27-2822605 501(c)(3) 15,372 FMV at time of Furniture, assorted Fuente De Vida Idonations

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

Development 5120 South Washington St Tacoma, WA 98409

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government Abundant Life Fellowship 91-1473808 501(c)(3) 15,299 FMV at time of Furniture, assorted Development 5917 S Thompson Ave Idonations

15,269 FMV at time of

Idonations

Building supplies, assorted

Development

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

501(c)(3)

Tacoma, WA 98408
Templo Cristiano Agape

2355 W Pioneer Dr.

Irving, TX 75061

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government Peninsula High School 91-2024847 501(c)(3) 15.199 FMV at time of House furnishings, assorted School Assistance 14105 Purdy Dr Idonations Gig Harbor, WA 98332

14,716 FMV at time of

Idonations

Furniture, assorted

Development

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

501(c)(3)

Transformational Ministries

6201 Pacific Ave Ste B10

Tacoma, WA 98408

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) Altheimer Memorial Church 91-0961241 501(c)(3) 14.698 FMV at time of House furnishings, assorted Development 1119 South Altheimer Street Idonations Tacoma, TX 98405 Hope for the Nations 94-3038491 501(c)(3) 14,448 FMV at time of Furniture, assorted Development Foursquare Church Idonations PO Box 309/606 Washington

Ave

Toppenish, WA 98948

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 25-1056389 House furnishings, assorted Development

Light of Life Rescue Mission 501(c)(3) 14,242 FMV at time of 10 E North Ave Idonations Pittsburgh, PA 15212

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

Selbyville, WV 26236

Upshur County Youth Camp 55-6000406 501(c)(3) 14,204 FMV at time of Building supplies, assorted Development 76 Youth Camp Rd Idonations

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 91-0966294 501(c)(3) 14,203 FMV at time of Toys, general Family Assistance Northwest Family Church 3535 Auburn Way S Idonations 55-6000768 501(c)(3) 14,115 FMV at time of Food, general Food Assistance Idonations

Auburn, WA 98092 West Virginia Department of Education at Academy Programs 5 Crosswind Drive

Fairmont, WV 26554

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

| Desitive Deflection Ministries            | 20 0000252  | F01(-)(2) | 12.750 | ENAL            | Building supplies possited    | D1      |
|-------------------------------------------|-------------|-----------|--------|-----------------|-------------------------------|---------|
| 10 California Ave<br>Pittsburgh, PA 15202 | 25 257 5567 | 332(3)(3) | 20,701 | donations       | ,                             |         |
| The DoorWay Inc                           | 25-15/698/  | 501(c)(3) | 13./54 | IFMV at time of | [Recreational items, assorted | IFamily |

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

Dallas, TX 75216

Development Positive Reflection Ministries 20-0998253 501(c)(3)| 13./50 FMV at time of Building supplies, assorted 1226 Alaska Drive Idonations

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 55-6005561 501(c)(3) House furnishings, assorted Development Webster County Memorial 13.462 FMV at time of Idonations

Hospital 324 Miller Mtn Drive Webster Springs, WV 26288

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

Arnold, MD 21012

RCCG Goshen Parish 01-0926792 501(c)(3) 13.436 FMV at time of Furniture, assorted Development 4850 East Joyce Road Idonations

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 91-1229676 501(c)(3) 13.251 FMV at time of Food, general Food Assistance

Auburn City SDA Church 402 29th St SE Idonations Auburn, WA 98092

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

4981 Barthold Road

Denton, TX 76207

Deeper Life Bible Church 52-2159235 501(c)(3) 13,057 FMV at time of Building supplies, assorted Development

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government Fayette Institute of Technology 55-6000315 501(c)(3) Building supplies, assorted Development 12.758 FMV at time of Idonations

300 W Ovler Ave Oak Hill, WV 25901 Tacoma Adventist Community 72-1547205 501(c)(3) 12,603 FMV at time of Furniture, assorted Development Services Idonations

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

3302 E Portland Ave Tacoma, WA 98404

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 01-0742246 501(c)(3) 12.573 FMV at time of Furniture, assorted Development Port Orchard Foursquare Idonations

Church (Heritage) 5545 Thane Ln SE Port Orchard, WA 98367 91-6184677 501(c)(3) 12,442 FMV at time of Furniture, assorted Pacific Northwest Lutheran

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

Tacoma, WA 98443

School Assistance High School Association Idonations 7306 Waller Rd F

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government The Body Of Christ Seattle 21-2969972 501(c)(3) 12.312 FMV at time of Furniture, assorted Development Idonations

12,257 FMV at time of

Idonations

House furnishings, assorted

Development

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

501(c)(3)

1320 SW 102nd St Seattle, WA 98146 Wildfire Blazing

3001 Brvce Dr

Wylie, TX 75098

46-4402196

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government Antioch City Church 27-5025346 501(c)(3) 11,802 FMV at time of House furnishings, assorted Development

| PO Box 50356<br>Los Angeles, CA 90050                         |            |           |   | donations                |                             |             |
|---------------------------------------------------------------|------------|-----------|---|--------------------------|-----------------------------|-------------|
| Multicultural Child & Family<br>Hope Center<br>2021 S 19th St | 35-2266626 | 501(c)(3) | 1 | FMV at time of donations | House furnishings, assorted | Development |

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

Tacoma, WA 98405

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Eastside Baptist Church 93-0652536 501(c)(3) 11.641 FMV at time of House furnishings, assorted Development Idonations

11,571 FMV at time of

Idonations

Furniture, assorted

Development

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

501(c)(3)

3575 E Portland Ave
Tacoma, WA 98404

Prayer Power Center 20-5758758

PO Box 9493

Tacoma, WA 98490

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government Pittshurgh - North Way 25-1392339 501/61/31 11 509 FMV at time of Personal care articles, assorted Family Assistance

| Tittsburgh North Way | 23 1332333 | 301(0)(3) | 11,303 | print at time or | I croomar care c |
|----------------------|------------|-----------|--------|------------------|------------------|
| Christian Community  |            |           |        | donations        |                  |
| 12121 Perry Highway  |            |           |        |                  |                  |
| Wexford, PA 15090    |            |           |        |                  |                  |
|                      |            |           |        |                  |                  |

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

15711 152nd Ave Southeast

Renton, WA 98058

11.277 FMV at time of New Life Church - WA 91-0714189 501(c)(3) Food, produce boxes Food Assistance

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

| Not of Commencies                         | 02 0076770 | F01(-)(2) | 11 212 | ENO/ -+ +: 5   | House furnishings, asserted | D        |
|-------------------------------------------|------------|-----------|--------|----------------|-----------------------------|----------|
| 9424 Military Parkway<br>Dallas, TX 75149 |            |           |        | donations      |                             |          |
| Inspired Vision Church                    | 45-2810447 | 501(c)(3) | 11,236 | FMV at time of | House furnishings, assorted | Developm |

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

Worcester, MA 01605

Development Net of Compassion 83-0876779 501(c)(3)| 11,212 IFMV at time of House furnishings, assorted 474 Grove St Idonations

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government The Ark 26-0075604 501(c)(3) 10.849 FMV at time of Toys, general Family Assistance

| 12721 Houston Rd E<br>Summer, WA 98390        |            |           |   | donations                |                             | ·                 |
|-----------------------------------------------|------------|-----------|---|--------------------------|-----------------------------|-------------------|
| Faith Evangelical Lutheran<br>Church & School | 91-6061912 | 501(c)(3) | ' | FMV at time of donations | House furnishings, assorted | School Assistance |

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

101 S 96th St

Tacoma, WA 98444

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government North Mason Resources 27-1532961 501(c)(3) 10.703 FMV at time of House furnishings, assorted Development

PO Box 2052 Idonations Belfair, WA 98528 501(c)(3) 10,694 FMV at time of Furniture, assorted Development

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

Upward Bound Ministries 37-1505591 101 Crescent Drive

Berea, KY 40403

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 91-1163423 501(c)(3) House furnishings, assorted Development Harbor Assembly of God 10.633 FMV at time of 716 M Street Idonations

Hoguiam, WA 98550 Iglesia Jesucristo es la 46-2117460 501(c)(3) 10,564 FMV at time of Furniture, assorted Development Respuesta Idonations

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

PO Box 98293 Lakewood, WA 98496

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Highline School District 501(c)(3) 10.500 FMV at time of House furnishings, assorted School Assistance Idonations

15675 Ambaum Blvd SW Seattle, WA 98166

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

Federal Way, WA 98023

Christ the King Bible Fellowship 91-2160832 501(c)(3) 10,234 FMV at time of House furnishings, assorted Development 35448 11th Ave SW Idonations

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government The Storehouse Inc 02-0551015 501(c)(3) 10.186 FMV at time of Furniture, assorted Development 26201 180th Ave SE Idonations

10,159 FMV at time of

Idonations

House furnishings, assorted

Development

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

501(c)(3)

55-6000145

Kent, WA 98042 City of Belington

505 S Crim Ave

Belington, WV 26250

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government Kingdom Advancement 501(c)(3) 10 130 FMV at time of Building supplies, assorted Development

| Kingdom Advancement  | 301(0)(3) | 10,130 | I I I A at think of | banang cappingo, accorted | Developmen |
|----------------------|-----------|--------|---------------------|---------------------------|------------|
| Ministry             |           |        | donations           |                           |            |
| 1035 E Annie St      |           |        |                     |                           |            |
| Fort Worth, TX 76123 |           |        |                     |                           |            |
|                      |           |        |                     |                           |            |

RCCG - Bible Faith Ministries 27-0941795 501(c)(3) 10.103 FMV at time of House furnishings, assorted Development

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

3004 Blacksmith Court

Grand Prairie, TX 75052

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government Vid Verdadera 60-3100194 501(c)(3) House furnishings, assorted 9.976 FMV at time of Development 1401 Central Ave S Idonations

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

Kent, WA 98032 Skyway United Methodist

Renton, WA 98057

81-2024452 501(c)(3) 9,908 FMV at time of House furnishings, assorted Development Church Idonations PO Box 4111

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Potters House North Dallas 81-4309124 501(c)(3) 9.757 FMV at time of House furnishings, assorted Development 10501 Main Street Idonations

9.713 FMV at time of

Idonations

Miscellaneous, assorted

Development

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

501(c)(3)

PA State Police Station

Dunmore, PA 18512

85 Kevstone Industrial Park

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government 46-4605663 501(c)(3) 9.539 FMV at time of House furnishings, assorted Development Open Heavens Church 777 S Central Expressway Idonations

Richardson, TX 75080 74-1596534 501(c)(3) 9.537 FMV at time of Medical products, assorted Family Assistance

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

Grace Church - Houston 14505 Gulf Freeway

Houston, TX 77034

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 27-0444684 501(c)(3) 9.530 FMV at time of House furnishings, assorted Development Love INC of Mason County 221 W Railroad Avenue 10 Idonations

9.325 FMV at time of

Idonations

House furnishings, assorted

Development

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

501(c)(3)

Shelton, WA 985843011
Tahoma Associates

1545 Tacoma Ave S

Tacoma, WA 98402

91-0894347

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 55-0599096 501(c)(3) Medical products, assorted Family Assistance Community Care of West 9.275 FMV at time of Virginia Idonations PO Box 217

9.248 FMV at time of

Idonations

Furniture, assorted

Development

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

501(c)(3)

Rock Cave, WV 26234
Society of St Vincent de Paul

Pittsburgh, PA 15233

1501 Reedsdale St Suite 3003

25-1549926

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government 55-0729649 501(c)(3) 9.231 FMV at time of House furnishings, assorted Development

Webster Springs Main Street P O Box 66 Idonations Webster Springs, WV 26288

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

Kent, WA 98032

Greater Things Ministries 41-2063167 501(c)(3) 9.094 FMV at time of House furnishings, assorted Development 325 Washington Ave Suite 313 Idonations

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 20-4396100 501(c)(3) 9.023 FMV at time of Furniture, assorted Development Hand and Hand Community Development Idonations 5112 S Kenvon St Seattle, WA 98118 Paul Laurence Dunbar Learning 501(c)(3) Apparel, assorted School Assistance 8.932 FMV at time of

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

Center

4200 Metropolitian Ave Dallas, TX 75210

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

Food Assistance

| Total Deliverance Church<br>2733 W Ave L<br>Lancaster, CA 93536 | 95-4778101 | 501(c)(3) | 1 '   | FMV at time of donations | Toys, general | Develop  |
|-----------------------------------------------------------------|------------|-----------|-------|--------------------------|---------------|----------|
| First Baptist Church of Grafton                                 | 55-0433944 | 501(c)(3) | 8,595 | FMV at time of           | Food, general | Food Ass |

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

PO Box 116

Grafton, WV 26354

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government Prince of Boaco Lutheran 01-09/0/25 501/61/21 9 251 EMV/ at time of House furnishings assorted Development

| rillice of reace Lutileian | 31-0043423 | 301(0)(3)[ | 0,331 | iriniv at tillie ol | riouse furnishings, assorted | l Develobi |
|----------------------------|------------|------------|-------|---------------------|------------------------------|------------|
| Church - Lakewood          |            |            |       | donations           |                              |            |
| 10333 Bridgeport Way SW    |            |            |       |                     |                              |            |
| Lakewood, WA 98498         |            |            |       |                     |                              |            |
|                            |            |            |       |                     |                              |            |

Extravagant Love Project 81-1696692 8.246 FMV at time of

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

Pittsburgh, PA 15212

House furnishings, assorted 501(c)(3)

Development 316 Lamplighter Circle Idonations

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

| The Hot Spot Church PO Box 471 Kent, WA 98035 |            | 501(c)(3) | ·     | FMV at time of donations | Furniture, assorted | Development |
|-----------------------------------------------|------------|-----------|-------|--------------------------|---------------------|-------------|
| Rainier Middle                                | 91-6001640 | 501(c)(3) | 8,101 | FMV at time of           | Furniture, assorted | Development |

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

Rainier Middle 30620 116th Ave SE

Auburn, WA 98092

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) Salvation Christian Academy 71-0885599 501(c)(3) 7,930 FMV at time of Furniture, assorted Development

| (formerly Slavic Christian |            |           |       | donations      |                             |             |
|----------------------------|------------|-----------|-------|----------------|-----------------------------|-------------|
| Academy)                   |            |           |       |                |                             |             |
| 10622 8th Street East      |            |           |       |                |                             |             |
| Puyallup, WA 98372         |            |           |       |                |                             |             |
| RCCG - Fountain of New     | 46-5722703 | 501(c)(3) | 7,681 | FMV at time of | Building supplies, assorted | Development |

Covenant Idonations 6934 South Fwy

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

Fort Worth, TX 76134

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Eight Days of Hope 75-3212540 501(c)(3) 7.644 FMV at time of Building supplies, assorted Family Assistance

PO Box 3208 Idonations Tupelo, MS 38803

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

Buckhannon, WV 26201

Upshur Parish House 55-0712146 501(c)(3) 7,613 FMV at time of Toys, general Family Assistance 68 College Ave Idonations

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

| The Midnight Mission<br>601 S San Pedro Street<br>Los Angeles, CA 90014 | 95-1691293 | 501(c)(3) | /     | FMV at time of donations | Toys, general | Development       |
|-------------------------------------------------------------------------|------------|-----------|-------|--------------------------|---------------|-------------------|
| Vine Maple Place                                                        | 91-2082308 | 501(c)(3) | 7,571 | FMV at time of           | Toys, general | Family Assistance |

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

Maple Valley, WA 98038

PO Box 1092

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Help Northwest 60-2190915 501(c)(3) 7.446 FMV at time of House furnishings, assorted Development Idonations

7,244 FMV at time of

Idonations

Toys, general

Family Assistance

404 22nd St SE Unit D Auburn, WA 98002

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

501(c)(3)

Tov Rescue Mission

607 South Winnifred

Tacoma, WA 98465

91-1629854

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 90-6001631 501(c)(3) 7.214 FMV at time of House furnishings, assorted Valley View Early Learning Development Center ECEAP - ESC Idonations 17622 46th Ave S Seattle, WA 98188

7.205 FMV at time of

Idonations

House furnishings, assorted

Development

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

501(c)(3)

74-6000427

Latin American Council of Christian Churches

204 SW 156th St Burien, WA 98166

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) Foursquare Disaster Relief 95-1684062 501(c)(3) 7,178 FMV at time of Furniture, assorted Development

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

| (International Church of the |            |           |       | donations      |                             |             |
|------------------------------|------------|-----------|-------|----------------|-----------------------------|-------------|
| Foursquare Gospel)           |            |           |       |                |                             |             |
| 1910 W Sunset Blvd           |            |           |       |                |                             |             |
| Los Angeles, CA 90026        |            |           |       |                |                             |             |
| Des Moines Gospel Chapel     | 91-0613584 | 501(c)(3) | 7,140 | FMV at time of | House furnishings, assorted | Development |
| PO Box 98247 21914 7th Ave   |            |           |       | Idonations     |                             |             |

PO Box 98247 21914 7th Ave

Des Moines, WA 98198

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 13-3179546 501(c)(3) Food, general Food Assistance Food Bank for New York City 7.129 FMV at time of 39 Broadway Idonations New York, NY 10006

7,008 FMV at time of

Idonations

House furnishings, assorted

Development

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

501(c)(3)

United Lutheran Church of

1231 South 76th St Tacoma, WA 98408

Tacoma

91-1931650

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 91-1493588 501(c)(3) 6.838 FMV at time of Furniture, assorted Caleb Good News Ministry Development

PO Box 320 Idonations Seahurst, WA 98062

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

Greencastle, PA 17225

Jov El Ministries 25-1247946 501(c)(3) 6.835 FMV at time of Building supplies, assorted Development 3741 Jov El Dr Idonations

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

Idonations

| Five Star Life<br>2204 California Road<br>Elkhart, IN 46514 | 46-3463430 | 501(c)(3) | - /   | FMV at time of donations | Building supplies, assorted | Development |
|-------------------------------------------------------------|------------|-----------|-------|--------------------------|-----------------------------|-------------|
| City Gates Ministries                                       | 73-1729574 | 501(c)(3) | 6,697 | FMV at time of           | House furnishings, assorted | Development |

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

1910 Fast 4th Avenue PMB 108

Olympia, WA 985064632

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government City of Faith Church RCCG 94-3448429 501(c)(3) 6.599 FMV at time of Furniture, assorted Development 8051 Cessna Avenue Idonations

6.595 FMV at time of

Idonations

Lawn and garden

Development

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

501(c)(3)

Gaithersburg, MD 20878
Grounded Strategies

6587 Hamilton Ave

Pittsburgh, PA 15206

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 501(c)(3) 6.436 FMV at time of Office supplies, assorted School Assistance Evergreen Lutheran High School Idonations

830 SW 116th Street Seattle, WA 98146 Central WV Center for 55-0658970 501(c)(3) 6.286 FMV at time of Furniture, assorted

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

Buckhannon, WV 26201

Development Pregnancy Care Inc Idonations 8 Meadow Street

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 91-1989445 501(c)(3) 6.281 FMV at time of House furnishings, assorted The Food Bank St Marvs Development 611 20th Ave S Idonations

6.047 FMV at time of

Idonations

Furniture, assorted

Development

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

501(c)(3)

Seattle, WA 98144
Christ Lutheran Church

8211 112th St SW

Lakewood, WA 98498

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government Lighthouse of Hope 60-2680756 501(c)(3) Furniture, assorted 5.970 FMV at time of Development Idonations

House furnishings, assorted

Development

| 32250 39th Ave S<br>Federal Way, WA 98001                                    |            |           |     | donations                |
|------------------------------------------------------------------------------|------------|-----------|-----|--------------------------|
| Peoples Institutional Baptist<br>Church - Family Life Center<br>159-24th Ave | 91-1268540 | 501(c)(3) | · ' | FMV at time of donations |

Seattle, WA 98122

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 501(c)(3) 5.876 FMV at time of Building supplies, assorted Development Idonations

The Rubenstein Center 141 Forestry Camp Road Davis, WV 26260

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

Avalon, PA 15202

The Cove Art Center 25-0965246 501(c)(3) 5.875 FMV at time of House furnishings, assorted Development

939 California Ave Idonations

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government 55-0731336 501(c)(3) 5.782 FMV at time of Furniture, assorted Development Idonations

Agape Life Ministries 410 Morgantown Ave Fairmont, WV 26554

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

Gardena, CA 90247

Community Worship Center 47-4625983 501(c)(3) 5,697 FMV at time of Food, general Food Assistance 15709 S Normandie Ave Idonations

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government Northern West Virginia Center 55-0724177 501(c)(3) 5.604 FMV at time of Furniture, assorted Development

Idonations

| for Independent Living<br>7801 Bridgeport Way W<br>Lakewood, WA 98499 |            |           |       | donations      |               |             |
|-----------------------------------------------------------------------|------------|-----------|-------|----------------|---------------|-------------|
| Gospel Mission Baptist Church                                         | 95-4160787 | 501(c)(3) | 5,538 | FMV at time of | Toys, general | Development |

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

7301 S Avalon Blvd

Los Angeles, CA 90003

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government You Can Health Services 37-1541995 501(c)(3) 5.513 FMV at time of Toys, general Development Idonations

Idonations

600 W Manchester Ave Ste 5 Los Angeles, CA 90044 501(c)(3) 5,470 FMV at time of Furniture, assorted Development

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

Harrison County YMCA 55-0486791 PO Box 688

Clarksburg, WV 26302

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 91-0859922 501(c)(3) House furnishings, assorted Development Community Youth Services 5.464 FMV at time of Idonations

711 State Ave NE Olympia, WA 98506 Iglesia Triunfantes En 60-2688679 501(c)(3) 5,464 FMV at time of Furniture, assorted Development lesucristo Idonations

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

15737 Avondale Rd NE Woodinville, WA 98072

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 14-1963607 501(c)(3) Furniture, assorted Praver Tower Ministries 5.464 FMV at time of Development 7714 South Douglas St Wedt Idonations

Lakewood, WA 98499

Seattle Lighthouse Center (AOG)
12245 12th Ave South

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

Seattle, WA 98168

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 90-0448800 501(c)(3) Apparel, assorted New Generations NG 5.336 FMV at time of Development 1331 Atlantic Ave Idonations

5,296 FMV at time of

Idonations

Food, general

School Assistance

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

501(c)(3)

Long Beach, CA 90813 Nueva Vision Community School

18858 Erwin Street Tarzana, CA 91335

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 91-0854239 501(c)(3) 5.073 FMV at time of Furniture, assorted Development

Comprehensive Life Resources 1201 South Proctor Idonations Tacoma, WA 98405

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

Auburn, WA 98002

Valley Regional Fire Authority 74-3195524 501(c)(3) 5.070 FMV at time of Building supplies, assorted Development 1101 D St NE Idonations

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 26-4526955 501(c)(3) 5.055 FMV at time of Building supplies, assorted Development RCCG - Victory House Dallas Metro Idonations 515 W Center Street

Christian

200.000

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

501(c)(3)

515 W Center Street
Duncanville, TX 75116

Coalition for Christian Outreach
(CCO)

5912 Penn Ave Pittsburgh, PA 15206

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) Medical Teams International 93-0878944 501(c)(3) 200.000 Disaster Preparedness PO Box 10 and Relief Services 91-1914868 501(c)(3) 110.000 Housing Development

Portland, OR 972070010 Habitat for Humanity International 270 Peachtree Street NW Suite 1300

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

Atlanta, GA 30303

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 23-7417198 501(c)(3) 110.000 Christian Langham Partnership USA PO Box 189 Cave Creek, AZ 85327

Christian and Missionary 13-1623940 501(c)(3) 100.000

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

Protestant Alliance 8595 Explorer Drive Colorado Springs, CO 80920

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 84-6007896 501(c)(3) 56,000 Christian The Navigators DO D-11 COOO

| Colorado Springs, CO 80934       |            |           |        |   |   |           |
|----------------------------------|------------|-----------|--------|---|---|-----------|
| San Ramon Presbyterian<br>Church | 94-3299434 | 501(c)(3) | 54,000 |   |   | Christian |
| 12943 Alcosta Blvd               | 1          | 1         |        | 1 | 1 |           |

San Ramon, CA 945831401

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 68-0264991 501(c)(3) 50.000 Christian Crossroads Community Church | 445 B Street Yuba City, CA 959915026

Tustin, CA 92782

Salvation Army-Orange County 94-1156347 501(c)(3) 50,000 Salvation Army 10200 Pioneer Rd

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Tanah One to Land One E0 2272002 E01/-1/21 E0 0001 Ivauth Development

| PO Box 276 Acworth, GA 301010276 | 58-22/2902 | 501(6)(3) | 50,000 |  | Programs             |
|----------------------------------|------------|-----------|--------|--|----------------------|
| Rugged Cross Ranch Ministries    | 20-5773688 | 501(c)(3) | 45,000 |  | Relition Related Spi |

Yamhill, OR 97148

Rugged Cross Ranch Ministries da Solido 276

Rugged Cross Ranch Ministries da Solido 276

Relition Related Spiritual Development

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government Pittsburgh Opera 25-1073139 501(c)(3) 44.000 Opera 2425 Liberty Ave

Christian

35.000l

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

501(c)(3)

Pittsburgh, PA 152223681
Church of Living Water

1615 Chambers St SE Olympia, WA 98501

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

| Make A Difference Inc<br>1775 W State St 329<br>Boise, ID 83702 | 26-0800220 | 501(c)(3) | 29,000 |  | Schola |
|-----------------------------------------------------------------|------------|-----------|--------|--|--------|
|                                                                 |            |           |        |  |        |

Garden Valley, TX 75771

Mercy Ships 25,000 Human Service 75-2641151 501(c)(3) PO Box 2020 Organizations

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

Disaster Preparedness &

Relief Services

| The Dove Media Inc | 02-0706812 | 501(c)(3) | 25,000 |  | Religious Media |
|--------------------|------------|-----------|--------|--|-----------------|
| 2070 Milligan Way  |            |           |        |  |                 |
| Medford, OR 97504  |            |           |        |  |                 |

20,000

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

501(c)(3)

13-3433452

Doctors Without Borders

New York, NY 10006

40 Rector Street 16th Floor

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Christians for Biblical Equality 41-1599315 501(c)(3) 15.000l Christian

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

PO Box 800 Lititz, PA 175437026

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Blairsville Alliance Church 25-1316597 501(c)(3) 12.615 Protestant

## 135 East Burrell Street Blairsville, PA 15717 Giving in Motion 47-3287766 501(c)(3) 11,200 Human Services

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

2562 Fox Cir

Walnut Creek, CA 945966408

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government City Theatre Company Inc 25-1554580 501(c)(3) 10.000 lTheater 1300 Bingham Street

Christian

10.000

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

501(c)(3)

Pittsburgh, PA 15203
Crossroads Bible Church

15815 SE 37th St Bellevue, WA 98006

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

Environmental Quality

| CRU<br>PO Box 628222<br>Orlando, FL 328628222 | 95-6006173 | 501(c)(3) | 10,000 |  | Christian |
|-----------------------------------------------|------------|-----------|--------|--|-----------|
| Deschutes Land Trust                          | 93-1186407 | 501(c)(3) | 10,000 |  | Environme |

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

210 NW Irvina Ave 102 Bend, OR 97701

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) Focus on the Family 95-3188150 501(c)(3) 10.000 Christian

8605 Explorer Dr Colorado Springs, CO 809201051 Grace Cascade Christian 93-0817076 501(c)(3) 10.000

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

Medford, OR 97504

IChristian Elementary Schools Education 855 Chevy Way

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government Insight for Living 95-3392299 501(c)(3) 10,000 Religious radio

| PO Box 5000<br>Frisco, TX 750340055 |            |           |        |  |            |
|-------------------------------------|------------|-----------|--------|--|------------|
| Reid Saunders Evangelistic<br>Assn  | 43-1964291 | 501(c)(3) | 10,000 |  | Protestant |

PO Box 4275 Salem, OR 97302

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Ruach Israel Congregation Inc 04-2713477 501(c)(3) 10.000 Christian 754 Greendale Ave Needham, MA 02492

Salvation Armv-Lee Hendry & 58-0660607 501(c)(3) 10.000 Salvation Army Glades Counties

10291 McGregor Blvd

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

Fort Myers, FL 33906

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

| Touchstone Youth Resources | 62-1316818 | 501(c)(3) | 10,000 |  | Christia |
|----------------------------|------------|-----------|--------|--|----------|
| Services Inc               |            |           | i i    |  |          |
| PO Box 159231              |            |           |        |  |          |
| Nashville, TN 372159231    |            |           |        |  |          |
|                            |            |           |        |  |          |

Medford, OR 97501

501(c)(3) 10.000 Wilderness Trails Inc. 23-7030922 Children & Youth PO Box 4655 Services

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

| Pittsburgh Symphony<br>600 Penn Ave<br>Pittsburgh, PA 152223259 | 25-0986052 | 501(c)(3) | 7,500 |  | Music      |
|-----------------------------------------------------------------|------------|-----------|-------|--|------------|
| University Presbyterian Church                                  | 91-0564756 | 501(c)(3) | 7,000 |  | Protestant |

4540 15th Ave NE Seattle, WA 98105

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government Bend Science Station 14-1846714 501(c)(3) 6.500 Interdisciplinary 1500 SW Chandler Avenue Research

Christian

6.000

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

501(c)(3)

1500 SW Chandler Avenue Bend, OR 97702 Pioneers Inc

10123 William Carey Dr Orlando, FL 328326931

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Watermark Community Church 75-2830999 501(c)(3) 105.000 Protestant 7540 LBJ Freeway

Private Grant Making

Foundations

61,200

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

501(c)(3)

Dallas, TX 752511007
ROW Foundation

Naperville, IL 60563

400 F Diehl Road Suite 400

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

| Sioux Falls Christian Schools<br>6120 S Charger Circle<br>Sioux Falls, SD 57108 | 46-0340024 | 501(c)(3) | 50,000 |  | Secondary |
|---------------------------------------------------------------------------------|------------|-----------|--------|--|-----------|
| Crossroads Community Church                                                     | 68-0264991 | 501(c)(3) | 50,000 |  | Christian |

445 B Street

Yuba City, CA 959915026

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

| Mission Aviation Fellowship<br>PO Box 47<br>Nampa, ID 83653 | 95-1920983 | 501(c)(3) | 35,000 |  | Christia |
|-------------------------------------------------------------|------------|-----------|--------|--|----------|
| San Ramon Presbyterian                                      | 94-3299434 | 501(c)(3) | 24.000 |  | Christia |

San Ramon, CA 945831401

tian .(5)(3) Church 12943 Alcosta Blvd

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) Rugged Cross Ranch Ministries 20-5773688 501(c)(3) 15.000l Relition Related Spiritual dba 5 Rock Ranch Development

Christian

14.000

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

501(c)(3)

23800 NW Flying M Road Yamhill, OR 97148 Lake Grove Presbyterian Church

4040 Sunset Dr Lake Oswego, OR 97035 93-0429007

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government 26-0194811 501(c)(3) 13.250 Kingdom Capital Fund Protestant 5735 E 41st Street Sioux Falls, SD 57110

Nutrition Program

10.000

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

501(c)(3)

Mission Norman Inc.

2525 East Lindsey Norman, OK 73071 33-1101555

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

Christian

| Boston Trinity Academy | 04-3580876 | 501(c)(3) | 10,000 |  | Scholarships, Student |
|------------------------|------------|-----------|--------|--|-----------------------|
| 17 Hale Street         |            |           | ·      |  | Financial Aid         |
| Boston, MA 02136       |            |           |        |  |                       |

10.000

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

501(c)(3)

National Community Church

205 F Street NF Washington, DC 20002

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Boston Medical Center-SPARK 04-3314093 501(c)(3) 7.500 Hospitals & Primary

| Center<br>225 River St<br>Mattapan, MA 02126 |            |           | .,,   |  | Medical Care |
|----------------------------------------------|------------|-----------|-------|--|--------------|
| Christians for Biblical Equality             | 41-1599315 | 501(c)(3) | 6,000 |  | Christian    |

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

122 W Franklin Ave Suite 218 Minneapolis, MN 55404

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Bethel Ministries International 81-4190155 501(c)(3) 120.000 Hurricane Relief 1225 W Main St

Immokalee, FL 34142

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

Franklin, TN 37065

Porters Call 01-0690242 501(c)(3) 12.000 Ministry Donation PO Box 871

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government Project Bridges Inc 52-2220010 501(c)(3) 15.315 Ministry Donation 403 Brightseat Rd

Landover, MD 20785

| efil                  | e GRAPHIC pr                                | int - DO NOT PROCESS                                                    | As Filed Data         | a -                                                                                        | DLN: 934           | 9312       | 0014   | 571  |
|-----------------------|---------------------------------------------|-------------------------------------------------------------------------|-----------------------|--------------------------------------------------------------------------------------------|--------------------|------------|--------|------|
| Sch                   | edule J                                     | Co                                                                      | mpensati              | on Information                                                                             | ОМ                 | B No.      | 1545-0 | 0047 |
| (Form 990)            |                                             | For certain Officer                                                     |                       |                                                                                            |                    |            |        |      |
|                       |                                             | ► Complete if the orga                                                  |                       | ited Employees<br>ered "Yes" on Form 990, Part IV, line                                    | 23.                | 2()        | 19     | )    |
| ▶ Attach to Form 990. |                                             |                                                                         |                       |                                                                                            |                    |            |        |      |
| •                     | tment of the Treasury<br>al Revenue Service | P do to <u>www.ns.gov</u>                                               | <u>/101111990</u> 101 |                                                                                            |                    | Insp       | ectio  | n    |
|                       | me of the organiza<br>ld Vision Inc         | ation                                                                   |                       | Emp                                                                                        | loyer identificati | ion nu     | ımber  |      |
|                       |                                             |                                                                         |                       | 95-1                                                                                       | 922279             |            |        |      |
| Pa                    | rt I Questi                                 | ons Regarding Compensati                                                | ion                   |                                                                                            |                    |            | 1      |      |
| <b>1</b> a            |                                             |                                                                         |                       | the following to or for a person listed on y relevant information regarding these ite      |                    |            | Yes    | No   |
|                       |                                             | ,                                                                       |                       |                                                                                            |                    |            |        |      |
|                       |                                             | s or charter travel<br>companions                                       |                       | Housing allowance or residence for personal re<br>Payments for business use of personal re |                    |            |        |      |
|                       | _                                           | nification and gross-up payments                                        |                       | Health or social club dues or initiation fee                                               |                    |            |        |      |
|                       |                                             | nary spending account                                                   | $\checkmark$          | Personal services (e.g., maid, chauffeur,                                                  | chef)              |            |        |      |
| <b>L</b>              | Tf any of the hea                           | vaa an lina ta aya ahaakad did sh                                       | iti-n                 |                                                                                            |                    |            |        |      |
| b                     |                                             |                                                                         |                       | follow a written policy regarding payment<br>ve? If "No," complete Part III to explain     | Or                 | <b>1</b> b | Yes    |      |
| 2                     |                                             |                                                                         |                       | or allowing expenses incurred by all                                                       | ,                  | 2          | Yes    |      |
|                       | directors, truste                           | es, officers, including the CEO/EX                                      | ecutive Director      | r, regarding the items checked on Line 1a                                                  | · · ·              |            |        |      |
| 3                     |                                             | if any, of the following the filing of EO/Executive Director. Check all |                       | d to establish the compensation of the                                                     |                    |            |        |      |
|                       |                                             |                                                                         |                       | CEO/Executive Director, but explain in Par                                                 | t III.             |            |        |      |
|                       | ✓ Compens                                   | ation committee                                                         | ✓                     | Written employment contract                                                                |                    |            |        |      |
|                       |                                             | ent compensation consultant                                             | $\checkmark$          | Compensation survey or study                                                               |                    |            |        |      |
|                       | <b>✓</b> Form 990                           | of other organizations                                                  | $\checkmark$          | Approval by the board or compensation of                                                   | committee          |            |        |      |
| 4                     | During the year related organiza            |                                                                         | 90, Part VII, Se      | ction A, line 1a, with respect to the filing o                                             | organization or a  |            |        |      |
| а                     | Receive a sever                             | ance payment or change-of-contr                                         | ol payment? .         |                                                                                            |                    | 4a         |        | No   |
| b                     | Participate in, o                           | r receive payment from, a supple                                        | mental nonquali       | ified retirement plan?                                                                     | [                  | 4b         | Yes    |      |
| С                     | •                                           |                                                                         |                       | sation arrangement?                                                                        |                    | 4c         |        | No   |
|                       | ir res to any c                             | or lines 4a-c, list the persons and                                     | provide the app       | ilicable amounts for each item in Part III.                                                |                    |            |        |      |
|                       | Only 501(c)(3                               | ), 501(c)(4), and 501(c)(29)                                            | organizations         | must complete lines 5-9.                                                                   |                    |            |        |      |
| 5                     |                                             | ed on Form 990, Part VII, Section<br>ontingent on the revenues of:      |                       | the organization pay or accrue any                                                         |                    |            |        |      |
| а                     | The organization                            | 1?                                                                      |                       |                                                                                            |                    | 5a         |        | No   |
| b                     |                                             | anization?                                                              |                       |                                                                                            |                    | 5b         |        | No   |
| 6                     |                                             | ed on Form 990, Part VII, Section<br>ontingent on the net earnings of:  |                       | the organization pay or accrue any                                                         |                    |            |        |      |
| а                     | -                                           | 1?                                                                      |                       |                                                                                            |                    | 6a         |        | No   |
| b                     |                                             |                                                                         |                       |                                                                                            |                    | 6b         |        | No   |
| 7                     | •                                           | 6a or 6b, describe in Part III.                                         | A line to all a       | the organization provide any nonfixed                                                      |                    |            |        |      |
| 7                     |                                             |                                                                         |                       | the organization provide any nonfixed rt III                                               |                    | 7          |        | No   |
| 8                     | subject to the in                           | nitial contract exception described                                     | l in Regulations      | red pursuant to a contract that was<br>section 53.4958-4(a)(3)? If "Yes," describ          |                    |            |        |      |
| 9                     | If "Yes" on line                            | 8, did the organization also follow                                     | the rebuttable        | presumption procedure described in Regu                                                    | lations section    | 8          |        | No   |
| For 5                 |                                             | iction Act Notice, see the Insti                                        |                       |                                                                                            | · Schedule J       | 9<br>(Form | 990)   | 2019 |

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

| For each individual whose compensation must be reported on Schedule J, reporting instructions, on row (ii). Do not list any individuals that are not listed on Form State. The sum of columns (B)(i)-(iii) for each listed individual must equal the t | 990 | , Part VII.              |                                                    |                                           |                          |                         |                      | vidual                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--------------------------|----------------------------------------------------|-------------------------------------------|--------------------------|-------------------------|----------------------|------------------------------------------------------------|
| (A) Name and Title                                                                                                                                                                                                                                     |     |                          | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                           |                          | (D) Nontaxable benefits | (E) Total of columns | <b>(F)</b><br>Compensation in                              |
|                                                                                                                                                                                                                                                        |     | (i) Base<br>compensation | (ii)<br>Bonus & incentive<br>compensation          | (iii) Other<br>reportable<br>compensation | deferred<br>compensation |                         | (B)(i)-(D)           | column (B)<br>reported as<br>deferred on prior<br>Form 990 |
| See Additional Data Table                                                                                                                                                                                                                              |     |                          |                                                    | I                                         | •                        |                         |                      |                                                            |
|                                                                                                                                                                                                                                                        |     |                          |                                                    |                                           |                          |                         |                      |                                                            |
|                                                                                                                                                                                                                                                        |     |                          |                                                    |                                           |                          |                         |                      |                                                            |
|                                                                                                                                                                                                                                                        |     |                          |                                                    |                                           |                          |                         |                      |                                                            |
|                                                                                                                                                                                                                                                        |     |                          |                                                    |                                           |                          |                         |                      |                                                            |
|                                                                                                                                                                                                                                                        |     |                          |                                                    |                                           |                          |                         |                      |                                                            |
|                                                                                                                                                                                                                                                        |     |                          |                                                    |                                           |                          |                         |                      |                                                            |
|                                                                                                                                                                                                                                                        |     |                          |                                                    |                                           |                          |                         |                      |                                                            |
|                                                                                                                                                                                                                                                        |     |                          |                                                    |                                           |                          |                         |                      |                                                            |
|                                                                                                                                                                                                                                                        |     |                          |                                                    |                                           |                          |                         |                      |                                                            |
|                                                                                                                                                                                                                                                        |     |                          |                                                    |                                           |                          |                         |                      |                                                            |
|                                                                                                                                                                                                                                                        |     |                          |                                                    |                                           |                          |                         |                      |                                                            |
|                                                                                                                                                                                                                                                        |     |                          |                                                    |                                           |                          |                         |                      |                                                            |
|                                                                                                                                                                                                                                                        |     |                          |                                                    |                                           |                          |                         |                      |                                                            |
|                                                                                                                                                                                                                                                        |     |                          |                                                    |                                           |                          |                         |                      |                                                            |
|                                                                                                                                                                                                                                                        |     |                          |                                                    |                                           |                          |                         |                      |                                                            |
|                                                                                                                                                                                                                                                        |     |                          |                                                    |                                           |                          |                         |                      |                                                            |

| Schedule J (Form 990) 2019                                                                                                                                                                                 | hedule J (Form 990) 2019                                                                                                                                                                                                              |  |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| Part III Supplemental Inform                                                                                                                                                                               | Part III Supplemental Information                                                                                                                                                                                                     |  |  |  |  |  |
| Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. |                                                                                                                                                                                                                                       |  |  |  |  |  |
| Return Reference                                                                                                                                                                                           | Explanation                                                                                                                                                                                                                           |  |  |  |  |  |
|                                                                                                                                                                                                            | Within policy limits, Edgar Sandoval was reimbursed for companion travel, housing allowance and personal services. Christophoer Glynn was reimbursed for personal services. All benefits were added to the employee's taxable income. |  |  |  |  |  |
| Part I, Line 4b                                                                                                                                                                                            | Richard Stearns received payment from a nonqualified retirement plan totaling \$94,236.                                                                                                                                               |  |  |  |  |  |
|                                                                                                                                                                                                            | Schedule J (Form 990) 2019                                                                                                                                                                                                            |  |  |  |  |  |

Software ID: Software Version:

**EIN:** 95-1922279

Name: World Vision Inc

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

| Compensation   Comp | Form 990, Schedule                                      | : J, | Part II - Officers, Di | rectors, Trustees, Ko  | ey Employees, and H | lighest Compensate | d Employees |                      |                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|------|------------------------|------------------------|---------------------|--------------------|-------------|----------------------|-------------------------|
| Ponus i remembre   Ponus i rem | (A) Name and Title                                      |      |                        | of W-2 and/or 1099-MIS |                     |                    |             | (E) Total of columns | (F) Compensation in     |
| Present   (i)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                         |      |                        | Bonus & incentive      | Other reportable    |                    | benefits    | (B)(i)-(D)           | reported as deferred on |
| Comparison   Com |                                                         | (i)  | 399,550                | 0                      | 59,947              | 34,658             | 30,220      | 524,375              | 0                       |
| Treactor / Screed Hyr Screed (1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                         | (ii) | 0                      | 0                      | 0                   | 0                  | 0           | 0                    | 0                       |
| Committee Grammer   Comm | 1Douglas Treff                                          | (i)  | 226,595                | 0                      | 8,100               | 26,449             | 27,047      | 288,191              | 0                       |
| Asst Teachers (Control)   (4)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Treasurer/Secretary/Sr VI                               | (ii) | 0                      | 0                      | 0                   | 0                  | 0           | 0                    | 0                       |
| Spring System                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>2</b> Jennifer Brenner<br>Asst Treasurer/VP Controll | (i)  | 162,473                | 0                      | 6,930               | 16,741             | 19,752      | 205,896              | 0                       |
| Next Searchery Schwier   Next Schw |                                                         |      | 0                      | 0                      | 0                   | 0                  | 0           | 0                    | 0                       |
| Manager Schuler   (1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                         | (i)  | 144,801                | 0                      | 1,690               | 19,904             | 26,782      | 193,177              | 0                       |
| Server   Martinational   Server   Ser | ,,                                                      | (ii) | 0                      | 0                      | 0                   | 0                  | 0           | 0                    | 0                       |
| Schristopher Glyman   Fragment   (i)   213,760   0   26,615   30,580   23,997   294,952   1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                         | (i)  | 218,095                | 0                      | 30,465              | 28,154             | 27,015      | 303,729              | 0                       |
| Sr VP Transform (ii) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                         | (ii) | 0                      | 0                      | 0                   | 0                  | 0           | 0                    | 0                       |
| GWilliam Randolph   (i)   211,866   0   10,517   35,349   17,575   275,307   (ii)   0   0   0   0   0   0   0   0   0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                         | (i)  | 213,760                | 0                      | 26,615              | 30,580             | 23,997      | 294,952              | 0                       |
| CIO/CAO   CIO    | Engagement                                              | (ii) | 0                      | 0                      | 0                   | 0                  | 0           | 0                    | 0                       |
| Treasurer/Chief Invest Off                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                         | (i)  | 211,866                | 0                      | 10,517              | 35,349             | 17,575      | 275,307              | 0                       |
| Treasurer/Chief Invest Off (ii) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                         | (ii) | o                      | 0                      | 0                   | 0                  | 0           | 0                    | 0                       |
| Color   Colo |                                                         | (i)  | 197,133                | 0                      | 8,084               | 45,293             | 19,663      | 270,173              | 0                       |
| Sr VP Human Resources                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ·                                                       | (ii) | o                      | 0                      | 0                   | 0                  | 0           | 0                    | 0                       |
| 9Stew McFarland VP CLO         (i)         202,730         0         8,100         31,970         609         243,409         (i)           1Dickhard Steams President Emeritus         (ii)         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                         | (i)  | 187,682                | 0                      | 25,405              | 22,892             | 15,442      | 251,421              | 0                       |
| VP CLO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                         | (ii) | 0                      | 0                      | 0                   | 0                  | 0           | 0                    | 0                       |
| 10Richard Steams   (i)   67,168   0   312,813   6,657   3,061   389,699   78,720                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                         | (i)  | 202,730                | 0                      | 8,100               | 31,970             | 609         | 243,409              | 0                       |
| President Emeritus (ii) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                         | (ii) | 0                      | 0                      | 0                   | 0                  | 0           | 0                    | 0                       |
| 11Kathleen Evans   VP Strategy & Integration   (i)   189,827   0   9,910   35,345   9,288   244,370   0   0   0   0   0   0   0   0   0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                         | (i)  | 67,168                 | 0                      | 312,813             | 6,657              | 3,061       | 389,699              | 78,720                  |
| Color Public Engagement   Color Public Eng |                                                         | (ii) | 0                      | 0                      | 0                   | 0                  | 0           | 0                    | 0                       |
| Color Public Engagement   Color Engageme |                                                         | (i)  | 189,827                | 0                      | 9,910               | 35,345             | 9,288       | 244,370              | 0                       |
| Strict   S | 5, 5                                                    | (ii) | 0                      | 0                      | 0                   | 0                  | 0           | 0                    | 0                       |
| Column   C |                                                         | (i)  | 191,561                | 0                      | 6,180               | 41,994             | 9,286       | 249,021              | 0                       |
| VP Marketing Innovation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ,                                                       | (ii) | 0                      | 0                      | 0                   | 0                  | 0           | 0                    | 0                       |
| 14Gregory Allgood Chief Development Officer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                         | (i)  | 181,900                | 0                      | 9,810               | 20,547             | 26,610      | 238,867              | 0                       |
| Chief Development Officer (ii) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                         | (ii) | 0                      | 0                      | 0                   | 0                  | 0           | 0                    | 0                       |
| Column   C |                                                         | (i)  | 187,096                | 0                      | 1,980               | 23,768             | 19,929      | 232,773              | 0                       |
| Exec Dir Public Engagement   (ii)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                         | (ii) | 0                      | 0                      | 0                   | 0                  | 0           | 0                    | 0                       |
| (ii)         0         0         0         0         0         0         0         0         0           16 Eric Wetterling Sr Director Accounting         (i)         119,592         0         1,270         14,272         28,726         163,860         0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                         | (i)  | 170,836                | 0                      | 3,980               | 33,530             | 29,567      | 237,913              | 0                       |
| Sr Director Accounting                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                         | (ii) | 0                      | 0                      | 0                   | 0                  | 0           | 0                    | 0                       |
| _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                         | (i)  | 119,592                | 0                      | 1,270               | 14,272             | 28,726      | 163,860              | 0                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                         | (ii) | 0                      | 0                      | 0                   | 0                  | 0           | 0                    | 0                       |

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493120014571 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2019 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** World Vision Inc 95-1922279 Part I **Types of Property** (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art-Works of art . . Art-Historical treasures 3 Art—Fractional interests Χ 5,617,667 FMV at time of donation 4 Books and publications 5 Clothing and household 114,777,257 FMV at time of donation Χ goods . . . . . Cars and other vehicles **7** Boats and planes . . 8 Intellectual property . . . Securities-Publicly traded . Χ 548 10,072,854 FMV at time of donation 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . . 12 Securities—Miscellaneous . 13 Qualified conservation contribution—Historic structures . . . **14** Qualified conservation contribution—Other . Real estate—Residential . 840,000 FMV at time of donation Real estate—Commercial . Real estate—Other . . 18 Collectibles . . . . Χ 428 209,762,761 FMV at time of donation **19** Food inventory . . Χ 103 6,416,654 FMV at time of donation 20 Drugs and medical supplies 21 Taxidermy . . . . . 22 Historical artifacts . 23 Scientific specimens . 24 Archeological artifacts . 25 Other ▶ ( Building Supp ) Χ 212 28,273,664 FMV at time of donat 26 Other ► ( Toys ) Χ 89 18,865,140 FMV at time of donat Χ 148 7,564,365 FMV at time of donat 27 Other ► ( Miscellaneous ) Χ 184 6,299,227 FMV at time of donat 28 Other ▶ ( School Supp ) Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . 30a Nο **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Yes **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2019) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

| Schedule M (Form 990) (2019) | Page <b>2</b>                                                                                                                                                                                                                        |
|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                              | ition. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization umn (b), the number of contributions, the number of items received, or a combination of both. Also y additional information. |
| Return Reference             | Explanation                                                                                                                                                                                                                          |
| Part I, Column (b):          | Column B represents the number of contributions received, not the number of items contributed.                                                                                                                                       |
| Part I, Line 32b:            | The Organization uses real estate brokers to sell gifts of real estate.                                                                                                                                                              |
|                              | Schedule M (Form 990) (2019)                                                                                                                                                                                                         |

| efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93493120014 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                    |                                                   |  |  |  |
|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|---------------------------------------------------|--|--|--|
| SCHEDUL<br>(Form 990 or<br>EZ)                                        | Complete to provide information for responses to spending form 990 or 990-EZ or to provide any additional Attach to Form 990 or 990-EZ.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ecific questions on information.                                                   | OMB No. 1545-0047  2019 Open to Public Inspection |  |  |  |
| <b>Name</b> l <b>Bethe</b> rอกิฐ<br>World Vision Inc                  | প্রমিত্বation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Employer identi<br>95-1922279                                                      | fication number                                   |  |  |  |
| Return<br>Reference                                                   | e O, Supplemental Information  Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                    |                                                   |  |  |  |
| Form 990,<br>Part I, Line 1                                           | The Organization provides emergency relief and long term community development ound the world in nearly 100 countries. The Organization also educates the pity and justice related issues and advocates on behalf of the impoverished and orld Vision serves all people, regardless of religion, race, ethnicity, or gender. anization strives to maximize its impact by partnering with other development I organizations, churches, and governments. During the year, World Vision remillion people through health, water/sanitation, child protection, and other lifenitiatives with the support of public and private donors. Specifically reaching 3 n people with sustainable sources of clean water, 1.8 million people with water gency situations and 2.7 million people with improved sanitation. | ublic on pover I oppressed. W The Org groups, loca ached over 51 saving i 4 millio |                                                   |  |  |  |

Return

| Reference  |                                                                                            |
|------------|--------------------------------------------------------------------------------------------|
| Form 990,  | The Organization has an Executive Committee with authority to act on behalf of the governi |
| Part VI,   | ng body. The Committee includes the board chair, vice chair, and standing committee chairs |
| Section A, | . The Committee is chaired by the board chair. It may act on behalf of the board between m |
| line 1     | eetings. In addition to responsibilities and limitations on its authority outlined in the  |
|            | bylaws, the Committee may not change the bylaws nor appoint/terminate or accept a resignat |
|            | ion from the president. The Committee serves the board by overseeing relationships with ot |

her organizations (including any subsidiary or supporting corporations), public affairs, a nd the board's annual evaluation of the President and his or her compensation.

**Explanation** 

Return Explanation

the IRS and posted to World Vision's web site.

Reference

line 11b

Form 990, Porm 990 is prepared by an independent CPA firm. It is provided to the entire Board of Dir ectors after it is reviewed by management. The Board of Directors reviews Form 990 and rai ses any questions to management for resolution. Form 990 is then filed electronically with

Doturn

| Reference                                       | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part VI,<br>Section B,<br>line 12c | World Vision has a written Conflict of Interest Policy. Annually all employees complete a disclosure form identifying transactions and relationships which may be a conflict of inte rest. Management reviews all disclosed potential conflicts and determines whether any conflict exists. Any conflicts are raised for review to a committee which includes the CFO, In ternal Audit and Legal. Whatever action deemed necessary by this committee is taken, somet imes in consultation with the President. Legal provides a summary report to the Board of D irectors via the Audit and Finance Committee. There is a similar process for the Board of Directors to submit a conflict of interest disclosure form annually. The Board of Director s disclosures are reviewed by management. Any issues are taken to the Board of Directors f or resolution, excluding the Board member for whom the potential conflict exists. |

Evalanation

| Return<br>Reference                            | <b>Explanation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part VI,<br>Section B,<br>line 15 | The Board of Directors mandates the compensation philosophy for the entire organization. The President's salary is reviewed on an annual basis. The Board's Executive Committee will formally evaluate the president based on performance and organizational goals after seeking documented input from each member of the Board, as well as the Senior Leadership team. The Board also determines any compensation adjustments and documents that approval process. In addition, for the purposes of a compensation review, the Board's Executive Committee periodically contracts with compensation consulting firms to conduct an independent review of executive compensation. Once the data is gathered and analyzed by the committee, the recommended compensation package for the President is presented to the full Board for approval. The process for determining the compensation grade levels for the senior leadership team of World Vision is managed by the Compensation Manager and contemporaneously documented. All officers and key employees are evaluated and matched to market data of both for-profit and nonprofit organizations where similar positions exist. The President approves the specific salary of the CFO, the Senior Vice President of Human Resources, and other leader ship positions who report directly to the President within the appropriate grade level and within World Vision salary administration guidelines based upon recommendation of the Compensation Manager. In addition, periodic audits and reviews are conducted utilizing an out side consultant to validate that compensation levels of the senior leadership team are con sistent with our compensation philosophy and current market data. |

990 Schedule O, Supplemental Information

Return Explanation

Reference

| Form 990,  | World Vision posts the audited financial statements on its website. If the requestor does  |
|------------|--------------------------------------------------------------------------------------------|
| Part VI,   | not have access to the internet the organization will mail a copy. The governing documents |
| Section C, | and the conflict of interest policy are available upon request.                            |
| line 19    |                                                                                            |

Return Explanation
Reference

Form 990
Part VII and Schedule J, Part II:

Directors, officers, key employees, highest compensated employees, and former such persons are listed in descending order of reporting per the instructions without regard to level of compensation.

Return Explanation
Reference

Form 990, Pension Actuarial Gain 1,460,821. Schedule K-1 Unrelated Business Income 22,549.
Part XI, line

SCHEDULE R
(Form 990)

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

Department of the Treasury

Internal Revenue Service

## **Related Organizations and Unrelated Partnerships**

As Filed Data -

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Schedule R (Form 990) 2019

DLN: 93493120014571

Open to Public Inspection

| Name of the organization<br>Norld Vision Inc                                                                     | Employer identification number                                              |                                                            |                            |                                                  |                                    |        |                                            |
|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|------------------------------------------------------------|----------------------------|--------------------------------------------------|------------------------------------|--------|--------------------------------------------|
| world vision fre                                                                                                 |                                                                             |                                                            |                            | 95-1922279                                       |                                    |        |                                            |
| Part I Identification of Disregarded Entities. Complete if t                                                     | he organization answer                                                      | ed "Yes" on Form                                           | 990, Part IV, line 3       | 33.                                              |                                    |        |                                            |
| (a) Name, address, and EIN (if applicable) of disregarded entity                                                 | <b>(b)</b><br>Primary activity                                              | (c)<br>Legal domicile (stator foreign country)             |                            | (e)<br>End-of-year assets                        | (f)<br>Direct controllin<br>entity | g      |                                            |
| (1) World Vision Properties LLC<br>34834 Weyerhaeuser Way South<br>Federal Way, WA 98001<br>26-0002063           | Holds legal title to the land<br>and building located in<br>Washington D.C. | d DC                                                       | -4,559                     | 5,255,150                                        | World Vision Inc                   |        | _                                          |
| (2) World Vision Real Properties LLC<br>34834 Weyerhaeuser Way South<br>Federal Way, WA 98001<br>26-0831189      | Holds legal title to donated real estate                                    | d NV                                                       | 1,152,475                  | 1,422,401                                        | World Vision Inc                   |        |                                            |
|                                                                                                                  |                                                                             |                                                            |                            |                                                  |                                    |        | -                                          |
|                                                                                                                  |                                                                             |                                                            |                            |                                                  |                                    |        | -                                          |
| Part II Identification of Related Tax-Exempt Organizations related tax-exempt organizations during the tax year. | . Complete if the organ                                                     | nization answered                                          | "Yes" on Form 990          | , Part IV, line 34 l                             | pecause it had one o               | r more | _                                          |
| (a) Name, address, and EIN of related organization                                                               | <b>(b)</b><br>Primary activity                                              | <b>(c)</b><br>Legal domicile (state<br>or foreign country) | (d)<br>Exempt Code section | (e) Public charity status (if section 501(c)(3)) | entity (13)                        |        | 512(b)<br>512(b)<br>ntrolled<br>ity?<br>No |
| (1)World Vision Foundation<br>34834 Weyerhaeuser Way South                                                       | Receive S-Corp Donations                                                    | CA                                                         | 501(c)(3)                  | Line 12a, I                                      | World Vision Inc                   | Yes    |                                            |
| Federal Way, WA 98001<br>48-1265565                                                                              |                                                                             |                                                            |                            |                                                  |                                    |        |                                            |
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Cat. No. 50135Y

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| l of                                                                       | <b>(b)</b><br>Primary<br>activity                                                                                                                                                               | (c)<br>Legal<br>domicile<br>(state<br>or<br>foreign<br>country)                                                                                                                                                                                                                                                                                                                                                                                                | (d)<br>Direct<br>controlling<br>entity                                                                                                                                                                                                                                                                                                                             | income(relat<br>unrelated,<br>excluded fro<br>tax under                                                                                                                                                                                                                                         | ed, total incom                                                                                                                                                                                                                                        | (g)<br>Share of<br>e end-of-year<br>assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Dispropr<br>allocat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | tionate<br>tions?      | (i)<br>Code V-UBI<br>amount in box<br>20 of<br>Schedule K-1<br>(Form 1065)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | managi<br>partne                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | or Perce<br>ng owne<br>r? 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| anizations Taxable as a Code organizations treated as (b) Primary activity | a corporatio                                                                                                                                                                                    | n or tru:<br>(c)<br>egal<br>micile<br>or foreign                                                                                                                                                                                                                                                                                                                                                                                                               | st during th                                                                                                                                                                                                                                                                           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|                                                                            | of  Inizations Taxable as a Ced organizations treated as  (b)  Primary activity  Charitable Remainder Trust  Charitable Remainder Trust  Charitable Remainder Trust  Charitable Remainder Trust | of (b) Primary activity  Inizations Taxable as a Corporation of (b) Primary activity  (b) Primary activity  (c) Charitable Remainder Trust  Charitable Remainder Trust | of Primary activity Control (b) Primary activity Control (state or foreign country)  Inizations Taxable as a Corporation or Trus ed organizations treated as a corporation or trus (b) Primary activity Control (state or foreign country)  Charitable Remainder Trust Charitable Remainder Trust WA  Charitable Remainder Trust WA  Charitable Remainder Trust WA | of Primary activity Legal controlling entity country)  Inizations Taxable as a Corporation or Trust. Complete ed organizations treated as a corporation or trust during the domicile (state or foreign country)  (b) (c) (state or foreign country)  (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c | of Primary activity domicile (state or foreign country)  Primary activity domicile (state or foreign country)  Inizations Taxable as a Corporation or Trust. Complete if the organizations treated as a corporation or trust during the tax year.  (b) | of Primary activity (b) Legal domicile entity sections 512- 514)  Inizations Taxable as a Corporation or Trust. Complete if the organization ansed organizations treated as a corporation or trust during the tax year.  (b) Primary activity (c) Legal domicile entity organization ansed organizations treated as a corporation or trust during the tax year.  (c) Legal domicile (state or foreign country)  Charitable Remainder CA World Vision Inc T  Charitable Remainder Trust  WA World Vision Inc T | of   (b)   Capal   Direct   Order or   Predominat   Capal   Predominat   Order or   Predominat   Order or   Predominat   Order or   Order or | of                     | of Primary activity Pri | of Primary activity (corp. primary activity)    Col. (corp. primary activity)   Corp. (corp. precious the sections 512- 514)   Corp. primary activity   Corp. primary activ | of Primary activity   Commission country   Commission of the tax year.    Code - Value   Code - | Inizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had streated as a partnership during the tax year.    Oracle |

Page **3** 

| Part V Transactions With Related Organization | s. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. |
|-----------------------------------------------|-------------------------------------------------------------------------------------------|
|-----------------------------------------------|-------------------------------------------------------------------------------------------|

|            | Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.                                                                                      |            | Yes | No |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----|----|
| <b>1</b> D | uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?                          |            |     |    |
| а          | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity                                                                              | 1a         |     | No |
| b          | Gift, grant, or capital contribution to related organization(s)                                                                                                              | <b>1</b> b |     | No |
| c          | Gift, grant, or capital contribution from related organization(s)                                                                                                            | <b>1</b> c |     | No |
| d          | Loans or loan guarantees to or for related organization(s)                                                                                                                   | <b>1</b> d |     | No |
| e          | Loans or loan guarantees by related organization(s)                                                                                                                          | 1e         |     | No |
| f          | Dividends from related organization(s)                                                                                                                                       | 1f         |     | No |
| g          | Sale of assets to related organization(s)                                                                                                                                    | <b>1</b> g |     | No |
| h          | Purchase of assets from related organization(s)                                                                                                                              | 1h         |     | No |
| i          | Exchange of assets with related organization(s)                                                                                                                              | 1i         |     | No |
| j          | Lease of facilities, equipment, or other assets to related organization(s)                                                                                                   | 1j         |     | No |
| k          | Lease of facilities, equipment, or other assets from related organization(s)                                                                                                 | 1k         |     | No |
| - 1        | Performance of services or membership or fundraising solicitations for related organization(s)                                                                               | 11         |     | No |
| m          | Performance of services or membership or fundraising solicitations by related organization(s)                                                                                | 1m         |     | No |
| n          | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)                                                                                | 1n         |     | No |
| 0          | Sharing of paid employees with related organization(s)                                                                                                                       | 10         |     | No |
| р          | Reimbursement paid to related organization(s) for expenses                                                                                                                   | <b>1</b> p |     | No |
| q          | Reimbursement paid by related organization(s) for expenses                                                                                                                   | <b>1</b> q |     | No |
| r          | Other transfer of cash or property to related organization(s)                                                                                                                | 1r         |     | No |
| s          | Other transfer of cash or property from related organization(s)                                                                                                              | 1s         |     | No |
| 2          | If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. |            |     |    |
|            | (a) (b) (c) (d)                                                                                                                                                              |            |     |    |

| р | nbursement paid to related organization(s) for expenses                                                        |                                  |                        |                                              |            |    |
|---|----------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------|----------------------------------------------|------------|----|
| q | Reimbursement paid by related organization(s) for expenses                                                     |                                  |                        |                                              | <b>1</b> q | No |
| r | Other transfer of cash or property to related organization(s)                                                  |                                  |                        |                                              | 1r         | No |
| s | Other transfer of cash or property from related organization(s)                                                |                                  |                        |                                              | 1s         | No |
| 2 | If the answer to any of the above is "Yes," see the instructions for information on who must complete this lin | e, including covered i           | relationships and trai | nsaction thresholds.                         |            |    |
|   | (a)<br>Name of related organization                                                                            | (b)<br>Transaction<br>type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |            |    |
|   |                                                                                                                |                                  |                        |                                              |            |    |
|   |                                                                                                                |                                  |                        | _                                            |            |    |
|   |                                                                                                                |                                  |                        |                                              |            |    |

Schedule R (Form 990) 2019

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

Part VI Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships. (a) Name, address, and EIN of entity (b) (c) (d) (e) Are all partners (f) (g) (h) (i) Code V-UBI (j) **(k)** Percentage Primary activity Legal Predominant Share of Share of Disproprtionate General or allocations? ownership domicile income section total end-of-year amount in box managing (state or (related, 501(c)(3) income assets partner? unrelated, organizations? of Schedule foreign excluded from country) K-1 (Form 1065) tax under sections 512-514) Yes No Yes No Yes No

| Schedule R (Form 990) 2019                                                                   |                   |             |  |  |  |
|----------------------------------------------------------------------------------------------|-------------------|-------------|--|--|--|
| Part VII                                                                                     | Supplemental Info | ormation    |  |  |  |
| Provide additional information for responses to questions on Schedule R. (see instructions). |                   |             |  |  |  |
| Return Reference                                                                             |                   | Explanation |  |  |  |
|                                                                                              |                   |             |  |  |  |