

PUBLIC DISCLOSURE COPY

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Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning **OCT 1, 2018** and ending **SEP 30, 2019**

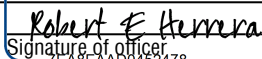
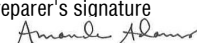
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization POINTS OF LIGHT FOUNDATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 600 MEANS STREET N.W. 210 City or town, state or province, country, and ZIP or foreign postal code ATLANTA, GA 30318 F Name and address of principal officer: NATALYE PAQUIN, ESQ. SAME AS C ABOVE	D Employer identification number 65-0206641 E Telephone number 404-979-2900 G Gross receipts \$ 19,713,370. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.POINTSOFLIGHT.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1990 M State of legal domicile: DE

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	26
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	26
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	197
	6 Total number of volunteers (estimate if necessary)	6	999999
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 38	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	2,099,492.	4,107,067.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	18,849,262.	14,742,524.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	209,290.	182,388.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	133,835.	-114,605.
		21,291,879.	18,917,374.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,650,456.	2,440,264.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	8,800,873.	8,144,017.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	33,409.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 494,406.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,304,956.	7,205,342.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	19,789,694.	17,789,623.	
19 Revenue less expenses. Subtract line 18 from line 12	1,502,185.	1,127,751.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	13,284,316.	14,714,916.
	22 Net assets or fund balances. Subtract line 21 from line 20	9,268,379.	9,494,257.
	4,015,937.	5,220,659.	

Part II Signature Block

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

Sign Here	Signature of officer  Signature of preparer (other than officer) Signature of preparer (other than officer) ROBERT E. HERRERA, CFO/TREASURER Type or print name and title	Date 2/20/2020
Paid Preparer Use Only	Print/Type preparer's name AMANDA ADAMS Preparer's signature  Date 2020.02.20 Firm's name ▶ CHERRY BEKAERT LLP Firm's address ▶ 1075 PEACHTREE STREET NE, SUITE 2200 ATLANTA, GA 30309	Date 09:06:30 -05'00' Check if self-employed <input type="checkbox"/> PTIN P00748038 Firm's EIN ▶ 56-0574444 Phone no. 404-209-0954

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE POINTS OF LIGHT MISSION IS TO INSPIRE, EQUIP AND MOBILIZE PEOPLE TO TAKE ACTION THAT CHANGES THE WORLD. WE ARE A NONPARTISAN ORGANIZATION THAT EQUIPS AND CONNECTS NONPROFITS, BUSINESSES AND INDIVIDUALS READY TO APPLY THEIR TIME, TALENT, VOICE AND RESOURCES TO

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [X] Yes [] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 5,332,075. including grants of \$ 1,569,867.) (Revenue \$ 7,524,936.) POINTS OF LIGHT CORPORATE SOLUTIONS: POINTS OF LIGHT'S CORPORATE SOLUTIONS PROGRAMS PROVIDE BEST-IN-CLASS CORPORATE SOCIAL RESPONSIBILITY CONSULTANCY AND EMPLOYEE VOLUNTEER ENGAGEMENT PROGRAMS. OUR CONSULTANCY WORK PROVIDES CSR PROFESSIONALS WITH BEST PRACTICES AND THE LATEST TRENDS IN HOW BEST TO ENGAGE THE TALENT IN THEIR EMPLOYEE BASE TO SUPPORT THE CAUSES THEY CARE ABOUT. OUR EMPLOYEE ENGAGEMENT PROGRAMMING LEVERAGES POINTS OF LIGHT'S NETWORK OF 194 AFFILIATES IN 37 COUNTRIES TO PROVIDE LOCALLY RELEVANT, HANDS-ON VOLUNTEER PROJECTS FOR COMPANIES WITH GLOBAL FOOTPRINTS.

4b (Code:) (Expenses \$ 4,167,717. including grants of \$ 516,155.) (Revenue \$ 3,664,500.) POINTS OF LIGHT CAPACITY BUILDING PROGRAM: POINTS OF LIGHT'S CAPACITY BUILDING PROGRAM FOCUSES ON PROVIDING NONPROFITS WITH TOOLS, RESOURCES AND TRAINING TO IMPROVE THEIR CAPACITY TO LEVERAGE VOLUNTEERS TO FURTHER THEIR MISSIONS. PROGRAMMING INCLUDES THE SERVICE ENTERPRISE CERTIFICATION PROGRAM, STARBUCKS FELLOWS PROGRAM, AMEX LEADERSHIP ACADEMY, THE VOLUNTEER MANAGEMENT TRAINING SERIES, AND THE ANNUAL POINTS OF LIGHT CONFERENCE, A PROFESSIONAL DEVELOPMENT OPPORTUNITY.

4c (Code:) (Expenses \$ 3,427,677. including grants of \$ 352,034.) (Revenue \$ 2,920,959.) RECOGNITION AND YOUTH AND FAMILY PROGRAMS: POINTS OF LIGHT'S RECOGNITION AND YOUTH AND FAMILY PROGRAMMING INSPIRE AND EQUIP CIVIC LEADERS. BY USING POINTS OF LIGHT'S OWNED MEDIA CHANNELS AND THOSE OF OUR PARTNERS, OUR RECOGNITION PROGRAMS SPOTLIGHT INDIVIDUALS WHO ARE MAKING A SIGNIFICANT POSITIVE IMPACT IN THEIR COMMUNITIES. THE GOAL OF THESE PROGRAMS IS TO LIFT UP THE INDIVIDUALS AND THEIR WORK AND TO INSPIRE OTHERS. THESE PROGRAMS INCLUDE THE DAILY POINT OF LIGHT AWARD, THE GEORGE H.W. BUSH POINT OF LIGHT AWARDS, THE PRESIDENT'S VOLUNTEER SERVICE AWARD, AND THE L'OREAL WOMEN OF WORTH PROGRAM. OUR YOUTH AND FAMILY PROGRAMMING AIMS TO EQUIP FUTURE LEADERS WITH MEANINGFUL EXPERIENCES AND ISSUE EDUCATION TO SPARK A LIFETIME OF CIVIC LEADERSHIP. THESE PROGRAMS INCLUDE GENERATIONON EDUCATION CONTENT

4d Other program services (Describe in Schedule O.) (Expenses \$ 667,755. including grants of \$ 2,208.) (Revenue \$ 632,129.)

4e Total program service expenses 13,595,224.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
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		
	2a		197
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	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? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
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	X

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.		
	1a 26		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 26		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
ROBERT E. HERRERA, CFO - 404-574-5393
600 MEANS STREET N.W., STE. 210, ATLANTA, GA 30318

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NEIL BUSH CHAIR	5.00	X		X				0.	0.	0.
(2) PAM NORLEY VICE CHAIR	5.00	X		X				0.	0.	0.
(3) JAMES COLLINS TREASURER	5.00	X		X				0.	0.	0.
(4) DAVID BAGA DIRECTOR	5.00	X						0.	0.	0.
(5) GARY BAGLEY DIRECTOR	5.00	X						0.	0.	0.
(6) JEAN BECKER DIRECTOR	5.00	X						0.	0.	0.
(7) MARCIA BULLARD DIRECTOR	5.00	X						0.	0.	0.
(8) NICK COSTIDES DIRECTOR	5.00	X						0.	0.	0.
(9) MICHELLE GAVIN DIRECTOR	5.00	X						0.	0.	0.
(10) C. BOYDEN GRAY DIRECTOR	5.00	X						0.	0.	0.
(11) JEFF HAIDET DIRECTOR	5.00	X						0.	0.	0.
(12) JEFF HOFFMAN DIRECTOR	5.00	X						0.	0.	0.
(13) DR. TONI IRVING DIRECTOR	5.00	X						0.	0.	0.
(14) JOHN KELLY DIRECTOR	5.00	X						0.	0.	0.
(15) HEIDI MAGYAR DIRECTOR	5.00	X						0.	0.	0.
(16) DIANE MELLEY DIRECTOR	5.00	X						0.	0.	0.
(17) BERNIE MILANO DIRECTOR	5.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CEASAR MITCHELL DIRECTOR	5.00	X						0.	0.	0.
(19) JENNE MYERS DIRECTOR	5.00	X						0.	0.	0.
(20) RAUL PEREA-HENZE DIRECTOR	5.00	X						0.	0.	0.
(21) GREGG PETERSMEYER DIRECTOR	5.00	X						0.	0.	0.
(22) BRENDA ROBINSON DIRECTOR	5.00	X						0.	0.	0.
(23) MARTY RODGERS DIRECTOR	5.00	X						0.	0.	0.
(24) SUZANNE SPERO DIRECTOR	5.00	X						0.	0.	0.
(25) KERRY H. SULLIVAN DIRECTOR	5.00	X						0.	0.	0.
(26) ERIC TANENBLATT DIRECTOR	5.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								2,437,537.	0.	163,786.
d Total (add lines 1b and 1c)								2,437,537.	0.	163,786.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **26**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
THE AUGUST JACKSON COMPANY, 7475 WISCONSIN AVE., STE. 640, BETHESDA, MD 20814	EVENT PRODUCTION	863,543.
FREEMAN AUDIO VISUAL, INC. P.O. BOX 650519, DALLAS, TX 75265	EVENT AUDIO VISUAL	421,467.
OMNI ATLANTA HOTEL AT CNN CENTER 100 CNN CENTER, ATLANTA, GA 30303	CONFERENCE SERVICES	218,605.
KELTON RESEARCH, LLC, 12121 BLUFF CREEK DRIVE, LOS ANGELES, CA 90094	CONSUMER INSIGHTS RESEARCH	210,000.
FREEMAN EXPOSITIONS, INC., 841 JOSEPH LOWERY BLVD. NW, ATLANTA, MD 30318	EVENT DESIGN AND EXHIBITION	130,193.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **9**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) DAVID WILLIAMS DIRECTOR	5.00	X						0.	0.	0.
(28) NATALYE PAQUIN, ESQ. CEO/PRESIDENT	55.00			X				434,375.	0.	9,357.
(29) LORRAINE KELLY CFO/SECRETARY	55.00			X				194,961.	0.	13,226.
(30) MEGHAN MOLONEY COO/SECRETARY	55.00			X				222,687.	0.	10,593.
(31) AYESHA KHANNA PRESIDENT CIVIC INCUBATOR	55.00			X				213,722.	0.	7,477.
(32) TOBY CHALBERG CHIEF DIGITAL OFFICER	55.00			X				181,742.	0.	19,671.
(33) DIANE QUEST CHIEF MARKETING OFFICER	55.00			X				173,314.	0.	10,806.
(34) ROSE MCMANUS COLEMAN CHIEF DEVELOPMENT OFFICER	55.00			X				206,240.	0.	21,973.
(35) JENNIFER LAWSON CHIEF CIVIC INNOVATION OFFICER	55.00					X		192,013.	0.	7,503.
(36) GARED JONES CHIEF NETWORKS OFFICER	55.00					X		160,950.	0.	17,897.
(37) WENDY RHEIN CHIEF STRATEGY & ENGAGEMENT OFFICER	55.00					X		156,468.	0.	12,361.
(38) BRANDON BEACHER VP, DIGITAL ENGINEERING	55.00					X		150,343.	0.	18,949.
(39) ALLISON DOERFLER SVP, CAPACITY BUILDING	55.00					X		150,722.	0.	13,973.
Total to Part VII, Section A, line 1c								2,437,537.		163,786.

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	2,490,745.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,616,322.				
	g	Noncash contributions included in lines 1a-1f: \$						
	h	Total. Add lines 1a-1f		4,107,067.				
	Program Service Revenue	2 a	VOLUNTEER PROGRAMS	Business Code	900099	11,839,936.	11,839,936.	
b		CONFERENCE		611430	1,859,065.	1,859,065.		
c		VOLUNTEER AWARDS		900099	845,082.	845,082.		
d		RENTAL INCOME		531120	198,441.	198,441.		
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f			14,742,524.			
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)			209,160.		209,160.
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	(ii) Personal				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses						
		Gain or (loss)						
		Net gain or (loss)				-26,772.		-26,772.
	8 a	Gross income from fundraising events (not including \$ 2,490,745. of contributions reported on line 1c). See Part IV, line 18	a					
		Less: direct expenses	b					
		Net income or (loss) from fundraising events				-114,605.		-114,605.
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
Less: direct expenses		b						
Net income or (loss) from gaming activities								
10 a	Gross sales of inventory, less returns and allowances	a						
	Less: cost of goods sold	b						
	Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a								
e	Total. Add lines 11a-11d							
12	Total revenue. See instructions			18,917,374.	14,742,524.	0.	67,783.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,440,264.	2,440,264.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,941,939.	804,490.	879,643.	257,806.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	5,115,703.	4,252,183.	802,872.	60,648.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	155,987.	132,235.	20,164.	3,588.
9 Other employee benefits	440,289.	312,406.	120,603.	7,280.
10 Payroll taxes	490,099.	369,114.	108,388.	12,597.
11 Fees for services (non-employees):				
a Management				
b Legal	41,133.	11,489.	29,644.	
c Accounting	65,850.		65,850.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	47,144.		47,144.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	3,992,161.	3,440,526.	470,241.	81,394.
12 Advertising and promotion	463,512.	412,875.	50,444.	193.
13 Office expenses	653,803.	244,613.	388,073.	21,117.
14 Information technology				
15 Royalties				
16 Occupancy	449,258.	189,533.	259,725.	
17 Travel	414,801.	311,783.	67,039.	35,979.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	566,742.	555,792.	10,530.	420.
20 Interest	260,242.	88,146.	170,109.	1,987.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	124,606.	28,837.	87,358.	8,411.
23 Insurance				
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 _____				
b _____				
c _____				
d _____				
e All other expenses _____	126,090.	938.	122,166.	2,986.
25 Total functional expenses. Add lines 1 through 24e	17,789,623.	13,595,224.	3,699,993.	494,406.
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)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	823,688.	1	1,822,554.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	197,474.	3	286,974.
	4 Accounts receivable, net	602,640.	4	863,234.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	28,460.	8	42,692.
	9 Prepaid expenses and deferred charges	131,597.	9	118,152.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,046,116.		
	b Less: accumulated depreciation	10b 983,438.	3,181,534.	10c 3,062,678.
	11 Investments - publicly traded securities	8,218,415.	11	8,430,572.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	100,508.	15	88,060.
16 Total assets. Add lines 1 through 15 (must equal line 34)	13,284,316.	16	14,714,916.	
Liabilities	17 Accounts payable and accrued expenses	1,305,399.	17	1,570,300.
	18 Grants payable		18	
	19 Deferred revenue	3,493,885.	19	4,548,766.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	4,469,095.	23	3,375,191.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	9,268,379.	26	9,494,257.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-2,531,416.	27	-1,564,442.
	28 Temporarily restricted net assets	519,633.	28	757,381.
	29 Permanently restricted net assets	6,027,720.	29	6,027,720.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	4,015,937.	33	5,220,659.	
34 Total liabilities and net assets/fund balances	13,284,316.	34	14,714,916.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,917,374.
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,789,623.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,127,751.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,015,937.
5	Net unrealized gains (losses) on investments	5	76,971.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5,220,659.

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization <p style="text-align:center;">POINTS OF LIGHT FOUNDATION</p>	Employer identification number <p style="text-align:center;">65-0206641</p>
-------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13355282.	10902732.	1890884.	2099492.	4107067.	32355457.
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	13355282.	10902732.	1890884.	2099492.	4107067.	32355457.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						12721570.
6 Public support. Subtract line 5 from line 4.						19633887.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	13355282.	10902732.	1890884.	2099492.	4107067.	32355457.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	111,267.	118,197.	212,573.	191,463.	209,160.	842,660.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	20,382.	11,416.		133,835.		165,633.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	380,625.	5,439.				386,064.
11 Total support. Add lines 7 through 10						33749814.
12 Gross receipts from related activities, etc. (see instructions)					12	71,459,715.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	58.17 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	72.17 %
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
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? <i>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.</i>		
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>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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.

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

2014 AMOUNT: \$ 380,625.

2015 AMOUNT: \$ 5,439.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization

POINTS OF LIGHT FOUNDATION

Employer identification number

65-0206641

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization POINTS OF LIGHT FOUNDATION	Employer identification number 65-0206641
---------------------------------------------------------------	---------------------------------------------------------

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 280,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 93,475.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 434,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 92,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization POINTS OF LIGHT FOUNDATION	Employer identification number 65-0206641
---------------------------------------------------------------	---------------------------------------------------------

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 93,475.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 98,075.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 245,825.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization POINTS OF LIGHT FOUNDATION	Employer identification number 65-0206641
---------------------------------------------------------------	---------------------------------------------------------

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization POINTS OF LIGHT FOUNDATION	Employer identification number 65-0206641
---------------------------------------------------------------	---------------------------------------------------------

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization: POINTS OF LIGHT FOUNDATION; Employer identification number: 65-0206641

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and compliance questions.

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

Form for Part II Conservation Easements, including checkboxes for purposes, a table for lines 2a-2d, and various questions about monitoring and expenses.

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions about reporting and amounts.

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

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

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	6,547,353.	6,169,429.	6,089,059.	5,546,859.	5,409,356.
b Contributions					310,385.
c Net investment earnings, gains, and losses	167,668.	377,924.	576,646.	560,811.	-147,882.
d Grants or scholarships					
e Other expenditures for facilities and programs			496,276.	18,611.	25,000.
f Administrative expenses					
g End of year balance	6,715,021.	6,547,353.	6,169,429.	6,089,059.	5,546,859.

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

- a Board designated or quasi-endowment .00 %
- b Permanent endowment 89.77 %
- c Temporarily restricted endowment 10.24 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		973,107.		973,107.
b Buildings		3,067,259.	981,522.	2,085,737.
c Leasehold improvements				
d Equipment		5,750.	1,916.	3,834.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,062,678.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	19,725,603.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	76,971.
b	Donated services and use of facilities	2b	320,957.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	457,445.
e	Add lines 2a through 2d	2e	855,373.
3	Subtract line 2e from line 1	3	18,870,230.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	47,144.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	47,144.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	18,917,374.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	18,520,881.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	320,957.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	457,445.
e	Add lines 2a through 2d	2e	778,402.
3	Subtract line 2e from line 1	3	17,742,479.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	47,144.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	47,144.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	17,789,623.

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE ORGANIZATION'S ENDOWMENT FUNDS ARE INTENDED TO PROVIDE FOR GENERAL SUPPORT OF THE ORGANIZATION'S OPERATIONS. ADDITIONALLY, THERE IS AN ENDOWMENT OF \$750,000 INTENDED TO SUPPORT MAJOR MAINTENANCE NEEDED FOR THE ORGANIZATION'S BUILDING.

PART X, LINE 2:

THE FOUNDATION HAS RECEIVED A DETERMINATION LETTER FROM THE INTERNAL REVENUE SERVICE ("IRS") STATING THAT IT QUALIFIES FOR EXEMPTION FROM FEDERAL INCOME TAXES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ("IRC"). THE FOUNDATION EVALUATES ITS UNCERTAIN TAX POSITIONS USING THE PROVISIONS OF FINANCIAL ACCOUNTING

Part XIII Supplemental Information (continued)

STANDARDS BOARD ("FASB") ACCOUNTING STANDARDS CODIFICATION ("ASC") TOPIC 740, INCOME TAXES. THE FOUNDATION FOLLOWS THE CRITERION THAT AN INDIVIDUAL TAX POSITION HAS TO MEET SOME OR ALL OF THE BENEFITS OF THAT POSITION TO BE RECOGNIZED IN THE FOUNDATION'S CONSOLIDATED FINANCIAL STATEMENTS. THE FOUNDATION HAS A POLICY TO RECORD INTEREST AND PENALTIES, IF ANY, RELATED TO INCOME TAX MATTERS IN INCOME TAX EXPENSE. THE FOUNDATION HAS APPLIED THE MORE LIKELY THAN NOT CRITERION TO ALL THE TAX POSITIONS FOR WHICH THE STATUTE OF LIMITATIONS REMAIN OPEN AND HAS DETERMINED THAT THE TAX POSITIONS SATISFY SUCH CRITERION AND THAT NO PROVISION FOR INCOME TAXES IS REQUIRED FOR THE YEARS ENDED SEPTEMBER 30, 2019 AND 2018.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT DIRECT EXPENSES NETTED WITH REVENUE	457,445.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT DIRECT EXPENSES NETTED WITH REVENUE	457,445.
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**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization POINTS OF LIGHT FOUNDATION	Employer identification number 65-0206641
---------------------------------------------------------------	-----------------------------------------------------

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EAST ASIA AND THE PACIFIC	0	0	PROGRAM	VOLUNTEER COORDINATION	529,611.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM	VOLUNTEER COORDINATION	542,689.
NORTH AMERICA	0	0	PROGRAM	VOLUNTEER COORDINATION	298,885.
SOUTH AMERICA	0	0	PROGRAM	VOLUNTEER COORDINATION	94,805.
SOUTH ASIA	0	0	PROGRAM	VOLUNTEER COORDINATION	96,866.
3 a Subtotal	0	0			1,562,856.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			1,562,856.

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

Schedule F (Form 990) 2018

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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

3 Enter total number of other organizations or entities ▶ _____

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to 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 No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

PART I, LINE 3:

ALL AMOUNTS REPORTED IN PART I HAVE BEEN CALCULATED USING THE ACCRUAL METHOD.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2018

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

POINTS OF LIGHT FOUNDATION

Employer identification number

65-0206641

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

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

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
FREDERICK BUSH - P.O. BOX 6335, AVON, CO 81620	POINTS OF LIGHT GEORGE H.W. BUSH AWARDS GALA		X	142,000.	41,875.	100,125.
COMMUNITY COUNSELING SERVICE CO. LLC - 155 N UPPER WACKER	GEORGE H.W. BUSH AWARDS GALA		X	0.	45,162.	-45,162.
Total				142,000.	87,037.	54,963.

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.

AZ, DE, GA, IN, IA, MO, MT, NE, NV, NY, OH, TN, TX, WY

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		POL GHWB AWARDS GALA		NONE		
		(event type)	(event type)	(total number)		
Revenue	1 Gross receipts	2,833,585.			2,833,585.	
	2 Less: Contributions	2,490,745.			2,490,745.	
	3 Gross income (line 1 minus line 2)	342,840.			342,840.	
Direct Expenses	4 Cash prizes					
	5 Noncash prizes					
	6 Rent/facility costs	95,265.			95,265.	
	7 Food and beverages	191,700.			191,700.	
	8 Entertainment	13,745.			13,745.	
	9 Other direct expenses	156,735.			156,735.	
	10 Direct expense summary. Add lines 4 through 9 in column (d)				457,445.	
11 Net income summary. Subtract line 10 from line 3, column (d)				-114,605.		

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

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

b If "No," explain: _____

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

b If "Yes," explain: _____

Schedule G (Form 990 or 990-EZ) 2018 POINTS OF LIGHT FOUNDATION

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: COMMUNITY COUNSELING SERVICE CO. LLC

(I) ADDRESS OF FUNDRAISER: 155 N UPPER WACKER DR #1790, CHICAGO, IL 60606

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**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.**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization **POINTS OF LIGHT FOUNDATION** Employer identification number **65-0206641**

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AIDAN'S HEART FOUNDATION PO BOX 72258 THORNDALE, PA 19372	46-1917169	501(C)(3)	35,000.	0.			VOLUNTEER SUPPORT
AMERICAN WOMEN VETERANS FOUNDATION PO BOX 1776 SUN VALLY, ID 83353	27-0916698	501(C)(3)	10,000.	0.			VOLUNTEER SUPPORT
BOSTON CARES 90 CANAL ST, SUITE 610 BOSTON, MA 02114	04-3173682	501(C)(3)	68,625.	0.			VOLUNTEER SUPPORT
BRANDON ELKS LODGE NO. 2383 800 CENTENNIAL LODGE DR BRANDON, FL 33510	59-1597969	501(C)(3)	6,400.	0.			VOLUNTEER SUPPORT
CENTER FOR VOLUNTEER AND NONPROFIT LEADERSHIP - 65 MITCHELL BLVD, SUITE 101 - SAN RAFAEL, CA 94903	68-0101012	501(C)(3)	31,875.	0.			VOLUNTEER SUPPORT
CHICAGO CARES 2 NORTH RIVERSIDE PLAZA, SUITE 1800 CHICAGO, IL 60606	36-3777709	501(C)(3)	64,475.	0.			VOLUNTEER SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **54.**

3 Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2018)

Schedule I (Form 990)

POINTS OF LIGHT FOUNDATION

65-0206641

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY FOOD BANK OF NEW JERSEY 31 EVANS TERMINAL HILLSIDE, NJ 07205	22-2423882	501(C)(3)	5,000.	0.			VOLUNTEER SUPPORT
CYBER CIVIL RIGHTS INITIATIVE, INC. - 1311 MILLER DR, G378 - CORAL GABLES, FL 33146	46-3513193	501(C)(3)	10,000.	0.			VOLUNTEER SUPPORT
EBEAUTY COMMUNITY INC. 5610 KIRKSIDE DRIVE CHEVY CHASE, MD 20815	45-3593527	501(C)(3)	10,000.	0.			VOLUNTEER SUPPORT
FIRST BOOK 1319 F STREET NW SUITE 1000 WASHINGTON, DC 20004	52-1779606	501(C)(3)	68,750.	0.			VOLUNTEER SUPPORT
FOUNDATION FOR GIRLS 906 DACAVIN DRIVE CHARLOTTE, NC 28226	47-2887394	501(C)(3)	10,000.	0.			VOLUNTEER SUPPORT
FUTURE TIES 3935 W 82ND STREET CHICAGO, IL 60652	27-5469921	501(C)(3)	10,000.	0.			VOLUNTEER SUPPORT
HABITAT FOR HUMANITY GREATER SAN FRANCISCO - 500 WASHINGTON STREET, STE 250 - SAN FRANCISCO, CA 94111	94-3088881	501(C)(3)	15,000.	0.			VOLUNTEER SUPPORT
HANDS ON ATLANTA 600 MEANS STREET, SUITE 110 ATLANTA, GA 30318	58-1861026	501(C)(3)	60,750.	0.			VOLUNTEER SUPPORT
HANDS ON BAY AREA 135 BLUXOME ST., 2ND FLOOR SAN FRANCISCO, CA 94107	77-0195144	501(C)(3)	54,000.	0.			VOLUNTEER SUPPORT

Schedule I (Form 990)

Schedule I (Form 990)

POINTS OF LIGHT FOUNDATION

65-0206641

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HANDS ON GREATER PHOENIX 5151 N. 19TH AVENUE, SUITE 200 PHOENIX, AZ 85015	86-0735514	501(C)(3)	138,920.	0.			VOLUNTEER SUPPORT
HANDS ON MIAMI 6600 WEST COMMERCIAL BLVD LAUDERHILL, FL 33319	46-2774277	501(C)(3)	25,250.	0.			VOLUNTEER SUPPORT
HANDS ON NASHVILLE 37 PEABODY ST #206 NASHVILLE, TN 37210	62-1461078	501(C)(3)	160,990.	0.			VOLUNTEER SUPPORT
HANDS ON NEW ORLEANS 2515 CANAL STREET, 3RD STREET NEW ORLEANS, LA 70119	26-2281213	501(C)(3)	6,750.	0.			VOLUNTEER SUPPORT
HANDS ON NORTHWEST NORTH CAROLINA 690 COLISEUM DRIVE WINSTON-SALEM, NC 27106	26-0824793	501(C)(3)	5,000.	0.			VOLUNTEER SUPPORT
HANDS ON ORLANDO 1850 LEE ROAD SUITE 220 WINTER PARK, FL 32789	59-3660188	501(C)(3)	6,500.	0.			VOLUNTEER SUPPORT
HANDS ON TWIN CITIES 672 TRANSFER ROAD SAINT PAUL, MN 55114	41-0694710	501(C)(3)	41,550.	0.			VOLUNTEER SUPPORT
HANDSON BROWARD 6600 WEST COMMERCIAL BLVD LAUDERHILL, FL 33319	59-1506570	501(C)(3)	84,500.	0.			VOLUNTEER SUPPORT
INTERFAITH MINSTRIES FOR GREATER HOUSTON - 3303 MAIL STREET - HOUSTON, TX 77002	74-1488102	501(C)(3)	42,250.	0.			VOLUNTEER SUPPORT

Schedule I (Form 990)

Schedule I (Form 990)

POINTS OF LIGHT FOUNDATION

65-0206641

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JERSEY CARES 290 WEST MOUNT PLEASANT AVE, SUITE LIVINGSTON, NJ 07039	22-3294530	501(C)(3)	97,425.	0.			VOLUNTEER SUPPORT
KIDS FIRST PROJECT 3231 NW SPENCER ST PORTLAND, OR 97229	47-4611496	501(C)(3)	10,000.	0.			VOLUNTEER SUPPORT
LA WORKS 570 WEST AVENUE 26 SUITE 400 LOS ANGELES, CA 90065	95-4329727	501(C)(3)	10,000.	0.			VOLUNTEER SUPPORT
MEANS DATABASE, INC. 925 26TH ST NW, #201 WASHINGTON, DC 20037	47-4262060	501(C)(3)	50,000.	0.			VOLUNTEER SUPPORT
METRO VOLUNTEERS 789 SHERMAN STREET #220 DENVER, CO 80203	84-0782124	501(C)(3)	28,500.	0.			VOLUNTEER SUPPORT
MISSION EDGE SAN DIEGO PO BOX 12319 SAN DIEGO, CA 92112	27-2938491	501(C)(3)	24,100.	0.			VOLUNTEER SUPPORT
NEW YORK CARES 65 BROADWAY, 19TH FLOOR NEW YORK, NY 10006	13-3444193	501(C)(3)	6,750.	0.			VOLUNTEER SUPPORT
ONEOC 1901 E 4TH ST. STE 100 SANTA ANA, CA 92705	95-2021700	501(C)(3)	74,750.	0.			VOLUNTEER SUPPORT
PEPPERS RANCH, INC. PO BOX 3814 EDMOND, OK 73083	73-1608380	501(C)(3)	20,000.	0.			VOLUNTEER SUPPORT

Schedule I (Form 990)

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POINTS OF LIGHT FOUNDATION

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
READING LEGACIES 2750 HISTORIC DECATUR ROAD, SUITE 2 SAN DIEGO, CA 92106	27-0523331	501(C)(3)	10,000.	0.			VOLUNTEER SUPPORT
REBUILDING TOGETHER BROWARD COUNTY, INC 4836 NE 12TH AVE - OAKLAND PARK, FL 33334	86-1065925	501(C)(3)	30,000.	0.			VOLUNTEER SUPPORT
SAFE HANDS FOR GIRLS 225 PEACHTREE STREET NE SUITE 565 ATLANTA, GA 30303	46-4883189	501(C)(3)	10,000.	0.			VOLUNTEER SUPPORT
SAMARITANS365 FOUNDATION INC 20283 STATE ROAD 7 SUITE #106 BOCA RATON, FL 33498	46-5633031	501(C)(3)	10,000.	0.			VOLUNTEER SUPPORT
SEATTLE WORKS 240 2ND AVE S. #208 SEATTLE, WA 98104	91-1416844	501(C)(3)	6,750.	0.			VOLUNTEER SUPPORT
STAKEHOLDERS, INC. PO BOX 177 SLINGERLANDS, NY 12159	26-2706912	501(C)(3)	12,000.	0.			VOLUNTEER SUPPORT
THE DOOR - A CENTER OF ALTERNATIVES, INC. - 121 AVENUE OF THE AMERICAS - NEW YORK, NY 10013	13-6127348	501(C)(3)	7,500.	0.			VOLUNTEER SUPPORT
TOBACCO FARM LIFE MUSEUM 709 N CHURCH STREET KENLY, NC 27542	58-1544798	501(C)(3)	9,599.	0.			VOLUNTEER SUPPORT
TOGETHER WE RISE CORPORATION 580 W LAMBERT RD SUITE A BREA, CA 92821	26-3043727	501(C)(3)	30,601.	0.			VOLUNTEER SUPPORT

Schedule I (Form 990)

Schedule I (Form 990)

POINTS OF LIGHT FOUNDATION

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRANSFERNATION, INC. 335 MADISON AVENUE FL 4 NEW YORK, NY 10017	47-2137332	501(C)(3)	10,000.	0.			VOLUNTEER SUPPORT
UNITED WAY FOR GREATER AUSTIN 2000 E MARTIN LUTHER KING JR. BLVD AUSTIN, TX 78702	74-1193439	501(C)(3)	55,500.	0.			VOLUNTEER SUPPORT
UNITED WAY OF GREATER PHILADELPHIA AND SOUTHERN NEW JERSEY - 1709 BENJAMIN FRANKLIN PARKWAY - PHILADELPHIA, PA 19103	23-1556045	501(C)(3)	6,750.	0.			VOLUNTEER SUPPORT
UNITED WAY OF GREATER ST. LOUIS 910 N. 11TH STREET ST. LOUIS, MO 63101	43-0714167	501(C)(3)	6,750.	0.			VOLUNTEER SUPPORT
UNITED WAY OF GREENVILLE COUNTY 105 EDINBURGH COURT GREENVILLE, SC 29607	57-0362066	501(C)(3)	17,750.	0.			VOLUNTEER SUPPORT
UNITED WAY OF KING COUNTY 720 2ND AVENUE SEATTLE, WA 98104	91-0565555	501(C)(3)	6,750.	0.			VOLUNTEER SUPPORT
UNITED WAY OF NORTHEAST FLORIDA 40 EAST ADAMS STREET SUITE 200 JACKSONVILLE, FL 32202	59-0637825	501(C)(3)	28,200.	0.			VOLUNTEER SUPPORT
UNITED WAY SUNCOAST 5201 WEST KENNEDY BLVD, SUITE 600 TAMPA, FL 33609	59-3725701	501(C)(3)	6,500.	0.			VOLUNTEER SUPPORT
VOLUNTEER CENTER - UNITED WAY OF CENTRAL CAROLINAS, INC. - PO BOX 890685 - CHARLOTTE, NC 28289	56-0529948	501(C)(3)	24,400.	0.			VOLUNTEER SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOLUNTEER CENTER OF FAIRFAX COUNTY, INC - 10530 PAGE AVENUE - FAIRFAX, VA 22030	23-7370759	501(C)(3)	86,370.	0.			VOLUNTEER SUPPORT
VOLUNTEER HAMPTON ROADS 1584 WESLEYAN DRIVE NORFOLK, VA 23507	54-1072533	501(C)(3)	9,353.	0.			VOLUNTEER SUPPORT
VOLUNTEERNOW 2800 LIVE OAK STREET DALLAS, TX 75204	75-1364145	501(C)(3)	27,250.	0.			VOLUNTEER SUPPORT

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

POINTS OF LIGHT HAS AGREEMENTS WITH ALL ORGANIZATIONS TO WHICH GRANTS ARE PROVIDED. POINTS OF LIGHT REQUESTS W-9 AND 501(C)(3) DOCUMENTATION AND ESTABLISHES CLEAR DELIVERABLES. POINTS OF LIGHT PERIODICALLY REVIEWS GRANTS TO ENSURE FUNDS ARE EXPENDED APPROPRIATELY AND USED TOWARDS CHARITABLE PURPOSES.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2018

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization: **POINTS OF LIGHT FOUNDATION**
 Employer identification number: **65-0206641**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2018

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, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) NATALYE PAQUIN, ESQ. CEO/PRESIDENT	(i)	404,375.	30,000.	0.	9,357.	0.	443,732.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LORRAINE KELLY CFO/SECRETARY	(i)	166,200.	0.	28,761.	6,435.	6,791.	208,187.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MEGHAN MOLONEY COO/SECRETARY	(i)	211,187.	11,500.	0.	6,477.	4,116.	233,280.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) AYESHA KHANNA PRESIDENT CIVIC INCUBATOR	(i)	203,472.	10,250.	0.	7,477.	0.	221,199.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) TOBY CHALBERG CHIEF DIGITAL OFFICER	(i)	181,742.	0.	0.	6,659.	13,012.	201,413.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DIANE QUEST CHIEF MARKETING OFFICER	(i)	165,203.	8,111.	0.	5,904.	4,902.	184,120.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ROSE MCMANUS COLEMAN CHIEF DEVELOPMENT OFFICER	(i)	195,940.	10,300.	0.	6,480.	15,493.	228,213.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JENNIFER LAWSON CHIEF CIVIC INNOVATION OFFICER	(i)	182,846.	9,167.	0.	6,426.	1,077.	199,516.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) GARED JONES CHIEF NETWORKS OFFICER	(i)	152,950.	8,000.	0.	4,515.	13,382.	178,847.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) WENDY RHEIN CHIEF STRATEGY & ENGAGEMENT OFFICER	(i)	122,167.	8,137.	26,164.	3,721.	8,640.	168,829.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) BRANDON BEACHER VP, DIGITAL ENGINEERING	(i)	150,343.	0.	0.	5,567.	13,382.	169,292.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) ALLISON DOERFLER SVP, CAPACITY BUILDING	(i)	150,722.	0.	0.	5,511.	8,462.	164,695.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

PART I, LINE 4A:

LORRAINE KELLY RECEIVED 17,431 IN SEVERANCE IN CY18; WENDY RHEIN RECEIVED 12,518 IN SEVERANCE IN CY18.

PART I, LINE 7:

LORRAINE KELLY RECEIVED A PTO PAYOUT OF \$11,330; WENDY RHEIN RECEIVED BONUS PAYMENTS OF \$8,137 AND A PTO PAYOUT OF \$13,645.

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018Open to Public
Inspection

Name of the organization

POINTS OF LIGHT FOUNDATION

Employer identification number

65-0206641

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE POINTS OF LIGHT MISSION IS TO INSPIRE, EQUIP, AND MOBILIZE PEOPLE TO TAKE ACTION THAT CHANGES THE WORLD. WE ARE A NONPARTISAN ORGANIZATION THAT EQUIPS AND CONNECTS NONPROFITS, BUSINESSES, AND INDIVIDUALS READY TO APPLY THEIR TIME, TALENT, VOICE, AND RESOURCES TO SOLVE SOCIETY'S GREATEST CHALLENGES. AND WE BELIEVE EVERY ACTION, NO MATTER HOW SMALL, CAN HAVE AN IMPACT AND CHANGE A LIFE.

FORM 990, PART I, LINE 6, NUMBER OF VOLUNTEERS:

WITH 5,000,000 VOLUNTEERS ENGAGED, POINTS OF LIGHT IS COMMITTED TO EMPOWERING, CONNECTING, AND ENGAGING PEOPLE AND ORGANIZATIONS WITH OPPORTUNITIES TO MAKE A DIFFERENCE THAT ARE MEANINGFUL AND IMPACTFUL. TOGETHER WITH OUR POINTS OF LIGHT GLOBAL NETWORK, WE PARTNER WITH SOCIAL IMPACT ORGANIZATIONS, BUSINESSES, AND INDIVIDUALS TO CREATE A GLOBAL CULTURE OF VOLUNTEERISM AND CIVIC ENGAGEMENT. DUE TO A SOFTWARE LIMITATION, 999,999 HAS BEEN ENTERED ON PAGE 1 RATHER THAN 5,000,000.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SOLVE SOCIETY'S GREATEST CHALLENGES. AND WE BELIEVE EVERY ACTION, NO MATTER HOW SMALL, CAN HAVE AN IMPACT AND CHANGE A LIFE.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

THE POINTS OF LIGHT CIVIC ACCELERATOR PROGRAM (ALSO KNOWN AS THE CIVIC INCUBATOR) IS NO LONGER A PROGRAM OF POINTS OF LIGHT. THE PROGRAM OFFICIALLY JOINED ACUMEN IN 2019, A GLOBAL NONPROFIT CHANGING THE WAY

Name of the organization POINTS OF LIGHT FOUNDATION	Employer identification number 65-0206641
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THE WORLD TACKLES POVERTY. AT POINTS OF LIGHT, THE CIVIC ACCELERATOR PROGRAM CREATED INNOVATION IN CIVIC ACTIVATION BY BRINGING TOGETHER AND SUPPORTING EMERGING SERVICE SOLUTIONS AND NEW IDEAS THROUGH SOCIAL ENTERPRISE, MERGERS, AND JOINT VENTURES. THE CIVIC ACCELERATOR WILL BE PART OF +ACUMEN AND WILL CONTINUE TO BE COMMITTED TO SOCIAL IMPACT, SUPPORTING EARLY-STAGE ENTREPRENEURS AND ACCELERATING THE GROWTH AND IMPACT OF THEIR VENTURES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
AND MICROGRANT PARTNERSHIPS, THE DISNEY FAMILY VOLUNTEERING TICKET PROGRAM, THE VOLUNTEER FAMILY OF THE YEAR PROGRAM, AND OUR ANNUAL YOUTH SUMMIT.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAMS:

POINTS OF LIGHT OPERATES THE LARGEST AGGREGATOR OF VOLUNTEER OPPORTUNITIES, A PLATFORM CALLED ALL FOR GOOD. ALL FOR GOOD MAINTAINS AN UP-TO-DATE FEED OF ORGANIZATIONS AND THEIR VOLUNTEER OPPORTUNITIES FROM OVER 30 DIFFERENT DATA SOURCES. ON ANY GIVEN DAY, THERE ARE APPROXIMATELY 50,000 ACTIVE VOLUNTEER OPPORTUNITIES, AND OVER 22,000 NONPROFIT ORGANIZATIONS RECRUITING VOLUNTEERS. THIS FEED CAN BE CUSTOMIZED TO PROVIDE SPECIFIC SEARCHES FOR PARTNERS AND IS THE BACKEND VOLUNTEER SEARCH TECHNOLOGY FOR THE STATE FARM NEIGHBORHOOD OF GOOD AND AARP COMMUNITY ENGAGEMENT PORTALS.

EXPENSES \$ 667,755. INCLUDING GRANTS OF \$ 2,208. REVENUE \$ 632,129.

FORM 990, PART VI, SECTION A, LINE 1:

IN ACCORDANCE WITH THE ORGANIZATION'S BYLAWS, SECTION 4 15(B), THERE IS AN

Name of the organization POINTS OF LIGHT FOUNDATION	Employer identification number 65-0206641
--------------------------------------------------------	----------------------------------------------

EXECUTIVE COMMITTEE OF THE BOARD WHICH HAS THE AUTHORITY TO EXERCISE ALL OF THE POWERS OF THE BOARD, EXCEPT SUCH POWERS AS ARE PROHIBITED BY LAW, WHILE THE BOARD IS NOT IN SESSION. THE MEMBERS OF THE EXECUTIVE COMMITTEE CONSIST OF CERTAIN CURRENT VOTING BOARD MEMBERS, INCLUDING THE CHAIRMAN OF THE BOARD.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM IS PREPARED BY A MAJOR ACCOUNTING FIRM IN CONJUNCTION WITH MANAGEMENT. THE AUDIT COMMITTEE HOLDS A COMMITTEE MEETING TO REVIEW THE FORM. FOLLOWING THE MEETING OF THE AUDIT COMMITTEE, ALL BOARD MEMBERS ARE SENT A COPY OF THE FORM AS A PART OF A REGULAR MEETING OF THE BOARD WHERE IT IS REVIEWED PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS SIGN CONFLICT OF INTEREST STATEMENTS ON AN ANNUAL BASIS. THESE STATEMENTS ARE REVIEWED AND ANY ISSUES ARE ADDRESSED ON A CASE-BY-CASE BASIS.

FORM 990, PART VI, SECTION B, LINE 15:

THE HUMAN RESOURCES COMMITTEE OF THE BOARD IS RESPONSIBLE FOR THE DETERMINATION OF THE CEO'S COMPENSATION. THE COMMITTEE'S REVIEW PROCESS INCLUDES A COMPARISON ANALYSIS OF SALARIES TO ROLES AT SIMILAR NON-PROFIT ORGANIZATIONS. IN 2018, THE ORGANIZATION CONTRACTED WITH A FIRM TO CONDUCT A COMPENSATION STUDY TO ENSURE FAIR COMPENSATION PRACTICES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

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

Name of the organization POINTS OF LIGHT FOUNDATION	Employer identification number 65-0206641
--------------------------------------------------------	----------------------------------------------

FORM 990, PART VI, SECTION C, LINE 19:

THE FOUNDATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY,
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTING:

PROGRAM SERVICE EXPENSES	1,871,479.
MANAGEMENT AND GENERAL EXPENSES	470,241.
FUNDRAISING EXPENSES	81,394.
TOTAL EXPENSES	2,423,114.

OTHER PROFESSIONAL SERVICES:

PROGRAM SERVICE EXPENSES	1,294.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,294.

VOLUNTEER COORDINATION SERVICES:

PROGRAM SERVICE EXPENSES	1,567,753.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,567,753.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	3,992,161.
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**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization **POINTS OF LIGHT FOUNDATION** Employer identification number **65-0206641**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

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

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

Schedule R (Form 990) 2018

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
POINTS OF LIGHT ASIA, LTD. 128 PRINSEP ST. SINGAPORE, SINGAPORE 188655	VOLUNTEERISM	SINGAPORE	N/A	C CORP	N/A	N/A	N/A	X	

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

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

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

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)	X	
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

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