

For calendar year 2015, or tax year beginning 01-01-2015 , and ending 12-31-2015

|                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Name of foundation<br>A Glimmer of Hope Foundation                                                                                                                                                                                                                                                        |  | <b>A Employer identification number</b><br><br>31-1758218                                                                                                                                      |  |
| Number and street (or P O box number if mail is not delivered to street address)<br>3600 N Cap of TX Hwy Bldg B No 330                                                                                                                                                                                    |  | Room/suite                                                                                                                                                                                     |  |
| City or town, state or province, country, and ZIP or foreign postal code<br>Austin, TX 78746                                                                                                                                                                                                              |  | <b>B</b> Telephone number (see instructions)<br><br>(512) 328-9944                                                                                                                             |  |
| <b>G</b> Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity<br><input type="checkbox"/> Final return <input type="checkbox"/> Amended return<br><input type="checkbox"/> Address change <input type="checkbox"/> Name change |  | <b>C</b> If exemption application is pending, check here <input type="checkbox"/>                                                                                                              |  |
| <b>H</b> Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation<br><input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation                                                   |  | <b>D 1.</b> Foreign organizations, check here <input type="checkbox"/><br><br><b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> |  |
| <b>I</b> Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 53,208,601                                                                                                                                                                                                  |  | <b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>                                                                           |  |
| <b>J</b> Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual<br><input type="checkbox"/> Other (specify) _____<br>(Part I, column (d) must be on cash basis )                                                                                                     |  | <b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>                                                                        |  |

| Part I                                | Analysis of Revenue and Expenses<br>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) ) | Revenue and expenses per books<br>(a) | Net investment income<br>(b) | Adjusted net income<br>(c) | Disbursements for charitable purposes<br>(d) (cash basis only) |
|---------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|------------------------------|----------------------------|----------------------------------------------------------------|
| Revenue                               | <b>1</b> Contributions, gifts, grants, etc , received (attach schedule) . . . . .                                                                               | 5,129,718                             |                              |                            |                                                                |
|                                       | <b>2</b> Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B . . . . .                                                      |                                       |                              |                            |                                                                |
|                                       | <b>3</b> Interest on savings and temporary cash investments                                                                                                     |                                       |                              |                            |                                                                |
|                                       | <b>4</b> Dividends and interest from securities . . . . .                                                                                                       | 129,276                               | 129,276                      |                            |                                                                |
|                                       | <b>5a</b> Gross rents . . . . .                                                                                                                                 |                                       |                              |                            |                                                                |
|                                       | <b>b</b> Net rental income or (loss) _____                                                                                                                      |                                       |                              |                            |                                                                |
|                                       | <b>6a</b> Net gain or (loss) from sale of assets not on line 10                                                                                                 | 379,278                               |                              |                            |                                                                |
|                                       | <b>b</b> Gross sales price for all assets on line 6a<br>20,227,424                                                                                              |                                       |                              |                            |                                                                |
|                                       | <b>7</b> Capital gain net income (from Part IV, line 2) . . .                                                                                                   |                                       | 3,477,603                    |                            |                                                                |
|                                       | <b>8</b> Net short-term capital gain . . . . .                                                                                                                  |                                       |                              |                            |                                                                |
|                                       | <b>9</b> Income modifications . . . . .                                                                                                                         |                                       |                              |                            |                                                                |
|                                       | <b>10a</b> Gross sales less returns and allowances                                                                                                              |                                       |                              |                            |                                                                |
| Operating and Administrative Expenses | <b>b</b> Less Cost of goods sold . . . . .                                                                                                                      |                                       |                              |                            |                                                                |
|                                       | <b>c</b> Gross profit or (loss) (attach schedule) . . . . .                                                                                                     |                                       |                              |                            |                                                                |
|                                       | <b>11</b> Other income (attach schedule) . . . . .                                                                                                              |                                       |                              |                            |                                                                |
|                                       | <b>12 Total.</b> Add lines 1 through 11 . . . . .                                                                                                               | 5,638,272                             | 3,606,879                    |                            |                                                                |
|                                       | <b>13</b> Compensation of officers, directors, trustees, etc                                                                                                    | 103,766                               | 10,329                       |                            | 83,109                                                         |
|                                       | <b>14</b> Other employee salaries and wages . . . . .                                                                                                           | 928,156                               | 25,060                       |                            | 903,097                                                        |
|                                       | <b>15</b> Pension plans, employee benefits . . . . .                                                                                                            | 132,353                               | 6,617                        |                            | 125,735                                                        |
|                                       | <b>16a</b> Legal fees (attach schedule). . . . .                                                                                                                | 776                                   | 0                            |                            | 776                                                            |
|                                       | <b>b</b> Accounting fees (attach schedule). . . . .                                                                                                             | 3,653                                 | 913                          |                            | 2,739                                                          |
|                                       | <b>c</b> Other professional fees (attach schedule) . . . . .                                                                                                    | 2,489                                 | 0                            |                            | 2,489                                                          |
|                                       | <b>17</b> Interest . . . . .                                                                                                                                    |                                       |                              |                            |                                                                |
|                                       | <b>18</b> Taxes (attach schedule) (see instructions) . . .                                                                                                      | 321,431                               | 4,791                        |                            | 55,793                                                         |
|                                       | <b>19</b> Depreciation (attach schedule) and depletion . . .                                                                                                    | 6,836                                 | 0                            |                            |                                                                |
|                                       | <b>20</b> Occupancy . . . . .                                                                                                                                   | 179,880                               | 8,994                        |                            | 170,886                                                        |
|                                       | <b>21</b> Travel, conferences, and meetings. . . . .                                                                                                            | 98,100                                | 0                            |                            | 98,100                                                         |
|                                       | <b>22</b> Printing and publications . . . . .                                                                                                                   |                                       |                              |                            |                                                                |
|                                       | <b>23</b> Other expenses (attach schedule). . . . .                                                                                                             | 361,749                               | 62,302                       |                            | 278,198                                                        |
|                                       | <b>24 Total operating and administrative expenses.</b><br>Add lines 13 through 23 . . . . .                                                                     | 2,139,189                             | 119,006                      |                            | 1,720,922                                                      |
|                                       | <b>25</b> Contributions, gifts, grants paid . . . . .                                                                                                           | 5,467,546                             |                              |                            | 5,467,546                                                      |
|                                       | <b>26 Total expenses and disbursements.</b> Add lines 24 and 25                                                                                                 | 7,606,735                             | 119,006                      |                            | 7,188,468                                                      |
|                                       | <b>27</b> Subtract line 26 from line 12                                                                                                                         |                                       |                              |                            |                                                                |
|                                       | <b>a Excess of revenue over expenses and disbursements</b>                                                                                                      | -1,968,463                            |                              |                            |                                                                |
|                                       | <b>b Net investment income</b> (if negative, enter -0-)                                                                                                         |                                       | 3,487,873                    |                            |                                                                |
|                                       | <b>c Adjusted net income</b> (if negative, enter -0-)                                                                                                           |                                       |                              |                            |                                                                |

| <b>Part II Balance Sheets</b>      |            | Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)                          | Beginning of year | End of year    |                       |
|------------------------------------|------------|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------|-----------------------|
|                                    |            |                                                                                                                                             | (a) Book Value    | (b) Book Value | (c) Fair Market Value |
| <b>Assets</b>                      | <b>1</b>   | Cash—non-interest-bearing . . . . .                                                                                                         |                   |                |                       |
|                                    | <b>2</b>   | Savings and temporary cash investments . . . . .                                                                                            | 13,067,213        | 15,464,228     | 15,464,228            |
|                                    | <b>3</b>   | Accounts receivable ▶ <u>7,333</u>                                                                                                          |                   |                |                       |
|                                    |            | Less allowance for doubtful accounts ▶ _____                                                                                                | 38,917            | 7,333          | 7,333                 |
|                                    | <b>4</b>   | Pledges receivable ▶ _____                                                                                                                  |                   |                |                       |
|                                    |            | Less allowance for doubtful accounts ▶ _____                                                                                                |                   |                |                       |
|                                    | <b>5</b>   | Grants receivable . . . . .                                                                                                                 |                   |                |                       |
|                                    | <b>6</b>   | Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions). . . . .            |                   |                |                       |
|                                    | <b>7</b>   | Other notes and loans receivable (attach schedule) ▶ _____                                                                                  |                   |                |                       |
|                                    |            | Less allowance for doubtful accounts ▶ _____                                                                                                |                   |                |                       |
|                                    | <b>8</b>   | Inventories for sale or use . . . . .                                                                                                       |                   |                |                       |
|                                    | <b>9</b>   | Prepaid expenses and deferred charges . . . . .                                                                                             |                   |                |                       |
|                                    | <b>10a</b> | Investments—U S and state government obligations (attach schedule)                                                                          |                   |                |                       |
|                                    | <b>b</b>   | Investments—corporate stock (attach schedule) . . . . .                                                                                     | 27,344,507        | 22,456,755     | 22,456,755            |
|                                    | <b>c</b>   | Investments—corporate bonds (attach schedule) . . . . .                                                                                     |                   |                |                       |
|                                    | <b>11</b>  | Investments—land, buildings, and equipment basis ▶ _____                                                                                    |                   |                |                       |
| <b>Liabilities</b>                 |            | Less accumulated depreciation (attach schedule) ▶ _____                                                                                     |                   |                |                       |
|                                    | <b>12</b>  | Investments—mortgage loans . . . . .                                                                                                        |                   |                |                       |
|                                    | <b>13</b>  | Investments—other (attach schedule) . . . . .                                                                                               | 8,049,231         | 15,191,614     | 15,191,614            |
|                                    | <b>14</b>  | Land, buildings, and equipment basis ▶ <u>215,993</u>                                                                                       |                   |                |                       |
|                                    |            | Less accumulated depreciation (attach schedule) ▶ <u>164,442</u>                                                                            | 63,848            | 51,551         | 51,551                |
|                                    | <b>15</b>  | Other assets (describe ▶ _____)                                                                                                             | 28,209            | 37,120         | 37,120                |
|                                    | <b>16</b>  | <b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)                                           | 48,591,925        | 53,208,601     | 53,208,601            |
|                                    | <b>17</b>  | Accounts payable and accrued expenses . . . . .                                                                                             | 153,460           | 40,511         |                       |
|                                    | <b>18</b>  | Grants payable . . . . .                                                                                                                    |                   |                |                       |
|                                    | <b>19</b>  | Deferred revenue . . . . .                                                                                                                  |                   | 2,768,799      |                       |
|                                    | <b>20</b>  | Loans from officers, directors, trustees, and other disqualified persons                                                                    |                   |                |                       |
|                                    | <b>21</b>  | Mortgages and other notes payable (attach schedule). . . . .                                                                                |                   |                |                       |
|                                    | <b>22</b>  | Other liabilities (describe ▶ _____)                                                                                                        |                   |                |                       |
|                                    | <b>23</b>  | <b>Total liabilities</b> (add lines 17 through 22) . . . . .                                                                                | 153,460           | 2,809,310      |                       |
| <b>Net Assets or Fund Balances</b> |            | <b>Foundations that follow SFAS 117, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b> |                   |                |                       |
|                                    | <b>24</b>  | Unrestricted . . . . .                                                                                                                      |                   |                |                       |
|                                    | <b>25</b>  | Temporarily restricted . . . . .                                                                                                            |                   |                |                       |
|                                    | <b>26</b>  | Permanently restricted . . . . .                                                                                                            |                   |                |                       |
|                                    |            | <b>Foundations that do not follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 27 through 31.</b>   |                   |                |                       |
|                                    | <b>27</b>  | Capital stock, trust principal, or current funds . . . . .                                                                                  | 0                 | 0              |                       |
|                                    | <b>28</b>  | Paid-in or capital surplus, or land, bldg, and equipment fund                                                                               | 0                 | 0              |                       |
|                                    | <b>29</b>  | Retained earnings, accumulated income, endowment, or other funds                                                                            | 48,438,465        | 50,399,291     |                       |
|                                    | <b>30</b>  | <b>Total net assets or fund balances</b> (see instructions) . . . . .                                                                       | 48,438,465        | 50,399,291     |                       |
|                                    | <b>31</b>  | <b>Total liabilities and net assets/fund balances</b> (see instructions) . . . . .                                                          | 48,591,925        | 53,208,601     |                       |

**Part III Analysis of Changes in Net Assets or Fund Balances**

|          |                                                                                                                                                                    |          |            |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------|
| <b>1</b> | Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . . . . . | <b>1</b> | 48,438,465 |
| <b>2</b> | Enter amount from Part I, line 27a . . . . .                                                                                                                       | <b>2</b> | -1,968,463 |
| <b>3</b> | Other increases not included in line 2 (itemize) ▶ _____                                                                                                           | <b>3</b> | 5,908,652  |
| <b>4</b> | Add lines 1, 2, and 3 . . . . .                                                                                                                                    | <b>4</b> | 52,378,654 |
| <b>5</b> | Decreases not included in line 2 (itemize) ▶ _____                                                                                                                 | <b>5</b> | 1,979,363  |
| <b>6</b> | Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . . . . .                                                      | <b>6</b> | 50,399,291 |

Part IV

Capital Gains and Losses for Tax on Investment Income

|                                                                                                                                      |                                              |                                                 |                                      |                                  |
|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------|--------------------------------------|----------------------------------|
| List and describe the kind(s) of property sold (e g , real estate,<br>(a) 2-story brick warehouse, or common stock, 200 shs MLC Co ) |                                              | How acquired<br>P—Purchase<br>D—Donation<br>(b) | Date acquired<br>(c) (mo , day, yr ) | Date sold<br>(d) (mo , day, yr ) |
| 1 a                                                                                                                                  | Sale of purchased publicly traded securities | P                                               | 2014-07-01                           | 2015-12-31                       |
| b                                                                                                                                    | Sale of donated publicly traded securities   | D                                               | 2015-01-01                           | 2015-12-31                       |
| c                                                                                                                                    |                                              |                                                 |                                      |                                  |
| d                                                                                                                                    |                                              |                                                 |                                      |                                  |
| e                                                                                                                                    |                                              |                                                 |                                      |                                  |

|                       |                                            |                                                 |                                              |
|-----------------------|--------------------------------------------|-------------------------------------------------|----------------------------------------------|
| (e) Gross sales price | Depreciation allowed<br>(f) (or allowable) | Cost or other basis<br>(g) plus expense of sale | Gain or (loss)<br>(h) (e) plus (f) minus (g) |
| a 17,129,099          |                                            | 16,749,821                                      | 379,278                                      |
| b 3,098,325           |                                            |                                                 | 3,098,325                                    |
| c                     |                                            |                                                 |                                              |
| d                     |                                            |                                                 |                                              |
| e                     |                                            |                                                 |                                              |

|                                                                                             |                                      |                                               |                                                                                                  |
|---------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------|--------------------------------------------------------------------------------------------------|
| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 |                                      |                                               | Gains (Col (h) gain minus<br>col (k), but not less than -0- ) or<br>Losses (from col (h))<br>(l) |
| (i) F M V as of 12/31/69                                                                    | Adjusted basis<br>(j) as of 12/31/69 | Excess of col (i)<br>(k) over col (j), if any |                                                                                                  |
| a                                                                                           |                                      |                                               | 379,278                                                                                          |
| b                                                                                           |                                      |                                               | 3,098,325                                                                                        |
| c                                                                                           |                                      |                                               |                                                                                                  |
| d                                                                                           |                                      |                                               |                                                                                                  |
| e                                                                                           |                                      |                                               |                                                                                                  |

|   |                                                                                                                                                                                                              |                                                                                 |   |           |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|---|-----------|
| 2 | Capital gain net income or (net capital loss)                                                                                                                                                                | If gain, also enter in Part I, line 7<br>If (loss), enter -0- in Part I, line 7 | 2 | 3,477,603 |
| 3 | Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)<br><br>If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0-<br>in Part I, line 8 . . . . . |                                                                                 |   |           |

Part V

Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income )  
If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No  
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

|                                                                      |                                          |                                              |                                                           |
|----------------------------------------------------------------------|------------------------------------------|----------------------------------------------|-----------------------------------------------------------|
| (a)<br>Base period years Calendar<br>year (or tax year beginning in) | (b)<br>Adjusted qualifying distributions | (c)<br>Net value of noncharitable-use assets | (d)<br>Distribution ratio<br>(col (b) divided by col (c)) |
| 2014                                                                 | 8,844,725                                | 53,210,732                                   | 0 166221                                                  |
| 2013                                                                 | 14,674,133                               | 49,314,170                                   | 0 297564                                                  |
| 2012                                                                 | 11,534,409                               | 47,052,913                                   | 0 245137                                                  |
| 2011                                                                 | 10,369,283                               | 48,228,130                                   | 0 215005                                                  |
| 2010                                                                 | 8,357,941                                | 45,633,661                                   | 0 183153                                                  |

|   |                                                                                                                                                                               |   |            |
|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|------------|
| 2 | Total of line 1, column (d). . . . .                                                                                                                                          | 2 | 1 107080   |
| 3 | Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by<br>the number of years the foundation has been in existence if less than 5 years | 3 | 0 221416   |
| 4 | Enter the net value of noncharitable-use assets for 2015 from Part X, line 5. . . . .                                                                                         | 4 | 50,946,361 |
| 5 | Multiply line 4 by line 3. . . . .                                                                                                                                            | 5 | 11,280,339 |
| 6 | Enter 1% of net investment income (1% of Part I, line 27b). . . . .                                                                                                           | 6 | 34,879     |
| 7 | Add lines 5 and 6. . . . .                                                                                                                                                    | 7 | 11,315,218 |
| 8 | Enter qualifying distributions from Part XII, line 4. . . . .                                                                                                                 | 8 | 7,188,468  |

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See  
the Part VI instructions

Part VII

Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

|                                                                                                                                                                                                                                         |            |    |         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----|---------|
| 1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1<br>Date of ruling or determination letter _____<br>(attach copy of letter if necessary—see instructions) |            |    |         |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b . . . . .                                                                             |            | 1  | 69,757  |
| c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)                                                                                                                 |            |    |         |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)                                                                                                                              |            | 2  | 0       |
| 3 Add lines 1 and 2. . . . .                                                                                                                                                                                                            |            | 3  | 69,757  |
| 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)                                                                                                                            |            | 4  | 0       |
| 5 Tax based on investment income.Subtract line 4 from line 3 If zero or less, enter -0- . . . . .                                                                                                                                       |            | 5  | 69,757  |
| 6 Credits/Payments                                                                                                                                                                                                                      |            |    |         |
| a 2015 estimated tax payments and 2014 overpayment credited to 2015                                                                                                                                                                     | 6a 100,000 |    |         |
| b Exempt foreign organizations—tax withheld at source . . . . .                                                                                                                                                                         | 6b         |    |         |
| c Tax paid with application for extension of time to file (Form 8868). . . . .                                                                                                                                                          | 6c         |    |         |
| d Backup withholding erroneously withheld . . . . .                                                                                                                                                                                     | 6d         |    |         |
| 7 Total credits and payments Add lines 6a through 6d. . . . .                                                                                                                                                                           |            | 7  | 100,000 |
| 8 Enter any penalty for underpayment of estimated tax Check here <input checked="" type="checkbox"/> if Form 2220 is attached                                                                                                           |            | 8  | 8       |
| 9 Tax due.If the total of lines 5 and 8 is more than line 7, enter amount owed . . . . .                                                                                                                                                |            | 9  |         |
| 10 Overpayment.If line 7 is more than the total of lines 5 and 8, enter the amount overpaid. . . . .                                                                                                                                    |            | 10 | 30,235  |
| 11 Enter the amount of line 10 to be Credited to 2015 estimated tax <input type="checkbox"/> 30,235 Refunded <input type="checkbox"/>                                                                                                   |            | 11 | 0       |

Part VII-A

Statements Regarding Activities

|                                                                                                                                                                                                                                                                                                                                                    |    |     |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|----|
| 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .                                                                                                                                                                  | 1a | Yes | No |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? . . . . .<br>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities | 1b |     | No |
| c Did the foundation file Form 1120-POL for this year? . . . . .                                                                                                                                                                                                                                                                                   | 1c |     | No |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year<br>(1) On the foundation <input type="checkbox"/> \$ 0 (2) On foundation managers <input type="checkbox"/> \$ 0                                                                                                                                |    |     |    |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ 0                                                                                                                                                                               |    |     |    |
| 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . .<br>If "Yes," attach a detailed description of the activities                                                                                                                                                                           | 2  |     | No |
| 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes . . . . .                                                                                                             | 3  |     | No |
| 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .                                                                                                                                                                                                                                           | 4a |     | No |
| b If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .                                                                                                                                                                                                                                                                       | 4b |     |    |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . .<br>If "Yes," attach the statement required by General Instruction T                                                                                                                                                                     | 5  |     | No |
| 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either<br>• By language in the governing instrument, or<br>• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .      | 6  | Yes |    |
| 7 Did the foundation have at least \$5,000 in assets at any time during the year?If "Yes," complete Part II, col (c), and Part XV . . . . .                                                                                                                                                                                                        | 7  | Yes |    |
| 8a Enter the states to which the foundation reports or with which it is registered (see instructions)<br><input type="checkbox"/> TX, CA, CO, CT, FL, IL, KS, MD, MN, NJ, NY, OR, VA, WA                                                                                                                                                           |    |     |    |
| b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation .                                                                                                                                    | 8b | Yes |    |
| 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)?<br>If "Yes," complete Part XIV . . . . .                                                                                | 9  |     | No |
| 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses . . . . .                                                                                                                                                                                                    | 10 |     | No |

**Part VII-A Statements Regarding Activities (continued)**

|                                                                                                                                                                                                |                                                                                                                                                                                                                                                         |           |            |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|-----------|
| <b>11</b>                                                                                                                                                                                      | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions). . . . .                                                        | <b>11</b> |            | <b>No</b> |
| <b>12</b>                                                                                                                                                                                      | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions) . . . . .                                                      | <b>12</b> |            | <b>No</b> |
| <b>13</b>                                                                                                                                                                                      | Did the foundation comply with the public inspection requirements for its annual returns and exemption application?<br>Website address ► <a href="http://aglimmerofhope.org">http://aglimmerofhope.org</a>                                              | <b>13</b> | <b>Yes</b> |           |
| <b>14</b>                                                                                                                                                                                      | The books are in care of ► <u>The Foundation</u> Telephone no ► <u>(512) 328-9944</u><br>Located at ► <u>3600 N Cap of TX Hwy Bldg B No 330 Austin TX</u> ZIP+4 ► <u>78746</u>                                                                          |           |            |           |
| <b>15</b>                                                                                                                                                                                      | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here . . . . . ► <input type="checkbox"/><br>and enter the amount of tax-exempt interest received or accrued during the year . . . . . ► <b>15</b> |           |            |           |
| <b>16</b>                                                                                                                                                                                      | At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?                                                               | <b>16</b> | <b>Yes</b> | <b>No</b> |
| See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country ► <u>ET</u> |                                                                                                                                                                                                                                                         |           |            |           |

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

|                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           |            |           |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|-----------|
| <b>File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           | <b>Yes</b> | <b>No</b> |
| <b>1a</b>                                                                                      | During the year did the foundation (either directly or indirectly)                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |            |           |
|                                                                                                | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                       |           |            |           |
|                                                                                                | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                     |           |            |           |
|                                                                                                | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                   |           |            |           |
|                                                                                                | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                         |           |            |           |
|                                                                                                | (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                      |           |            |           |
|                                                                                                | (6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days ). . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                             |           |            |           |
| <b>b</b>                                                                                       | If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? . . . . . <input type="checkbox"/><br>Organizations relying on a current notice regarding disaster assistance check here. . . . . ► <input type="checkbox"/>                                                                                                                         | <b>1b</b> |            | <b>No</b> |
| <b>c</b>                                                                                       | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015? . . . . .                                                                                                                                                                                                                                                                                                                | <b>1c</b> |            | <b>No</b> |
| <b>2</b>                                                                                       | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))                                                                                                                                                                                                                                                                                                                                    |           |            |           |
| <b>a</b>                                                                                       | At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "Yes," list the years ► 20____, 20____, 20____, 20____                                                                                                                                                                                                                     |           |            |           |
| <b>b</b>                                                                                       | Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions ). . . . .                                                                                                                                                                                   | <b>2b</b> |            |           |
| <b>c</b>                                                                                       | If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here<br>► 20____, 20____, 20____, 20____                                                                                                                                                                                                                                                                                                                                                       |           |            |           |
| <b>3a</b>                                                                                      | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                         |           |            |           |
| <b>b</b>                                                                                       | If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? ( <i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015</i> ). . . . . | <b>3b</b> |            | <b>No</b> |
| <b>4a</b>                                                                                      | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?                                                                                                                                                                                                                                                                                                                                                                                                  | <b>4a</b> |            | <b>No</b> |
| <b>b</b>                                                                                       | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?                                                                                                                                                                                                                                                                                | <b>4b</b> |            | <b>No</b> |

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (Continued)**

|                                                                                                                                                                                                                                         |  |                                         |                                        |           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------|----------------------------------------|-----------|
| <b>5a</b> During the year did the foundation pay or incur any amount to                                                                                                                                                                 |  |                                         |                                        |           |
| <b>(1)</b> Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?                                                                                                                                        |  | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |           |
| <b>(2)</b> Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?                                                                              |  | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |           |
| <b>(3)</b> Provide a grant to an individual for travel, study, or other similar purposes?                                                                                                                                               |  | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |           |
| <b>(4)</b> Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions).                                                                                       |  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |           |
| <b>(5)</b> Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?                                                            |  | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |           |
| <b>b</b> If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? |  |                                         | <b>5b</b>                              | <b>No</b> |
| Organizations relying on a current notice regarding disaster assistance check here.                                                                  |  |                                         |                                        |           |
| <b>c</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?                                                                     |  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |           |
| If "Yes," attach the statement required by Regulations section 53.4945–5(d)                                                                            |  |                                         |                                        |           |
| <b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                               |  | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |           |
| <b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                     |  |                                         | <b>6b</b>                              | <b>No</b> |
| If "Yes" to 6b, file Form 8870                                                                                                                                                                                                          |  |                                         |                                        |           |
| <b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?                                                                                                                          |  | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |           |
| <b>b</b> If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?                                                                                                                        |  |                                         | <b>7b</b>                              |           |

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

| (a) Name and address      | Title, and average hours per week<br>(b) devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | Expense account, (e) other allowances |
|---------------------------|--------------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|---------------------------------------|
| See Additional Data Table |                                                              |                                           |                                                                       |                                       |
|                           |                                                              |                                           |                                                                       |                                       |
|                           |                                                              |                                           |                                                                       |                                       |
|                           |                                                              |                                           |                                                                       |                                       |
|                           |                                                              |                                           |                                                                       |                                       |
|                           |                                                              |                                           |                                                                       |                                       |
|                           |                                                              |                                           |                                                                       |                                       |

**2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."**

| (a) Name and address of each employee paid more than \$50,000                | Title, and average hours per week<br>(b) devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | Expense account, (e) other allowances |
|------------------------------------------------------------------------------|--------------------------------------------------------------|------------------|-----------------------------------------------------------------------|---------------------------------------|
| Alicyn Yarbrough<br>3600 N Cap of Tx Hwy Bldg G ste 330<br>Austin, TX 78746  | Ch Comm Officer<br>40 00                                     | 89,219           | 3,985                                                                 | 0                                     |
| Kendra Beach<br>3600 N Cap of Tx Hwy Bldg G ste 330<br>Austin, TX 78746      | Dir of Communication<br>40 00                                | 70,981           | 8,359                                                                 | 0                                     |
| Carla Power<br>3600 N Cap of Tx Hwy Bldg G ste 330<br>Austin, TX 78746       | Financial Controller<br>40 00                                | 53,355           | 20,459                                                                | 0                                     |
| Brody Kwiatkowski<br>3600 N Cap of Tx Hwy Bldg G ste 330<br>Austin, TX 78746 | Lead Developer<br>40 00                                      | 65,404           | 8,067                                                                 | 0                                     |
| Leslie Llado<br>3600 N Cap of Tx Hwy Bldg G ste 330<br>Austin, TX 78746      | ICD Program Manager<br>40 00                                 | 56,688           | 7,806                                                                 | 0                                     |

|                                                                                                                                                  |   |
|--------------------------------------------------------------------------------------------------------------------------------------------------|---|
| <b>Total</b> number of other employees paid over \$50,000.  | 0 |
|--------------------------------------------------------------------------------------------------------------------------------------------------|---|

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
|-------------------------------------------------------------|---------------------|------------------|
| NONE                                                        |                     |                  |
|                                                             |                     |                  |
|                                                             |                     |                  |
|                                                             |                     |                  |
|                                                             |                     |                  |
|                                                             |                     |                  |
|                                                             |                     |                  |
|                                                             |                     |                  |
|                                                             |                     |                  |

Total number of others receiving over \$50,000 for professional services. 0

Part IX-A

Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

|   | Expenses |
|---|----------|
| 1 |          |
| 2 |          |
| 3 |          |
| 4 |          |

Part IX-B

Summary of Program-Related Investments (see instructions)

| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 | Amount |
|------------------------------------------------------------------------------------------------------------------|--------|
| 1                                                                                                                |        |
|                                                                                                                  |        |
|                                                                                                                  |        |
| 2                                                                                                                |        |
|                                                                                                                  |        |
|                                                                                                                  |        |
| All other program-related investments. See instructions.                                                         |        |
| 3                                                                                                                |        |
|                                                                                                                  |        |
|                                                                                                                  |        |
| Total. Add lines 1 through 3                                                                                     | 0      |

Part X

Minimum Investment Return

(All domestic foundations must complete this part. Foreign foundations,see instructions.)

|   |                                                                                                                    |    |            |
|---|--------------------------------------------------------------------------------------------------------------------|----|------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes         |    |            |
| a | Average monthly fair market value of securities. . . . .                                                           | 1a | 41,353,390 |
| b | Average of monthly cash balances. . . . .                                                                          | 1b | 10,368,804 |
| c | Fair market value of all other assets (see instructions). . . . .                                                  | 1c | 0          |
| d | Total (add lines 1a, b, and c). . . . .                                                                            | 1d | 51,722,194 |
| e | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . . | 1e | 0          |
| 2 | Acquisition indebtedness applicable to line 1 assets. . . . .                                                      | 2  | 0          |
| 3 | Subtract line 2 from line 1d. . . . .                                                                              | 3  | 51,722,194 |
| 4 | Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .  | 4  | 775,833    |
| 5 | Net value of noncharitable-use assets.Subtract line 4 from line 3 Enter here and on Part V, line 4                 | 5  | 50,946,361 |
| 6 | Minimum investment return.Enter 5% of line 5. . . . .                                                              | 6  | 2,547,318  |

Part XI

Distributable Amount

(see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

|    |                                                                                                          |    |           |
|----|----------------------------------------------------------------------------------------------------------|----|-----------|
| 1  | Minimum investment return from Part X, line 6. . . . .                                                   | 1  | 2,547,318 |
| 2a | Tax on investment income for 2015 from Part VI, line 5. . . . .                                          | 2a | 69,757    |
| b  | Income tax for 2015 (This does not include the tax from Part VI ). . . . .                               | 2b |           |
| c  | Add lines 2a and 2b. . . . .                                                                             | 2c | 69,757    |
| 3  | Distributable amount before adjustments Subtract line 2c from line 1. . . . .                            | 3  | 2,477,561 |
| 4  | Recoveries of amounts treated as qualifying distributions. . . . .                                       | 4  | 0         |
| 5  | Add lines 3 and 4. . . . .                                                                               | 5  | 2,477,561 |
| 6  | Deduction from distributable amount (see instructions). . . . .                                          | 6  | 0         |
| 7  | Distributable amountas adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . . . | 7  | 2,477,561 |

Part XII

Qualifying Distributions (see instructions)

|   |                                                                                                                                                              |    |           |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----------|
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes                                                                    |    |           |
| a | Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . .                                                                         | 1a | 7,188,468 |
| b | Program-related investments—total from Part IX-B. . . . .                                                                                                    | 1b | 0         |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes. . . . .                                           | 2  |           |
| 3 | Amounts set aside for specific charitable projects that satisfy the                                                                                          |    |           |
| a | Suitability test (prior IRS approval required). . . . .                                                                                                      | 3a |           |
| b | Cash distribution test (attach the required schedule). . . . .                                                                                               | 3b |           |
| 4 | Qualifying distributions.Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4                                                     | 4  | 7,188,468 |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions). . . . . | 5  | 0         |
| 6 | Adjusted qualifying distributions.Subtract line 5 from line 4. . . . .                                                                                       | 6  | 7,188,468 |

**Note:**The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years



Part XIII

Undistributed Income (see instructions)

|                                                                                                                                                                                     | (a)<br>Corpus | (b)<br>Years prior to 2014 | (c)<br>2014 | (d)<br>2015 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2015 from Part XI, line 7                                                                                                                                |               |                            |             | 2,477,561   |
| 2 Undistributed income, if any, as of the end of 2015                                                                                                                               |               |                            |             |             |
| a Enter amount for 2014 only. . . . .                                                                                                                                               |               |                            | 0           |             |
| b Total for prior years 20____, 20____, 20____                                                                                                                                      |               | 0                          |             |             |
| 3 Excess distributions carryover, if any, to 2015                                                                                                                                   |               |                            |             |             |
| a From 2010. . . . .                                                                                                                                                                | 6,137,518     |                            |             |             |
| b From 2011. . . . .                                                                                                                                                                | 8,007,274     |                            |             |             |
| c From 2012. . . . .                                                                                                                                                                | 9,234,287     |                            |             |             |
| d From 2013. . . . .                                                                                                                                                                | 12,221,702    |                            |             |             |
| e From 2014. . . . .                                                                                                                                                                | 6,451,645     |                            |             |             |
| f Total of lines 3a through e. . . . .                                                                                                                                              | 42,052,426    |                            |             |             |
| 4 Qualifying distributions for 2015 from Part XII, line 4 ► \$ 7,188,468                                                                                                            |               |                            |             |             |
| a Applied to 2014, but not more than line 2a                                                                                                                                        |               |                            | 0           |             |
| b Applied to undistributed income of prior years (Election required—see instructions). . . . .                                                                                      |               | 0                          |             |             |
| c Treated as distributions out of corpus (Election required—see instructions). . . . .                                                                                              | 0             |                            |             |             |
| d Applied to 2015 distributable amount. . . . .                                                                                                                                     |               |                            |             | 2,477,561   |
| e Remaining amount distributed out of corpus                                                                                                                                        | 4,710,907     |                            |             |             |
| 5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a) )                                                 | 0             |                            |             | 0           |
| 6 Enter the net total of each column as indicated below:                                                                                                                            |               |                            |             |             |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5                                                                                                                                   | 46,763,333    |                            |             |             |
| b Prior years' undistributed income Subtract line 4b from line 2b. . . . .                                                                                                          |               | 0                          |             |             |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . . |               | 0                          |             |             |
| d Subtract line 6c from line 6b Taxable amount—see instructions . . . . .                                                                                                           |               | 0                          |             |             |
| e Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .                                                                             |               |                            | 0           |             |
| f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015. . . . .                                                                |               |                            |             | 0           |
| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .       | 0             |                            |             |             |
| 8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions). . .                                                                                  | 6,137,518     |                            |             |             |
| 9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a. . . . .                                                                                              | 40,625,815    |                            |             |             |
| 10 Analysis of line 9                                                                                                                                                               |               |                            |             |             |
| a Excess from 2011. . . .                                                                                                                                                           | 8,007,274     |                            |             |             |
| b Excess from 2012. . . .                                                                                                                                                           | 9,234,287     |                            |             |             |
| c Excess from 2013. . . .                                                                                                                                                           | 12,221,702    |                            |             |             |
| d Excess from 2014. . . .                                                                                                                                                           | 6,451,645     |                            |             |             |
| e Excess from 2015. . . .                                                                                                                                                           | 4,710,907     |                            |             |             |

Part XIV

Private Operating Foundations (see instructions and Part VII-A, question 9)

1a

If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling. . . . .

b

Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

2a

Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .

| Tax year                                                                                                                  | Prior 3 years |          |          | (e) Total |
|---------------------------------------------------------------------------------------------------------------------------|---------------|----------|----------|-----------|
| (a) 2015                                                                                                                  | (b) 2014      | (c) 2013 | (d) 2012 |           |
|                                                                                                                           |               |          |          |           |
| b 85% of line 2a . . . . .                                                                                                |               |          |          |           |
| c Qualifying distributions from Part XII, line 4 for each year listed . . . . .                                           |               |          |          |           |
| d Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .                         |               |          |          |           |
| e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . . |               |          |          |           |

3

Complete 3a, b, or c for the alternative test relied upon

a

"Assets" alternative test—enter

(1)

Value of all assets . . . . .

(2)

Value of assets qualifying under section 4942(j)(3)(B)(i)

b

"Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .

c

"Support" alternative test—enter

(1)

Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .

(2)

Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .

(3)

Largest amount of support from an exempt organization

(4)

Gross investment income

Part XV

Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

1

Information Regarding Foundation Managers:

a

List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )

See Additional Data Table

b

List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2

Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a

The name, address, and telephone number or email address of the person to whom applications should be addressed

b

The form in which applications should be submitted and information and materials they should include

c

Any submission deadlines

d

Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Form 990-PF (2015)

### 3 Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient                                                                                                               | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                     | Amount    |
|-------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------------|-----------|
| Name and address (home or business)                                                                                     |                                                                                                           |                                |                                                      |           |
| <b>a</b> <i>Paid during the year</i><br>A Glimmer of Hope Foundation Austin<br>3600 N Cap of Tx Hwy<br>Austin, TX 78746 | Overlapping boards of direct                                                                              | PNOF                           | to fund organization's exempt purpose                | 580,000   |
| See the attached statements following page 38<br>c/o 3600 N Cap of Tx Hwy<br>Austin, TX 78746                           | none                                                                                                      | Public charity                 | Specific projects - see the details for each grantee | 4,887,546 |
|                                                                                                                         |                                                                                                           |                                |                                                      |           |
| <b>Total . . . . . ► 3a</b>                                                                                             |                                                                                                           |                                |                                                      | 5,467,546 |
| <b>b</b> <i>Approved for future payment</i>                                                                             |                                                                                                           |                                |                                                      |           |
| <b>Total . . . . . ► 3b</b>                                                                                             |                                                                                                           |                                |                                                      | 0         |

Enter gross amounts unless otherwise indicated

## Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Form **990-PF** (2015)

**1** Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

|                                                                                                                                                                                                                                                                                                                                                                                                                    |              |           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------|
| <b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of                                                                                                                                                                                                                                                                                                                         |              |           |
| <b>(1)</b> Cash. . . . .                                                                                                                                                                                                                                                                                                                                                                                           | <b>1a(1)</b> | <b>No</b> |
| <b>(2)</b> Other assets. . . . .                                                                                                                                                                                                                                                                                                                                                                                   | <b>1a(2)</b> | <b>No</b> |
| <b>b</b> Other transactions                                                                                                                                                                                                                                                                                                                                                                                        |              |           |
| <b>(1)</b> Sales of assets to a noncharitable exempt organization. . . . .                                                                                                                                                                                                                                                                                                                                         | <b>1b(1)</b> | <b>No</b> |
| <b>(2)</b> Purchases of assets from a noncharitable exempt organization. . . . .                                                                                                                                                                                                                                                                                                                                   | <b>1b(2)</b> | <b>No</b> |
| <b>(3)</b> Rental of facilities, equipment, or other assets. . . . .                                                                                                                                                                                                                                                                                                                                               | <b>1b(3)</b> | <b>No</b> |
| <b>(4)</b> Reimbursement arrangements. . . . .                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(4)</b> | <b>No</b> |
| <b>(5)</b> Loans or loan guarantees. . . . .                                                                                                                                                                                                                                                                                                                                                                       | <b>1b(5)</b> | <b>No</b> |
| <b>(6)</b> Performance of services or membership or fundraising solicitations. . . . .                                                                                                                                                                                                                                                                                                                             | <b>1b(6)</b> | <b>No</b> |
| <b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees. . . . .                                                                                                                                                                                                                                                                                                                 | <b>1c</b>    | <b>No</b> |
| <b>d</b> If the answer to any of the above is "Yes," complete the following schedule. Column <b>(b)</b> should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column <b>(d)</b> the value of the goods, other assets, or services received |              |           |

[illegible]

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? . . . . . ☐ Yes  
☒ No

**b** If "Yes," complete the following schedule

| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
|--------------------------|--------------------------|---------------------------------|
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |

|                  |                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                   |                                                                                                                                                                               |
|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Sign Here</b> | 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 taxpayer) is based on all information of which preparer has any knowledge. |                                                                                                                                                                                   |                                                                                                                                                                               |
|                  | <div style="border-bottom: 1px solid black; text-align: center; margin-bottom: 5px;">*****</div> <div style="border-bottom: 1px solid black; text-align: center;">Signature of officer or trustee</div>                                                                                                                | <div style="border-bottom: 1px solid black; text-align: center; margin-bottom: 5px;">2016-11-15</div> <div style="border-bottom: 1px solid black; text-align: center;">Date</div> | <div style="border-bottom: 1px solid black; text-align: center; margin-bottom: 5px;">*****</div> <div style="border-bottom: 1px solid black; text-align: center;">Title</div> |

May the IRS discuss this return with the preparer shown below (see instr.)? ☐ Yes ☒ No

|                                           |                                                                                              |                      |                    |                                                 |                   |
|-------------------------------------------|----------------------------------------------------------------------------------------------|----------------------|--------------------|-------------------------------------------------|-------------------|
| <b>Paid<br/>Preparer<br/>Use<br/>Only</b> | Print/Type preparer's name<br>Wallace F Helin                                                | Preparer's Signature | Date<br>2016-11-15 | Check if self-employed <input type="checkbox"/> | PTIN<br>P00361097 |
|                                           | Firm's name <input type="checkbox"/><br>PMB Helin Donovan LLP                                |                      |                    | Firm's EIN <input type="checkbox"/> 74-3001153  |                   |
|                                           | Firm's address <input type="checkbox"/><br>9600 Great Hills Trail Suite 150 Austin, TX 78759 |                      |                    | Phone no (512) 258-9670                         |                   |

**Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation**

| (a) Name and address                                    | Title, and average hours per week (b) devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | Expense account, (e) other allowances |
|---------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|---------------------------------------|
| Philip Berber                                           | Chairman, Co-founder, Dire<br>10 00                       | 0                                         | 0                                                                     | 0                                     |
| 3600 N Cap of Tx Hwy Bldg B Ste 330<br>Austin, TX 78746 |                                                           |                                           |                                                                       |                                       |
| Donna Berber                                            | President, Current CEO, di<br>30 00                       | 480                                       | 0                                                                     | 0                                     |
| 3600 N Cap of Tx Hwy Bldg B Ste 330<br>Austin, TX 78746 |                                                           |                                           |                                                                       |                                       |
| Ryan Berber                                             | Director<br>0 00                                          | 0                                         | 0                                                                     | 0                                     |
| 3600 N Cap of Tx Hwy Bldg B Ste 330<br>Austin, TX 78746 |                                                           |                                           |                                                                       |                                       |
| Shane Berber                                            | Director<br>0 00                                          | 0                                         | 0                                                                     | 0                                     |
| 3600 N Cap of Tx Hwy Bldg B Ste 330<br>Austin, TX 78746 |                                                           |                                           |                                                                       |                                       |
| Brian Cooper                                            | Director<br>40 00                                         | 0                                         | 0                                                                     | 0                                     |
| 3600 N Cap of Tx Hwy Bldg B Ste 330<br>Austin, TX 78746 |                                                           |                                           |                                                                       |                                       |
| Stephanie Fast                                          | CFO<br>40 00                                              | 103,286                                   | 9,346                                                                 | 0                                     |
| 3600 N Cap of Tx Hwy Bldg B Ste 330<br>Austin, TX 78746 |                                                           |                                           |                                                                       |                                       |
| Santiago Montoya                                        | Director<br>0 00                                          | 0                                         | 0                                                                     | 0                                     |
| 3600 N Cap of Tx Hwy Bldg B Ste 330<br>Austin, TX 78746 |                                                           |                                           |                                                                       |                                       |

**Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000).**

Philip Berber

Donna Berber

## TY 2015 Accounting Fees Schedule

**Name:** A Glimmer of Hope Foundation

**EIN:** 31-1758218

| Category              | Amount | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements for<br>Charitable<br>Purposes |
|-----------------------|--------|--------------------------|------------------------|---------------------------------------------|
| accounting & auditing | 3,653  | 913                      |                        | 2,739                                       |



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

# TY 2015 Depreciation Schedule

**Name:** A Glimmer of Hope Foundation

**EIN:** 31-1758218

| Description of Property     | Date Acquired | Cost or Other Basis | Prior Years' Depreciation | Computation Method | Rate / Life (# of years) | Current Year's Depreciation Expense | Net Investment Income | Adjusted Net Income | Cost of Goods Sold Not Included |
|-----------------------------|---------------|---------------------|---------------------------|--------------------|--------------------------|-------------------------------------|-----------------------|---------------------|---------------------------------|
| Water Filtration System     | 2012-08-31    | 4,587               | 1,633                     | 200DB              | 5 000000000000           | 264                                 | 0                     |                     |                                 |
| MIS Project                 | 2010-01-01    | 90,000              | 90,000                    | SL                 | 3 000000000000           | 0                                   | 0                     |                     |                                 |
| Prism Project               | 2011-10-20    | 10,600              | 10,600                    | SL                 | 3 000000000000           | 0                                   | 0                     |                     |                                 |
| Netsuite Customization      | 2011-12-22    | 26,623              | 26,623                    | SL                 | 3 000000000000           | 0                                   | 0                     |                     |                                 |
| Website Redesign            | 2012-11-28    | 1,425               | 1,029                     | SL                 | 3 000000000000           | 396                                 | 0                     |                     |                                 |
| Netsuite Software           | 2013-05-08    | 2,700               | 750                       | SL                 | 3 000000000000           | 450                                 | 0                     |                     |                                 |
| Netsuite Software           | 2013-08-07    | 2,500               | 591                       | SL                 | 3 000000000000           | 417                                 | 0                     |                     |                                 |
| Netsuite Software           | 2013-08-29    | 1,360               | 321                       | SL                 | 3 000000000000           | 227                                 | 0                     |                     |                                 |
| Netsuite Software           | 2013-09-09    | 935                 | 208                       | SL                 | 3 000000000000           | 156                                 | 0                     |                     |                                 |
| Netsuite Software           | 2013-09-26    | 2,465               | 548                       | SL                 | 3 000000000000           | 411                                 | 0                     |                     |                                 |
| Netsuite Software           | 2013-10-24    | 2,720               | 566                       | SL                 | 3 000000000000           | 453                                 | 0                     |                     |                                 |
| Netsuite Software           | 2013-12-18    | 2,125               | 384                       | SL                 | 3 000000000000           | 354                                 | 0                     |                     |                                 |
| Netsuite Software           | 2013-01-23    | 863                 | 288                       | SL                 | 3 000000000000           | 143                                 | 0                     |                     |                                 |
| Computer                    | 2009-06-17    | 1,724               | 862                       | 200DB              | 5 000000000000           | 0                                   | 0                     |                     |                                 |
| Computer                    | 2009-07-07    | 1,454               | 727                       | 200DB              | 5 000000000000           | 0                                   | 0                     |                     |                                 |
| Computer Equipment - Server | 2009-11-23    | 2,465               | 1,232                     | 200DB              | 5 000000000000           | 0                                   | 0                     |                     |                                 |
| Computer                    | 2010-02-17    | 1,756               | 827                       | 200DB              | 5 000000000000           | 51                                  | 0                     |                     |                                 |
| Computer                    | 2010-03-11    | 1,262               | 595                       | 200DB              | 5 000000000000           | 36                                  | 0                     |                     |                                 |
| Computer                    | 2010-04-19    | 2,659               | 1,252                     | 200DB              | 5 000000000000           | 77                                  | 0                     |                     |                                 |
| IMAC                        | 2010-05-12    | 1,576               | 743                       | 200DB              | 5 000000000000           | 45                                  | 0                     |                     |                                 |

| Description of Property       | Date Acquired | Cost or Other Basis | Prior Years' Depreciation | Computation Method | Rate / Life (# of years) | Current Year's Depreciation Expense | Net Investment Income | Adjusted Net Income | Cost of Goods Sold Not Included |
|-------------------------------|---------------|---------------------|---------------------------|--------------------|--------------------------|-------------------------------------|-----------------------|---------------------|---------------------------------|
| Computer                      | 2010-05-29    | 2,461               | 1,159                     | 200DB              | 5 0000000000000          | 71                                  | 0                     |                     |                                 |
| Macbook Pro                   | 2010-07-23    | 2,572               | 1,212                     | 200DB              | 5 0000000000000          | 74                                  | 0                     |                     |                                 |
| Docking Station               | 2010-08-14    | 130                 | 61                        | 200DB              | 5 0000000000000          | 4                                   | 0                     |                     |                                 |
| Server Equipment              | 2011-06-06    | 11,169              |                           | 200DB              | 5 0000000000000          | 0                                   | 0                     |                     |                                 |
| Video Conferencing Equipment  | 2011-12-23    | 6,293               |                           | 200DB              | 5 0000000000000          | 0                                   | 0                     |                     |                                 |
| 2 Mac Books                   | 2012-06-13    | 3,830               | 1,364                     | 200DB              | 5 0000000000000          | 220                                 | 0                     |                     |                                 |
| 2 Mac Books                   | 2012-09-25    | 4,425               | 1,575                     | 200DB              | 5 0000000000000          | 255                                 | 0                     |                     |                                 |
| Macbook Pro                   | 2012-10-04    | 2,849               | 1,014                     | 200DB              | 5 0000000000000          | 164                                 | 0                     |                     |                                 |
| 2 IMacs                       | 2013-04-03    | 4,241               | 1,102                     | 200DB              | 5 0000000000000          | 407                                 | 0                     |                     |                                 |
| Furniture - Rockford          | 2009-08-11    | 8,300               | 3,594                     | 200DB              | 7 0000000000000          | 371                                 | 0                     |                     |                                 |
| Office Desks - McCoy Rockford | 2012-12-19    | 5,124               | 1,441                     | 200DB              | 7 0000000000000          | 320                                 | 0                     |                     |                                 |
| Macbook Pro                   | 2013-04-13    | 1,819               | 728                       | 200DB              | 5 0000000000000          | 436                                 | 0                     |                     |                                 |
| Macbook Pro                   | 2014-10-07    | 2,848               | 71                        | 200DB              | 5 0000000000000          | 541                                 | 0                     |                     |                                 |
| Canon Copier/Printer          | 2014-01-03    | 3,795               | 664                       | 200DB              | 5 0000000000000          | 493                                 | 0                     |                     |                                 |

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

## TY 2015 Expenditure Responsibility Statement

**Name:** A Glimmer of Hope Foundation

**EIN:** 31-1758218

| Grantee's Name       | Grantee's Address                                 | Grant Date | Grant Amount | Grant Purpose                             | Amount Expended By Grantee | Any Diversion By Grantee? | Dates of Reports By Grantee | Date of Verification | Results of Verification |
|----------------------|---------------------------------------------------|------------|--------------|-------------------------------------------|----------------------------|---------------------------|-----------------------------|----------------------|-------------------------|
| Assefa Eyasu Consult | Woreda 7<br>Bole Sub City, Woreda<br>HN9999<br>ET | 2016-07-01 | 31,415       | To fund the organization's exempt purpose | 31,415                     |                           |                             |                      |                         |

**TY 2015 Investments Corporate Stock Schedule****Name:** A Glimmer of Hope Foundation**EIN:** 31-1758218

| <b>Name of Stock</b>           | <b>End of Year Book Value</b> | <b>End of Year Fair Market Value</b> |
|--------------------------------|-------------------------------|--------------------------------------|
| Berkshire Hathaway B New - CS  | 4,856,035                     | 4,856,035                            |
| Fidelity Spartan Intl - CS     | 465,210                       | 465,210                              |
| Fidelity Spartan Total - CS    | 706,493                       | 706,493                              |
| Berkshire Hathaway B New - JPM | 8,215,265                     | 8,215,265                            |
| fidelity Spartan Intl - JPM    | 1,155,417                     | 1,155,417                            |
| Fidelity Spartan Total - JPM   | 1,908,978                     | 1,908,978                            |
| Schwab One Investments - JPM   | 5,149,357                     | 5,149,357                            |

**TY 2015 Investments - Other Schedule****Name:** A Glimmer of Hope Foundation**EIN:** 31-1758218

| <b>Category/ Item</b>                       | <b>Listed at Cost or FMV</b> | <b>Book Value</b> | <b>End of Year Fair Market Value</b> |
|---------------------------------------------|------------------------------|-------------------|--------------------------------------|
| Discus US Leverage                          | AT COST                      | 27,799            | 27,799                               |
| Partners in Prophet                         | AT COST                      | 6,435,313         | 6,435,313                            |
| Prophet Opportunity Partners                | AT COST                      | 2,677,326         | 2,677,326                            |
| Dynamo Fund                                 | AT COST                      | 1,015,332         | 1,015,332                            |
| Spruce House                                | AT COST                      | 1,091,767         | 1,091,767                            |
| Barker Partnership Fund                     | AT COST                      | 1,065,685         | 1,065,685                            |
| FVP Overseas Ltd                            | AT COST                      | 949,321           | 949,321                              |
| Praesidium Strategic Opp Offshore Fund, Ltd | AT COST                      | 993,841           | 993,841                              |
| Ashe Capital Partners LP                    | AT COST                      | 935,230           | 935,230                              |

## TY 2015 Land, Etc. Schedule

**Name:** A Glimmer of Hope Foundation

**EIN:** 31-1758218

| Category / Item              | Cost / Other Basis | Accumulated Depreciation | Book Value | End of Year Fair Market Value |
|------------------------------|--------------------|--------------------------|------------|-------------------------------|
| Water Filtration System      | 4,587              | 4,191                    | 396        |                               |
| MIS Project                  | 90,000             | 90,000                   | 0          |                               |
| Prism Project                | 10,600             | 10,600                   | 0          |                               |
| Netsuite Customization       | 26,623             | 26,623                   | 0          |                               |
| Website Redesign             | 1,425              | 1,425                    | 0          |                               |
| Netsuite Software            | 2,700              | 2,550                    | 150        |                               |
| Netsuite Software            | 2,500              | 2,258                    | 242        |                               |
| Netsuite Software            | 1,360              | 1,228                    | 132        |                               |
| Netsuite Software            | 935                | 832                      | 103        |                               |
| Netsuite Software            | 2,465              | 2,192                    | 273        |                               |
| Netsuite Software            | 2,720              | 2,379                    | 341        |                               |
| Netsuite Software            | 2,125              | 1,801                    | 324        |                               |
| Netsuite Software            | 863                | 863                      | 0          |                               |
| Computer                     | 1,724              | 1,724                    | 0          |                               |
| Computer                     | 1,454              | 1,454                    | 0          |                               |
| Computer Equipment - Server  | 2,465              | 2,465                    | 0          |                               |
| Computer                     | 1,756              | 1,756                    | 0          |                               |
| Computer                     | 1,262              | 1,262                    | 0          |                               |
| Computer                     | 2,659              | 2,659                    | 0          |                               |
| IMAC                         | 1,576              | 1,576                    | 0          |                               |
| Computer                     | 2,461              | 2,461                    | 0          |                               |
| Macbook Pro                  | 2,572              | 2,572                    | 0          |                               |
| Docking Station              | 130                | 130                      | 0          |                               |
| Server Equipment             | 11,169             | 11,169                   | 0          |                               |
| Video Conferencing Equipment | 6,293              | 6,293                    | 0          |                               |
| 2 Mac Books                  | 3,830              | 3,499                    | 331        |                               |
| 2 Mac Books                  | 4,425              | 4,043                    | 382        |                               |
| Macbook Pro                  | 2,849              | 2,603                    | 246        |                               |
| 2 IMacs                      | 4,241              | 3,630                    | 611        |                               |
| Furniture - Rockford         | 8,300              | 8,115                    | 185        |                               |

| Category / Item               | Cost / Other Basis | Accumulated Depreciation | Book Value | End of Year Fair Market Value |
|-------------------------------|--------------------|--------------------------|------------|-------------------------------|
| Office Desks - McCoy Rockford | 5,124              | 4,323                    | 801        |                               |
| Macbook Pro                   | 1,819              | 1,164                    | 655        |                               |
| Macbook Pro                   | 2,848              | 2,036                    | 812        |                               |
| Canon Copier/Printer          | 3,795              | 3,055                    | 740        |                               |

## TY 2015 Legal Fees Schedule

**Name:** A Glimmer of Hope Foundation

**EIN:** 31-1758218

| Category | Amount | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements for<br>Charitable<br>Purposes |
|----------|--------|--------------------------|------------------------|---------------------------------------------|
| Legal    | 776    | 0                        |                        | 776                                         |



**TY 2015 Other Assets Schedule****Name:** A Glimmer of Hope Foundation**EIN:** 31-1758218

| Description      | Beginning of Year -<br>Book Value | End of Year - Book<br>Value | End of Year - Fair<br>Market Value |
|------------------|-----------------------------------|-----------------------------|------------------------------------|
| Prepaid Expenses | 28,209                            | 37,120                      | 37,120                             |

**TY 2015 Other Decreases Schedule****Name:** A Glimmer of Hope Foundation**EIN:** 31-1758218

| Description                        | Amount    |
|------------------------------------|-----------|
| Unrealized gain loss               | 1,973,046 |
| book tax difference - amortization | 6,317     |

**TY 2015 Other Expenses Schedule****Name:** A Glimmer of Hope Foundation**EIN:** 31-1758218

| Description                    | Revenue and Expenses<br>per Books | Net Investment<br>Income | Adjusted Net Income | Disbursements for<br>Charitable Purposes |
|--------------------------------|-----------------------------------|--------------------------|---------------------|------------------------------------------|
| Bank & credit card fees        | 11,740                            | 11,740                   |                     | 0                                        |
| Information technology         | 73,198                            | 36,599                   |                     | 36,599                                   |
| Insurance                      | 22,423                            | 11,212                   |                     | 11,211                                   |
| Maintenance & repairs          | 1,446                             | 0                        |                     | 1,446                                    |
| Marketing                      | 21,248                            | 0                        |                     | 0                                        |
| meals & entertainment          | 2,235                             | 0                        |                     | 2,235                                    |
| Office supplies & expense      | 45,751                            | 2,283                    |                     | 43,467                                   |
| Payroll administration expense | 9,362                             | 468                      |                     | 8,894                                    |
| Foreign office expenses        | 3,672                             | 0                        |                     | 3,672                                    |
| Training & Development         | 6,354                             | 0                        |                     | 6,354                                    |
| Vehicle expense                | 68,756                            | 0                        |                     | 68,756                                   |
| foreign currency translation   | 95,564                            | 0                        |                     | 95,564                                   |

## TY 2015 Other Increases Schedule

**Name:** A Glimmer of Hope Foundation

**EIN:** 31-1758218

| Description                            | Amount    |
|----------------------------------------|-----------|
| Cumulative change from cash to accrual | 5,908,652 |

## TY 2015 Other Professional Fees Schedule

**Name:** A Glimmer of Hope Foundation

**EIN:** 31-1758218

| Category                | Amount | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements for<br>Charitable<br>Purposes |
|-------------------------|--------|--------------------------|------------------------|---------------------------------------------|
| Independent contractors | 2,489  | 0                        |                        | 2,489                                       |

**TY 2015 Taxes Schedule****Name:** A Glimmer of Hope Foundation**EIN:** 31-1758218

| <b>Category</b>   | <b>Amount</b> | <b>Net Investment<br/>Income</b> | <b>Adjusted Net<br/>Income</b> | <b>Disbursements for<br/>Charitable<br/>Purposes</b> |
|-------------------|---------------|----------------------------------|--------------------------------|------------------------------------------------------|
| Payroll Taxes     | 58,749        | 4,791                            |                                | 53,958                                               |
| Excise tax        | 260,847       | 0                                |                                | 0                                                    |
| state filing fees | 1,835         | 0                                |                                | 1,835                                                |

Schedule B

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

Department of the Treasury  
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2015

|                              |                                |
|------------------------------|--------------------------------|
| Name of the organization     | Employer identification number |
| A Glimmer of Hope Foundation | 31-1758218                     |

Organization type (check one)

|                    |                                                                                                           |
|--------------------|-----------------------------------------------------------------------------------------------------------|
| Filers of:         | Section:                                                                                                  |
| Form 990 or 990-EZ | <input type="checkbox"/> 501(c)( ) (enter number) organization                                            |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation |
|                    | <input type="checkbox"/> 527 political organization                                                       |
| Form 990-PF        | <input checked="" type="checkbox"/> 501(c)(3) exempt private foundation                                   |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation            |
|                    | <input type="checkbox"/> 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 other 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<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, 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. Do not 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 is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

|                                                             |                                                     |
|-------------------------------------------------------------|-----------------------------------------------------|
| <b>Name of organization</b><br>A Glimmer of Hope Foundation | <b>Employer identification number</b><br>31-1758218 |
|-------------------------------------------------------------|-----------------------------------------------------|

**Part I**   **Contributors** (see Instructions) Use duplicate copies of Part I if additional space is needed

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4     | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                                      |
|------------|---------------------------------------|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| —          | See Additional Data Table<br><br><br> | \$<br><br>                 | <b>Person</b> <input type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br><br>(Complete Part II for noncash contribution ) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4     | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                                      |
| —          | <br><br><br>                          | \$<br><br>                 | <b>Person</b> <input type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br><br>(Complete Part II for noncash contribution ) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4     | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                                      |
| —          | <br><br><br>                          | \$<br><br>                 | <b>Person</b> <input type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br><br>(Complete Part II for noncash contribution ) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4     | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                                      |
| —          | <br><br><br>                          | \$<br><br>                 | <b>Person</b> <input type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br><br>(Complete Part II for noncash contribution ) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4     | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                                      |
| —          | <br><br><br>                          | \$<br><br>                 | <b>Person</b> <input type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br><br>(Complete Part II for noncash contribution ) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4     | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                                      |
| —          | <br><br><br>                          | \$<br><br>                 | <b>Person</b> <input type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br><br>(Complete Part II for noncash contribution ) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4     | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                                      |
| —          | <br><br><br>                          | \$<br><br>                 | <b>Person</b> <input type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br><br>(Complete Part II for noncash contribution ) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4     | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                                      |
| —          | <br><br><br>                          | \$<br><br>                 | <b>Person</b> <input type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br><br>(Complete Part II for noncash contribution ) |



|                                                             |                                                         |
|-------------------------------------------------------------|---------------------------------------------------------|
| <b>Name of organization</b><br>A Glimmer of Hope Foundation | <b>Employer identification number</b><br><br>31-1758218 |
|-------------------------------------------------------------|---------------------------------------------------------|

|                |                                                                                                             |
|----------------|-------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Noncash Property</b><br>(see instructions) Use duplicate copies of Part II if additional space is needed |
|----------------|-------------------------------------------------------------------------------------------------------------|

| (a)<br>No. from Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|------------------------|----------------------------------------------|------------------------------------------------|----------------------|
| 2                      | Shares of publicly traded securities         | \$ 3,088,290                                   |                      |
| (a)<br>No. from Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                        |                                              | \$                                             |                      |
| (a)<br>No. from Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                        |                                              | \$                                             |                      |
| (a)<br>No. from Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                        |                                              | \$                                             |                      |
| (a)<br>No. from Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                        |                                              | \$                                             |                      |
| (a)<br>No. from Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                        |                                              | \$                                             |                      |
| (a)<br>No. from Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                        |                                              | \$                                             |                      |
| (a)<br>No. from Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                        |                                              | \$                                             |                      |

**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 information once. See instructions.) ► \$ \_\_\_\_\_

| (a)<br>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)<br>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)<br>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)<br>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 |                                     |
|                        |                                       |                                          |                                     |
|                        |                                       |                                          |                                     |
|                        |                                       |                                          |                                     |

Additional Data

Software ID:  
Software Version:  
EIN: 31-1758218  
Name: A Glimmer of Hope Foundation

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                           | (c)<br>Total<br>contributions | (d)<br>Type of contribution                                                                                                                                               |
|------------|---------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1          | CharityWater<br>200 Varick St Suite 201<br>New York, NY 10014                               | \$ 431,527                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><br>(Complete Part II for<br>noncash contribution ) |
| 2          | Welland David Isabel<br>112 W 32nd St<br>Austin, TX 78705                                   | \$ 3,088,290                  | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br><br>(Complete Part II for<br>noncash contribution ) |
| 3          | Berber Charitable Lead Tr of 2012<br>1103 Crystal Creek Drive<br>Austin, TX 78736           | \$ 500,000                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><br>(Complete Part II for<br>noncash contribution ) |
| 4          | Ted Stanley MBI International<br>432 Frogtown Rd<br>New Canaan, CT 068404411                | \$ 500,000                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><br>(Complete Part II for<br>noncash contribution ) |
| 5          | The Haber Charitable Trust<br>26 Kings Chase<br>Bushey, Hertfordstown UK                    | \$ 124,102                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><br>(Complete Part II for<br>noncash contribution ) |
| 6          | U S Agency for International Develo<br>1300 Pennsylvania Ave NW<br>Washington, DC 205231000 | \$ 100,807                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><br>(Complete Part II for<br>noncash contribution ) |

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                   | (c)<br>Total<br>contributions | (d)<br>Type of contribution                                                                                                                                                                    |
|------------|-------------------------------------------------------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7          | Michael Susan Dell Foundation<br>PO Box 163867<br>Austin, TX 78716                  | \$ 50,000                     | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br><br>(Complete Part II for<br>noncash contribution ) |
| 8          | Water to Thrive<br>8701 N Mopac Expressway 105<br>Austin, TX 78759                  | \$ 25,000                     | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br><br>(Complete Part II for<br>noncash contribution ) |
| 9          | Beverly Steiner<br>PO Box 4559<br>El Dorado Hills, CA 95762                         | \$ 20,000                     | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br><br>(Complete Part II for<br>noncash contribution ) |
| 10         | Houston Jewish Community Foundation<br>5603 Braeswood Blvd<br>Houston, TX 770963907 | \$ 5,000                      | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br><br>(Complete Part II for<br>noncash contribution ) |
| 11         | Jeff Thompson<br>10 Edgewood Drive Unit 6A<br>Greenwich, CT 06831                   | \$ 5,000                      | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br><br>(Complete Part II for<br>noncash contribution ) |
| 12         | Ethan Beard<br>395 Collingwood St<br>San Francisco, CA 94114                        | \$ 5,000                      | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br><br>(Complete Part II for<br>noncash contribution ) |

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                 | (c)<br>Total<br>contributions | (d)<br>Type of contribution                                                                                                                                                                 |
|------------|-----------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 13         | Kyle Hunter<br>1405 Michaux Rd<br>Chapel Hill, NC 27514                           | \$ 5,000                      | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br><br>(Complete Part II for noncash contribution ) |
| 14         | Crystal Creek Moonshine LLC<br>804 Bee Creek Rd Unit F<br>Spicewood, TX 786692141 | \$ 5,000                      | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br><br>(Complete Part II for noncash contribution ) |
| 15         | Thomas Crowson<br>3802 Edgemont Drive<br>Austin, TX 78731                         | \$ 6,000                      | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br><br>(Complete Part II for noncash contribution ) |
| 16         | Hotels for Hope<br>2525 South Lamar Blvd Unit 1<br>Austin, TX 78704               | \$ 6,290                      | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br><br>(Complete Part II for noncash contribution ) |
| 17         | Kathryn and Rick Wandoff<br>6501 South Flagler Drive<br>West Palm Beach, FL 33405 | \$ 10,000                     | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br><br>(Complete Part II for noncash contribution ) |
| 18         | Jeffrey Blatt<br>1307 Norwalk Lane 205<br>Austin, TX 78703                        | \$ 10,000                     | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br><br>(Complete Part II for noncash contribution ) |

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total<br>contributions | (d)<br>Type of contribution                                                                                                                                                                 |
|------------|-------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 19         | JP Morgan - Ting Tsung and Wei Fong<br>PO Box 227237<br>Dallas, TX 75222      | \$ 10,000                     | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br><br>(Complete Part II for noncash contribution ) |
| 20         | Alec Burger<br>113 Skyview Lane<br>New Canaan, CT 06840                       | \$ 10,000                     | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br><br>(Complete Part II for noncash contribution ) |
| 21         | Scott Harrison<br>40 Worth Street Suite 330<br>New York, NY 10013             | \$ 10,035                     | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br><br>(Complete Part II for noncash contribution ) |
| 22         | Aid for Africa<br>6909 Ridgewood Avenue<br>Chevy Chase, MD 20815              | \$ 10,246                     | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br><br>(Complete Part II for noncash contribution ) |
| 23         | Abbey Capital Limited<br>1-2 Cavendish Row<br>Upper O' Connell St, Dublin, EI | \$ 12,000                     | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br><br>(Complete Part II for noncash contribution ) |
| 24         | Evangeline International<br>1225 E Sunset Drive 775<br>Bellingham, WA 98226   | \$ 18,000                     | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br><br>(Complete Part II for noncash contribution ) |

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                 | (c)<br>Total<br>contributions | (d)<br>Type of contribution                                                                                                                                               |
|------------|-------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 25         | Jennifer Mrla-Gray<br>8020 Prentiss Drive<br>Mckinney, TX 75071   | \$ 20,000                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><br>(Complete Part II for<br>noncash contribution ) |
| 26         | Emily Harmon<br>37 Raycliff Terrace<br>San Francisco, CA 94115    | \$ 5,000                      | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><br>(Complete Part II for<br>noncash contribution ) |
| 27         | Jacalyn Sollid<br>8000 Larkvale Road<br>Saanichton, BC V8M 1K5 CA | \$ 5,000                      | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><br>(Complete Part II for<br>noncash contribution ) |

**TY 2015 Reduced user fee  
statement****Name:** A Glimmer of Hope Foundation**EIN:** 31-1758218

| <b>Under<br/>Section<br/>15.07 of<br/>Rev. Proc.<br/>99-1?</b> | <b>Taxpayer<br/>Business/Person<br/>Name, TIN</b> | <b>Amount of User<br/>Fee Submitted</b> | <b>Member of<br/>Consolidated Group<br/>Business/Person<br/>Name, TIN</b> | <b>Section 481(a)<br/>Adjustment</b> | <b>Number of<br/>Years<br/>Present<br/>Method Used</b> |
|----------------------------------------------------------------|---------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------------|--------------------------------------|--------------------------------------------------------|
|                                                                |                                                   |                                         |                                                                           | 5,908,652                            |                                                        |



## Expenditure Responsibility Statements

Pursuant to Section 53.4945-5(d) of the Foundation and Excise Tax Regulations, the Foundation provides the information on the following pages to comply with the expenditure responsibility requirements of section 4945(h)(3) of the Internal Revenue Code for the year ended December 31, 2015.

A GLIMMER OF HOPE FOUNDATION  
EIN 31-1758218  
2015 GRANTS  
FORM 990-PF

| NAME                                                                        | ADDRESS                                                                                   | TYPE OF ENTITY  | PURPOSE OF GRANT                         | RELATED TO GLIMMER | AMOUNT GRANTED IN 2015 |
|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------|------------------------------------------|--------------------|------------------------|
| A Glimmer of Hope Austin                                                    | 3600 N Capital Of Texas Hwy,<br>Bldg B, #330, Austin TX 78746<br>c/o Prospectus Ltd 20-22 | 501(c)(3)       | To fund organization's<br>exempt purpose | Yes                | \$ 580,000             |
| A Glimmer of Hope, U K                                                      | Sukeley Street, London,<br>England WC2B 5LA U K                                           | Foreign Charity | To fund organization's<br>exempt purpose | Yes                | \$ 18,324              |
| Relief Society of Tigray(REST)                                              | 20 Mekele, 8078 Addis Ababa,<br>Ethiopia                                                  | Foreign Charity | To fund organization's<br>exempt purpose | No                 | \$ 975,730             |
| Organization for Rehabilitation & Development in Amhara (ORDA)              | 132 Bahir Dar, 8122 Addis<br>Ababa, Ethiopia                                              | Foreign Charity | To fund organization's<br>exempt purpose | No                 | \$ 292,772             |
| Dawro Development Association (DDA)                                         | P O Box 06, Tercha Ethiopia<br>132 Bahir Dar, 13685 Addis<br>Ababa, Ethiopia              | Foreign Charity | To fund organization's<br>exempt purpose | No                 | \$ 173,254             |
| Amhara Development Association (ADA)                                        | 174 Mizan Teferi, Tercha,<br>Ethiopia                                                     | Foreign Charity | To fund organization's<br>exempt purpose | No                 | \$ 827,882             |
| Bench Maji Development Association (BMDA)                                   |                                                                                           | Foreign Charity | To fund organization's<br>exempt purpose | No                 | \$ -                   |
| Oromiya Development Association (ODA)                                       | 8801 Addis Ababa, Ethiopia                                                                | Foreign Charity | To fund organization's<br>exempt purpose | No                 | \$ 1,069,775           |
| Sidama Development Association (SDA)                                        | 8801 Addis Ababa, Ethiopia                                                                | Foreign Charity | To fund organization's<br>exempt purpose | No                 | \$ 30,557              |
| Tigray Development Association (TDA)                                        | 8802 Addis Ababa, Ethiopia<br>18 Kelem Wollega Zone,<br>Ethiopia                          | Foreign Charity | To fund organization's<br>exempt purpose | No                 | \$ 882,552             |
| Dembi Dollo Hospital and Abebech Gobena Yahetsanat Kebekabena Limat Mahiber |                                                                                           | Foreign Charity | To fund organization's<br>exempt purpose | No                 | \$ 19,604              |
| Oromia Credit and Saving Share Company (OCSSCO)                             | 19853 Addis Ababa, Ethiopia<br>P O Box 417, Bahir Dar,<br>Ethiopia                        | Foreign Charity | To fund organization's<br>exempt purpose | No                 | \$ 208,886             |
| Amhara Savings and Credit Institution (ASCI)                                | Laylay Marchew Woreda,<br>Maelalawi Zone, Tigray<br>Bole Sub City, Woreda7<br>HN9999      | Foreign Charity | To fund organization's<br>exempt purpose | No                 | \$ 329,820             |
| Manegus, Medhanalem, Mansegla, Womi Savings & Credit Cooperatives           |                                                                                           | Foreign Charity | To fund organization's<br>exempt purpose | No                 | \$ 26,975              |
| Assefa Eyasu Consult                                                        |                                                                                           | Foreign NGO     | To fund organization's<br>exempt purpose | No                 | \$ 31,415              |
| <b>TOTAL GRANTS PAID IN 2015</b>                                            |                                                                                           |                 |                                          |                    | <b>\$ 5,467,546</b>    |

**Reconciliation to Audit**  
Grants Paid Per Audit Trial Balance- HQ Tax Return Column  
Difference

\$ 5,467,546  
\$ (0)

Taxpayer: A Glimmer of Hope Foundation  
EIN: 31-1758218

**Disclosure for Form 990 PF, Part VII-B, Question 5c**

Pursuant to I.R.C. Regulation Section 53.4945-5(d), the taxpayer provides the following information to comply with the reporting requirements of I.R.C. Section 4945(h)(3) for the year ended December 31, 2015.

I. Name and address of the grantee

Amhara Savings and Credit Institution (ACSI)  
PO Box 417  
Bahir Dar, Ethiopia

II. Dates and amounts of the grants

Throughout calendar year 2015, 2 grant totaling \$417,000 (USD) were active with ACSI. Grant payments of \$329,820(USD) were made to OCSSCO during 2015. See Grant Detail Schedule Attached.

III. Purpose of the grants

The purpose of the grants was to provide for the costs and charitable objectives of the grantee and has been used solely for charitable, scientific, testing for public safety, literary or educational purposes. More specifically, the grants funded projects dealing with agriculture, education, water conservation, microfinance, and human and animal health. See Grant Detail Schedule Attached.

IV. Amounts expended by the grantee (based upon the most recent reports received from the grantee)

As of December 31, 2015, the grantee had expended \$329,820 (USD) to fund the approved grant programs. See Grant Detail Schedule Attached.

V. Whether the grantee has diverted any portion of the funds from the purpose of the grant (to the knowledge of the grantor)

Based on frequent written reports and on-site contact and review with representatives of the grantee, and to the best of the grantor's knowledge, the grantee has not diverted any portion of the funds from the purpose of each grant.

Taxpayer: A Glimmer of Hope Foundation  
EIN: 31-1758218

VI. The dates of any reports received from the grantee

Reports regarding use of the grant funds were received throughout the year for the programs, which were active during 2015. For all of Glimmer's programs, a Program Officer is assigned to monitor the construction of the project and they are responsible to monitor the progress with the Partners and make periodic visits to the site. The Program Officer is responsible to submit Field Visit Reports that discuss the progress made and issues noted on each specific field visit. Also, the Program Officer distributes a monthly progress report to the Glimmer Programs team, which shows the current status of every program that they manage. The Partner also submits a status report at the mid-term of the program and a completion report when the program is finished. See Grant Detail Schedule Attached.

VII. The date and results of any verification of the grantee's reports undertaken pursuant to and to the extent required under paragraph (c)(1) of this section by the grantor or by others at the direction of the grantor

Throughout the year, on a weekly and sometimes daily basis, representatives of the grantor communicate in person, by phone, by Skype, and by email regarding activities of the grantee including specific discussions about grantee's use of grant monies and the status of the program throughout its duration. The initial payment is made upon the approval of each Program Grant Agreement. Progress reports, containing a narrative and financial reconciliation, are required from the Partner before the mid-term payment is made, and a Completion Report is required at the end of the program. The Completion Report is required to contain completion photos of each project in the program, GPS coordinates, a narrative, financial reconciliation, and beneficiary stories. The Program Officer typically verifies the work on site before a mid-term or completion payment is made. The Program Officers perform additional site visits as needed to closely monitor the construction progress on the Program. Glimmer also employs an internal auditor in the Addis office who performs periodic reviews of Partners' financial operations and, depending on the size of the program, audits the financial reconciliations of individual programs.

Taxpayer: A Glimmer of Hope Foundation  
EIN: 31-1758218

**Disclosure for Form 990 PF, Part VII-B, Question 5c**

Pursuant to I.R.C. Regulation Section 53.4945-5(d), the taxpayer provides the following information to comply with the reporting requirements of I.R.C. Section 4945(h)(3) for the year ended December 31, 2015

I. Name and address of the grantee

Amhara Development Association (ADA)  
132 Bahir Dar  
13685 Addis Ababa  
Ethiopia

II. Dates and amounts of the grants

Throughout calendar year 2015, 4 grants totaling \$1,268,340 (USD) were active with ADA. Grant payments of \$827,882 were made to ADA during 2015. See Grant Detail Schedule Attached.

III. Purpose of the grants

The purpose of the grants was to provide for the costs and charitable objectives of the grantee and has been used solely for charitable, scientific, testing for public safety, literary or educational purposes. More specifically, the grants funded projects dealing with agriculture, education, water conservation, microfinance, and human and animal health. See Grant Detail Schedule Attached.

IV. Amounts expended by the grantee (based upon the most recent reports received from the grantee)

As of December 31, 2015, the grantee had expended \$1,077,402 (USD) to fund these active grant programs. See Grant Detail Schedule Attached.

Taxpayer: A Glimmer of Hope Foundation  
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V. Whether the grantee has diverted any portion of the funds from the purpose of the grant (to the knowledge of the grantor)

Based on frequent written reports and on-site contact and review with representatives of the grantee, and to the best of the grantor's knowledge, the grantee has not diverted any portion of the funds from the purpose of each grant.

VI. The dates of any reports received from the grantee

Reports regarding use of the grant funds were received throughout the year for the programs, which were active during 2015. For all of Glimmer's programs, a Program Officer is assigned to monitor the construction of the project and they are responsible to monitor the progress with the Partners and make periodic visits to the site. The Program Officer is responsible to submit Field Visit Reports that discuss the progress made and issues noted on each specific field visit. Also, the Program Officer distributes a monthly progress report to the Glimmer Programs team, which shows the current status of every program that they manage. The Partner also submits a status report at the mid-term of the program and a completion report when the program is finished. See Grant Detail Schedule Attached.

VII. The date and results of any verification of the grantee's reports undertaken pursuant to and to the extent required under paragraph (c)(1) of this section by the grantor or by others at the direction of the grantor

Throughout the year, on a weekly and sometimes daily basis, representatives of the grantor communicate in person, by phone, by Skype, and by email regarding activities of the grantee including specific discussions about grantee's use of grant monies and the status of the program throughout its duration. The initial payment is made upon the approval of each Program Grant Agreement. Progress reports, containing a narrative and financial reconciliation, are required from the Partner before the mid-term payment is made, and a Completion Report is required at the end of the program. The Completion Report is required to contain completion photos of each project in the program, GPS coordinates, a narrative, financial reconciliation, and beneficiary stories. The Program Officer typically verifies the work on site before a mid-term or completion payment is made. The Program Officers perform additional site visits as needed to closely monitor the construction progress on the Program. Glimmer also employs an internal auditor in the Addis office who performs periodic reviews of Partners' financial operations and, depending on the size of the program, audits the financial reconciliations of individual programs.

Taxpayer: A Glimmer of Hope Foundation  
EIN: 31-1758218

**Disclosure for Form 990 PF, Part VII-B, Question 5c**

Pursuant to I.R.C. Regulation Section 53.4945-5(d), taxpayer provides the following information to comply with the reporting requirements of I.R.C. Section 4945(h)(3) for the year ended December 31, 2015.

I. Name and address of the grantee

A Glimmer of Hope Foundation, Austin  
3600 N. Capital of TX Hwy, Bldg B, Suite 330  
Austin, TX 78746

II. Dates and amounts of the grants

During 2015, grants totaling \$580,000 (USD) were funded to A Glimmer of Hope Foundation, Austin.

III. Purpose of the grants

The purpose of the grants was to provide for the costs and charitable objectives of the grantee and has been used solely for charitable, scientific, testing for public safety, literary or educational purposes. More specifically, the grants funded projects focused on improving the lives of young people (up to age 25 years old) and seniors (aged 60 and above) who suffer from exclusion, social injustices, neglect, abandonment and educational disadvantages in the Austin area and covered operational expenses of Glimmer Austin as needed to achieve the grantee objectives.

IV. Amounts expended by the grantee (based upon the most recent report received from the grantee)

During 2015 the grantee expended \$395,144 (USD) to fund different projects in the Austin area. Additionally, grantee expended \$202,934 in operational expenses in order to achieve grantee objectives. These operational expenses were incurred under a budget approved by the organization's Board of Directors.

Taxpayer: A Glimmer of Hope Foundation  
EIN: 31-1758218

V. Whether the grantee has diverted any portion of the funds from the purpose of the grant (to the knowledge of the grantor)

Based on frequent written reports and on-site contact and review with representatives of the grantee, and to the best of the grantor's knowledge, the grantee has not diverted any portion of the funds from the purpose of each grant.

VI. The dates of any reports received from the grantee

Numerous reports regarding use of the grant funds were received throughout the year from the beneficiary grantees, which received funding in 2015. For all of Glimmer's grantees, the Director of A Glimmer of Hope, Austin requires quarterly and annual reports, and photos as well as frequent telephone communications. The Director is responsible for confirming that the beneficiary grantee is meeting reporting requirements on a quarterly basis for Year 1 grants. For Year 2 grants, the beneficiary grantee is required to submit an annual report.

VII. The date and results of any verification of the grantee's reports undertaken pursuant to and to the extent required under paragraph (c)(1) of this section by the grantor or by others at the direction of the grantor

Throughout the year, on a weekly and sometimes daily basis, representatives of the grantor communicate in person, by phone, and by email regarding activities of the grantee including specific discussions about grantee's use of grant monies. The initial grant payment is made upon the approval of each Grant application. Progress reports, containing a narrative and financial reconciliation, are required from the beneficiary grantee before the quarterly grant payments are made, and a Summary Report is required at the end of the year. The Summary Report contains financial information as well as a selection of photos, a narrative and beneficiary stories..



Taxpayer: A Glimmer of Hope Foundation  
EIN: 31-1758218

**Disclosure for Form 990 PF, Part VII-B, Question 5c**

Pursuant to I.R.C. Regulation Section 53.4945-5(d), the taxpayer provides the following information to comply with the reporting requirements of I.R.C. Section 4945(h)(3) for the year ended December 31, 2015.

I. Name and address of the grantee

Bench Maji Development Association (BMDA)  
174 Mizan Teferi  
Tercha, Ethiopia

II. Dates and amounts of the grants

Throughout calendar year 2015, 2 grants totaling \$274,508 (USD) were active with BMDA. No grant payments were made to BMDA during 2015. See Grant Detail Schedule Attached.

III. Purpose of the grants

The purpose of the grants was to provide for the costs and charitable objectives of the grantee and has been used solely for charitable, scientific, testing for public safety, literary or educational purposes. More specifically, the grants funded projects dealing with agriculture, education, water conservation, microfinance, and human and animal health. See Grant Detail Schedule Attached.

IV. Amounts expended by the grantee (based upon the most recent reports received from the grantee)

As of December 31, 2015, the grantee had expended \$266,102 (USD) to fund the approved grant program. See Grant Detail Schedule Attached.

V. Whether the grantee has diverted any portion of the funds from the purpose of the grant (to the knowledge of the grantor)

Based on frequent written reports and on-site contact and review with representatives of the grantee, and to the best of the grantor's knowledge, the grantee has not diverted any portion of the funds from the purpose of each grant.

VI. The dates of any reports received from the grantee

Reports regarding use of the grant funds were received throughout the year for the programs, which were active during 2015. For all of Glimmer's programs, a Program Officer is assigned to monitor the construction of the project and they are responsible to monitor the progress with the Partners and make periodic visits to the site. The Program Officer is responsible to submit Field Visit Reports that discuss the progress made and issues noted on each specific field visit. Also, the Program Officer distributes a monthly progress report to the Glimmer Programs team, which shows the current status of every program that they manage. The Partner also submits a status report at the mid-term of the program and a completion report when the program is finished. See Grant Detail Schedule Attached.

VII. The date and results of any verification of the grantee's reports undertaken pursuant to and to the extent required under paragraph (c)(1) of this section by the grantor or by others at the direction of the grantor

Throughout the year, on a weekly and sometimes daily basis, representatives of the grantor communicate in person, by phone, by Skype, and by email regarding activities of the grantee including specific discussions about grantee's use of grant monies and the status of the program throughout its duration. The initial payment is made upon the approval of each Program Grant Agreement. Progress reports, containing a narrative and financial reconciliation, are required from the Partner before the mid-term payment is made, and a Completion Report is required at the end of the program. The Completion Report is required to contain completion photos of each project in the program, GPS coordinates, a narrative, financial reconciliation, and beneficiary stories. The Program Officer typically verifies the work on site before a mid-term or completion payment is made. The Program Officers perform additional site visits as needed to closely monitor the construction progress on the Program. Glimmer also employs an internal auditor in the Addis office who performs periodic reviews of Partners' financial operations and, depending on the size of the program, audits the financial reconciliations of individual programs.

Taxpayer: A Glimmer of Hope Foundation  
EIN: 31-1758218

**Disclosure for Form 990 PF, Part VII-B, Question 5c**

Pursuant to I.R.C. Regulation Section 53.4945-5(d), the taxpayer provides the following information to comply with the reporting requirements of I.R.C. Section 4945(h)(3) for the year ended December 31, 2015.

I. Name and address of the grantee

Dawro Development Association (DDA)  
P.O. Box 06  
Tercha, Ethiopia

II. Dates and amounts of the grants

Throughout calendar year 2015 5 grants totaling \$1,139,299 (USD) were active with DDA. Grant payments of \$173,254 (USD) were made to DDA during 2015. See Grant Detail Schedule Attached.

III. Purpose of the grants

The purpose of the grants was to provide for the costs and charitable objectives of the grantee and has been used solely for charitable, scientific, testing for public safety, literary or educational purposes. More specifically, the grants funded projects dealing with agriculture, education, water conservation, microfinance, and human and animal health. See Grant Detail Schedule Attached.

IV. Amounts expended by the grantee (based upon the most recent reports received from the grantee)

As of December 31, 2015, the grantee had expended \$1,087,516 (USD) to fund the active grant programs. See Grant Detail Schedule Attached.

Taxpayer: A Glimmer of Hope Foundation

EIN: 31-1758218

V. Whether the grantee has diverted any portion of the funds from the purpose of the grant (to the knowledge of the grantor)

Based on frequent written reports and on-site contact and review with representatives of the grantee, and to the best of the grantor's knowledge, the grantee has not diverted any portion of the funds from the purpose of each grant.

VI. The dates of any reports received from the grantee

Reports regarding use of the grant funds were received throughout the year for the programs, which were active during 2015. For all of Glimmer's programs, a Program Officer is assigned to monitor the construction of the project and they are responsible to monitor the progress with the Partners and make periodic visits to the site. The Program Officer is responsible to submit Field Visit Reports that discuss the progress made and issues noted on each specific field visit. Also, the Program Officer distributes a monthly progress report to the Glimmer Programs team, which shows the current status of every program that they manage. The Partner also submits a status report at the mid-term of the program and a completion report when the program is finished. See Grant Detail Schedule Attached.

VII. The date and results of any verification of the grantee's reports undertaken pursuant to and to the extent required under paragraph (c)(1) of this section by the grantor or by others at the direction of the grantor

Throughout the year, on a weekly and sometimes daily basis, representatives of the grantor communicate in person, by phone, by Skype, and by email regarding activities of the grantee including specific discussions about grantee's use of grant monies and the status of the program throughout its duration. The initial payment is made upon the approval of each Program Grant Agreement. Progress reports, containing a narrative and financial reconciliation, are required from the Partner before the mid-term payment is made, and a Completion Report is required at the end of the program. The Completion Report is required to contain completion photos of each project in the program, GPS coordinates, a narrative, financial reconciliation, and beneficiary stories. The Program Officer typically verifies the work on site before a mid-term or completion payment is made. The Program Officers perform additional site visits as needed to closely monitor the construction progress on the Program. Glimmer also employs an internal auditor in the Addis office who performs periodic reviews of Partners' financial operations and, depending on the size of the program, audits the financial reconciliations of individual programs.

Taxpayer: A Glimmer of Hope Foundation  
EIN: 31-1758218

**Disclosure for Form 990 PF, Part VII-B, Question 5c**

Pursuant to I.R.C. Regulation Section 53.4945-5(d), the taxpayer provides the following information to comply with the reporting requirements of I.R.C. Section 4945(h)(3) for the year ended December 31, 2015.

I. Name and address of the grantee

Dembi Dollo and Abebech Gobena Yhetsanat KL Mahiber (Dembi Dollo)  
18 Kelem Wollega Zone  
Ethiopia

II. Dates and amounts of the grants

Throughout calendar year 2015, 1 grant totaling \$22,785 (USD) was active with Dembi Dollo. Grant payments of \$19,604 (USD) were made during 2015. See Grant Detail Schedule Attached.

III. Purpose of the grants

The purpose of the grants was to provide for the costs and charitable objectives of the grantee and has been used solely for charitable, scientific, testing for public safety, literary or educational purposes. More specifically, the grants funded projects dealing with agriculture, education, water conservation, microfinance, and human and animal health. See Grant Detail Schedule Attached.

IV. Amounts expended by the grantee (based upon the most recent reports received from the grantee)

As of December 31, 2015, the grantee had expended \$19,604 (USD) to fund the active grant programs. See Grant Detail Schedule Attached.

V. Whether the grantee has diverted any portion of the funds from the purpose of the grant (to the knowledge of the grantor)

Based on frequent written reports and on-site contact and review with representatives of the grantee, and to the best of the grantor's knowledge, the grantee has not diverted any portion of the funds from the purpose of each grant.

Taxpayer: A Glimmer of Hope Foundation  
EIN: 31-1758218

VI. The dates of any reports received from the grantee

Reports regarding use of the grant funds were received throughout the year for the programs, which were active during 2015. For all of Glimmer's programs, a Program Officer is assigned to monitor the construction of the project and they are responsible to monitor the progress with the Partners and make periodic visits to the site. The Program Officer is responsible to submit Field Visit Reports that discuss the progress made and issues noted on each specific field visit. Also, the Program Officer distributes a monthly progress report to the Glimmer Programs team, which shows the current status of every program that they manage. The Partner also submits a status report at the mid-term of the program and a completion report when the program is finished. See Grant Detail Schedule Attached.

VII. The date and results of any verification of the grantee's reports undertaken pursuant to and to the extent required under paragraph (c)(1) of this section by the grantor or by others at the direction of the grantor

Throughout the year, on a weekly and sometimes daily basis, representatives of the grantor communicate in person, by phone, by Skype, and by email regarding activities of the grantee including specific discussions about grantee's use of grant monies and the status of the program throughout its duration. The initial payment is made upon the approval of each Program Grant Agreement. Progress reports, containing a narrative and financial reconciliation, are required from the Partner before the mid-term payment is made, and a Completion Report is required at the end of the program. The Completion Report is required to contain completion photos of each project in the program, GPS coordinates, a narrative, financial reconciliation, and beneficiary stories. The Program Officer typically verifies the work on site before a mid-term or completion payment is made. The Program Officers perform additional site visits as needed to closely monitor the construction progress on the Program. Glimmer also employs an internal auditor in the Addis office who performs periodic reviews of Partners' financial operations and, depending on the size of the program, audits the financial reconciliations of individual programs.

Taxpayer: A Glimmer of Hope Foundation  
EIN: 31-1758218

**Disclosure for Form 990 PF, Part VII-B, Question 5c**

Pursuant to I.R.C. Regulation Section 53.4945-5(d), the taxpayer provides the following information to comply with the reporting requirements of I.R.C. Section 4945(h)(3) for the year ended December 31, 2015.

I. Name and address of the grantee

Assefa Eyasu Consult  
Bole Sub City, Woreda 7  
Ethiopia HN9999

II. Dates and amounts of the grants

Throughout calendar year 2015, 1 grant totaling \$37,567 (USD) was active with Assefa Eyasu Consult to perform a Baseline Survey for ICD's being implemented in 2015. Grant payments of \$31,415(USD) were made during 2015. See Grant Detail Schedule Attached.

III. Purpose of the grants

The purpose of the grants was to provide for the costs and charitable objectives of the grantee and has been used solely for charitable, scientific, testing for public safety, literary or educational purposes. More specifically, the grants funded projects dealing with agriculture, education, water conservation, microfinance, and human and animal health. See Grant Detail Schedule Attached.

IV. Amounts expended by the grantee (based upon the most recent reports received from the grantee)

As of December 31, 2015, the grantee had expended \$31,415 (USD) to fund the approved grant program. See Grant Detail Schedule Attached.

V. Whether the grantee has diverted any portion of the funds from the purpose of the grant (to the knowledge of the grantor)

Based on frequent written reports and on-site contact and review with representatives of the grantee, and to the best of the grantor's knowledge, the grantee has not diverted any portion of the funds from the purpose of each grant.

VI. The dates of any reports received from the grantee

Reports regarding use of the grant funds were received throughout the year for the programs, which were active during 2015. For all of Glimmer's programs, a Program Officer is assigned to monitor the construction of the project and they are responsible to monitor the progress with the Partners and make periodic visits to the site. The Program Officer is responsible to submit Field Visit Reports that discuss the progress made and issues noted on each specific field visit. Also, the Program Officer distributes a monthly progress report to the Glimmer Programs team, which shows the current status of every program that they manage. The Partner also submits a status report at the mid-term of the program and a completion report when the program is finished. See Grant Detail Schedule Attached.

VII. The date and results of any verification of the grantee's reports undertaken pursuant to and to the extent required under paragraph (c)(1) of this section by the grantor or by others at the direction of the grantor

Throughout the year, on a weekly and sometimes daily basis, representatives of the grantor communicate in person, by phone, by Skype, and by email regarding activities of the grantee including specific discussions about grantee's use of grant monies and the status of the program throughout its duration. The initial payment is made upon the approval of each Program Grant Agreement. Progress reports, containing a narrative and financial reconciliation, are required from the Partner before the mid-term payment is made, and a Completion Report is required at the end of the program. The Completion Report is required to contain completion photos of each project in the program, GPS coordinates, a narrative, financial reconciliation, and beneficiary stories. The Program Officer typically verifies the work on site before a mid-term or completion payment is made. The Program Officers perform additional site visits as needed to closely monitor the construction progress on the Program. Glimmer also employs an internal auditor in the Addis office who performs periodic reviews of Partners' financial operations and, depending on the size of the program, audits the financial reconciliations of individual programs.



Taxpayer: A Glimmer of Hope Foundation  
EIN: 31-1758218

**Disclosure for Form 990 PF, Part VII-B, Question 5c**

Pursuant to I.R.C. Regulation Section 53.4945-5(d), the taxpayer provides the following information to comply with the reporting requirements of I.R.C. Section 4945(h)(3) for the year ended December 31, 2015.

I. Names and addresses of the grantees\_(LIVES)

**Mainegus Saving and Credit Cooperative  
Mainsegla Saving and Credit Cooperative  
Medhanalem Saving and Credit Cooperative  
Woini Saving and Credit Cooperative**

II. Dates and amounts of the grants

Throughout calendar year 2015, 1 grant totaling \$250,000 (USD) was active with LIVES. Grant payments of \$26,975 (USD) were made to LIVES during 2015. See Grant Detail Schedule Attached.

III. Purpose of the grants

The purpose of the grants was to provide for the costs and charitable objectives of the grantee and has been used solely for charitable, scientific, testing for public safety, literary or educational purposes. More specifically, the grants funded projects dealing with agriculture, education, water conservation, microfinance, and human and animal health. See Grant Detail Schedule Attached.

IV. Amounts expended by the grantee (based upon the most recent reports received from the grantee)

As of December 31, 2015, the grantee had expended \$207,491 (USD) to fund the approved grants for agricultural development through credit and capacity building programs. See Grant Detail Schedule Attached.

Taxpayer: A Glimmer of Hope Foundation  
EIN: 31-1758218

V. Whether the grantee has diverted any portion of the funds from the purpose of the grant (to the knowledge of the grantor)

Based on frequent written reports and on-site contact and review with representatives of the grantee, and to the best of the grantor's knowledge, the grantee has not diverted any portion of the funds from the purpose of each grant.

VI. The dates of any reports received from the grantee

No reports regarding use of the grant funds were received during 2015 because the program was only initially funded in December 2015. For all of Glimmer's programs, a Program Officer is assigned to monitor the projects and they are responsible to monitor the progress with the Partners and make periodic visits to the sites. The Program Officer is responsible to submit Field Visit Reports that discuss the progress made and issues noted on each specific field visit. Also, the Program Officer distributes a monthly progress report to the Glimmer Programs team, which shows the current status of every program that they manage. The Partner also submits a status report at the mid-term of the program and a completion report when the program is finished. See Grant Detail Schedule Attached.

VII. The date and results of any verification of the grantee's reports undertaken pursuant to and to the extent required under paragraph (c)(1) of this section by the grantor or by others at the direction of the grantor

Throughout the year, on a weekly and sometimes daily basis, representatives of the grantor communicate in person, by phone, by Skype, and by email regarding activities of the grantee including specific discussions about grantee's use of grant monies and the status of the program throughout its duration. The initial payment is made upon the approval of each Program Grant Agreement. Progress reports, containing a narrative and financial reconciliation, are required from the Partner before the mid-term payment is made, and a Completion Report is required at the end of the program. The Completion Report is required to contain completion photos from the program, a narrative, financial reconciliation, and beneficiary stories. The Program Officer typically verifies the work on site before a mid-term or completion payment is made. The Program Officers perform additional site visits as needed to closely monitor the construction progress on the Program. Glimmer also employs an internal auditor in the Addis office who performs periodic reviews of Partners' financial operations and, depending on the size of the program, audits the financial reconciliations of individual programs.

Taxpayer: A Glimmer of Hope Foundation  
EIN: 31-1758218

**Disclosure for Form 990 PF, Part VII-B, Question 5c**

Pursuant to I.R.C. Regulation Section 53.4945-5(d), the taxpayer provides the following information to comply with the reporting requirements of I.R.C. Section 4945(h)(3) for the year ended December 31, 2015.

I. Name and address of the grantee

Oromia Credit and Saving Share Company (OCSSCO)  
19853 Addis Ababa  
Ethiopia

II. Dates and amounts of the grants

Throughout calendar year 2015, 2 grants totaling \$293,500 (USD) was active with OCSSCO. Grant payments of \$208,886(USD) were made to OCSSCO during 2015. See Grant Detail Schedule Attached.

III. Purpose of the grants

The purpose of the grants was to provide for the costs and charitable objectives of the grantee and has been used solely for charitable, scientific, testing for public safety, literary or educational purposes. More specifically, the grants funded projects dealing with agriculture, education, water conservation, microfinance, and human and animal health. See Grant Detail Schedule Attached.

IV. Amounts expended by the grantee (based upon the most recent reports received from the grantee)

As of December 31, 2015, the grantee had expended \$ (USD) to fund the active grant programs. See Grant Detail Schedule Attached.

V. Whether the grantee has diverted any portion of the funds from the purpose of the grant (to the knowledge of the grantor)

Based on frequent written reports and on-site contact and review with representatives of the grantee, and to the best of the grantor's knowledge, the grantee has not diverted any portion of the funds from the purpose of each grant.

Taxpayer: A Glimmer of Hope Foundation  
EIN: 31-1758218

VI. The dates of any reports received from the grantee

Reports regarding use of the grant funds were received throughout the year for the programs, which were active during 2015. For all of Glimmer's programs, a Program Officer is assigned to monitor the construction of the project and they are responsible to monitor the progress with the Partners and make periodic visits to the site. The Program Officer is responsible to submit Field Visit Reports that discuss the progress made and issues noted on each specific field visit. Also, the Program Officer distributes a monthly progress report to the Glimmer Programs team, which shows the current status of every program that they manage. The Partner also submits a status report at the mid-term of the program and a completion report when the program is finished. See Grant Detail Schedule Attached.

VII. The date and results of any verification of the grantee's reports undertaken pursuant to and to the extent required under paragraph (c)(1) of this section by the grantor or by others at the direction of the grantor

Throughout the year, on a weekly and sometimes daily basis, representatives of the grantor communicate in person, by phone, by Skype, and by email regarding activities of the grantee including specific discussions about grantee's use of grant monies and the status of the program throughout its duration. The initial payment is made upon the approval of each Program Grant Agreement. Progress reports, containing a narrative and financial reconciliation, are required from the Partner before the mid-term payment is made, and a Completion Report is required at the end of the program. The Completion Report is required to contain completion photos of each project in the program, GPS coordinates, a narrative, financial reconciliation, and beneficiary stories. The Program Officer typically verifies the work on site before a mid-term or completion payment is made. The Program Officers perform additional site visits as needed to closely monitor the construction progress on the Program. Glimmer also employs an internal auditor in the Addis office who performs periodic reviews of Partners' financial operations and, depending on the size of the program, audits the financial reconciliations of individual programs.

Taxpayer: A Glimmer of Hope Foundation  
EIN: 31-1758218

**Disclosure for Form 990 PF, Part VII-B, Question 5c**

Pursuant to I.R.C. Regulation Section 53.4945-5(d), the taxpayer provides the following information to comply with the reporting requirements of I.R.C. Section 4945(h)(3) for the year ended December 31, 2015.

I. Name and address of the grantee

Oromiya Development Association (ODA)  
8801 Addis Ababa  
Ethiopia

II. Dates and amounts of the grants

Throughout calendar year 2015, 11 grants totaling \$3,146,141 (USD) were active with ODA. Grant payments of \$1,069,775 (USD) were made to ODA during 2015. See Grant Detail Schedule Attached.

III. Purpose of the grants

The purpose of the grants was to provide for the costs and charitable objectives of the grantee and has been used solely for charitable, scientific, testing for public safety, literary or educational purposes. More specifically, the grants funded projects dealing with agriculture, education, water conservation, microfinance, and human and animal health. See Grant Detail Schedule Attached.

IV. Amounts expended by the grantee (based upon the most recent reports received from the grantee)

As of December 31, 2015, the grantee had expended \$2,531,782 (USD) to fund the active grant programs. See Grant Detail Schedule Attached.

V. Whether the grantee has diverted any portion of the funds from the purpose of the grant (to the knowledge of the grantor)

Based on frequent written reports and on-site contact and review with representatives of the grantee, and to the best of the grantor's knowledge, the grantee has not diverted any portion of the funds from the purpose of each grant.

VI. The dates of any reports received from the grantee

Reports regarding use of the grant funds were received throughout the year for the programs, which were active during 2015. For all of Glimmer's programs, a Program Officer is assigned to monitor the construction of the project and they are responsible to monitor the progress with the Partners and make periodic visits to the site. The Program Officer is responsible to submit Field Visit Reports that discuss the progress made and issues noted on each specific field visit. Also, the Program Officer distributes a monthly progress report to the Glimmer Programs team, which shows the current status of every program that they manage. The Partner also submits a status report at the mid-term of the program and a completion report when the program is finished. See Grant Detail Schedule Attached.

VII. The date and results of any verification of the grantee's reports undertaken pursuant to and to the extent required under paragraph (c)(1) of this section by the grantor or by others at the direction of the grantor

Throughout the year, on a weekly and sometimes daily basis, representatives of the grantor communicate in person, by phone, by Skype, and by email regarding activities of the grantee including specific discussions about grantee's use of grant monies and the status of the program throughout its duration. The initial payment is made upon the approval of each Program Grant Agreement. Progress reports, containing a narrative and financial reconciliation, are required from the Partner before the mid-term payment is made, and a Completion Report is required at the end of the program. The Completion Report is required to contain completion photos of each project in the program, GPS coordinates, a narrative, financial reconciliation, and beneficiary stories. The Program Officer typically verifies the work on site before a mid-term or completion payment is made. The Program Officers perform additional site visits as needed to closely monitor the construction progress on the Program. Glimmer also employs an internal auditor in the Addis office who performs periodic reviews of Partners' financial operations and, depending on the size of the program, audits the financial reconciliations of individual programs.

Taxpayer: A Glimmer of Hope Foundation  
EIN: 31-1758218

**Disclosure for Form 990 PF, Part VII-B, Question 5c**

Pursuant to I.R.C. Regulation Section 53.4945-5(d), the taxpayer provides the following information to comply with the reporting requirements of I.R.C. Section 4945(h)(3) for the year ended December 31, 2015.

I. Name and address of the grantee

Organization for Rehabilitation & Development in Amhara(ORDA)  
132 Bahhir Dar  
8122 Addis Ababa  
Ethiopia

II. Dates and amounts of the grants

During calendar year 2015, 6 grants totaling \$1,259,604, (USD) were active with ORDA. Grant payments of \$292,772 (USD) were made to ORDA during 2015. See Grant Detail Schedule Attached.

III. Purpose of the grants

The purpose of the grants was to provide for the costs and charitable objectives of the grantee and has been used solely for charitable, scientific, testing for public safety, literary or educational purposes. More specifically, the grants funded projects dealing with agriculture, education, water conservation, microfinance, and human and animal health. See Grant Detail Schedule Attached.

IV. Amounts expended by the grantee (based upon the most recent reports received from the grantee)

As of December 31, 2015, the grantee had expended \$1,128,581 (USD) for the active grant programs. See Grant Detail Schedule Attached.

V. Whether the grantee has diverted any portion of the funds from the purpose of the grant (to the knowledge of the grantor)

Taxpayer: A Glimmer of Hope Foundation  
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Based on frequent written reports and on-site contact and review with representatives of the grantee, and to the best of the grantor's knowledge, the grantee has not diverted any portion of the funds from the purpose of each grant.

VI. The dates of any reports received from the grantee

Reports regarding use of the grant funds were received throughout the year for the programs, which were active during 2015. For all of Glimmer's programs, a Program Officer is assigned to monitor the construction of the project and they are responsible to monitor the progress with the Partners and make periodic visits to the site. The Program Officer is responsible to submit Field Visit Reports that discuss the progress made and issues noted on each specific field visit. Also, the Program Officer distributes a monthly progress report to the Glimmer Programs team, which shows the current status of every program that they manage. The Partner also submits a status report at the mid-term of the program and a completion report when the program is finished. See Grant Detail Schedule Attached.

VII. The date and results of any verification of the grantee's reports undertaken pursuant to and to the extent required under paragraph (c)(1) of this section by the grantor or by others at the direction of the grantor

Throughout the year, on a weekly and sometimes daily basis, representatives of the grantor communicate in person, by phone, by Skype, and by email regarding activities of the grantee including specific discussions about grantee's use of grant monies and the status of the program throughout its duration. The initial payment is made upon the approval of each Program Grant Agreement. Progress reports, containing a narrative and financial reconciliation, are required from the Partner before the mid-term payment is made, and a Completion Report is required at the end of the program. The Completion Report is required to contain completion photos of each project in the program, GPS coordinates, a narrative, financial reconciliation, and beneficiary stories. The Program Officer typically verifies the work on site before a mid-term or completion payment is made. The Program Officers perform additional site visits as needed to closely monitor the construction progress on the Program. Glimmer also employs an internal auditor in the Addis office who performs periodic reviews of Partners' financial operations and, depending on the size of the program, audits the financial reconciliations of individual programs.



Taxpayer: A Glimmer of Hope Foundation  
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**Disclosure for Form 990 PF, Part VII-B, Question 5c**

Pursuant to I.R.C. Regulation Section 53.4945-5(d), the taxpayer provides the following information to comply with the reporting requirements of I.R.C. Section 4945(h)(3) for the year ended December 31, 2015.

I. Name and address of the grantee

Relief Society of Tigray (REST)  
20 Mekele  
8078 Addis Ababa, Ethiopia

II. Dates and amounts of the grants

Throughout calendar year 2015, 11 grants totaling \$10,603,492 (USD) were in progress with REST and grant payments of \$975,730 (USD) were made to REST in 2015. See Grant Detail Schedule Attached.

III. Purpose of the grants

The purpose of the grants was to provide for the costs and charitable objectives of the grantee and has been used solely for charitable, scientific, testing for public safety, literary or educational purposes. More specifically, the grants funded projects dealing with agriculture, education, water conservation, microfinance, and human and animal health. See Grant Detail Schedule Attached.

IV. Amounts expended by the grantee (based upon the most recent reports received from the grantee)

As of December 31, 2015, the grantee had expended \$9,684,033 (USD) to fund the active grant programs within the Tigray region of Ethiopia. See Grant Detail Schedule Attached.

Taxpayer: A Glimmer of Hope Foundation  
EIN: 31-1758218

V. Whether the grantee has diverted any portion of the funds from the purpose of the grant (to the knowledge of the grantor)

Based on frequent written reports and on-site contact and review with representatives of the grantee, and to the best of the grantor's knowledge, the grantee has not diverted any portion of the funds from the purpose of each grant.

VI. The dates of any reports received from the grantee

Numerous reports regarding use of the grant funds were received throughout the year for the programs, which were active during 2015. For all of Glimmer's programs, a Program Officer is assigned to monitor the construction of the project and they are responsible to monitor the progress with the Partners and make periodic visits to the site. The Program Officer is responsible to submit Field Visit Reports that discuss the progress made and issues noted on each specific field visit. Also, the Program Officer distributes a monthly progress report to the Glimmer Programs team, which shows the current status of every program that they manage. The Partner also submits a status report at the mid-term of the program and a completion report when the program is finished. See Grant Detail Schedule Attached.

VII. The date and results of any verification of the grantee's reports undertaken pursuant to and to the extent required under paragraph (c)(1) of this section by the grantor or by others at the direction of the grantor

Throughout the year, on a weekly and sometimes daily basis, representatives of the grantor communicate in person, by phone, by Skype, and by email regarding activities of the grantee including specific discussions about grantee's use of grant monies and the status of the program throughout its duration. The initial payment is made upon the approval of each Program Grant Agreement. Progress reports, containing a narrative and financial reconciliation, are required from the Partner before the mid-term payment is made, and a Completion Report is required at the end of the program. The Completion Report is required to contain completion photos of each project in the program, GPS coordinates, a narrative, financial reconciliation, and beneficiary stories. The Program Officer typically verifies the work on site before a mid-term or completion payment is made. The Program Officers perform additional site visits as needed to closely monitor the construction progress on the Program. Glimmer also employs an internal auditor in the Addis office who performs periodic reviews of Partners' financial operations and, depending on the size of the program, audits the financial reconciliations of individual programs.

Taxpayer: A Glimmer of Hope Foundation  
EIN: 31-1758218

**Disclosure for Form 990 PF, Part VII-B, Question 5c**

Pursuant to I.R.C. Regulation Section 53.4945-5(d), the taxpayer provides the following information to comply with the reporting requirements of I.R.C. Section 4945(h)(3) for the year ended December 31, 2015.

I. Name and address of the grantee

Sidama Development Association (SDA)  
8801 Addis Ababa, Ethiopia

II. Dates and amounts of the grants

Throughout calendar year 2015, 5 grants totaling \$602,330 (USD) were active with SDA. Grant payments of \$30,557 (USD) were made to SDA during 2015. See Grant Detail Schedule Attached.

III. Purpose of the grants

The purpose of the grants was to provide for the costs and charitable objectives of the grantee and has been used solely for charitable, scientific, testing for public safety, literary or educational purposes. More specifically, the grants funded projects dealing with agriculture, education, water conservation, microfinance, and human and animal health. See Grant Detail Schedule Attached.

IV. Amounts expended by the grantee (based upon the most recent reports received from the grantee)

As of December 31, 2015, the grantee had expended \$581,494 (USD) to fund the active grant programs. See Grant Detail Schedule Attached.

V. Whether the grantee has diverted any portion of the funds from the purpose of the grant (to the knowledge of the grantor)

Based on frequent written reports and on-site contact and review with representatives of the grantee, and to the best of the grantor's knowledge, the grantee has not diverted any portion of the funds from the purpose of each grant.

Taxpayer: A Glimmer of Hope Foundation  
EIN: 31-1758218

VI. The dates of any reports received from the grantee

Reports regarding use of the grant funds were received throughout the year for the programs, which were active during 2015. For all of Glimmer's programs, a Program Officer is assigned to monitor the construction of the project and they are responsible to monitor the progress with the Partners and make periodic visits to the site. The Program Officer is responsible to submit Field Visit Reports that discuss the progress made and issues noted on each specific field visit. Also, the Program Officer distributes a monthly progress report to the Glimmer Programs team, which shows the current status of every program that they manage. The Partner also submits a status report at the mid-term of the program and a completion report when the program is finished. See Grant Detail Schedule Attached.

VII. The date and results of any verification of the grantee's reports undertaken pursuant to and to the extent required under paragraph (c)(1) of this section by the grantor or by others at the direction of the grantor

Throughout the year, on a weekly and sometimes daily basis, representatives of the grantor communicate in person, by phone, by Skype, and by email regarding activities of the grantee including specific discussions about grantee's use of grant monies and the status of the program throughout its duration. The initial payment is made upon the approval of each Program Grant Agreement. Progress reports, containing a narrative and financial reconciliation, are required from the Partner before the mid-term payment is made, and a Completion Report is required at the end of the program. The Completion Report is required to contain completion photos of each project in the program, GPS coordinates, a narrative, financial reconciliation, and beneficiary stories. The Program Officer typically verifies the work on site before a mid-term or completion payment is made. The Program Officers perform additional site visits as needed to closely monitor the construction progress on the Program. Glimmer also employs an internal auditor in the Addis office who performs periodic reviews of Partners' financial operations and, depending on the size of the program, audits the financial reconciliations of individual programs.

Taxpayer: A Glimmer of Hope Foundation  
EIN: 31-1758218

**Disclosure for Form 990 PF, Part VII-B, Question 5c**

Pursuant to I.R.C. Regulation Section 53.4945-5(d), the taxpayer provides the following information to comply with the reporting requirements of I.R.C. Section 4945(h)(3) for the year ended December 31, 2015.

I. Name and address of the grantee

Tigray Development Association (TDA)  
8801 Addis Ababa, Ethiopia

II. Dates and amounts of the grants

Throughout calendar year 2015, 9 grants totaling \$2,057,993 (USD) were active with TDA. Grant payments of \$882,552 (USD) were made to TDA during 2015. See Grant Detail Schedule Attached.

III. Purpose of the grants

The purpose of the grants was to provide for the costs and charitable objectives of the grantee and has been used solely for charitable, scientific, testing for public safety, literary or educational purposes. More specifically, the grants funded projects dealing with agriculture, education, water conservation, microfinance, and human and animal health. See Grant Detail Schedule Attached.

IV. Amounts expended by the grantee (based upon the most recent reports received from the grantee)

As of December 31, 2015, the grantee had expended \$1,724,372 (USD) to fund the approved grant programs. See Grant Detail Schedule Attached.

V. Whether the grantee has diverted any portion of the funds from the purpose of the grant (to the knowledge of the grantor)

Based on frequent written reports and on-site contact and review with representatives of the grantee, and to the best of the grantor's knowledge, the grantee has not diverted any portion of the funds from the purpose of each grant.

Taxpayer: A Glimmer of Hope Foundation  
EIN: 31-1758218

VI. The dates of any reports received from the grantee

Reports regarding use of the grant funds were received throughout the year for the programs, which were active during 2015. For all of Glimmer's programs, a Program Officer is assigned to monitor the construction of the project and they are responsible to monitor the progress with the Partners and make periodic visits to the site. The Program Officer is responsible to submit Field Visit Reports that discuss the progress made and issues noted on each specific field visit. Also, the Program Officer distributes a monthly progress report to the Glimmer Programs team, which shows the current status of every program that they manage. The Partner also submits a status report at the mid-term of the program and a completion report when the program is finished. See Grant Detail Schedule Attached.

VII. The date and results of any verification of the grantee's reports undertaken pursuant to and to the extent required under paragraph (c)(1) of this section by the grantor or by others at the direction of the grantor

Throughout the year, on a weekly and sometimes daily basis, representatives of the grantor communicate in person, by phone, by Skype, and by email regarding activities of the grantee including specific discussions about grantee's use of grant monies and the status of the program throughout its duration. The initial payment is made upon the approval of each Program Grant Agreement. Progress reports, containing a narrative and financial reconciliation, are required from the Partner before the mid-term payment is made, and a Completion Report is required at the end of the program. The Completion Report is required to contain completion photos of each project in the program, GPS coordinates, a narrative, financial reconciliation, and beneficiary stories. The Program Officer typically verifies the work on site before a mid-term or completion payment is made. The Program Officers perform additional site visits as needed to closely monitor the construction progress on the Program. Glimmer also employs an internal auditor in the Addis office who performs periodic reviews of Partners' financial operations and, depending on the size of the program, audits the financial reconciliations of individual programs.

Taxpayer: A Glimmer of Hope Foundation  
EIN: 31-1758218

**Disclosure for Form 990 PF, Part VII-B, Question 5c**

Pursuant to I.R.C. Regulation Section 53.4945-5(d), taxpayer provides the following information to comply with the reporting requirements of I.R.C. Section 4945(h)(3) for the year ended December 31, 2015.

I. Name and address of the grantee

A Glimmer of Hope Foundation, U.K.  
c/o Prospectus Ltd.  
20-22 Stukeley Street  
London, England WC2B 5LA

II. Dates and amounts of the grants

During 2015, grants totaling \$18,324 (USD) were funded to A Glimmer of Hope Foundation, U.K..

III. Purpose of the grants

The purpose of the grants was to provide for the costs and charitable objectives of the grantee and has been used solely for charitable, scientific, testing for public safety, literary or educational purposes. More specifically, the grants were utilized to organize and establish the U.K. charity in order to provide opportunities for fund raising in the U.K. to further the mission of A Glimmer of Hope to lift women and children out of extreme poverty in rural Ethiopia.

IV. Amounts expended by the grantee (based upon the most recent report received from the grantee)

During 2015 the grantee expended \$18,324 (USD) to fund the establishment of the charity in the U.K..

Taxpayer: A Glimmer of Hope Foundation  
EIN: 31-1758218

V. Whether the grantee has diverted any portion of the funds from the purpose of the grant (to the knowledge of the grantor)

Based on frequent written reports and on-site contact and review with representatives of the grantee, and to the best of the grantor's knowledge, the grantee has not diverted any portion of the funds from the purpose of each grant.

VI. The dates of any reports received from the grantee

Numerous communications regarding use of the grant funds were received throughout the year from the beneficiary grantee, which received funding in 2015.

VII. The date and results of any verification of the grantee's reports undertaken pursuant to and to the extent required under paragraph (c)(1) of this section by the grantor or by others at the direction of the grantor

Throughout the year, on a weekly and sometimes daily basis, representatives of the grantor communicate in person, by phone, and by email regarding activities of the grantee including specific discussions about grantee's use of grant monies.