

PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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 for instructions and the latest information.

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning **OCT 1, 2022** and ending **SEP 30, 2023**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization POINTS OF LIGHT FOUNDATION		D Employer identification number 65-0206641
	Doing business as		E Telephone number 404-979-2900
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 27,654,761.
	101 MARIETTA ST NW	3100	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code ATLANTA, GA 30303		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: DIANE QUEST SAME AS C ABOVE		If "No," attach a list. See instructions	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.POINTSOFLIGHT.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1990	M State of legal domicile: DE

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	23
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	23
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	77
	6 Total number of volunteers (estimate if necessary)	6	4000000
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	670.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	11,806,098.	13,212,508.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,088,044.	13,688,277.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,384,375.	677,973.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	-513,013.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	29,278,517.	27,065,745.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,504,049.	10,159,550.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	8,502,430.	8,272,631.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	50,000.	20,000.
	b Total fundraising expenses (Part IX, column (D), line 25)	1,093,467.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,086,836.	9,494,336.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	26,143,315.	27,946,517.	
19 Revenue less expenses. Subtract line 18 from line 12	3,135,202.	-880,772.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	21,167,253.	22,415,578.
	22 Net assets or fund balances. Subtract line 21 from line 20	9,273,230.	10,588,897.
22 Net assets or fund balances. Subtract line 21 from line 20	11,894,023.	11,826,681.	

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	W. BART SNELL, CHIEF FINANCE & ADMIN OFFICER				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	BREE-ANN WEIDNER				P01319397
Preparer Use Only	Firm's name	Firm's EIN		Phone no.	
	CHERRY BEKAERT ADVISORY LLC	88-2730877		404-209-0954	
	Firm's address				
	1075 PEACHTREE STREET NE, SUITE 1600				
	ATLANTA, GA 30309				

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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: POINTS OF LIGHT'S MISSION IS TO INSPIRE, EQUIP AND MOBILIZE PEOPLE TO TAKE ACTION THAT CHANGES THE WORLD. WE ENVISION A WORLD IN WHICH EVERYONE DISCOVERS THE POWER TO MAKE A DIFFERENCE, CREATING HEALTHY COMMUNITIES IN VIBRANT, PARTICIPATORY SOCIETIES. WE BELIEVE THE MOST

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] 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 \$ 15,788,304. including grants of \$ 10,159,550.) (Revenue \$ 10,289,526.) POINTS OF LIGHT CORPORATE SOLUTIONS: POINTS OF LIGHT ADVANCES CORPORATE SOCIAL IMPACT INITIATIVES THROUGH A VARIETY OF VOLUNTEER ENGAGEMENT PROGRAMS, INCLUDING: CONSULTING AND ADVISORY SERVICES, EMPLOYEE VOLUNTEER PROJECTS, A CSR STRATEGY ASSESSMENT TOOL KNOWN AS THE CIVIC 50, OUR CORPORATE SERVICE COUNCIL AND A VARIETY OF VIRTUAL LEARNING OPPORTUNITIES AND WRITTEN RESOURCES. THESE PROGRAMS EDUCATE, EQUIP AND DIRECTLY MOBILIZE CORPORATE SOCIAL IMPACT LEADERS AND EMPLOYEE VOLUNTEERS TO ENGAGE WITH COMMUNITY CAUSES AND ORGANIZATIONS INCLUDING POINTS OF LIGHT'S GLOBAL AFFILIATE NETWORK OF 140 COMMUNITY-BASED ORGANIZATIONS IN 38 COUNTRIES IN SUSTAINABLE AND IMPACTFUL WAYS.

4b (Code:) (Expenses \$ 2,798,095. including grants of \$) (Revenue \$ 1,738,184.) POINTS OF LIGHT CAPACITY BUILDING PROGRAMS: POINTS OF LIGHT'S CAPACITY BUILDING PROGRAM FOCUSES ON PROVIDING NONPROFITS WITH TOOLS, RESOURCES AND TRAINING TO IMPROVE THEIR CAPACITY TO LEVERAGE VOLUNTEERS TO FURTHER THEIR MISSIONS AND MEET COMMUNITY NEEDS. PROGRAMMING INCLUDES: -THE ANNUAL POINTS OF LIGHT CONFERENCE WHICH IS A PROFESSIONAL DEVELOPMENT OPPORTUNITY FOR MORE THAN 1,200 NGO, SOCIAL IMPACT AND GOVERNMENT LEADERS FROM AROUND THE WORLD. -CAPACITY BUILDING SUPPORT FOR THE POINTS OF LIGHT GLOBAL NETWORK OF 140 AFFILIATE NGOS IN 39 COUNTRIES THAT PROVIDE ON-THE-GROUND VOLUNTEER MOBILIZATION TO SUPPORT COMMUNITY-BASED ORGANIZATIONS. THIS INCLUDES ONGOING SUPPORT TO THE NETWORK AFFILIATES AS WELL AS TWO ANNUAL

4c (Code:) (Expenses \$ 2,222,089. including grants of \$) (Revenue \$ 1,660,567.) RECOGNITION PROGRAMS: POINTS OF LIGHT'S RECOGNITION PROGRAMMING INSPIRE AND EQUIP CIVIC AND COMMUNITY LEADERS BY NURTURING A CULTURE OF VOLUNTEERING AND AN ENABLING ENVIRONMENT FOR MOBILIZING MORE PEOPLE TO VOLUNTEER. BY USING POINTS OF LIGHT'S OWNED MEDIA CHANNELS (7.81M IMPRESSIONS, 3.62M REACH) 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: -GLOBAL VOLUNTEER MONTH IS AN ANNUAL INITIATIVE THAT TAKES PLACE EVERY APRIL AND FOCUSES ON HONORING AND CELEBRATING VOLUNTEERS WORLDWIDE WHILE ENCOURAGING VOLUNTEERING. POINTS OF LIGHT LEADS THIS INITIATIVE

4d Other program services (Describe on Schedule O.) (Expenses \$ 465,438. including grants of \$) (Revenue \$)

4e Total program service expenses 21,273,926.

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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in 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
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 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
27 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
28 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):		
a 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 A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c 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
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations 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
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and various organizational requirements.

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
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 23		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 23		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, CT, FL, GA, HI, IL, KS, KY, MD, MA
- 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
BART SNELL - 404-979-2900
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, box 6 of 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 (9/1/17-12/1/22)	55.00			X				529,651.	0.	11,444.
(2) ROBERT HERRERA TREASURER(4/8/19-8/18/23)	55.00			X				258,303.	0.	19,727.
(3) DIANE QUEST INTERMEDIATE PRESIDENT/SECRETARY(11	55.00			X				255,648.	0.	13,984.
(4) CHRISTINE SCHOPPE CHIEF OF STAFF (11-6/17-3/3/23)	55.00					X		207,645.	0.	13,052.
(5) PAUL HOLLAHAN CDO (10/1/21 - 1/31/24)	55.00				X			205,577.	0.	7,960.
(6) CHERIE GREENE SVP FINANCE	55.00					X		188,712.	0.	12,680.
(7) JOSELYN CASSIDY CHIEF HR OFFICER	55.00					X		168,790.	0.	12,264.
(8) ROSE MCMANUS COLEMAN CDO(THROUGH 9/30/21)	55.00				X			161,028.	0.	19,136.
(9) ELIZABETH PANN SVP EXTERNAL AFFAIRS	55.00					X		161,200.	0.	11,840.
(10) JENNIFER NASH SVP CORPORATE SOLUTIONS	55.00					X		154,534.	0.	11,607.
(11) MEGHAN MOLONEY SECRETARY (1/16/18-7/9/22)	55.00			X				117,815.	0.	15,089.
(12) TOBY CHALBERG SVP BUSINESS DEVELOPMENT & DIGITAL -	0.00						X	107,429.	0.	11,659.
(13) JENNIFER LAWSON CHIEF CIVIC INNOVATION OFFICER - FOR	0.00						X	89,437.	0.	3,667.
(14) NEIL BUSH CHAIR	5.00	X		X				0.	0.	0.
(15) PAM NORLEY VICE CHAIR	5.00	X		X				0.	0.	0.
(16) DAVIE WILLIAMS VICE CHAIR	5.00	X		X				0.	0.	0.
(17) JEAN BECKER 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) EMAD BIBAWI DIRECTOR	5.00	X						0.	0.	0.
(19) NIKKI CLIFTON DIRECTOR	5.00	X						0.	0.	0.
(20) JAMES COLLINS DIRECTOR/TREASURER EFFECTIVE 9/8/23	5.00	X						0.	0.	0.
(21) NICK COSTIDES DIRECTOR	5.00	X						0.	0.	0.
(22) VANESSA DIAMOND DIRECTOR	5.00	X						0.	0.	0.
(23) PAM EVERHART DIRECTOR	5.00	X						0.	0.	0.
(24) SHANNON GARCIA DIRECTOR	5.00	X						0.	0.	0.
(25) MICHELLE GAVIN DIRECTOR	5.00	X						0.	0.	0.
(26) JEFF HOFFMAN DIRECTOR	5.00	X						0.	0.	0.
1b Subtotal								2,605,769.	0.	164,109.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,605,769.	0.	164,109.

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 25

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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>	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>		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.
AMERICAN PROGRAM BUREAU INC, ONE GATEWAY CENTER, STE 751, NEWTON, MA 02458	SPEAKER AND ENTERTAINMENT	307,759.
STONE ROOSTER DISTRIBUTORS 16 AVENUE A, LEETSDALE, PA 15056	FULFILLMENT & DISTRIBUTION	283,758.
DANIEL J EDELMAN INC 21992 NETWORK PLACE, CHICAGO, IL 60673	COMMUNICATIONS	255,497.
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	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	1,233,995.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	11,978,513.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			13,212,508.			
Program Service Revenue	2 a CORPORATE PARTNERSHIP REVENUE	Business Code					
		900099	10,070,748.	10070748.			
	b CONFERENCE	611430	1,466,219.	1,466,219.			
	c VOLUNTEER AWARDS	900099	1,184,935.	1,184,935.			
	d MEMBERSHIP DUES	900099	907,875.	907,875.			
	e VOLUNTEER PROGRAMS	900099	58,500.	58,500.			
	f All other program service revenue						
g Total. Add lines 2a-2f			13,688,277.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		610,186.			610,186.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	67,787.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	0.				
	c Gain or (loss)	7c	67,787.				
	d Net gain or (loss)			67,787.		67,787.	
8 a Gross income from fundraising events (not including \$ 1,233,995. of contributions reported on line 1c). See Part IV, line 18	8a		57,460.				
		b Less: direct expenses	8b	588,517.			
		c Net income or (loss) from fundraising events			-531,057.		-531,057.
9 a Gross income from gaming activities. See Part IV, line 19	9a						
		b Less: direct expenses	9b				
		c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	10a		1,169.				
		b Less: cost of goods sold	10b	499.			
		c Net income or (loss) from sales of inventory			670.		670.
Miscellaneous Revenue	11 a OTHER REVENUE	Business Code					
		900099	17,374.			17,374.	
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d			17,374.				
12 Total revenue. See instructions			27,065,745.	13688277.	670.	164,290.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	10,125,280.	10,125,280.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	34,270.	34,270.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,718,360.	219,439.	1,108,567.	390,354.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	5,467,096.	3,028,521.	1,929,116.	509,459.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	143,058.	60,503.	73,631.	8,924.
9 Other employee benefits	444,519.	188,421.	205,814.	50,284.
10 Payroll taxes	499,598.	188,728.	241,082.	69,788.
11 Fees for services (nonemployees):				
a Management				
b Legal	46,017.		46,017.	
c Accounting	76,275.		76,275.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	20,000.			20,000.
f Investment management fees	55,714.		55,714.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	6,450,414.	5,557,604.	890,310.	2,500.
12 Advertising and promotion	932,616.	905,394.	26,810.	412.
13 Office expenses	938,315.	260,531.	646,435.	31,349.
14 Information technology				
15 Royalties				
16 Occupancy	121,878.	2,679.	119,199.	
17 Travel	433,979.	314,205.	109,912.	9,862.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	359,883.	352,665.	7,218.	
20 Interest	9,333.		9,333.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 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.)				
a _____				
b _____				
c _____				
d _____				
e All other expenses _____	69,912.	35,686.	33,691.	535.
25 Total functional expenses. Add lines 1 through 24e	27,946,517.	21,273,926.	5,579,124.	1,093,467.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,854,733.	1	1,094,768.
	2 Savings and temporary cash investments	4,238,595.	2	3,829,737.
	3 Pledges and grants receivable, net	190,501.	3	244,600.
	4 Accounts receivable, net	346,637.	4	1,279,756.
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	101,694.	8	33,101.
	9 Prepaid expenses and deferred charges	938,167.	9	968,006.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments - publicly traded securities	12,604,551.	11	14,369,882.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	892,375.	15	595,728.
16 Total assets. Add lines 1 through 15 (must equal line 33)	21,167,253.	16	22,415,578.	
Liabilities	17 Accounts payable and accrued expenses	1,478,182.	17	1,695,243.
	18 Grants payable	3,493,000.	18	3,652,300.
	19 Deferred revenue	3,581,423.	19	4,107,302.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	720,625.	21	
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	1,000,000.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	134,052.
	26 Total liabilities. Add lines 17 through 25	9,273,230.	26	10,588,897.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	4,758,005.	27	3,812,145.
	28 Net assets with donor restrictions	7,136,018.	28	8,014,536.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	11,894,023.	32	11,826,681.
33 Total liabilities and net assets/fund balances	21,167,253.	33	22,415,578.	

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	27,065,745.
2	Total expenses (must equal Part IX, column (A), line 25)	2	27,946,517.
3	Revenue less expenses. Subtract line 2 from line 1	3	-880,772.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11,894,023.
5	Net unrealized gains (losses) on investments	5	833,430.
6	Donated services and use of facilities	6	-20,000.
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	11,826,681.

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
b	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	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4107067.	4821716.	8273524.	11806098.	13212508.	42220913.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4107067.	4821716.	8273524.	11806098.	13212508.	42220913.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						22397839.
6 Public support. Subtract line 5 from line 4.						19823074.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	4107067.	4821716.	8273524.	11806098.	13212508.	42220913.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	209,160.	158,986.	141,717.	210,585.	610,186.	1330634.
9 Net income from unrelated business activities, whether or not the business is regularly carried on			14,997.			14,997.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					16,703.	16,703.
11 Total support. Add lines 7 through 10						43583247.
12 Gross receipts from related activities, etc. (see instructions)					12	60,409,026.
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	45.48 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	52.57 %
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 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

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021. 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 on line 12 of 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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined 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>		
c 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>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c 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>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 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>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described 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>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
b Did the activities described 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>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
2a			
2b			
3a			
3b			

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

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<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	Minimum Asset Amount (add line 7 to line 6)	8	

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

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

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

OTHER INCOME

2022 AMOUNT: \$ 16,703.

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 for the latest information.

OMB No. 1545-0047

2022

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 POINTS OF LIGHT FOUNDATION	Employer identification number 65-0206641
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>575,279.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>310,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>350,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>10,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 2006), and questions 3-9 regarding monitoring, expenses, and reporting.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions 1a, 1b, and 2 regarding reporting of art and historical treasures.

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	6,756,786.	8,241,685.	6,922,385.	6,715,021.	6,547,353.
b Contributions					
c Net investment earnings, gains, and losses	868,330.	-1,484,899.	1,319,300.	522,364.	167,668.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses				315,000.	
g End of year balance	7,625,116.	6,756,786.	8,241,685.	6,922,385.	6,715,021.

- 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 checked="" type="checkbox"/> |
| (ii) Related organizations | | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE LIABILITY	134,052.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 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.

1	Total revenue, gains, and other support per audited financial statements	1	28,718,853.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	833,430.
b	Donated services and use of facilities	2b	286,875.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	1,120,305.
3	Subtract line 2e from line 1	3	27,598,548.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	55,714.
b	Other (Describe in Part XIII.)	4b	-588,517.
c	Add lines 4a and 4b	4c	-532,803.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	27,065,745.

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

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

1	Total expenses and losses per audited financial statements	1	28,786,195.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	306,875.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	588,517.
e	Add lines 2a through 2d	2e	895,392.
3	Subtract line 2e from line 1	3	27,890,803.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	55,714.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	55,714.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	27,946,517.

Part XIII Supplemental Information.

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

PART V, LINE 4:

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

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

Part XIII Supplemental Information (continued)

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, 2023 AND 2022.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSE	-588,517.
---------------------	-----------

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSE	588,517.
---------------------	----------

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

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.

- 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**
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 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	68,150.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM	VOLUNTEER COORDINATION	729,765.
NORTH AMERICA	0	0	PROGRAM	VOLUNTEER COORDINATION	212,640.
SOUTH AMERICA	0	0	PROGRAM	VOLUNTEER COORDINATION	179,875.
SUB-SAHARAN AFRICA	0	0	PROGRAM	VOLUNTEER COORDINATION	4,350.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM	VOLUNTEER COORDINATION	241,605.
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	0	0	GRANT MAKING		6,750.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANT MAKING		15,450.
3 a Subtotal	0	0			1,458,585.
b Total from continuation sheets to Part I	0	0			12,070.
c Totals (add lines 3a and 3b)	0	0			1,470,655.

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

Schedule F (Form 990) 2022

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	0	GRANT MAKING		1,500.
RUSSIA AND NEIGHBORING STATES	0	0	GRANT MAKING		1,000.
SOUTH AMERICA	0	0	GRANT MAKING		2,350.
SOUTH ASIA	0	0	GRANT MAKING		7,220.
Totals					12,070.

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)
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	VOLUNTEER SUPPORT	6,750.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	VOLUNTEER SUPPORT	15,450.	WIRE	0.		
		SOUTH ASIA	VOLUTEER SUPPORT	7,220.	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 **19**

3 Enter total number of other organizations or entities

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

Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

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

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

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

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

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

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

Part V Supplemental Information

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

PART I, LINE 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.

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

POINTS OF LIGHT FOUNDATION

Employer identification number

65-0206641

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

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
FREDERICK BUSH - PO BOX 6335, AVON, CO 81620	GEORGE H.W. BUSH AWARDS GALA		X	0.	20,000.	-20,000.
Total					20,000.	-20,000.

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

AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, VA, WA, WV, WI

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)	2023 GHWBA IN OCTOBER (event type)	NONE (total number)	
Revenue	1	Gross receipts	1,089,094.	202,361.	1,291,455.
	2	Less: Contributions	1,031,634.	202,361.	1,233,995.
	3	Gross income (line 1 minus line 2)	57,460.		57,460.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	72,770.		72,770.
	7	Food and beverages	110,814.		110,814.
	8	Entertainment	365,921.		365,921.
	9	Other direct expenses	39,012.		39,012.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			588,517.
11	Net income summary. Subtract line 10 from line 3, column (d)			-531,057.	

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? **Yes** **No**
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? **Yes** **No**
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? **Yes** **No**

b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____

c If "Yes," enter name and address of the third party:

Name _____

Address _____

- 16** Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

- Director/officer Employee Independent contractor

- 17** Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **Yes** **No**

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

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
AFRICAN AMERICAN MUSEUM OF DALLAS 3536 GRAND AVENUE DALLAS, TX 75315	75-1678200	501(C)3	100,000.	0.			COMMUNITY IMPROVEMENT PROJECT
AID THE SILENT 8126 BROADWAY STREET SAN ANTONIO, TX 78209	47-2883437	501(C)3	140,000.	0.			COMMUNITY IMPROVEMENT PROJECT
ALL SAINTS EPISCOPAL CHURCH (WOODSTOCK PANTRY) - 4033 SE WOODSTOCK BLVD. - PORTLAND, OR 97206	93-6002669	501(C)3	58,000.	0.			COMMUNITY IMPROVEMENT PROJECT
ALTERNATIVE SERVICES - CONNECTICUT INC - 84 LINWOOD AVE - SOUTH WINDHAM, CT 06415	31-1260927	501(C)3	25,000.	0.			COMMUNITY IMPROVEMENT PROJECT
AMERICAN CANCER SOCIETY 1901 BRUNSWICK AVE #100 NEW YORK, NY 28207	13-1788491	501(C)3	90,000.	0.			COMMUNITY IMPROVEMENT PROJECT
AMERICANS FOR INDEPENDANT LIVING 904 W 4TH ST WATERLOO, IA 50702	47-4503717	501(C)3	85,000.	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) 2022

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
ASHBY HOUSE LTD (ASHBY HOUSE-BRIDGE HOUSE BUILDING) - 204 SOUTH EIGHTH - SALINA, KS 67401	48-1099925	501(C)3	195,000.	0.			COMMUNITY IMPROVEMENT PROJECT
BARRETT FOUNDATION 10300 CONSTITUTION AVENUE, NE ALBUQUERQUE, NM 87112	85-0336208	501(C)3	105,000.	0.			COMMUNITY IMPROVEMENT PROJECT
BELOVED ASHEVILLE 32 OLD CHARLOTTE HIGHWAY ASHEVILLE, NC 28803	84-3381632	501(C)3	195,000.	0.			COMMUNITY IMPROVEMENT PROJECT
BOYS & GIRLS CLUB OF THE MOUNTAIN EMPIRE - 311 REBECCA ST - BRISTOL, VA 24201	54-0653489	501(C)3	105,000.	0.			COMMUNITY IMPROVEMENT PROJECT
BOYS & GIRLS CLUBS OF FRESNO COUNTY - 540 N AUGUSTA ST. - FRESNO, CA 93701	94-1149171	501(C)3	60,000.	0.			COMMUNITY IMPROVEMENT PROJECT
BOYS AND GIRLS CLUB OF THE PIEDMONT - 1001 COCHRAN STREET - STATESVILLE, NC 28677	20-3237215	501(C)3	110,000.	0.			COMMUNITY IMPROVEMENT PROJECT
CENTRAL ALABAMA COMMUNITY FOUNDATION - 114 CHURCH STREET - MONTGOMERY, AL 36104	63-0842355	501(C)3	500,000.	0.			COMMUNITY IMPROVEMENT PROJECT
CENTRAL LIGHT & RECREATION OF SPRAGUE-MARTELL INC. - 17490 SW 14TH ST. - MARTELL, NV 68404	47-0619983	501(C)3	58,000.	0.			COMMUNITY IMPROVEMENT PROJECT
CHARLOTTE URBAN DESIGN CENTER (CITY OF CHARLOTTE) - 1507 CAMDEN RD - CHARLOTTE, NC 28203	52-1333483	501(C)3	260,000.	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
CHILDREN'S HAVEN OF SOUTHWEST MISSOURI - 711 S. PICHER AVE. - JOPLIN, MO 64801	04-3603881	501(C)3	36,000.	0.			COMMUNITY IMPROVEMENT PROJECT
CITY OF STEWARTVILLE, MN 425 2ND AVE NE STEWARTVILLE, MN 55976	41-6005563	501(C)3	92,000.	0.			COMMUNITY IMPROVEMENT PROJECT
COMMUNITY FREE CLINIC 528 A LAKE CONCORD ROAD, NE CONCORD, NC 28025	58-2131301	501(C)3	80,000.	0.			COMMUNITY IMPROVEMENT PROJECT
CONNIE MAXWELL CHILDREN'S MINISTRIES - 810 MAXWELL AVE - GREENWOOD, SC 29646	57-0324927	501(C)3	110,000.	0.			COMMUNITY IMPROVEMENT PROJECT
DH&L CO. (DAUNTLESS HOOK & LADDER AMBULANCE LEAGUE) - 713 BRIDGE ST, SUITE 14 - SELINGROVE, PA 17870	23-6395539	501(C)3	42,000.	0.			COMMUNITY IMPROVEMENT PROJECT
DIOCESAN COUNCIL FOR THE SOCIETY OF ST. VINCENT DE PAUL, DIOCESE OF PHOENIX (ST - 935 FAIR STREET - PRESCOTT,	86-0096789	501(C)3	100,000.	0.			COMMUNITY IMPROVEMENT PROJECT
DOMESTIC VIOLENCE PROJECT, INC. PO BOX 9459 CANTON, OH 44711	34-1263226	501(C)3	140,000.	0.			COMMUNITY IMPROVEMENT PROJECT
DRUMMOND HISTORICAL SOCIETY 6200 S HIGHWAY 132 DRUMMOND, OK 73735	61-2021814	501(C)3	65,000.	0.			COMMUNITY IMPROVEMENT PROJECT
DUBUQUE ARBORETUM ASSOCIATION INC. 3800 ARBORETUM DRIVE DUBUQUE, IA 52001	42-1160989	501(C)3	40,000.	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
DUPAGE HABITAT FOR HUMANITY 1600 E. ROOSEVELT HANOVER PARK, IL 60187	36-4003119	501(C)3	80,000.	0.			COMMUNITY IMPROVEMENT PROJECT
EAST BRUNSWICK YOUTH COUNCIL 334 DUNHAMS CORNER ROAD EAST BRUNSWICK, NJ 08816	45-5201085	501(C)3	93,000.	0.			COMMUNITY IMPROVEMENT PROJECT
EAST DENVER COLFAX PARTNERSHIP (THE FAX PARTNERSHIP) - 6740 E COLFAX AVE - DENVER, CO 80220	77-0633106	501(C)3	67,000.	0.			COMMUNITY IMPROVEMENT PROJECT
EAST LINCOLN HIGH SCHOOL 6471 NC 73 DENVER, NC 28037	56-6001066	501(C)3	155,000.	0.			COMMUNITY IMPROVEMENT PROJECT
EAST WACO INNOVATIVE SCHOOL DEVELOPMENT (RAPOPORT ACADEMY) - 1020 ELM AVE., BLDG. 500 - WACO, TX 76704	74-2798827	501(C)3	125,000.	0.			COMMUNITY IMPROVEMENT PROJECT
EASTER SEALS FLORIDA, INC 2010 CROSBY WAY SORRENTO, FL 32792	59-0637848	501(C)3	167,000.	0.			COMMUNITY IMPROVEMENT PROJECT
FEEDNC (MIMI'S GARDEN) 2456 CHARLOTTE HIGHWAY MOORESVILLE, NC 28117	56-1911138	501(C)3	23,000.	0.			COMMUNITY IMPROVEMENT PROJECT
FRIENDS OF FOUR STAR INC 1944 DIVISION AVENUE S GRAND RAPIDS, MS 49507	84-4050219	501(C)3	100,000.	0.			COMMUNITY IMPROVEMENT PROJECT
GALAX VOLUNTEER FIRE DEPARTMENT, INC. - 300 W. GRAYSON STREET - GALAX, VA 24333	27-4259116	501(C)3	20,000.	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
GIL CARTER INITIATIVE 2620 SE 23RD ST TOPEKA, KS 66605	81-0941920	501(C)3	150,000.	0.			COMMUNITY IMPROVEMENT PROJECT
GIRLS INCORPORATED OF GREATER INDIANAPOLIS - 3935 N. MERIDIAN STREET - INDIANAPOLIS, IN 46208	35-1337205	501(C)3	220,000.	0.			COMMUNITY IMPROVEMENT PROJECT
GREATER RICHMOND FIT4KIDS, INC. 2101 MAYWILL STREET HENRICO, VA 23230	27-2817718	501(C)3	41,000.	0.			COMMUNITY IMPROVEMENT PROJECT
GREEN TWP VOL FIRE DEPT INC (GREEN TOWNSHIP VOLUNTEER FIRE DEPARTMENT - 243 KENNEDY RD - GREENDELL, NJ 07839	22-6062884	501(C)3	38,000.	0.			COMMUNITY IMPROVEMENT PROJECT
GROWING ROOTS 580 W MONTEREY AVE, #645 POMONA, CA 91769	83-2476410	501(C)3	20,000.	0.			COMMUNITY IMPROVEMENT PROJECT
GUILFORD COUNTY BOARD OF EDUCATION (SOUTHEAST GUILFORD HIGH SCHOOL) - 4530 SE SCHOOL RD. - GREENSBORO, NC 27406	56-6000522	501(C)3	126,000.	0.			COMMUNITY IMPROVEMENT PROJECT
HENDERSON VOLUNTEER FIRE DEPARTMENT - 12487 HWY 62 EAST - HENDERSON, AR 72544	71-0545315	501(C)3	40,000.	0.			COMMUNITY IMPROVEMENT PROJECT
HISTORIC WEST END PARTNERS INC. (TEAMER YOUTH AND FAMILY THRIVE HUB) - 309 LIMA AVENUE - CHARLOTTE, NC 28208	27-1880057	501(C)3	85,000.	0.			COMMUNITY IMPROVEMENT PROJECT
HOUSE OF RUTH 5 THOMAS CIRCLE NW WASHINGTON, DC 20005	52-1054102	501(C)3	50,000.	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
HUMANE SOCIETY OF CHARLES COUNTY 71 INDUSTRIAL PARK DR WALDORF, MD 20602	52-1212430	501(C)3	100,000.	0.			COMMUNITY IMPROVEMENT PROJECT
HUMILITY HOMES AND SERVICES, INC. 519 FILLMORE STREET DAVENPORT, IA 52802	01-0916973	501(C)3	121,000.	0.			COMMUNITY IMPROVEMENT PROJECT
HUNTINGTON CHILDRENS MUSEUM 66 BRICKSHIRE LANE HUNTINGTON, WV 25704	86-3600898	501(C)3	288,000.	0.			COMMUNITY IMPROVEMENT PROJECT
JEFFERSON COUNTY SCHOOL DISTRICT R-1 (MORTENSEN ELEMENTARY) - 8006 S IRIS WAY - LITTLETON, CO 80128	84-6002817	501(C)3	22,000.	0.			COMMUNITY IMPROVEMENT PROJECT
JEFFERSON ELEMENTARY SCHOOL 1801 E BLACKBURN RD MOUNT VERNON, WA 98274	91-6014653	501(C)3	25,000.	0.			COMMUNITY IMPROVEMENT PROJECT
KERN PARTNERSHIP FOR CHILDREN AND FAMILIES - 100 EAST CALIFORNIA AVE - BAKERSFIELD, CA 93307	20-5536572	501(C)3	50,000.	0.			COMMUNITY IMPROVEMENT PROJECT
LIGHTHOUSE RECOVERY COMMUNITY CENTER, INC. - 721 PARK STREET - MANITOWOC, WI 54220	83-1384602	501(C)3	150,000.	0.			COMMUNITY IMPROVEMENT PROJECT
LUMBEE LAND DEVELOPMENT 6984 NC HWY 711 PEMBROKE, NC 28372	56-2259380	501(C)3	160,000.	0.			COMMUNITY IMPROVEMENT PROJECT
MACKIDA LOVEAL & TRIP MENTORING OUTREACH CENTER INC. - 3616 N SHERMAN DR - INDIANAPOLIS, IN 46218	46-4445305	501(C)3	200,000.	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
METROPOLITAN MINISTRIES INC. 2002 NORTH FLORIDA AVE. TAMPA, FL 33602	59-1477007	501(C)3	50,000.	0.			COMMUNITY IMPROVEMENT PROJECT
MUNICIPALITY OF ANCHORAGE (ANCHORAGE POLICE DEPARTMENT DISPATCH) - 4501 ELMORE RD - ANCHORAGE, AK 99507	92-0059987	501(C)3	20,000.	0.			COMMUNITY IMPROVEMENT PROJECT
NATIONS MINISTRY CENTER 406 WELSHWOOD DRIVE NASHVILLE, TN 37211	55-0898912	501(C)3	40,000.	0.			COMMUNITY IMPROVEMENT PROJECT
NEW PALTZ YOUTH PROGRAM 220 MAIN STREET NEW PALTZ, NY 12561	14-6002334	501(C)3	41,000.	0.			COMMUNITY IMPROVEMENT PROJECT
NEXTSTEP RECYCLING 245 JACKSON STREET EUGENE, OR 97402	68-0506282	501(C)3	100,000.	0.			COMMUNITY IMPROVEMENT PROJECT
NORTH SHORE COMMUNITY DEVELOPMENT COALITION - 96 LAFAYETTE STREET, 2ND FLOOR - SALEM, MA 01970	04-2686893	501(C)3	75,000.	0.			COMMUNITY IMPROVEMENT PROJECT
OASIS A SAFE HAVEN FOR SURVIVORS OF DOMESTIC AND SEXUAL VIOLENCE - 601 W 18TH STREET - LAKE CHARLES, LA 70601	72-0859660	501(C)3	45,000.	0.			COMMUNITY IMPROVEMENT PROJECT
OMAHA STREET SCHOOL, INC. 3223 N 45TH ST, BUILDING H OMAHA, NV 68104	47-0811597	501(C)3	20,000.	0.			COMMUNITY IMPROVEMENT PROJECT
OUR MOTHER'S HOME OF SOUTHWEST FLORIDA, INC. - 7438 CARRIER RD. - FORT MYERS, FL 33901	65-0510103	501(C)3	110,000.	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
PREFERRED BEHAVIORAL HEALTH OF NJ, INC (PREFERRED BEHAVIORAL HEALTH GROUP) - 725 AIRPORT ROAD, SUITE 1B - WHITING, NJ 08759	22-2196988	501(C)3	62,000.	0.			COMMUNITY IMPROVEMENT PROJECT
REGIONAL COUNCIL FOR CHRISTIAN MINISTRY DBA COMMUNITY FOOD BASKET - IDAHO FALLS - 1895 N BOUEVARD - IDAHO FALLS, ID 83401	82-0305800	501(C)3	100,000.	0.			COMMUNITY IMPROVEMENT PROJECT
RESTOREOKC 2222 NE 27TH OKLAHOMA CITY, OK 73111	81-5470507	501(C)3	215,000.	0.			COMMUNITY IMPROVEMENT PROJECT
ROOM IN THE INN 705 DREXEL STREET NASHVILLE, TN 37203	62-0811413	501(C)3	71,000.	0.			COMMUNITY IMPROVEMENT PROJECT
ROSEWOOD HEIGHTS FIRE PROTECTION DISTRICT - 45 E. AIRLINE DR. - EAST ALTON, IL 62024	37-6021727	501(C)3	60,000.	0.			COMMUNITY IMPROVEMENT PROJECT
MCNEILLY CENTER FOR CHILDREN 100 MERIDIAN ST. NASHVILLE, TN 37207	62-0479366	501(C)3	108,000.	0.			COMMUNITY IMPROVEMENT PROJECT
SOJOURNER TRUTH MINISTRIES, INC. 501 HIGH ST. WILLIAMSPORT, PA 17701	23-2125932	501(C)3	85,000.	0.			COMMUNITY IMPROVEMENT PROJECT
ST VINCENT DE PAUL MIDDLETOWN 617 MAIN STREET MIDDLETOWN, CT 06457	06-1387081	501(C)3	130,000.	0.			COMMUNITY IMPROVEMENT PROJECT
STATUS: HOME (FORMERLY JERUSALEM HOUSE) - 17 EXECUTIVE PARK DRIVE, STE. 290 - ATLANTA, GA 30329	58-1829807	501(C)3	230,000.	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
SWEETSER 50 MOODY STREET SACO, ME 04072	01-0211807	501(C)3	145,000.	0.			COMMUNITY IMPROVEMENT PROJECT
TEAM UP MENTORING INC 601 SOUTH MADISON AVENUE, SUITE B MONROE, GA 30655	20-4927509	501(C)3	25,000.	0.			COMMUNITY IMPROVEMENT PROJECT
THE CITY OF PONTIAC (RUTH PETERSON SENIOR CENTER) - 47450 WOODWARD - PONTIAC, MI 48340	38-6005034	501(C)3	200,000.	0.			COMMUNITY IMPROVEMENT PROJECT
THE COMMUNITY BUILDERS, INC. 185 DARTMOUTH STREET, 9TH FLOOR BOSTON, MA 02116	04-2324773	501(C)3	250,000.	0.			COMMUNITY IMPROVEMENT PROJECT
THE ENCHANTING BOOKMOBILE 17629 POUNCEY TRACT RD. ROCKVILLE, VA 23146	83-4483082	501(C)3	15,000.	0.			COMMUNITY IMPROVEMENT PROJECT
THE FRIENDSHIP CENTER OF HELENA 1430 SANDERS ST HELENA, MT 59601	23-7131678	501(C)3	115,000.	0.			COMMUNITY IMPROVEMENT PROJECT
THE SALVATION ARMY (THE SALVATION ARMY CARTHAGE) - 2307 MISSOURI AVE. - CARTHAGE, MO 64836	43-0653584	501(C)3	17,000.	0.			COMMUNITY IMPROVEMENT PROJECT
THE SALVATION ARMY (THE SALVATION ARMY-WAUKESHA) - 445 MADISON STREET - WAUKESHA, WI 53188	36-2167910	501(C)3	86,000.	0.			COMMUNITY IMPROVEMENT PROJECT
THE SALVATION ARMY MARQUETTE COUNTY - 222 E DIVISION - ISHPERING, MI 49849	36-2167910	501(C)3	163,000.	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 SALVATION ARMY - A GEORGIA CORPORATION (THE SALVATION ARMY OF AMARILLO) - 400 S HARRISON STREET - AMARILLO, TX 79109	58-0660607	501(C)3	151,000.	0.			COMMUNITY IMPROVEMENT PROJECT
THE SALVATION ARMY, A CALIFORINA CORPORATION (THE SALVATION ARMY SALT LAKE CITY - 438 S 900 W - SALT LAKE CITY, UT 84104	94-1156347	501(C)3	65,000.	0.			COMMUNITY IMPROVEMENT PROJECT
THE SALVATION ARMY A GEORGIA CORPORATION (THE SALVATION ARMY SAVANNAH) - 3100 MONTGOMERY ST - SAVANNAH, GA 31405	58-0660607	501(C)3	100,000.	0.			COMMUNITY IMPROVEMENT PROJECT
THE SALVATION ARMY, A CALIFORNIA CORPORATION (THE SALVATION ARMY, CHICO) - 3755 N FREEWAY BLVD - CHICO, CA 95834	94-1156347	501(C)3	150,000.	0.			COMMUNITY IMPROVEMENT PROJECT
THE VILLAGE AT GLENCLIFF 2901 GLENCLIFF RD NASHVILLE, TN 37211	85-4153180	501(C)3	100,000.	0.			COMMUNITY IMPROVEMENT PROJECT
THRIVE PENINSULA 13195 WARWICK BLVD, UNIT 2C NEWPORT NEWS, VA 23602	54-1857664	501(C)3	100,000.	0.			COMMUNITY IMPROVEMENT PROJECT
TOWN OF TILTON 257 MAIN STREET TILTON, NH 03276	02-6000916	501(C)3	33,000.	0.			COMMUNITY IMPROVEMENT PROJECT
TRUTH FOUNDATIONAL MINISTRIES CDC INC - 312 N SECOND STREET - PINETOPS, NC 27864	54-2144415	501(C)3	104,000.	0.			COMMUNITY IMPROVEMENT PROJECT
TYLER MOUNTAIN VOLUNTEER FIRE DEPARTMENT - 5380 BIG TYLER ROAD - CROSS LANES, WV 25313	55-0595587	501(C)3	97,000.	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
UNITED SERVICE ORGANIZATION INC. (CAMP GRAYLING, MICHIGAN) - 2450 CAMP GRAYLING RD - GRAYLING, MI 49738	13-1610451	501(C)3	30,000.	0.			COMMUNITY IMPROVEMENT PROJECT
UNITED SERVICE ORGANIZATION INC. (NELLIS AIR FORCE BASE, NEVADA) - 5757 WAYNE NEWTON BLVD, NEAR A&B GATES - LAS VEGAS, NV 89111	13-1610451	501(C)3	110,000.	0.			COMMUNITY IMPROVEMENT PROJECT
UNITED SERVICE ORGANIZATION INC. (USO FORT LIBERTY) - BLDG. 4 - 2843 NORMANDY DRIVE - FORT BRAGG, NC 28310	13-1610451	501(C)3	50,000.	0.			COMMUNITY IMPROVEMENT PROJECT
VARIETY - THE CHILDREN'S CHARITY OF THE DELAWARE VALLEY - 2950 POTSHOP ROAD - WORCESTER, PA 19490	23-1556195	501(C)3	50,000.	0.			COMMUNITY IMPROVEMENT PROJECT
VIETNAMESE INITIATIVES IN ECONOMIC TRAINING (VIET) - 13435 GRANVILLE STREET - NEW ORLEANS, LA 70129	72-1496796	501(C)3	20,000.	0.			COMMUNITY IMPROVEMENT PROJECT
VILLAGE OF NEWARK VALLEY 6 PARK ST. NEWARK VALLEY, NY 13811	15-6002656	501(C)3	120,000.	0.			COMMUNITY IMPROVEMENT PROJECT
VISIBLE MEN ACADEMY 921 63RD AVE. E. BRADENTON, FL 34203	46-0930264	501(C)3	15,000.	0.			COMMUNITY IMPROVEMENT PROJECT
VOLUNTEERS OF AMERICA OREGON 3910 SE STARK STREET PORTLAND, OR 97214	93-0395591	501(C)3	125,000.	0.			COMMUNITY IMPROVEMENT PROJECT
WEDINGTON AREA VOLUNTEER FIRE PROTECTION ASSOCIATION - 13496 W HIGHWAY 16 - FAYETTEVILLE, AZ 72704	71-0514241	501(C)3	40,000.	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
WOMEN IN DISTRESS OF BROWARD COUNTY, INC. - 1372 NORTH STATE ROAD 7 - MARGATE, FL 33074	59-1592524	501(C)3	135,000.	0.			COMMUNITY IMPROVEMENT PROJECT
MOORESVILLE GRADED SCHOOL DISTRICT (SOUTH ELEMENTARY PLAYGROUND) - 305 N MAIN STREET - MOORESVILLE, FL 28115	56-6001079	501(C)3	50,000.	0.			COMMUNITY IMPROVEMENT PROJECT
YOUNG MEN'S CHRISTIAN ASSOCIATION AT VIRGINIA POLYTECHNIC INSTITUTION & STATE UN - 403 WASHINGTON STREET - BLACKSBURG, VA	54-0505987	501(C)3	215,000.	0.			COMMUNITY IMPROVEMENT PROJECT
WAYNE ACTION FOR RACIAL EQUALITY, INC. (ON BEHALF OF GLOW UP GIRL) - 38 WILLIAM STREET - LYONS, NY 14489	22-3170707	501(C)3	55,000.	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 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

POINTS OF LIGHT FOUNDATION

Employer identification number

65-0206641

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2022

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 (9/1/17-12/1/22)	(i)	469,916.	50,000.	9,735.	10,675.	769.	541,095.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ROBERT HERRERA TREASURER(4/8/19-8/18/23)	(i)	233,697.	24,486.	120.	2,710.	17,017.	278,030.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DIANE QUEST INTERMEDIATE PRESIDENT/SECRETARY(11	(i)	242,008.	13,520.	120.	7,892.	6,092.	269,632.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CHRISTINE SCHOPPE CHIEF OF STAFF (11-6/17-3/3/23)	(i)	195,345.	12,180.	120.	7,073.	5,979.	220,697.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) PAUL HOLLAHAN CDO (10/1/21 - 1/31/24)	(i)	195,716.	9,741.	120.	7,191.	769.	213,537.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) CHERIE GREENE SVP FINANCE	(i)	179,414.	9,178.	120.	6,530.	6,150.	201,392.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JOSELYN CASSIDY CHIEF HR OFFICER	(i)	158,953.	9,717.	120.	6,114.	6,150.	181,054.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ROSE MCMANUS COLEMAN CDO(THROUGH 9/30/21)	(i)	160,908.	0.	120.	5,039.	14,097.	180,164.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ELIZABETH PANN SVP EXTERNAL AFFAIRS	(i)	161,080.	0.	120.	5,748.	6,092.	173,040.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) JENNIFER NASH SVP CORPORATE SOLUTIONS	(i)	154,414.	0.	120.	5,515.	6,092.	166,141.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) TOBY CHALBERG SVP BUSINESS DEVELOPMENT & DIGITAL -	(i)	102,489.	0.	4,940.	3,868.	7,791.	119,088.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) JENNIFER LAWSON CHIEF CIVIC INNOVATION OFFICER - FOR	(i)	76,745.	0.	12,692.	3,154.	513.	93,104.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 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 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

POINTS OF LIGHT FOUNDATION

Employer identification number

65-0206641

PART I, LINE 1

POINTS OF LIGHT IS A NONPARTISAN, GLOBAL NONPROFIT ORGANIZATION THAT
INSPIRES, EQUIPS, AND MOBILIZES MILLIONS OF PEOPLE TO TAKE ACTION THAT
CHANGES THE WORLD. WE ENVISION A WORLD IN WHICH EVERY INDIVIDUAL
DISCOVERS THE POWER TO MAKE A DIFFERENCE, CREATING HEALTHY COMMUNITIES
IN VIBRANT, PARTICIPATORY SOCIETIES.

WE ACCOMPLISH OUR MISSION BY:

- ADVANCING CORPORATE SOCIAL IMPACT
- BUILDING CAPACITY OF NGOS & LEADERS
- EQUIPPING OUR SECTOR THROUGH CONVENINGS, DATA AND INSIGHTS

WHY OUR MISSION IS CRITICAL:

COMMUNITIES AROUND THE WORLD FACE COMPLEX AND URGENT CHALLENGES. AT THE
SAME TIME, DISCONNECTION, ISOLATION AND A LONELINESS EPIDEMIC UNDERMINE
EFFORTS TO RALLY PEOPLE TO HELP ADDRESS THESE DEEP-ROOTED PROBLEMS. WE
KNOW THAT VOLUNTEERS ARE ESSENTIAL TO MEETING CRITICAL NEEDS, AND THAT
VOLUNTEERING CREATES CONNECTIONS AND BUILDS TRUST AND EMPATHY AMONG
INDIVIDUALS WHO SERVE. YET THERE ARE NOT ENOUGH PEOPLE ENGAGED.

POINTS OF LIGHT IS COMMITTED TO THE FOLLOWING OBJECTIVES:

- INCREASING THE NUMBER OF PEOPLE VOLUNTEERING.
- SETTING A STANDARD FOR VOLUNTEERING WITH PURPOSE THAT BENEFITS
INDIVIDUALS, COMMUNITIES, AND SOCIETY.
- CHANGING THE PERCEPTION OF VOLUNTEERING FROM NICE TO NECESSARY.
- SHAPING THE FUTURE OF VOLUNTEERING.

POINTS OF LIGHT MEETS THESE OBJECTIVES BY PARTNERING WITH NONPROFITS,
COMPANIES, AND SOCIAL IMPACT LEADERS TO GALVANIZE VOLUNTEERS TO MEET
CRITICAL NEEDS.

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

WE DO THIS THROUGH RESEARCH AND INSIGHTS, SECTOR CAPACITY BUILDING, AND CULTURE CHANGE. THROUGH 140 AFFILIATES ACROSS 39 COUNTRIES, AND IN PARTNERSHIP WITH THOUSANDS OF NONPROFITS AND CORPORATIONS, POINTS OF LIGHT ENGAGES OVER 3.7 MILLION PEOPLE IN 16.7 MILLION HOURS OF SERVICE EACH YEAR.

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

POWERFUL FORCE FOR CHANGE IN OUR WORLD IS THE INDIVIDUAL ONE WHO MAKES A POSITIVE DIFFERENCE. WE BELIEVE IN THE VALUE OF INDIVIDUAL ACTION, AND WE KNOW EVERY ACTION, NO MATTER HOW SMALL, CAN HAVE AN IMPACT AND CHANGE A LIFE. WE EXIST TO CONNECT PEOPLE AND ORGANIZATIONS WITH A PASSION AND PURPOSE TO TAKE ACTION THAT CREATES MEANINGFUL CHANGE. AND TOGETHER, WE ARE A FORCE THAT TRANSFORMS THE WORLD.

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

GATHERINGS FOR NETWORK AFFILIATES THAT OFFER STRATEGIC PLANNING ALIGNMENT, KNOWLEDGE SHARING, AND LEADERSHIP DEVELOPMENT.

-ONGOING CURATION AND DISSEMINATION OF THE LATEST RESEARCH AND INSIGHTS ON VOLUNTEERING, COMMUNITY AND CIVIC ENGAGEMENT, AND SECTOR TRENDS.

-MANAGEMENT OF THE POINTS OF LIGHT ENGAGE DIGITAL PLATFORM WHICH AGGREGATES OVER 45,000 VOLUNTEER OPPORTUNITIES FROM ACROSS THE U.S. INTO AN EASY-TO-SEARCH DATABASE FOR INDIVIDUALS LOOKING TO VOLUNTEER. THIS SERVICE CONNECTS CRITICAL HUMAN CAPITAL TO THE U.S. NONPROFIT SECTOR THAT DELIVERS IMPORTANT COMMUNITY SERVICES.

-OVERSIGHT OF THE SERVICE ENTERPRISE PROGRAM WHICH IS A VOLUNTEER MANAGEMENT TRAINING SERIES THAT TEACHES BEST PRACTICES FOR RECRUITING, TRAINING, MANAGING, RETAINING AND RECOGNIZING VOLUNTEERS TO U.S. BASED NONPROFITS.

Name of the organization

POINTS OF LIGHT FOUNDATION

Employer identification number

65-0206641

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

BY RECRUITING POINTS OF LIGHT GLOBAL NETWORK AFFILIATES, NONPROFIT/NGO AND CORPORATE PARTNERS, PROVIDING MARKETING TOOLKITS, AND COLLABORATING WITH INFLUENCERS.

-THE DAILY POINT OF LIGHT AWARD WAS THE FIRST RECOGNITION GIVEN BY A SITTING U.S. PRESIDENT FROM THE WHITE HOUSE WHEN PRESIDENT GEORGE HW BUSH LAUNCHED IT IN 1990. MILLIONS OF PEOPLE ACT ON THEIR POWER TO DO GOOD EVERY DAY, USING THEIR HEARTS, HANDS AND MINDS TO HELP STRENGTHEN COMMUNITIES AND SOLVE PERSISTENT PROBLEMS. THROUGH THIS AWARD THAT CONTINUES TODAY, WE RECOGNIZE THEIR INDIVIDUAL STORIES AND LIFT THEM UP TO INSPIRE OTHERS SO WE MAY EACH, IN OUR OWN WAY, ANSWER THE CALL TO MAKE A DIFFERENCE. ANNUALLY, 260 PEOPLE ARE RECOGNIZED WITH THE DAILY POINT OF LIGHT AWARD, AND SINCE IT'S INCEPTION, NEARLY 8,000 PEOPLE HAVE BEEN RECOGNIZED.

-THE GEORGE HW BUSH POINT OF LIGHT AWARDS WAS ESTABLISHED IN 2019 WITH PRESIDENT'S APPROVAL PRIOR TO HIS PASSING. THIS AWARD HONORS OUTSTANDING INDIVIDUALS ADVANCING SOLUTIONS IN WAYS THAT DEMONSTRATE THE EXTRAORDINARY TRAITS OF OUR 41ST PRESIDENT: INTEGRITY, EMPATHY, RESPECT, OPTIMISM, CONVICTION IN THE FACE OF OPPOSITION, AND BELIEF IN THE POWER OF THE HUMAN SPIRIT TO CREATE POSITIVE CHANGE. HONOREES DEMONSTRATE THE TRANSFORMATIVE POWER OF SERVICE AND DRIVING SIGNIFICANT AND SUSTAINED IMPACT THROUGH THEIR WORK. THE POWER OF RECOGNITION AND THE LEGACY OF SERVICE LAUNCHED BY PRESIDENT BUSH IS UNDERScoreD BY THE BIPARTISAN, UNIFIED SUPPORT OF THIS AWARD BY PRESIDENTS CARTER, CLINTON, BUSH (43), AND OBAMA WHO HAVE SERVED AS HONORARY CHAIRS SINCE ITS INCEPTION.

-THE PRESIDENT'S VOLUNTEER SERVICE AWARD, A PARTNERSHIP WITH THE

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

FEDERAL AGENCY AMERICORPS AND THE PRESIDENT OF THE UNITED STATES, THAT RECOGNIZES OVER 120,000 PEOPLE ANNUALLY FOR OVER 86 MILLION HOURS OF VOLUNTEERING.

-THE L'OREAL WOMEN OF WORTH PROGRAM, A PARTNERSHIP WITH L'OREAL, THAT PROVIDES A NATIONAL (U.S. BASED) PLATFORM FOR WOMEN LEADING SOCIAL IMPACT WORK IN THEIR COMMUNITIES OR ON BEHALF OF CAUSES NATIONWIDE AND SERVES TO INSPIRE OTHERS.

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 CALL 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.

POINTS OF LIGHT CONTINUOUSLY EVALUATES ITS MULTI-YEAR STRATEGY SO THE ORGANIZATION MAY ADJUST ITS EXECUTION AS NEEDED TO ACHIEVE OUR MISSION IN A RAPIDLY CHANGING GLOBAL ENVIRONMENT. UNDERSTANDING THE VOLUNTEERING NEEDS IN COMMUNITIES AND HOW TO INCREASE THE SUPPLY OF VOLUNTEERS TO ADDRESS UNMET NEEDS REMAINS A FOCUS OF THE ORGANIZATION AND REQUIRES ON-GOING RESEARCH AND ANALYSIS.

EXPENSES \$ 465,438. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

Name of the organization

POINTS OF LIGHT FOUNDATION

Employer identification number

65-0206641

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 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 AN ELECTRONIC COPY OF THE FORM PRIOR TO FILING FOR REVIEW AND APPROVAL.

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

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

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:

AL, AR, CA, CT, FL, GA, HI, IL, KS, KY, MD, MA, MN, MS, NH, NJ, NY, NC, OR, PA, RI, SC, TN, UT, 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.

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

VOLUNTEER SUPPORT SERVICES:

PROGRAM SERVICE EXPENSES	3,526,329.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,526,329.

CONSULTING:

PROGRAM SERVICE EXPENSES	654,727.
MANAGEMENT AND GENERAL EXPENSES	838,916.
FUNDRAISING EXPENSES	2,500.
TOTAL EXPENSES	1,496,143.

OTHER PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	1,376,548.
MANAGEMENT AND GENERAL EXPENSES	51,394.
FUNDRAISING EXPENSES	0.

