

PUBLIC DISCLOSURE COPY

Form **990**

## Return of Organization Exempt From Income Tax

GMB No. 1541-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2021 calendar year, or tax year beginning **OCT 1, 2021** and ending **SEP 30, 2022**

<b>B</b> Check if applicable: <input checked="" 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	<b>C</b> Name of organization <b>POINTS OF LIGHT FOUNDATION</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>101 MARIETTA ST NW 3100</b> City or town, state or province, country, and ZIP or foreign postal code <b>ATLANTA, GA 30303</b>	<b>D</b> Employer identification number <b>65-0206641</b> <b>E</b> Telephone number <b>404-979-2900</b> <b>G</b> Gross receipts \$ <b>33,580,503.</b>
<b>F</b> Name and address of principal officer: <b>DIANE QUEST</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
<b>I</b> 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		
<b>J</b> Website: ▶ <b>WWW.POINTSOFLIGHT.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1990</b> <b>M</b> State of legal domicile: <b>DE</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>POINTS OF LIGHT MISSION IS TO INSPIRE, EQUIP, AND MOBILIZE PEOPLE TO TAKE ACTION THAT CHANGES THE</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>26</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>26</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>78</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>3700000</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	8,273,524.	11,806,098.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,043,505.	12,088,044.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	595,727.	5,384,375.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,997.	0.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	18,927,753.	29,278,517.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	130,000.	9,504,049.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	8,106,752.	8,502,430.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,074,806.</b>	50,000.	50,000.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,925,234.	8,086,836.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	15,211,986.	26,143,315.
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	3,715,767.	3,135,202.
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	22,274,538.	21,167,253.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	11,382,812.	9,273,230.
		10,891,726.	11,894,023.

**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.

<b>Sign Here</b>	Signature of officer  <b>ROBERT E. HERRERA, TREASURER/CFAO</b> Type or print name and title	Date	<b>7.24.2023</b>
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>AMANDA ADAMS</b>	Date 2023.07.24	Check if self-employed <input type="checkbox"/> PTIN <b>P00748038</b>
	Firm's name ▶ <b>CHERRY BEKAERT ADVISORY LLC</b>	Firm's EIN ▶ <b>88-2730877</b>	
	Firm's address ▶ <b>1075 PEACHTREE STREET NE, SUITE 2200 ATLANTA, GA 30309</b>	Phone no. <b>404-209-0954</b>	

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 ENVISIONS A WORLD IN WHICH EVERYONE DISCOVERS THEIR POWER TO MAKE A DIFFERENCE, CREATING HEALTHY

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [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 \$ 13,877,457. including grants of \$ 9,335,000. ) (Revenue \$ 8,559,760. ) 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. WE ALSO OFFER ACCESS TO RESOURCES AND TOOLS THROUGH THE POINTS OF LIGHT COMMUNITY FOR EMPLOYEE CIVIC ENGAGEMENT. OUR EMPLOYEE ENGAGEMENT PROGRAMMING LEVERAGES POINTS OF LIGHT'S NETWORK OF 177 AFFILIATES IN 37 COUNTRIES TO PROVIDE LOCALLY RELEVANT, HANDS-ON VOLUNTEER PROJECTS FOR COMPANIES WITH GLOBAL FOOTPRINTS.

4b (Code: ) (Expenses \$ 2,593,957. including grants of \$ 166,799. ) (Revenue \$ 1,356,849. ) POINTS OF LIGHT CAPACITY BUILDING PROGRAMS: POINTS OF LIGHT'S NONPROFIT 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 VOLUNTEER MANAGEMENT TRAINING SERIES, THE ANNUAL POINTS OF LIGHT CONFERENCE - A PROFESSIONAL DEVELOPMENT OPPORTUNITY, AND OUR ONLINE LEARNING PLATFORM FOR NONPROFIT PROFESSIONALS: POINTS OF LIGHT COMMUNITY.

4c (Code: ) (Expenses \$ 2,511,349. including grants of \$ 2,250. ) (Revenue \$ 2,020,487. ) 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 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 AIM 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 on Schedule O.) (Expenses \$ 819,701. including grants of \$ 0. ) (Revenue \$ 150,948. )

4e Total program service expenses 19,802,464.

**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> ? See instructions	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 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		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 Rev. Proc. 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 donor-restricted endowments or in 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> See instructions	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
<b>22</b> 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
<b>23</b> 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	
<b>24a</b> 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>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</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
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> 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
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</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> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	X	

**Note:** All Form 990 filers are required to complete Schedule O

**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
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....		
<b>c</b> 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)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax filings, and organizational activities.

**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 on 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
<b>1a</b>	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 on Schedule O.		
	1a 26		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	1b 26		
<b>2</b>	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
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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>b</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
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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 on Schedule O		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?	X	
<b>b</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	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	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>b</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 on Schedule O)
- 19** Describe on 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, TREASURER/CFAO - 404-574-5393**  
**101 MARIETTA ST NW, STE 3100, ATLANTA, GA 30303**

**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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) NATALYE PAQUIN PRESIDENT/CEO	55.00			X			529,473.	0.	10,735.	
(2) MEGHAN MOLONEY SECRETARY/COO	55.00			X			255,441.	0.	27,556.	
(3) ROBERT HERRERA TREASURER/CFAO	55.00			X			234,618.	0.	19,301.	
(4) ROSE MCMANUS COLEMAN CHIEF DEV OFFICER THROUGH 9/30/21	55.00				X		226,273.	0.	22,159.	
(5) DIANE QUEST CHIEF EXTERNAL AFFAIRS OFFICER	55.00				X		221,624.	0.	12,956.	
(6) JENNIFER LAWSON CHIEF CIVIC INNOVATION OFFICER	55.00					X	217,649.	0.	8,122.	
(7) TOBY CHALBERG SVP BUSINESS DEVELOPMENT & DIGITAL	55.00					X	197,006.	0.	20,151.	
(8) CHERIE GREENE SVP FINANCE	55.00					X	190,189.	0.	11,605.	
(9) PAUL HOLLAHAN CHIEF DEV OFFICER FROM 10/1/21	55.00				X		183,224.	0.	6,994.	
(10) CHRISTINE SCHOPPE CHIEF OF STAFF	55.00					X	164,804.	0.	10,858.	
(11) ELIZABETH PANN SVP EXTERNAL AFFAIRS	55.00					X	159,231.	0.	11,579.	
(12) NEIL BUSH CHAIR	5.00	X		X			0.	0.	0.	
(13) PAMELA NORLEY VICE CHAIR	5.00	X		X			0.	0.	0.	
(14) JEAN BECKER DIRECTOR	5.00	X					0.	0.	0.	
(15) EMAD BIBAWI DIRECTOR	5.00	X					0.	0.	0.	
(16) MARCIA BULLARD DIRECTOR	5.00	X					0.	0.	0.	
(17) JAMES COLLINS 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) NICK COSTIDES DIRECTOR	5.00	X						0.	0.	0.
(19) SHANNON GARCIA DIRECTOR	5.00	X						0.	0.	0.
(20) MICHELLE GAVIN DIRECTOR	5.00	X						0.	0.	0.
(21) JEFF HOFFMAN DIRECTOR	5.00	X						0.	0.	0.
(22) TONI IRVING DIRECTOR	5.00	X						0.	0.	0.
(23) GEORGE KALOGRIDIS DIRECTOR	5.00	X						0.	0.	0.
(24) HEIDI MAGYAR DIRECTOR	5.00	X						0.	0.	0.
(25) DIANE MELLEY DIRECTOR	5.00	X						0.	0.	0.
(26) CEASAR MITCHELL DIRECTOR	5.00	X						0.	0.	0.
<b>1b Subtotal</b>								2,579,532.	0.	162,016.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								2,579,532.	0.	162,016.

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 **27**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, 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
DISNEY DESTINATIONS PO BOX 733100, DALLAS, TX 75373	TRAVEL & TOURISM	448,539.
DANIEL J EDELMAN INC 21992 NETWORK PLACE, CHICAGO, IL 60673	COMMUNICATIONS	329,170.
AMERICAN PROGRAM BUREAU INC, ONE GATEWAY CENTER, STE 751, NEWTON, MA 02458	SPEAKER AND ENTERTAINMENT	327,753.
STONE ROOSTER DISTRIBUTORS 16 AVENUE A, LEETSDALE, PA 15056	FULFILLMENT & DISTRIBUTION	229,446.
BLACK AIRPLANE LLC, 117 TOWNE LAKE PARKWAY, STE 200, WOODSTOCK, GA 30188	DIGITAL CONSULTING	212,670.

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 **7**

SEE PART VII, SECTION A CONTINUATION SHEETS



**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	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	530,103.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	11,275,995.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 10,000.				
	<b>h Total.</b> Add lines 1a-1f			11,806,098.			
Program Service Revenue	<b>2 a</b> VOLUNTEER PROGRAMS	<b>Business Code</b>	900099	10,089,443.	10089443.		
	<b>b</b> CONFERENCE		611430	1,150,786.	1,150,786.		
	<b>c</b> VOLUNTEER AWARDS		900099	800,705.	800,705.		
	<b>d</b> RENTAL INCOME		531120	47,110.	47,110.		
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			12,088,044.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			210,585.		210,585.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	1,500,000.	7975776.		
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	1,351,386.	2950600.			
	<b>c</b> Gain or (loss)	<b>7c</b>	148,614.	5025176.			
<b>d</b> Net gain or (loss)			5,173,790.		5173790.		
<b>8 a</b> Gross income from fundraising events (not including \$ 530,103. of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>			0.			
				0.			
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events				0.			
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
Miscellaneous Revenue	<b>11 a</b>	<b>Business Code</b>					
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions			29,278,517.	12088044.	0.	5384375.	

**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  X

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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	9,441,349.	9,441,349.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	62,700.	62,700.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	1,745,961.	219,439.	1,108,567.	417,955.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	5,662,415.	3,222,200.	2,043,319.	396,896.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	153,509.	65,550.	77,225.	10,734.
<b>9</b> Other employee benefits	442,949.	201,045.	179,105.	62,799.
<b>10</b> Payroll taxes	497,596.	182,115.	250,375.	65,106.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	38,271.		38,271.	
<b>c</b> Accounting	94,399.		94,399.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17	50,000.			50,000.
<b>f</b> Investment management fees	44,999.		44,999.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	5,072,760.	4,680,416.	391,119.	1,225.
<b>12</b> Advertising and promotion	694,778.	671,501.	16,106.	7,171.
<b>13</b> Office expenses	1,026,926.	366,313.	613,610.	47,003.
<b>14</b> Information technology	158,563.		158,563.	
<b>15</b> Royalties				
<b>16</b> Occupancy	247,015.	127,816.	119,199.	
<b>17</b> Travel	309,786.	229,277.	72,958.	7,551.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	253,209.	237,940.	15,269.	
<b>20</b> Interest	20,417.		20,417.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	103,326.	80,433.	15,736.	7,157.
<b>23</b> Insurance				
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> _____				
<b>b</b> _____				
<b>c</b> _____				
<b>d</b> _____				
<b>e</b> All other expenses _____	22,387.	14,370.	6,808.	1,209.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	26,143,315.	19,802,464.	5,266,045.	1,074,806.
<b>26 Joint costs.</b> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	3,104,226.	<b>1</b>	1,854,733.
	<b>2</b> Savings and temporary cash investments .....	3,508,360.	<b>2</b>	4,238,595.
	<b>3</b> Pledges and grants receivable, net .....	60,191.	<b>3</b>	190,501.
	<b>4</b> Accounts receivable, net .....	255,221.	<b>4</b>	346,637.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	101,694.	<b>8</b>	101,694.
	<b>9</b> Prepaid expenses and deferred charges .....	852,562.	<b>9</b>	938,167.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 0.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 0.	<b>10c</b>	0.
	<b>11</b> Investments - publicly traded securities .....	10,448,489.	<b>11</b>	12,604,551.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	889,869.	<b>15</b>	892,375.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	22,274,538.	<b>16</b>	21,167,253.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,692,344.	<b>17</b>	1,478,182.
	<b>18</b> Grants payable .....	0.	<b>18</b>	3,493,000.
	<b>19</b> Deferred revenue .....	5,131,041.	<b>19</b>	3,581,423.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	1,977,886.	<b>21</b>	720,625.
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	2,581,541.	<b>23</b>	0.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	11,382,812.	<b>26</b>	9,273,230.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	1,948,545.	<b>27</b>	4,758,005.
	<b>28</b> Net assets with donor restrictions .....	8,943,181.	<b>28</b>	7,136,018.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	10,891,726.	<b>32</b>	11,894,023.
<b>33</b> Total liabilities and net assets/fund balances .....	22,274,538.	<b>33</b>	21,167,253.	

**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	29,278,517.
2	Total expenses (must equal Part IX, column (A), line 25)	2	26,143,315.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,135,202.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10,891,726.
5	Net unrealized gains (losses) on investments	5	-2,152,305.
6	Donated services and use of facilities	6	19,400.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	11,894,023.

**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 on 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 checked="" type="checkbox"/> Separate basis <input 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 on 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 on Schedule O and describe any steps taken to undergo such audits _____		



**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	2099492.	4107067.	4821716.	8273524.	11806098.	31107897.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	2099492.	4107067.	4821716.	8273524.	11806098.	31107897.
<b>5</b> 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) .....						14186391.
<b>6 Public support.</b> Subtract line 5 from line 4.						16921506.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	2099492.	4107067.	4821716.	8273524.	11806098.	31107897.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	191,463.	209,160.	158,986.	141,717.	210,585.	911,911.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	133,835.			33,200.		167,035.
<b>11 Total support.</b> Add lines 7 through 10						32186843.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	65,569,340.
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	52.57 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	69.27 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

14 First 5 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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2021. 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 - 2020. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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>b</b> Did one or more disqualified persons (as defined on 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>		
<b>c</b> Did a disqualified person (as defined on 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>		
<b>10a</b> 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 line 10b below.</i>		
<b>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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>		
<b>2</b> 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>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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>		
<b>3</b> By reason of the relationship described on line 2, above, 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>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> 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>b</b> Did the activities described on line 2a, above, 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>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> 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>If "Yes" or "No" provide details in Part VI.</i>			
<b>b</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>			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

**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.

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

<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	<b>5</b>
<b>6</b>	Other distributions (describe in Part VI). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f</b> Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
<b>7</b> Excess distributions carryover to 2022. Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			

**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:

FUNDRAISERS

2017 AMOUNT: \$ 133,835.

2020 AMOUNT: \$ 33,200.

2021 AMOUNT: \$ 0.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

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), 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), 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).

Name of organization  <b>POINTS OF LIGHT FOUNDATION</b>	Employer identification number  <b>65-0206641</b>
---	---

**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/>	\$ <u>800,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>310,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>250,050.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>9,335,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" 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  <b>POINTS OF LIGHT FOUNDATION</b>	Employer identification number  <b>65-0206641</b>
---	---

**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
5	GIFT CARDS _____ _____ _____	\$ 10,000.	07/13/22
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization  <b>POINTS OF LIGHT FOUNDATION</b>	Employer identification number  <b>65-0206641</b>
---	---

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

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

2021

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 value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure). 2. Conservation contribution details (2a-2d table). 3-7. Monitoring and enforcement details. 8-9. Reporting requirements.

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 with sections 1a-1b and 2. 1a: Reporting requirements for public exhibition. 1b: Reporting requirements for public service with revenue and asset amounts. 2: Reporting requirements for financial gain with revenue and asset 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 make 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 program
  - 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 |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 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	8,241,685.	6,922,385.	6,715,021.	6,547,353.	6,169,429.
b Contributions					
c Net investment earnings, gains, and losses	-1,484,899.	1,319,300.	522,364.	167,668.	377,924.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses			315,000.		
g End of year balance	6,756,786.	8,241,685.	6,922,385.	6,715,021.	6,547,353.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  100 %
  - c Term endowment  \_\_\_\_\_ %
- 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:
- |  | Yes                      | No                                  |
|--|--------------------------|-------------------------------------|
| (i) Unrelated organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- 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				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 0.

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (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)	
<b>Total.</b> (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 FASB 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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	27,883,832.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-2,152,305.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	802,619.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	-1,349,686.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	29,233,518.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	44,999.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	44,999.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	29,278,517.

**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.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	26,881,535.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	783,219.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	783,219.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	26,098,316.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	44,999.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	44,999.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	26,143,315.

**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 IV, LINE 2B:**

DURING THE YEAR ENDED SEPTEMBER 30, 2021, THE FOUNDATION ENTERED INTO AN ARRANGEMENT WITH A DONOR WHEREBY THE DONOR RETAINED THE UNILATERAL POWER TO DIRECT THE TRANSFERRED ASSETS TO SPECIFIED BENEFICIARIES. AS THE FOUNDATION DID NOT HAVE VARIANCE POWER IN THOSE CONTRIBUTIONS, THESE TRANSACTIONS ARE RECORDED AS AGENCY TRANSACTIONS. TOTAL FUNDS RECEIVED AND PAID OUT TO BENEFICIARIES TOTALED \$7,245,168 FOR THE YEAR ENDED SEPTEMBER 30, 2021. AMOUNTS RECEIVED BUT NOT DISTRIBUTED AT SEPTEMBER 30, 2021 TOTALED \$1,977,886. DURING THE YEAR ENDED SEPTEMBER 30, 2022, THE ARRANGEMENT WITH THE DONOR WAS MODIFIED PROVIDING THE FOUNDATION WITH VARIANCE POWER TO DETERMINE THE BENEFICIARIES. AT SEPTEMBER 30, 2022, FUNDS RECEIVED BUT NOT AWARDED TO BENEFICIARIES TOTALED \$720,625.

**Part XIII** Supplemental Information (continued)

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.

THE PERCENTAGE REPORTED FOR PERMANENT ENDOWMENTS INCLUDES AMOUNTS THAT MUST BE MAINTAINED IN PERPETUITY AS WELL AS ACCUMULATED EARNINGS ON SUCH AMOUNTS THAT HAVE NOT YET BEEN APPROPRIATED FOR EXPENDITURE.

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 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, 2022 AND 2021.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

Employer identification number

**POINTS OF LIGHT FOUNDATION**

**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
SOUTH ASIA	0	0	PROGRAM	VOLUNTEER COORDINATION	67,160.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM	VOLUNTEER COORDINATION	846,685.
NORTH AMERICA	0	0	PROGRAM	VOLUNTEER COORDINATION	122,732.
SOUTH AMERICA	0	0	PROGRAM	VOLUNTEER COORDINATION	145,515.
SUB-SAHARAN AFRICA	0	0	PROGRAM	VOLUNTEER COORDINATION	10,050.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM	VOLUNTEER COORDINATION	324,440.
EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS		2,700.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS TO RECIPIENTS		58,500.
<b>3 a</b> Subtotal .....	0	0			1,577,782.
<b>b</b> Total from continuation sheets to Part I .....	0	0			1,500.
<b>c</b> <b>Totals</b> (add lines 3a and 3b) .....	0	0			1,579,282.

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

Schedule F (Form 990) 2021



**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)
		EUROPE (INCLUDING ICELAND & GREENLAND)	VOLUNTEER SUPPORT	20,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	VOLUNTEER SUPPORT	20,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	VOLUNTEER SUPPORT AND CONFERENCE	6,800.	WIRE	0.		

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

3 Enter total number of other organizations or entities ..... **0**



**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 2:**

POINTS OF LIGHT HAS AGREEMENTS WITH ALL ORGANIZATIONS TO WHICH GRANTS ARE PROVIDED. POINTS OF LIGHT ESTABLISHES CLEAR DELIVERABLES. POINTS OF LIGHT PERIODICALLY REVIEWS GRANTS TO ENSURE FUNDS ARE EXPENDED APPROPRIATELY AND USED TOWARDS CHARITABLE PURPOSES.

**PART I, LINE 3:**

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



**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 (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	530,103.		530,103.
	2	Less: Contributions	530,103.		530,103.
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				

**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			
	2	Cash prizes			
Direct Expenses	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: \_\_\_\_\_

- 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.

**PART I, LINE 2B, COLUMN (IV):**

THE TIMING OF THE GALA WAS MOVED DURING THIS FISCAL YEAR. THEREFORE,  
 THE AMOUNT REPORTED FOR GROSS RECEIPTS FROM MR. BUSH'S FUNDRAISING  
 EFFORTS IS LOWER THAN IN PREVIOUS YEARS BECAUSE SOME OF THE REVENUE  
 ASSOCIATED WITH HIS WORK WILL NOT BE REPORTED UNTIL NEXT YEAR'S RETURN.



**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
A POCKET FULL OF HOPE, INC. 1325 E APACHE TULSA, OK 74106	73-1586961	501(C)(3)	110,000.	0.			COMMUNITY IMPROVEMENT PROJECT
ABERDEEN LOAVES & FISHES 200 EAST CANAL STREET ABERDEEN, MS 39730	46-4284915	501(C)(3)	65,000.	0.			COMMUNITY IMPROVEMENT PROJECT
AGUA FRIA UNION HIGH SCHOOL DISTRICT #216 - 530 E RILEY DRIVE - AVONDALE, AZ 85323	86-6004326	501(C)(3)	250,000.	0.			COMMUNITY IMPROVEMENT PROJECT
ANIMAL CHARITY OF OHIO 4140 MARKET STREET YOUNGSTOWN, OH 44512	34-6557657	501(C)(3)	50,000.	0.			COMMUNITY IMPROVEMENT PROJECT
ANTHESIS SERVICES, A NONPROFIT CORPORATION (ANTHESIS) - 1063 W. 6TH STREET - ONTARIO, CA 91762	95-2465264	501(C)(3)	70,000.	0.			COMMUNITY IMPROVEMENT PROJECT
ARCA 11300 LOMAS BLVD NE ALBUQUERQUE, NM 87112	85-6005755	501(C)(3)	95,000.	0.			COMMUNITY IMPROVEMENT PROJECT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **100.**

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) 2021

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARIZONA KNOWLEDGE EMPOWERMENT AND ADVOCACY GROUP - 4126 W. COUNTRY GABLES - PHOENIX, AZ 85053	46-2865423	501(C)(3)	50,000.	0.			COMMUNITY IMPROVEMENT PROJECT
AUNTIE NAS VILLAGE 12028 YELLOWSTONE ST. DETROIT, MI 48204	81-2140815	501(C)(3)	250,000.	0.			COMMUNITY IMPROVEMENT PROJECT
AUSTIN STREET CENTER - SHELTER MINISTRIES OF DALLAS - 2929 HICKORY STREET - DALLAS, TX 75226	75-1881365	501(C)(3)	75,000.	0.			COMMUNITY IMPROVEMENT PROJECT
BACKFIELD IN MOTION 920 WOODLAND STREET NASHVILLE, TN 37206	62-1826603	501(C)(3)	90,000.	0.			COMMUNITY IMPROVEMENT PROJECT
BARN BUDDIES RESCUE 7222 W. GRAND TETON DR. LAS VEGAS, NV 89131	80-0926827	501(C)(3)	60,000.	0.			COMMUNITY IMPROVEMENT PROJECT
BOROUGH OF FORT LEE 309 MAIN STREET FORT LEE, NJ 07024	22-6001809	501(C)(3)	45,000.	0.			COMMUNITY IMPROVEMENT PROJECT
BOYS & GIRLS CLUBS OF TAMPA BAY INC - 1307 N. MACDILL AVE - TAMPA, FL 33607	59-0624368	501(C)(3)	105,000.	0.			COMMUNITY IMPROVEMENT PROJECT
BRRALLIANCE INC 43 HAMILTON STREET BUFFALO, NY 14207	45-2481780	501(C)(3)	25,000.	0.			COMMUNITY IMPROVEMENT PROJECT
GILDA'S CLUB SOUTH JERSEY INC 700 NEW ROAD LINWOOD, NJ 08221	04-3639550	501(C)(3)	100,000.	0.			COMMUNITY IMPROVEMENT PROJECT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAREY SERVICES INC 2724 S CAREY STREET MARION, IN 46953	35-0965642	501(C)(3)	115,000.	0.			COMMUNITY IMPROVEMENT PROJECT
CAZENOVA RECOVERY 2495 MAIN STREET SUITE 417 BUFFALO, NY 14207	22-2314610	501(C)(3)	100,000.	0.			COMMUNITY IMPROVEMENT PROJECT
CITY OF CENTRAL FALLS (CENTRAL FALLS PHILLIPS STREET COMMUNI - 580 BROAD ST - CENTRAL FALLS, RI 02863	05-6000063	501(C)(3)	75,000.	0.			COMMUNITY IMPROVEMENT PROJECT
CITY OF ONEONTA 110 1ST AVE. EAST ONEONTA, AL 35121	63-6001333	501(C)(3)	95,000.	0.			COMMUNITY IMPROVEMENT PROJECT
CITY OF WESTBROOK, MAINE (WESTBROOK HIGH SCHOOL) - 125 STROUDWATER STREET - WESTBROOK, ME 04092	01-6000038	501(C)(3)	50,000.	0.			COMMUNITY IMPROVEMENT PROJECT
COLORADO VILLAGE COLLABORATIVE 3264 LARIMER UNIT D DENVER, CO 80205	82-0741818	501(C)(3)	20,000.	0.			COMMUNITY IMPROVEMENT PROJECT
COVENANT HOUSE ALASKA 755 A. STREET ANCHORAGE, AK 99501	13-3419755	501(C)(3)	100,000.	0.			COMMUNITY IMPROVEMENT PROJECT
COVEY 1930 ALGOMA BLVD OSHKOSH, WI 54901	39-6026845	501(C)(3)	75,000.	0.			COMMUNITY IMPROVEMENT PROJECT
CITY OF CUSHING (CUSHING SENIOR CITIZENS CENTER) - 203 E CHERRY STREET - CUSHING, OK 74023	73-6005167	501(C)(3)	55,000.	0.			COMMUNITY IMPROVEMENT PROJECT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DEEP ROOTS INC 32 LEWIS COURT NORTH EAST, MD 21901	45-5115992	501(C)(3)	30,000.	0.			COMMUNITY IMPROVEMENT PROJECT
DO GREATER CHARLOTTE 2400 GREENLAND AVE CHARLOTTE, NC 28273	82-3722201	501(C)(3)	100,000.	0.			COMMUNITY IMPROVEMENT PROJECT
FAIRFIELD POLICE ACTIVITIES LEAGUE 1000 WEBSTER STREET FAIRFIELD, CA 94533	26-1184406	501(C)(3)	300,000.	0.			COMMUNITY IMPROVEMENT PROJECT
GAP MINISTRIES 2025 W HIGHWAY DRIVE TUCSON, AZ 85705	86-0999503	501(C)(3)	105,000.	0.			COMMUNITY IMPROVEMENT PROJECT
GIRL SCOUTS OF NORTHEAST TEXAS 6001 SUMMERSIDE DRIVE DALLAS, TX 75232	75-1101571	501(C)(3)	120,000.	0.			COMMUNITY IMPROVEMENT PROJECT
GREAT LAKES COMMUNITY CONSERVATION CORPS - 531 S. WATER STREET SUITE 200 - MILWAUKEE, WI 53204	39-1840567	501(C)(3)	15,000.	0.			COMMUNITY IMPROVEMENT PROJECT
GUADALUPE RIVER PARK CONSERVANCY 438 COLEMAN AVE SAN JOSE, CA 95110	77-0166797	501(C)(3)	75,000.	0.			COMMUNITY IMPROVEMENT PROJECT
HARBOR HOUSE DOMESTIC ABUSE PROGRAM - 720 W 5TH ST - APPLETON, WI 54914	39-1870927	501(C)(3)	115,000.	0.			COMMUNITY IMPROVEMENT PROJECT
CITY OF TUSCUMBIA (HELEN KELLER PUBLIC LIBRARY) - 511 N MAIN ST - TUSCUMBIA, AL 35674	63-6001380	501(C)(3)	25,000.	0.			COMMUNITY IMPROVEMENT PROJECT

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HISTORIC ELITCH GARDENS THEATRE FOUNDATION - 4550 W 38TH AVE - DENVER, CO 80212	46-0492147	501(C)(3)	70,000.	0.			COMMUNITY IMPROVEMENT PROJECT
HOPE HAVEN INC 3815 N. TRYON STREET CHARLOTTE, NC 28206	58-1314284	501(C)(3)	175,000.	0.			COMMUNITY IMPROVEMENT PROJECT
HORTONS KIDS 400 VIRGINIA AVE SW STE C-130 WASHINGTON, DC 20024	52-1755403	501(C)(3)	300,000.	0.			COMMUNITY IMPROVEMENT PROJECT
HOUSING PLUS SOLUTIONS INC. 315 LINWOOD STREET BROOKLYN, NY 11208	13-4200638	501(C)(3)	130,000.	0.			COMMUNITY IMPROVEMENT PROJECT
HUMANE SOCIETY OF WEST MICHIGAN 3077 WILSON AVE NW GRAND RAPIDS, MI 49534	38-1360926	501(C)(3)	20,000.	0.			COMMUNITY IMPROVEMENT PROJECT
HUNTINGTON COUNTY CHILD ADVOCACY CENTER DBA MCKENZIE'S HOPE - 1175 ETNA AVE - HUNTINGTON, IN 46750	35-2238581	501(C)(3)	75,000.	0.			COMMUNITY IMPROVEMENT PROJECT
INTERURBAN ARTHOUSE INC 8001 NEWTON ST. OVERLAND PARK, KS 66204	45-3049864	501(C)(3)	100,000.	0.			COMMUNITY IMPROVEMENT PROJECT
JAKE KOENIGSDORF FOUNDATION 13 CHAMPLIN AVENUE EAST ISLIP, NY 11730	46-4002159	501(C)(3)	25,000.	0.			COMMUNITY IMPROVEMENT PROJECT
JUBILEE REACH 14200 SE 13TH PL BELLEVUE, WA 98007	20-4074712	501(C)(3)	65,000.	0.			COMMUNITY IMPROVEMENT PROJECT

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUNIOR LEAGUE OF THE SHOALS (CHILDRENS MUSEUM OF THE SHOALS - POST OFFICE BOX 793 - SHEFFIELD, AL 35630	63-0525332	501(C)(3)	125,000.	0.			COMMUNITY IMPROVEMENT PROJECT
KOKUA KALIHI VALLEY COMPREHENSIVE FAMILY SERVICES - 2239 NORTH SCHOOL STREET - HONOLULU, HI 96819	99-0149797	501(C)(3)	40,000.	0.			COMMUNITY IMPROVEMENT PROJECT
LIFE POINTE MINISTRIES AT TITUSVILLE CIVIC CENTER - 4220 SOUTH HOPKINS AVENUE - TITUSVILLE, FL 32780	45-1198607	501(C)(3)	90,000.	0.			COMMUNITY IMPROVEMENT PROJECT
LIFEMOVES 181 CONSTITUTION DR. MENLO PARK, CA 94025	77-0160469	501(C)(3)	175,000.	0.			COMMUNITY IMPROVEMENT PROJECT
LOWERNINE.ORG 627 LAMANCHE STREET NEW ORLEANS, LA 70117	11-3821601	501(C)(3)	275,000.	0.			COMMUNITY IMPROVEMENT PROJECT
MADISON MORGAN COMMUNITY GARDEN 773 EAST AVENUE MADISON, GA 30650	87-2160725	501(C)(3)	20,000.	0.			COMMUNITY IMPROVEMENT PROJECT
MIDIAN LEADERSHIP PROJECT 711 PARK AVENUE CHARLESTON, WV 25302	84-2878626	501(C)(3)	165,000.	0.			COMMUNITY IMPROVEMENT PROJECT
MONTCLAIR AMBULANCE UNIT 95 WALNUT ST MONTCLAIR, NJ 07042	22-1713685	501(C)(3)	80,000.	0.			COMMUNITY IMPROVEMENT PROJECT
MY FRIENDS PLACE 5850 HOLLYWOOD BLVD LOS ANGELES, CA 90041	95-4834034	501(C)(3)	100,000.	0.			COMMUNITY IMPROVEMENT PROJECT

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NASHUA SOUP KITCHEN & SHELTER 2 QUINCY STREET NASHUA, NH 03061	02-0359239	501(C)(3)	35,000.	0.			COMMUNITY IMPROVEMENT PROJECT
NEIGHBORHOOD HOUSING SERVICES OF WATERBURY - 193 GRAND ST. 3RD FLR. - WATERBURY, CT 06702	06-1022915	501(C)(3)	30,000.	0.			COMMUNITY IMPROVEMENT PROJECT
NORM WAITT SR YMCA (THE SIOUXLAND Y) - 601 RIVERVIEW DR SOUTH - SIOUX CITY, NE 68776	42-0738980	501(C)(3)	25,000.	0.			COMMUNITY IMPROVEMENT PROJECT
NORTHEAST COMMUNITY CENTER 1161 FRITZ DRIVE BETHLEHEM, PA 18032	23-2339841	501(C)(3)	110,000.	0.			COMMUNITY IMPROVEMENT PROJECT
OUTSIDE IN 1132 SW 13TH AVE PORTLAND, OR 97205	93-0567549	501(C)(3)	85,000.	0.			COMMUNITY IMPROVEMENT PROJECT
PANTHER VALLEY SCHOOL DISTRICT 1 PANTHER WAY LANSFORD, PA 18232	23-1667977	501(C)(3)	45,000.	0.			COMMUNITY IMPROVEMENT PROJECT
PARITY BALTIMORE INCORPORATED 1014 W 36TH ST UNIT # 96 BALTIMORE, MD 21211	85-0771143	501(C)(3)	300,000.	0.			COMMUNITY IMPROVEMENT PROJECT
PENN WYNNE-OVERBROOK HILLS FIRE COMPANY - 1440 MANOA RD - WYNNEWOOD, PA 19096	23-0954100	501(C)(3)	55,000.	0.			COMMUNITY IMPROVEMENT PROJECT
PHINNEY NEIGHBORHOOD ASSOCIATION 6532 PHINNEY AVE N SEATTLE, WA 98103	91-1112780	501(C)(3)	55,000.	0.			COMMUNITY IMPROVEMENT PROJECT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCHOOL DISTRICT OF PICKENS COUNTY-PICKENS ELEMENTARY SCHOOL - 567 HAMPTON AVE - PICKENS, SC 29671	57-6001613	501(C)(3)	50,000.	0.			COMMUNITY IMPROVEMENT PROJECT
SCHOOL DISTRICT OF PICKENS COUNTY-PICKENS ELEMENTARY SCHOOL - 6609 WEST MAIN - BELLEVILLE, IL 62223	57-6001613	501(C)(3)	35,000.	0.			COMMUNITY IMPROVEMENT PROJECT
REBUILDING TOGETHER DC ALEXANDRIA 3209 5TH STREET SE WASHINGTON, DC 20032	54-1389286	501(C)(3)	30,000.	0.			COMMUNITY IMPROVEMENT PROJECT
ROCKINGHAM COUNTY SCHOOLS (REIDSVILLE HIGH SCHOOL) - 1533 - 1901 S PARK DR - REIDSVILLE, NC 27320	56-1813738	501(C)(3)	300,000.	0.			COMMUNITY IMPROVEMENT PROJECT
ROCHESTER MUSEUM & SCIENCE CENTER 657 EAST AVE. ROCHESTER, NY 14607	16-0794131	501(C)(3)	85,000.	0.			COMMUNITY IMPROVEMENT PROJECT
SCHOOL DISTRICT OF PICKENS COUNTY-PICKENS ELEMENTARY SCHOOL - 483 ROCKY RIVER RD - MOORESVILLE, NC 28115	57-6001613	501(C)(3)	55,000.	0.			COMMUNITY IMPROVEMENT PROJECT
RONALD MCDONALD HOUSE CHARITIES OF SAN ANTONIO - 4847 CHARLES KATZ - SAN ANTONIO, TX 78229	74-2140528	501(C)(3)	100,000.	0.			COMMUNITY IMPROVEMENT PROJECT
ROOF ABOVE PO BOX 31335 CHARLOTTE, NC 28231	56-1837620	501(C)(3)	105,000.	0.			COMMUNITY IMPROVEMENT PROJECT
SAFEHOUSE SERVICES PO BOX 1885 CHEYENNE, WY 82003	83-0248530	501(C)(3)	30,000.	0.			COMMUNITY IMPROVEMENT PROJECT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST FRANCIS HOUSE ADMINISTRATIVE OFFICE 7 BOYLSTON SQ BOSTON, MA 02116	22-2519129	501(C)(3)	95,000.	0.			COMMUNITY IMPROVEMENT PROJECT
THE SALVATION ARMY - SOUTHERN TERRITORY, CLARKSBURG WV - 1010 S CHESTNUT ST - CLARKSBURG, WV 26301	58-0660607	501(C)(3)	75,000.	0.			COMMUNITY IMPROVEMENT PROJECT
SHOWER THE PEOPLE 6100 CENTENNIAL BLVD NASHVILLE, TN 37209	47-3404538	501(C)(3)	70,000.	0.			COMMUNITY IMPROVEMENT PROJECT
SHREVEPORT GREEN 3625 SOUTHERN AVE SHREVEPORT, LA 71104	72-0970610	501(C)(3)	25,000.	0.			COMMUNITY IMPROVEMENT PROJECT
SOUTH BOSTON NEIGHBORHOOD DEVELOPMENT CORPORATION - 273 D STREET SOUTH - BOSTON, MA 02127	04-3023407	501(C)(3)	85,000.	0.			COMMUNITY IMPROVEMENT PROJECT
SOUTH KITSAP WESTERN LITTLE LEAGUE 701 SROUFE ST PORT ORCHARD, WA 98366	51-0256086	501(C)(3)	70,000.	0.			COMMUNITY IMPROVEMENT PROJECT
STAND UP FOR SALEM 219 EAST BROADWAY SALEM, NJ 08079	22-2908783	501(C)(3)	35,000.	0.			COMMUNITY IMPROVEMENT PROJECT
THE BRIDGE MINISTRIES-SHELBYVILLE COMMUNITY CHURCH - 1504 S HARRISON ST - SHELBYVILLE, IN 46176	88-2370104	501(C)(3)	35,000.	0.			COMMUNITY IMPROVEMENT PROJECT
THE FLORIDA AQUARIUM 701 CHANNELSIDE DRIVE TAMPA, FL 33602	59-2807815	501(C)(3)	210,000.	0.			COMMUNITY IMPROVEMENT PROJECT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE NATURAL SCIENCE CENTER OF GREENSBORO INC - 4301 LAWDALE DRIVE - GREENSBORO, NC 27455	56-0885727	501(C)(3)	125,000.	0.			COMMUNITY IMPROVEMENT PROJECT
THE SALVATION ARMY (A GEORGIA CORP.) (TEXAS SOUTH PLAINS) - 1111 16TH STREET - LUBBOCK, TX 79401	58-0660607	501(C)(3)	230,000.	0.			COMMUNITY IMPROVEMENT PROJECT
THE SALVATION ARMY BIRMINGHAM 2015 26TH AVE N BIRMINGHAM, AL 35234	58-0660607	501(C)(3)	55,000.	0.			COMMUNITY IMPROVEMENT PROJECT
THE SALVATION ARMY BOYS & GIRLS CLUB - 5670 US HWY 49 - HATTIESBURG, MS 39402	58-0660607	501(C)(3)	30,000.	0.			COMMUNITY IMPROVEMENT PROJECT
THE SALVATION ARMY OF EL PASO 4300 E PAISANO DR EL PASO, TX 79905	75-0800678	501(C)(3)	225,000.	0.			COMMUNITY IMPROVEMENT PROJECT
THE WELCOME PROJECT PA 350 S. YORK RD. HATBORO, PA 19040	84-3882831	501(C)(3)	15,000.	0.			COMMUNITY IMPROVEMENT PROJECT
TOWN OF BALL 100 MUNICIPAL DR BALL, LA 71405	72-0743991	501(C)(3)	120,000.	0.			COMMUNITY IMPROVEMENT PROJECT
TOWN OF MOORESVILLE 418 CARPENTER AVENUE MOORESVILLE, NC 28115	56-6001290	501(C)(3)	100,000.	0.			COMMUNITY IMPROVEMENT PROJECT
TOWN OF NORTH WILKESBORO 832 MAIN ST. NORTH WILKESBORO, NC 28659	56-6001302	501(C)(3)	325,000.	0.			COMMUNITY IMPROVEMENT PROJECT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF CENTRAL MARYLAND 1800 WASHINGTON BLVD SUITE 340 BALTIMORE, MD 21230	52-0591543	501(C)(3)	85,000.	0.			COMMUNITY IMPROVEMENT PROJECT
UNITED WAY OF UTAH COUNTY 148 N 100 W PROVO, UT 84601	87-0332098	501(C)(3)	35,000.	0.			COMMUNITY IMPROVEMENT PROJECT
WAKEFIELD FOUNDATION 100 WILSON AVE WAKEFIELD, VA 23888	54-1416406	501(C)(3)	50,000.	0.			COMMUNITY IMPROVEMENT PROJECT
WASHOE COUNTY SCHOOL DISTRICT 1450 STEWART AVE RENO, NV 89502	88-6000919	501(C)(3)	75,000.	0.			COMMUNITY IMPROVEMENT PROJECT
WEBBER TOWNSHIP FIRE PROTECTION DISTRICT - 504 PARKER ST - BLUFORD, IL 62814	82-2033807	501(C)(3)	25,000.	0.			COMMUNITY IMPROVEMENT PROJECT
WORCESTER COMMON GROUND 5 PIEMONT ST. WORCESTER, MA 01610	22-2976657	501(C)(3)	20,000.	0.			COMMUNITY IMPROVEMENT PROJECT
SCOTTSDALE UNIFIED SCHOOL DISTRICT #48 (YAVAPAI ELEMENTARY) - 701 N. MILLER ROAD - SCOTTSDALE, AZ 85257	86-6000535	501(C)(3)	135,000.	0.			COMMUNITY IMPROVEMENT PROJECT
YOUNG AUDIENCES OF HOUSTON 675 BERING DRIVE SUITE 300 HOUSTON, TX 77057	74-6082602	501(C)(3)	45,000.	0.			COMMUNITY IMPROVEMENT PROJECT
BOUNTIFUL CITIES PROJECT (SOUTHSIDE COMMUNITY FARM) - 50 S FRENCH BROAD AVE - ASHEVILLE, NC 28802	05-0587434	501(C)(3)	25,000.	0.			COMMUNITY IMPROVEMENT PROJECT

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY FOUNDATION OF GRAND FORKS - E GRAND FORKS & REGION - 620 DEMERS AVE - FORKS, ND 58201	45-0448088	501(C)(3)	100,000.	0.			COMMUNITY IMPROVEMENT PROJECT
CONNECTICUT AMERICAN LEGION FOUNDATION (HARRY R BARLETT AL) - PO BOX 208 - ROCKY HILL, CT 06067	83-2722405	501(C)(3)	15,000.	0.			COMMUNITY IMPROVEMENT PROJECT
SU TEATRO INC (AMERICAN LEGION POST 151-JOHN CUSTY POST) - 721 SANTA FE DRIVE - DENVER, CO 80204	74-2440659	501(C)(3)	125,000.	0.			COMMUNITY IMPROVEMENT PROJECT
LOS ANGELES UNITED METHODIST URBAN FOUNDATION - 714 W OLYMPIC BLVD, STE 922 - LOS ANGELES, CA 90015	95-3888111	501(C)(3)	105,000.	0.			COMMUNITY IMPROVEMENT PROJECT

**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)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization

POINTS OF LIGHT FOUNDATION

Employer identification number

65-0206641

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> 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"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<b>b</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 .....	<b>1b</b>	
<b>2</b> 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? .....	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the 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 checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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:		
<b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	<b>X</b>
<b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? .....	<b>4b</b>	<b>X</b>
<b>c</b> Participate in or receive payment from an equity-based compensation arrangement? .....	<b>4c</b>	<b>X</b>
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> 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:		
<b>a</b> The organization? .....	<b>5a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>5b</b>	<b>X</b>
If "Yes" on line 5a or 5b, describe in Part III.		
<b>6</b> 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:		
<b>a</b> The organization? .....	<b>6a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>6b</b>	<b>X</b>
If "Yes" on line 6a or 6b, describe in Part III.		
<b>7</b> 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 .....	<b>7</b>	<b>X</b>
<b>8</b> 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 .....	<b>8</b>	<b>X</b>
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

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

Schedule J (Form 990) 2021

**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 and/or 1099-NEC 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 PRESIDENT/CEO	(i)	464,463.	64,890.	120.	10,150.	585.	540,208.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MEGHAN MOLONEY SECRETARY/COO	(i)	233,361.	21,960.	120.	9,194.	18,362.	282,997.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ROBERT HERRERA TREASURER/CFAO	(i)	213,498.	21,000.	120.	2,473.	16,828.	253,919.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ROSE MCMANUS COLEMAN CHIEF DEV OFFICER THROUGH 9/30/21	(i)	206,579.	19,574.	120.	7,009.	15,150.	248,432.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DIANE QUEST CHIEF EXTERNAL AFFAIRS OFFICER	(i)	209,571.	11,933.	120.	7,048.	5,908.	234,580.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JENNIFER LAWSON CHIEF CIVIC INNOVATION OFFICER	(i)	205,764.	11,765.	120.	6,973.	1,149.	225,771.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) TOBY CHALBERG SVP BUSINESS DEVELOPMENT & DIGITAL	(i)	196,886.	0.	120.	6,978.	13,173.	217,157.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) CHERIE GREENE SVP FINANCE	(i)	181,157.	8,912.	120.	5,640.	5,965.	201,794.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) PAUL HOLLAHAN CHIEF DEV OFFICER FROM 10/1/21	(i)	175,058.	8,046.	120.	6,409.	585.	190,218.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) CHRISTINE SCHOPPE CHIEF OF STAFF	(i)	156,103.	8,586.	115.	5,069.	5,789.	175,662.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) ELIZABETH PANN SVP EXTERNAL AFFAIRS	(i)	159,111.	0.	120.	5,680.	5,899.	170,810.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(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 7:

DISCRETIONARY END OF YEAR BONUSES WERE AWARDED.

**SCHEDULE O  
(Form 990)**

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 Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open 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:

WORLD. WE ARE A NONPARTISAN ORGANIZATION THAT ENVISIONS A WORLD IN WHICH EVERYONE DISCOVERS THEIR POWER TO MAKE A DIFFERENCE, CREATING HEALTHY COMMUNITIES IN VIBRANT, PARTICIPATORY SOCIETIES. WE BELIEVE EVER ACTION MATTERS AND NO ACT IS TOO SMALL.

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 ENGAGE 5 MILLION INDIVIDUALS IN 14 MILLION HOURS OF SERVICE. WE AIM TO BE A CULTURAL CATALYST, WORKING IN PARTNERSHIP WITH ORGANIZATIONS AND INDIVIDUALS, TO CREATE A WORLD WHERE IT IS IMPOSSIBLE TO SIT ON THE SIDELINES.

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

COMMUNITIES IN VIBRANT, PARTICIPATORY SOCIETIES. WE BELIEVE EVERY ACTION MATTERS AND NO ACT IS TOO SMALL.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

POINTS OF LIGHT HAS SUBSTANTIALLY EXPANDED THEIR GRANTING ACTIVITIES.

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

POINTS OF LIGHT ENDED THE GENERATIONON BRAND IN MARCH 2022 TO FOCUS ON CONTINUING YOUTH PROGRAMMING UNDER THE POINTS OF LIGHT BRAND.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

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

Schedule O (Form 990) 2021

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

AND MICROGRANT PARTNERSHIPS, THE DISNEY FAMILY VOLUNTEERING TICKET 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 POINTS OF LIGHT ENGAGE (FORMERLY CALLED ALL FOR GOOD). POINTS OF LIGHT ENGAGE 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 BACK-END VOLUNTEER SEARCH TECHNOLOGY FOR THE STATE FARM NEIGHBORHOOD OF GOOD AND AARP COMMUNITY ENGAGEMENT PORTALS.

EXPENSES \$ 819,701. INCLUDING GRANTS OF \$ 0. REVENUE \$ 150,948.

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

IN ACCORDANCE WITH THE ORGANIZATION'S BYLAWS, SECTION 4.15(A), THERE IS AN EXECUTIVE COMMITTEE OF THE BOARD WHICH HAS THE AUTHORITY TO EXERCISE ALL OF THE POWERS OF THE BOARD, WHILE THE BOARD IS NOT IN SESSION, EXCEPT (I) SUCH POWERS AS ARE PROHIBITED BY LAW, (II) THE POWER TO HIRE OR REMOVE THE PRESIDENT OF THE CORPORATION AND (III) SUCH POWERS AS MAY BE RESERVED EXCLUSIVELY FOR THE BOARD OR ANY OTHER COMMITTEE THEREOF AS DETERMINED FROM TIME TO TIME BY RESOLUTION OF THE BOARD. IN ADDITION, THE EXECUTIVE COMMITTEE MAY AUTHORIZE THE SEAL OF THE CORPORATION TO BE AFFIXED TO ALL PAPERS WHICH MAY REQUIRE IT. THE MEMBERS OF THE EXECUTIVE COMMITTEE CONSIST OF CERTAIN CURRENT VOTING BOARD MEMBERS, INCLUDING THE CHAIRMAN OF THE

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

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

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.

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

---

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

VOLUNTEER SUPPORT SERVICES:

PROGRAM SERVICE EXPENSES	2,956,637.
MANAGEMENT AND GENERAL EXPENSES	1,453.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,958,090.

---

CONSULTING:

PROGRAM SERVICE EXPENSES	1,100,117.
MANAGEMENT AND GENERAL EXPENSES	383,081.
FUNDRAISING EXPENSES	1,225.
TOTAL EXPENSES	1,484,423.

---

OTHER PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	13,466.
MANAGEMENT AND GENERAL EXPENSES	6,585.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	20,051.

---

EVENT PRODUCTION:

PROGRAM SERVICE EXPENSES	610,196.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	610,196.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	5,072,760.
--	------------