**Return of Organization Exempt From Income Tax**

**Form 990**

**Department of the Treasury**

**Internal Revenue Service**

**2014**

**Open to Public Inspection**

---

**A For the 2014 calendar year, or tax year beginning 07-01-2014, and ending 06-30-2015**

**B Check if applicable**
- Address change
- Name change
- Initial return
- Real return/terminated Amended return
- Application pending

**C Name of organization**
- GLOBAL IMPACT

**D Employer identification number**
- 52-1273585

**E Telephone number**
- (703) 717-5200

**G Gross receipts $ 46,152,261**

**F Name and address of principal officer**
- Scott Jackson
- 1199 North Fairfax Street
- Alexandria, VA 22314

**H(a) Is this a group return for subordinates?**
- Yes

**H(b) Are all subordinates included?**
- Yes

**H(c) Group exemption number**
- (insert no.)

**I Tax-exempt status**
- 501(c)(3)

**J Website**
- WWW CHARITY ORG

**K Form of organization**
- Corporation

**L Year of formation**
- 1991

**M State of legal domicile**
- DC

---

**Part I Summary**

1. Briefly describe the organization's mission or most significant activities.

   Global Impact builds partnerships and resources for the world's most vulnerable people

2. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

   (insert no.)

3. Number of voting members of the governing body (Part VI, line 1a)
   - 3
   - 19

4. Number of independent voting members of the governing body (Part VI, line 1b)
   - 4
   - 18

5. Total number of employees in calendar year 2014 (Part V, line 2a)
   - 5
   - 84

6. Total number of volunteers (estimate if necessary)
   - 6
   - 18

7a. Total unrelated business revenue from Part VIII, column (C), line 12
   - 25,165

7b. Net unrelated business taxable income from Form 990-T, line 34
   - -7,956

---

**Part II Expenditures & Governance**

8. Contributions and grants (Part VIII, line 1h)
   - 36,186,920
   - 43,300,109

9. Program service revenue (Part VIII, line 2g)
   - 1,949,817
   - 2,145,376

10. Investment income (Part VIII, column (A), lines 3, 4, and 7d)
    - 39,733
    - 70,769

11. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
    - 0
    - 0

12. Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)
    - 40,176,470
    - 45,516,254

13. Grants and similar amounts paid (Part IX, column (A), lines 1-3)
    - 30,750,330
    - 35,406,476

14. Benefits paid to or for members (Part IX, column (A), line 4)
    - 0
    - 0

15. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)
    - 5,165,688
    - 6,212,916

16a. Professional fundraising fees (Part IX, column (A), line 11a)
    - 0
    - 0

16b. Total fundraising expenses (Part IX, column (D), line 25)
    - 778,866

17. Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)
    - 4,126,181
    - 3,809,962

18. Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)
    - 40,042,199
    - 45,429,354

19. Revenue less expenses Subtract line 18 from line 12
    - 1,394,271
    - 86,900

---

**Part III Net Assets or Fund Balances**

20. Total assets (Part X, line 16)
    - 19,396,108
    - 25,760,932

21. Total liabilities (Part X, line 26)
    - 13,539,413
    - 19,904,237

22. Net assets or fund balances Subtract line 21 from line 20
    - 5,856,695
    - 5,856,695

---

**Signature Block**

- Signature of officer
  - Date: 02-12-2014

- Scott Jackson, President and CEO

---

**For Paperwork Reduction Act Notice, see the separate instructions.**

Cat No 11282Y Form 990 (2014)
Part III  Statement of Program Service Accomplishments

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

1  Briefly describe the organization's mission

Global Impact builds partnerships and resources for the world's most vulnerable people (Continued on Schedule O)

2  Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

If "Yes," describe these new services on Schedule O

3  Did the organization cease conducting, or make significant changes in how it conducts, any program services?

If "Yes," describe these changes on Schedule O

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Expenses $</th>
<th>Including grants of $</th>
<th>Revenue $</th>
</tr>
</thead>
<tbody>
<tr>
<td>4a</td>
<td>37,072,087</td>
<td>33,545,973</td>
<td>479,010</td>
</tr>
<tr>
<td></td>
<td>Campaign Solutions (SEE SCHEDULE O FOR CONTINUATION)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4b</td>
<td>3,629,837</td>
<td>1,860,503</td>
<td>1,641,201</td>
</tr>
<tr>
<td></td>
<td>Partner Solutions (SEE SCHEDULE O FOR CONTINUATION)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4c</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4d  Other program services (Describe in Schedule O)

(Expenses $ ) (Including grants of $ ) (Revenue $ )

4e  Total program service expenses

40,701,924
**Part IV Checklist of Required Schedules**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>11a</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>11b</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>11c</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>11d</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>11e</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>11f</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>12a</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>12b</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>14a</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>14b</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>20a</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>20b</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part III.

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.

Did the organization maintain any conservation easements, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.

Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.

Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.

If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable:

- Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.
- Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.
- Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.
- Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.
- Did the organization report an amount on other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.
- Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part XVI.

Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.

Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.

Did the organization maintain an office, employees, or agents outside of the United States?

Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? If "Yes," complete Schedule F, Parts I and IV.

Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.

Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.

Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).

Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.

Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.

Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.

If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
### Part IV Checklist of Required Schedules (continued)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>21. Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If &quot;Yes,&quot; complete Schedule I, Parts I and II.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>22. Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If &quot;Yes,&quot; complete Schedule I, Parts I and III.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>23. Did the organization answer &quot;Yes&quot; to Part VII, Section A, line 3, 4, or 5 about compensation of the organization’s current and former officers, directors, trustees, key employees, and highest compensated employees? If &quot;Yes,&quot; complete Schedule J.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>24a. Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? If &quot;Yes,&quot; answer lines 24b through 24d and complete Schedule K. If &quot;No,&quot; go to line 25a.</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>24b. Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24c. Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24d. Did the organization act as an &quot;on behalf of&quot; issuer for bonds outstanding at any time during the year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25a. <strong>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</strong> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If &quot;Yes,&quot; complete Schedule L, Part I.</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>25b. Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization’s prior Forms 990 or 990-EZ? If &quot;Yes,&quot; complete Schedule L, Part I.</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>26. Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If &quot;Yes,&quot; complete Schedule L, Part II.</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>27. Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If &quot;Yes,&quot; complete Schedule L, Part III.</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>28. Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>a. A current or former officer, director, trustee, or key employee? If &quot;Yes,&quot; complete Schedule L, Part IV.</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>b. A family member of a current or former officer, director, trustee, or key employee? If &quot;Yes,&quot; complete Schedule L, Part IV.</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>c. An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If &quot;Yes,&quot; complete Schedule L, Part IV.</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>29. Did the organization receive more than $25,000 in non-cash contributions? If &quot;Yes,&quot; complete Schedule M.</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>30. Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If &quot;Yes,&quot; complete Schedule M.</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>31. Did the organization liquidate, terminate, or dissolve and cease operations? If &quot;Yes,&quot; complete Schedule N, Part I.</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>32. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If &quot;Yes,&quot; complete Schedule N, Part II.</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>33. Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If &quot;Yes,&quot; complete Schedule R, Part I.</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>34. Was the organization related to any tax-exempt or taxable entity? If &quot;Yes,&quot; complete Schedule R, Part II, III, or IV, and Part V, line 1.</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>35a. Did the organization have a controlled entity within the meaning of section 512(b)(13)?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>b. If &quot;Yes&quot; to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If &quot;Yes,&quot; complete Schedule R, Part V, line 2.</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>36. <strong>Section 501(c)(3) organizations.</strong> Did the organization make any transfers to an exempt non-charitable related organization? If &quot;Yes,&quot; complete Schedule R, Part V, line 2.</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>37. Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If &quot;Yes,&quot; complete Schedule R, Part VI.</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>38. Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td><strong>Note.</strong> All Form 990 filers are required to complete Schedule O.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Statements Regarding Other IRS Filings and Tax Compliance

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

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable</td>
<td>40</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable</td>
<td>1b</td>
<td>0</td>
</tr>
<tr>
<td>c</td>
<td>Did the organization comply with backup withholding rules for reportable payments to vendors and reports for gaming (gambling) winnings to prize winners?</td>
<td>1c</td>
<td>Yes</td>
</tr>
<tr>
<td>2a</td>
<td>Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return</td>
<td>2a</td>
<td>84</td>
</tr>
<tr>
<td>b</td>
<td>If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</td>
<td>2b</td>
<td>Yes</td>
</tr>
<tr>
<td>3a</td>
<td>Did the organization have unrelated business gross income of $1,000 or more during the year?</td>
<td>3a</td>
<td>Yes</td>
</tr>
<tr>
<td>b</td>
<td>If &quot;Yes,&quot; has it filed a Form 990-T for this year? If &quot;No&quot; to line 3b, provide an explanation in Schedule O</td>
<td>3b</td>
<td>Yes</td>
</tr>
<tr>
<td>4a</td>
<td>At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</td>
<td>4a</td>
<td>No</td>
</tr>
<tr>
<td>b</td>
<td>If &quot;Yes,&quot; enter the name of the foreign country (see instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR))</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5a</td>
<td>Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</td>
<td>5a</td>
<td>No</td>
</tr>
<tr>
<td>b</td>
<td>Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</td>
<td>5b</td>
<td>No</td>
</tr>
<tr>
<td>c</td>
<td>If &quot;Yes,&quot; to line 5a or 5b, did the organization file Form 8886-T?</td>
<td>5c</td>
<td>No</td>
</tr>
<tr>
<td>6a</td>
<td>Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</td>
<td>6a</td>
<td>No</td>
</tr>
<tr>
<td>b</td>
<td>If &quot;Yes,&quot; did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</td>
<td>6b</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Organizations that may receive deductible contributions under section 170(c).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?</td>
<td>7a</td>
<td>No</td>
</tr>
<tr>
<td>b</td>
<td>If &quot;Yes,&quot; did the organization notify the donor of the value of the goods or services provided?</td>
<td>7b</td>
<td>No</td>
</tr>
<tr>
<td>c</td>
<td>Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</td>
<td>7c</td>
<td>No</td>
</tr>
<tr>
<td>d</td>
<td>If &quot;Yes,&quot; indicate the number of Forms 8282 filed during the year</td>
<td>7d</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</td>
<td>7e</td>
<td>No</td>
</tr>
<tr>
<td>f</td>
<td>Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</td>
<td>7f</td>
<td>No</td>
</tr>
<tr>
<td>g</td>
<td>If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</td>
<td>7g</td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</td>
<td>7h</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Sponsoring organizations maintaining donor-advised funds.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Did a donor-advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</td>
<td>8</td>
<td>No</td>
</tr>
<tr>
<td>b</td>
<td>Did the sponsoring organization make any taxable distributions under section 4966?</td>
<td>9a</td>
<td>No</td>
</tr>
<tr>
<td>9</td>
<td>Did the sponsoring organization make a distribution to a donor, advisor, or related person?</td>
<td>9b</td>
<td>No</td>
</tr>
</tbody>
</table>

### Section 501(c)(7) organizations

#### Enter

- Initiation fees and capital contributions included on Part VIII, line 12
- Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

### Section 501(c)(12) organizations

#### Enter

- Gross income from members or shareholders
- Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)

### Section 4947(a)(1) non-exempt charitable trusts

#### Enter

- Is the organization filing Form 990 in lieu of Form 1041? | 12a |
- If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b |

### Section 501(c)(29) qualified nonprofit health insurance issuers

#### Enter

- Is the organization licensed to issue qualified health plans in more than one state? | 13a |
- Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b |
- Enter the amount of reserves on hand | 13c |
- Did the organization receive any payments for indoor tanning services during the tax year? | 14a |
- If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b |
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year.

If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.

1b Enter the number of voting members included in line 1a, above, who are independent.

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

5 Did the organization become aware during the year of a significant diversion of the organization's assets?

6 Did the organization have members or stockholders?

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?

7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following?

a The governing body

b Each committee with authority to act on behalf of the governing body

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

10a Did the organization have local chapters, branches, or affiliates?

10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, branches, or affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.

12a Did the organization have a written conflict of interest policy? If "No," go to line 13.

12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.

13 Did the organization have a written whistleblower policy?

14 Did the organization have a written document retention and destruction policy?

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

a The organization's CEO, Executive Director, or top management official

b Other officers or key employees of the organization

15a If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, IL, IN, KS, KY, ME, MD, MI, MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, TX, UT, VT, VA, WA, WV, WI

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)) only available for public inspection. Indicate how you made these available. Check all that apply:

☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:

MARK MILLIGAN MNG DIR-FINAN

119 N FAIRFAX ST 300

ALEXANDRIA, VA 22314 (703) 717-5200

Form 990 (2014)
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

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

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

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week (list any hours for related organizations below dotted line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Individual trustee or director</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Institutional trustee</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Officer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Key employee</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Former highest compensated employee</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Form 990 (2014)
### Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week (list any hours for related organizations below dotted line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
</table>

| 1b Sub-Total        |                                                                                       |                                                                                                 |                                                                                       |                                                                                       |                                                                                       |
| 1c Total from continuation sheets to Part VII, Section A     |                                                                                       |                                                                                                 |                                                                                       |                                                                                       |                                                                                       |
| 1d Total (add lines 1b and 1c)                              |                                                                                       |                                                                                                 |                                                                                       |                                                                                       |                                                                                       |

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

| 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person |

### Section B. Independent Contractors

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

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schaner Lubitz PLLC, 6931 Arlington Road Bethesda, MD 20814</td>
<td>Legal</td>
<td>180,000</td>
</tr>
<tr>
<td>Rackspace Managed Hosting, PO Box 730759 Dallas, TX 75373</td>
<td>Internet Hosting</td>
<td>106,009</td>
</tr>
<tr>
<td>Renee Acosta, 12 Gleneagle Circle Napa, CA 94558</td>
<td>Consulting</td>
<td>108,333</td>
</tr>
<tr>
<td>BDO US LLP, 7101 Wisconsin Ave Suite 800 BETHESDA, MD 20814</td>
<td>Audit</td>
<td>100,575</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th></th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Federated campaigns</td>
<td>35,286,700</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Membership dues</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Fundraising events</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Related organizations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Government grants (contributions)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>All other contributions, gifts, grants, and similar amounts not included above</td>
<td>8,013,409</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Noncash contributions included in lines 1a-1f</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>Total. Add lines 1a-1f</td>
<td>43,300,109</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>Adv Svs/Pr Gr/Rel rev</td>
<td>900099</td>
<td>1,666,366</td>
<td>1,641,201</td>
</tr>
<tr>
<td>b</td>
<td>MEMBER STATE REGISTRATION</td>
<td>900099</td>
<td>291,850</td>
<td>291,850</td>
</tr>
<tr>
<td>c</td>
<td>COOPERATIVE ADVERTISING</td>
<td>900099</td>
<td>187,160</td>
<td>187,160</td>
</tr>
<tr>
<td>d</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>All other program service revenue</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Total. Add lines 2a-2f</td>
<td>2,145,376</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Program Service Revenue

<table>
<thead>
<tr>
<th></th>
<th>(A)</th>
<th>(B)</th>
<th>(C)</th>
<th>(D)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>36,953</td>
<td>36,953</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Income from investment of tax-exempt bond proceeds</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Royalties</td>
<td>0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Other Revenue

<table>
<thead>
<tr>
<th></th>
<th>(i)</th>
<th>(ii)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6a</td>
<td>Gross rents</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Less rental expenses</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Rental income or (loss)</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Total net rental income or (loss)</td>
<td>0</td>
</tr>
<tr>
<td>7a</td>
<td>Gross amount from sales of assets other than inventory</td>
<td>669,823</td>
</tr>
<tr>
<td></td>
<td>Less cost or other basis and sales expenses</td>
<td>636,007</td>
</tr>
<tr>
<td></td>
<td>Gain or (loss)</td>
<td>33,816</td>
</tr>
<tr>
<td></td>
<td>Total net gain or (loss)</td>
<td>33,816</td>
</tr>
<tr>
<td>8a</td>
<td>Gross income from fundraising events (not including $ of contributions reported on line 1c)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>See Part IV, line 19</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Less direct expenses</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total net income or (loss) from fundraising events</td>
<td>0</td>
</tr>
<tr>
<td>9a</td>
<td>Gross income from gaming activities</td>
<td></td>
</tr>
<tr>
<td></td>
<td>See Part IV, line 19</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Less direct expenses</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total net income or (loss) from gaming activities</td>
<td>0</td>
</tr>
<tr>
<td>10a</td>
<td>Gross sales of inventory, less returns and allowances</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Less cost of goods sold</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total net income or (loss) from sales of inventory</td>
<td>0</td>
</tr>
</tbody>
</table>

### Miscellaneous Revenue

<table>
<thead>
<tr>
<th>(A)</th>
<th>Business Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>25,165</td>
<td>70,769</td>
</tr>
</tbody>
</table>

**Total revenue. See Instructions:** 45,516,254 | 2,120,211 | 25,165 | 70,769
### Part IX Statement of Functional Expenses

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

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

<table>
<thead>
<tr>
<th>(A)</th>
<th>(B) Program service expenses</th>
<th>(C) Management and general expenses</th>
<th>(D) Fundraising expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21</td>
<td>34,271,362</td>
<td>34,271,362</td>
</tr>
<tr>
<td>2</td>
<td>Grants and other assistance to domestic individuals See Part IV, line 22</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16</td>
<td>1,135,114</td>
<td>1,135,114</td>
</tr>
<tr>
<td>4</td>
<td>Benefits paid to or for members</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Compensation of current officers, directors, trustees, and key employees</td>
<td>612,093</td>
<td>331,189</td>
</tr>
<tr>
<td>6</td>
<td>Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>7</td>
<td>Other salaries and wages</td>
<td>4,435,378</td>
<td>2,492,358</td>
</tr>
<tr>
<td>8</td>
<td>Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td>318,427</td>
<td>187,946</td>
</tr>
<tr>
<td>9</td>
<td>Other employee benefits</td>
<td>527,620</td>
<td>262,380</td>
</tr>
<tr>
<td>10</td>
<td>Payroll taxes</td>
<td>319,398</td>
<td>211,576</td>
</tr>
<tr>
<td>11</td>
<td>Fees for services (non-employees)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Management</td>
<td>644,122</td>
<td>297,854</td>
</tr>
<tr>
<td>b</td>
<td>Legal</td>
<td>190,654</td>
<td>0</td>
</tr>
<tr>
<td>c</td>
<td>Accounting</td>
<td>96,681</td>
<td>22,038</td>
</tr>
<tr>
<td>d</td>
<td>Lobbying</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>e</td>
<td>Professional fundraising services See Part IV, line 17</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>f</td>
<td>Investment management fees</td>
<td>10,052</td>
<td>0</td>
</tr>
<tr>
<td>g</td>
<td>Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)</td>
<td>54,992</td>
<td>54,992</td>
</tr>
<tr>
<td>12</td>
<td>Advertising and promotion</td>
<td>878,829</td>
<td>708,310</td>
</tr>
<tr>
<td>13</td>
<td>Office expenses</td>
<td>541,959</td>
<td>280,419</td>
</tr>
<tr>
<td>14</td>
<td>Information technology</td>
<td>209,625</td>
<td>42,973</td>
</tr>
<tr>
<td>15</td>
<td>Royalties</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>16</td>
<td>Occupancy</td>
<td>337,490</td>
<td>202,255</td>
</tr>
<tr>
<td>17</td>
<td>Travel</td>
<td>298,597</td>
<td>187,313</td>
</tr>
<tr>
<td>18</td>
<td>Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>19</td>
<td>Conferences, conventions, and meetings</td>
<td>76,905</td>
<td>6,959</td>
</tr>
<tr>
<td>20</td>
<td>Interest</td>
<td>6,886</td>
<td>6,886</td>
</tr>
<tr>
<td>21</td>
<td>Payments to affiliates</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Depreciation, depletion, and amortization</td>
<td>413,620</td>
<td>0</td>
</tr>
<tr>
<td>23</td>
<td>Insurance</td>
<td>49,550</td>
<td>0</td>
</tr>
<tr>
<td>24</td>
<td>Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>All other expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td><strong>Total functional expenses</strong> Add lines 1 through 24e</td>
<td>45,429,354</td>
<td>40,701,924</td>
</tr>
<tr>
<td>26</td>
<td><strong>Joint costs</strong> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here if following SOP 98-2 (ASC 958-720)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Balance Sheet

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

<table>
<thead>
<tr>
<th>Assets</th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cash—non-interest-bearing</td>
<td>200</td>
</tr>
<tr>
<td>2</td>
<td>Savings and temporary cash investments</td>
<td>3,974,312</td>
</tr>
<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
<td>12,168,092</td>
</tr>
<tr>
<td>4</td>
<td>Accounts receivable, net</td>
<td>401,596</td>
</tr>
<tr>
<td>5</td>
<td>Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Notes and loans receivable, net</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Inventories for sale or use</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Prepaid expenses and deferred charges</td>
<td>111,985</td>
</tr>
<tr>
<td>10a</td>
<td>Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D</td>
<td>10a 2,488,117</td>
</tr>
<tr>
<td>10b</td>
<td>Less accumulated depreciation</td>
<td>1,381,502</td>
</tr>
<tr>
<td>11</td>
<td>Investments—publicly traded securities</td>
<td>1,113,443</td>
</tr>
<tr>
<td>12</td>
<td>Investments—other securities See Part IV, line 11</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Investments—program-related See Part IV, line 11</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Intangible assets</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Other assets See Part IV, line 11</td>
<td>169,496</td>
</tr>
<tr>
<td>16</td>
<td><strong>Total assets. Add lines 1 through 15 (must equal line 34)</strong></td>
<td>19,396,108</td>
</tr>
<tr>
<td>17</td>
<td>Accounts payable and accrued expenses</td>
<td>667,490</td>
</tr>
<tr>
<td>18</td>
<td>Grants payable</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Deferred revenue</td>
<td>818,884</td>
</tr>
<tr>
<td>20</td>
<td>Tax-exempt bond liabilities</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Escrow or custodial account liability Complete Part IV of Schedule D</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Secured mortgages and notes payable to unrelated third parties</td>
<td>94,463</td>
</tr>
<tr>
<td>24</td>
<td>Unsecured notes and loans payable to unrelated third parties</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24) Complete Part X of Schedule D</td>
<td></td>
</tr>
<tr>
<td>26</td>
<td><strong>Total liabilities. Add lines 17 through 25</strong></td>
<td>13,539,413</td>
</tr>
</tbody>
</table>

## Organizations that follow SFAS 117 (ASC 958), check here □ and complete lines 27 through 29, and lines 33 and 34.

<table>
<thead>
<tr>
<th>Liabilities</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>27</td>
<td>Unrestricted net assets</td>
<td>5,856,695</td>
</tr>
<tr>
<td>28</td>
<td>Temporarily restricted net assets</td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>Permanently restricted net assets</td>
<td></td>
</tr>
</tbody>
</table>

## Organizations that do not follow SFAS 117 (ASC 958), check here □ and complete lines 30 through 34.

<table>
<thead>
<tr>
<th>Net Assets or Fund Balances</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
<td>Capital stock or trust principal, or current funds</td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>Paid-in or capital surplus, or land, building or equipment fund</td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
<td></td>
</tr>
<tr>
<td>33</td>
<td>Total net assets or fund balances</td>
<td>5,856,695</td>
</tr>
<tr>
<td>34</td>
<td>Total liabilities and net assets/fund balances</td>
<td>19,396,108</td>
</tr>
</tbody>
</table>
### Part XI  Reconciliation of Net Assets

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong></td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
</tr>
<tr>
<td><strong>2</strong></td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
</tr>
<tr>
<td><strong>3</strong></td>
<td>Revenue less expenses  Subtract line 2 from line 1</td>
</tr>
<tr>
<td><strong>4</strong></td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))</td>
</tr>
<tr>
<td><strong>5</strong></td>
<td>Net unrealized gains (losses) on investments</td>
</tr>
<tr>
<td><strong>6</strong></td>
<td>Donated services and use of facilities</td>
</tr>
<tr>
<td><strong>7</strong></td>
<td>Investment expenses</td>
</tr>
<tr>
<td><strong>8</strong></td>
<td>Prior period adjustments</td>
</tr>
<tr>
<td><strong>9</strong></td>
<td>Other changes in net assets or fund balances (explain in Schedule O)</td>
</tr>
<tr>
<td><strong>10</strong></td>
<td>Net assets or fund balances at end of year  Combine lines 3 through 9 (must equal Part X, line 33, column (B))</td>
</tr>
</tbody>
</table>

### Part XII  Financial Statements and Reporting

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong></td>
<td>Accounting method used to prepare the Form 990</td>
</tr>
<tr>
<td></td>
<td>If the organization changed its method of accounting from a prior year or checked &quot;Other,&quot; explain in Schedule O</td>
</tr>
<tr>
<td><strong>2a</strong></td>
<td>Were the organization's financial statements compiled or reviewed by an independent accountant?</td>
</tr>
<tr>
<td><strong>2b</strong></td>
<td>Were the organization's financial statements audited by an independent accountant?</td>
</tr>
<tr>
<td><strong>2c</strong></td>
<td>If &quot;Yes,&quot; to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</td>
</tr>
<tr>
<td><strong>3a</strong></td>
<td>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</td>
</tr>
<tr>
<td><strong>3b</strong></td>
<td>If &quot;Yes,&quot; did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</td>
</tr>
<tr>
<td>A</td>
<td>Name and Title</td>
</tr>
<tr>
<td>---</td>
<td>----------------</td>
</tr>
<tr>
<td>1</td>
<td>Steve Pohl 0 2 0</td>
</tr>
<tr>
<td>2</td>
<td>Nancy Kelly 2 0</td>
</tr>
<tr>
<td>2</td>
<td>James Kanach CPA 2 0</td>
</tr>
<tr>
<td>3</td>
<td>Timothy Bloch</td>
</tr>
<tr>
<td>4</td>
<td>Joseph Crupi 1 0</td>
</tr>
<tr>
<td>5</td>
<td>Kenneth Fleshman 1 0</td>
</tr>
<tr>
<td>6</td>
<td>Mohamed Djalo 1 0</td>
</tr>
<tr>
<td>7</td>
<td>Peter Grant 1 0</td>
</tr>
<tr>
<td>8</td>
<td>Stan Hamell 1 0</td>
</tr>
<tr>
<td>9</td>
<td>Karen Johnson 1 0</td>
</tr>
<tr>
<td>10</td>
<td>Maryon Davis Lewis 1 0</td>
</tr>
<tr>
<td>11</td>
<td>David Wu 1 0</td>
</tr>
<tr>
<td>12</td>
<td>Ralph Torbay 1 0</td>
</tr>
<tr>
<td>13</td>
<td>Maurice Vixenso 1 0</td>
</tr>
<tr>
<td>14</td>
<td>Edward Zellern 1 0</td>
</tr>
<tr>
<td>15</td>
<td>Scott Jackson 1 0</td>
</tr>
<tr>
<td>16</td>
<td>Carol Rong 1 0</td>
</tr>
<tr>
<td>17</td>
<td>Kathleen Compton 1 0</td>
</tr>
<tr>
<td>18</td>
<td>Pierre Ferman 1 0</td>
</tr>
<tr>
<td>19</td>
<td>Stanley Berman 4 0</td>
</tr>
<tr>
<td>20</td>
<td>Ann Caneta 4 0</td>
</tr>
<tr>
<td>21</td>
<td>Joseph Mertanino 4 0</td>
</tr>
<tr>
<td>22</td>
<td>Victoria Adams 4 0</td>
</tr>
<tr>
<td>23</td>
<td>Mark Maloney 4 0</td>
</tr>
<tr>
<td>24</td>
<td>Christine Sow 4 0</td>
</tr>
<tr>
<td>(A) Name and Title</td>
<td>(B) Average hours per week (list any hours for related organizations below dotted line)</td>
</tr>
<tr>
<td>-------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Renee Acosta</td>
<td>40.0</td>
</tr>
</tbody>
</table>
**SCHEDULE A**

**Public Charity Status and Public Support**

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

- Attach to Form 990 or Form 990-EZ.
- Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

<table>
<thead>
<tr>
<th>Name of the organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>GLOBAL IMPACT</td>
<td>52-1273585</td>
</tr>
</tbody>
</table>

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1. A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2. A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
3. A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4. A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ________
5. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
6. A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7. An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)
8. A community described in section 170(b)(1)(A)(vi) (Complete Part II)
9. An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 (See section 509(a)(2). (Complete Part III)
10. An organization organized and operated exclusively to test for public safety (See section 509(a)(4)).
11. An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) (See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
a. Type I: A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
b. Type II: A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
c. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (See instructions) **You must complete Part IV, Sections A, D, and E.**
d. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (See instructions) **You must complete Part IV, Sections A and D, and Part V.**
e. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
f. Enter the number of supported organizations __________
g. Provide the following information about the supported organization(s)

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))</th>
<th>(iv) Is the organization listed in your governing document?</th>
<th>(v) Amount of monetary support (see instructions)</th>
<th>(vi) Amount of other support (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total**
### Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

#### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2010</th>
<th>(b) 2011</th>
<th>(c) 2012</th>
<th>(d) 2013</th>
<th>(e) 2014</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received (Do not include any &quot;unusual grants&quot;)</td>
<td>102,042,793</td>
<td>100,508,279</td>
<td>98,081,574</td>
<td>38,186,920</td>
<td>43,300,109</td>
<td>382,119,675</td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4 Total. Add lines 1 through 3</td>
<td>102,042,793</td>
<td>100,508,279</td>
<td>98,081,574</td>
<td>38,186,920</td>
<td>43,300,109</td>
<td>382,119,675</td>
</tr>
</tbody>
</table>

5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) is __________.  

6 Public support. Subtract line 5 from line 4 | 382,119,675 |

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2010</th>
<th>(b) 2011</th>
<th>(c) 2012</th>
<th>(d) 2013</th>
<th>(e) 2014</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td>102,042,793</td>
<td>100,508,279</td>
<td>98,081,574</td>
<td>38,186,920</td>
<td>43,300,109</td>
<td>382,119,675</td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td>36,094</td>
<td>24,045</td>
<td>22,078</td>
<td>32,109</td>
<td>36,953</td>
<td>151,279</td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>11 Total support. Add lines 7 through 10</td>
<td>382,270,954</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Gross receipts from related activities, etc (see instructions)</td>
<td>6,692,669</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</td>
<td>99,960 %</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

| 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) | 99,960 % |
| 15 Public support percentage for 2013 Schedule A, Part II, line 14 | 99,970 % |

16a **33 1/3% support test—2014.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

16b **33 1/3% support test—2013.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

17b **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions
# Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

## Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning)</th>
<th>(a) 2010</th>
<th>(b) 2011</th>
<th>(c) 2012</th>
<th>(d) 2013</th>
<th>(e) 2014</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received (Do not include any &quot;unusual grants&quot;).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 <strong>Total. Add lines 1 through 5</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7c Add lines 7a and 7b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 <strong>Public support (Subtract line 7c from line 6)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning)</th>
<th>(a) 2010</th>
<th>(b) 2011</th>
<th>(c) 2012</th>
<th>(d) 2013</th>
<th>(e) 2014</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 <strong>Total support (Add lines 9, 10c, 11, and 12)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 <strong>First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) | 15 |
16 Public support percentage from 2013 Schedule A, Part III, line 15 | 16 |

## Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) | 17 |
18 Investment income percentage from 2013 Schedule A, Part III, line 17 | 18 |
19a **33 1/3% Support Tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization** | |
19b **33 1/3% Support Tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization** | |
20 **Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions** | |
## Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

### Section A. All Supporting Organizations

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  Are all of the organization's supported organizations listed by name in the organization's governing documents? If &quot;No,&quot; describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2  Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If &quot;Yes,&quot; explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If &quot;Yes,&quot; answer (b) and (c) below.</td>
<td>3a</td>
<td></td>
</tr>
<tr>
<td>3b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If &quot;Yes,&quot; describe in Part VI when and how the organization made the determination.</td>
<td>3b</td>
<td></td>
</tr>
<tr>
<td>4a Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If &quot;Yes,&quot; explain in Part VI what controls the organization put in place to ensure such use.</td>
<td>4a</td>
<td></td>
</tr>
<tr>
<td>4b Was any supported organization not organized in the United States (&quot;foreign supported organization&quot;)? If &quot;Yes&quot; and if you checked 11a or 11b in Part I, answer (b) and (c) below.</td>
<td>4b</td>
<td></td>
</tr>
<tr>
<td>4c Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If &quot;Yes,&quot; describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .</td>
<td>4c</td>
<td></td>
</tr>
<tr>
<td>5a Did the organization, add, substitute, or remove any supported organizations during the tax year? If &quot;Yes,&quot; answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</td>
<td>5a</td>
<td></td>
</tr>
<tr>
<td>5b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?</td>
<td>5b</td>
<td></td>
</tr>
<tr>
<td>5c Substitutions only. Was the substitution the result of an event beyond the organization's control?</td>
<td>5c</td>
<td></td>
</tr>
<tr>
<td>6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If &quot;Yes,&quot; provide detail in Part VI.</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If &quot;Yes,&quot; complete Part II of Schedule L (Form 990).</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If &quot;Yes,&quot; complete Part II of Schedule L (Form 990).</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If &quot;Yes,&quot; provide detail in Part VI.</td>
<td>9a</td>
<td></td>
</tr>
<tr>
<td>9b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If &quot;Yes,&quot; provide detail in Part VI.</td>
<td>9b</td>
<td></td>
</tr>
<tr>
<td>9c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If &quot;Yes,&quot; provide detail in Part VI.</td>
<td>9c</td>
<td></td>
</tr>
<tr>
<td>10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If &quot;Yes,&quot; answer b below.</td>
<td>10a</td>
<td></td>
</tr>
<tr>
<td>10b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</td>
<td>10b</td>
<td></td>
</tr>
<tr>
<td>11 Has the organization accepted a gift or contribution from any of the following persons?</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?</td>
<td>11a</td>
<td></td>
</tr>
<tr>
<td>b A family member of a person described in (a) above?</td>
<td>11b</td>
<td></td>
</tr>
<tr>
<td>c A 35% controlled entity of a person described in (a) or (b) above? If &quot;Yes&quot; to a, b, or c, provide detail in Part VI.</td>
<td>11c</td>
<td></td>
</tr>
</tbody>
</table>
**Part IV**  
**Supporting Organizations** (continued)

### Section B. Type I Supporting Organizations

1. Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

2. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Type II Supporting Organizations

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section D. All Type III Supporting Organizations

1. Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?

2. Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).

3. By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section E. Type III Functionally-Integrated Supporting Organizations

1. Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)

   - a. The organization satisfied the Activities Test Complete line 2 below
   - b. The organization is the parent of each of its supported organizations Complete line 3 below
   - c. The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

2. **Activities Test** Answer (a) and (b) below.

   - a. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to these supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

   - b. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3. **Parent of Supported Organizations** Answer (a) and (b) below.

   - a. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.

   - b. Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3b</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

#### Section A - Adjusted Net Income

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

#### Section B - Minimum Asset Amount

1. Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)
   - Average monthly value of securities
   - Average monthly cash balances
   - Fair market value of other non-exempt-use assets
   - Total (add lines 1a, 1b, and 1c)
   - Discount claimed for blockage or other factors (explain in detail in Part VI)
2. Acquisition indebtedness applicable to non-exempt use assets
3. Subtract line 2 from line 1d
4. Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)
5. Net value of non-exempt-use assets (subtract line 4 from line 3)
6. Multiply line 5 by .35
7. Recoveries of prior-year distributions
8. Minimum Asset Amount (add line 7 to line 6)

#### Section C - Distributable Amount

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

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Amounts paid to supported organizations to accomplish exempt purposes</td>
</tr>
<tr>
<td>2</td>
<td>Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity</td>
</tr>
<tr>
<td>3</td>
<td>Administrative expenses paid to accomplish exempt purposes of supported organizations</td>
</tr>
<tr>
<td>4</td>
<td>Amounts paid to acquire exempt-use assets</td>
</tr>
<tr>
<td>5</td>
<td>Qualified set-aside amounts (prior IRS approval required)</td>
</tr>
<tr>
<td>6</td>
<td>Other distributions (describe in Part VI) See instructions</td>
</tr>
</tbody>
</table>

#### 7 Total annual distributions. Add lines 1 through 6

#### 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions

#### 9 Distributable amount for 2014 from Section C, line 6

#### 10 Line 8 amount divided by Line 9 amount

### Section E - Distribution Allocations (see instructions)

<table>
<thead>
<tr>
<th></th>
<th>(i) Excess Distributions</th>
<th>(ii) Underdistributions Pre-2014</th>
<th>(iii) Distributable Amount for 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Distributable amount for 2014 from Section C, line 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Underdistributions, if any, for years prior to 2014 (reasonable cause required---see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Excess distributions carryover, if any, to 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>From 2009. . . . . . .</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>From 2010. . . . .</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>From 2011. . . . .</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>From 2012. . . . .</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>From 2013. . . . .</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Total of lines 3a through e</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>Applied to 2014 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>Carryover from 2009 not applied (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j</td>
<td>Remainder. Subtract lines 3g, 3h, and 3i from 3f</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Distributions for 2014 from Section D, line 7 $</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Applied to 2014 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Remainder. Subtract lines 4a and 4b from 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td><strong>Excess distributions carryover to 2015.</strong> Add lines 3j and 4c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Breakdown of line 7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>From 2010. . . . . . .</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>From 2011. . . . . . .</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>From 2012. . . . . . .</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>From 2013. . . . . . .</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>From 2014. . . . . . .</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Part VI** Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

<table>
<thead>
<tr>
<th>Return Reference</th>
<th>Explanation</th>
</tr>
</thead>
</table>

Schedule A (Form 990 or 990-EZ) 2014
# SCHEDULE C
## (Form 990 or 990-EZ)

**Political Campaign and Lobbying Activities**

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

- Complete if the organization is described below. - Attach to Form 990 or Form 990-EZ.
- Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

**2014**

Open to Public Inspection

---

<table>
<thead>
<tr>
<th>Name of the organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>GLOBAL IMPACT</td>
<td>52-1273585</td>
</tr>
</tbody>
</table>

### Part I-A
Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1. Provide a description of the organization’s direct and indirect political campaign activities in Part IV
2. Political expenditures
   - $ 
3. Volunteer hours

### Part I-B
Complete if the organization is exempt under section 501(c)(3).

1. Enter the amount of any excise tax incurred by the organization under section 4955
   - $ 
2. Enter the amount of any excise tax incurred by organization managers under section 4955
   - $ 
3. If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
   - Yes
   - No

4a. Was a correction made?
   - Yes
   - No

b. If "Yes," describe in Part IV

### Part I-C
Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1. Enter the amount directly expended by the filing organization for section 527 exempt function activities
   - $ 
2. Enter the amount of the filing organization’s funds contributed to other organizations for section 527 exempt function activities
   - $ 
3. Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b
   - $ 
4. Did the filing organization file Form 1120-POL for this year?
   - Yes
   - No

5. Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization’s funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV

<table>
<thead>
<tr>
<th>(a) Name</th>
<th>(b) Address</th>
<th>(c) EIN</th>
<th>(d) Amount paid from filing organization's funds</th>
<th>(e) Amount of political contributions received and promptly and directly delivered to a separate political organization</th>
</tr>
</thead>
</table>
### Part II-A
Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

<table>
<thead>
<tr>
<th></th>
<th>Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Check if the filing organization checked box A and &quot;limited control&quot; provisions apply</td>
</tr>
</tbody>
</table>

#### Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>(a) Filing organization's totals</th>
<th>(b) Affiliated group totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Total lobbying expenditures to influence public opinion (grass roots lobbying)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b</td>
<td>Total lobbying expenditures to influence a legislative body (direct lobbying)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c</td>
<td>Total lobbying expenditures (add lines 1a and 1b)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1d</td>
<td>Other exempt purpose expenditures</td>
<td>45,429,354</td>
<td></td>
</tr>
<tr>
<td>1e</td>
<td>Total exempt purpose expenditures (add lines 1c and 1d)</td>
<td>45,429,354</td>
<td></td>
</tr>
<tr>
<td>1f</td>
<td>Lobbying nontaxable amount Enter the amount from the following table in both columns</td>
<td>1,000,000</td>
<td></td>
</tr>
</tbody>
</table>

**If the amount on line 1e, column (a) or (b) is:**

<table>
<thead>
<tr>
<th>The lobbying nontaxable amount is:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not over $500,000</td>
</tr>
<tr>
<td>Over $500,000 but not over $1,000,000</td>
</tr>
<tr>
<td>Over $1,000,000 but not over $1,500,000</td>
</tr>
<tr>
<td>Over $1,500,000 but not over $17,000,000</td>
</tr>
<tr>
<td>Over $17,000,000</td>
</tr>
</tbody>
</table>

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2g</td>
<td>Grassroots nontaxable amount (enter 25% of line 1f)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2h</td>
<td>Subtract line 2g from line 1a If zero or less, enter 0-</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2i</td>
<td>Subtract line 1f from line 1c If zero or less, enter 0-</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2j</td>
<td>If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Yes | No |

### 4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

#### Lobbying Expenditures During 4-Year Averaging Period

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2011</th>
<th>(b) 2012</th>
<th>(c) 2013</th>
<th>(d) 2014</th>
<th>(e) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td>Lobbying nontaxable amount</td>
<td>1,000,000</td>
<td>1,000,000</td>
<td>1,000,000</td>
<td>1,000,000</td>
</tr>
<tr>
<td>2b</td>
<td>Lobbying ceiling amount (150% of line 2a, column(e))</td>
<td></td>
<td></td>
<td></td>
<td>6,000,000</td>
</tr>
<tr>
<td>2c</td>
<td>Total lobbying expenditures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2d</td>
<td>Grassroots nontaxable amount</td>
<td>250,000</td>
<td>250,000</td>
<td>250,000</td>
<td>250,000</td>
</tr>
<tr>
<td>2e</td>
<td>Grassroots ceiling amount (150% of line 2d, column(e))</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2f</td>
<td>Grassroots lobbying expenditures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part II-B
Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

<table>
<thead>
<tr>
<th></th>
<th>(a)</th>
<th>(b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

#### a
Volunteers?

#### b
Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

#### c
Media advertisements?

#### d
Mailing to members, legislators, or the public?

#### e
Publications, or published or broadcast statements?

#### f
Grants to other organizations for lobbying purposes?

#### g
Direct contact with legislators, their staffs, government officials, or a legislative body?

#### h
Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?

#### i
Other activities?

#### j
Total Add lines 1c through 1i

#### 2a
Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

#### b
If "Yes," enter the amount of any tax incurred under section 4912

#### c
If "Yes," enter the amount of any tax incurred by organization managers under section 4912

#### d
If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

### Part III-A
Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part III-B
Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

#### 1
Dues, assessments and similar amounts from members

#### 2
Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).

- **a**
  - Current year
- **b**
  - Carryover from last year
- **c**
  - Total

#### 3
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

#### 4
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?

#### 5
Taxable amount of lobbying and political expenditures (see instructions)

### Part IV Supplemental Information
Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

<table>
<thead>
<tr>
<th>Return Reference</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Return Reference</td>
<td>Explanation</td>
</tr>
<tr>
<td>------------------</td>
<td>-------------</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Schedule C (Form 990 or 990EZ) 2014
Supplemental Financial Statements

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

<table>
<thead>
<tr>
<th>Name of the organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>GLOBAL IMPACT</td>
<td>52-1273585</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>1 Total number at end of year</th>
<th>(a) Donor advised funds</th>
<th>(b) Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>2 Aggregate value of contributions to (during year)</td>
<td>5,962,705</td>
<td></td>
</tr>
<tr>
<td>3 Aggregate value of grants from (during year)</td>
<td>5,962,705</td>
<td></td>
</tr>
<tr>
<td>4 Aggregate value at end of year</td>
<td>574,017</td>
<td></td>
</tr>
</tbody>
</table>

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization’s property, subject to the organization’s exclusive legal control? [ ] Yes [ ] No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? [ ] Yes [ ] No

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

<table>
<thead>
<tr>
<th>1 Purpose(s) of conservation easements held by the organization (check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preservation of land for public use (e.g., recreation or education)</td>
</tr>
<tr>
<td>Preservation of an historically important land area</td>
</tr>
<tr>
<td>Protection of natural habitat</td>
</tr>
<tr>
<td>Preservation of a certified historic structure</td>
</tr>
<tr>
<td>Preservation of open space</td>
</tr>
</tbody>
</table>

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

<table>
<thead>
<tr>
<th>Held at the End of the Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
</tr>
<tr>
<td>2b</td>
</tr>
<tr>
<td>2c</td>
</tr>
<tr>
<td>2d</td>
</tr>
</tbody>
</table>

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? [ ] Yes [ ] No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? [ ] Yes [ ] No

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X
Part III  Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3  Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
   a  □  Public exhibition
   b  □  Scholarly research
   c  □  Preservation for future generations
   d  □  Loan or exchange programs
   e  □  Other

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

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

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

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

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

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c</td>
</tr>
<tr>
<td>1d</td>
</tr>
<tr>
<td>1e</td>
</tr>
<tr>
<td>1f</td>
</tr>
</tbody>
</table>

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

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

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

1a  Beginning of year balance

b  Contributions

c  Net investment earnings, gains, and losses

d  Grants or scholarships

e  Other expenditures for facilities and programs

f  Administrative expenses

g  End of year balance

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

a  Board designated or quasi-endowment

b  Permanent endowment

c  Temporarily restricted endowment

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

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

   (i)  unrelated organizations

   (ii) related organizations

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

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

Part VI  Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a  Land</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b  Buildings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c  Leasehold improvements</td>
<td></td>
<td>898,073</td>
<td>108,911</td>
<td>789,162</td>
</tr>
<tr>
<td>1d  Equipment</td>
<td></td>
<td>576,974</td>
<td>267,221</td>
<td>309,753</td>
</tr>
<tr>
<td>1e  Other</td>
<td></td>
<td>1,013,070</td>
<td>1,005,370</td>
<td>7,700</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td>1,106,615</td>
</tr>
</tbody>
</table>
**Part VII Investments—Other Securities.** Complete if the organization answered ‘Yes’ to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Closely-held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)

**Part VII Investments—Program Related.** Complete if the organization answered ‘Yes’ to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

<table>
<thead>
<tr>
<th>(a) Description of investment</th>
<th>(b) Book value</th>
<th>(c) Method of valuation Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total. (Column (b) must equal Form 990, Part X, col (B) line 13.)

**Part IX Other Assets.** Complete if the organization answered ‘Yes’ to Form 990, Part IV, line 11d. See Form 990, Part X, line 15

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)

**Part XI Other Liabilities.** Complete if the organization answered ‘Yes’ to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

<table>
<thead>
<tr>
<th>(a) Description of liability</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal income taxes</td>
<td>0</td>
</tr>
<tr>
<td>CAMPAIGN FUNDS PAYABLE-MEMBER CHARITIES</td>
<td>16,615,673</td>
</tr>
<tr>
<td>DONOR ADVISED FUNDS PAYABLE</td>
<td>574,017</td>
</tr>
<tr>
<td>OTHER DISTRIBUTIONS PAYABLE</td>
<td>425,016</td>
</tr>
</tbody>
</table>

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization’s financial statements that reports the organization’s liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.
### Part XI  Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

<table>
<thead>
<tr>
<th></th>
<th>Total revenue, gains, and other support per audited financial statements</th>
<th></th>
<th>1</th>
<th>16,543,190</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part VIII, line 12</td>
<td></td>
<td>2a</td>
<td>-86,900</td>
</tr>
<tr>
<td></td>
<td>a. Net unrealized gains (losses) on investments</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. Donated services and use of facilities</td>
<td></td>
<td>2b</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. Recoveries of prior year grants</td>
<td></td>
<td>2c</td>
<td></td>
</tr>
<tr>
<td></td>
<td>d. Other (Describe in Part XIII )</td>
<td></td>
<td>2d</td>
<td></td>
</tr>
<tr>
<td></td>
<td>e. Add lines 2a through 2d</td>
<td></td>
<td>2e</td>
<td>-86,900</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td></td>
<td></td>
<td>16,630,090</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part VIII, line 12, but not on line 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td></td>
<td>4a</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. Other (Describe in Part XIII )</td>
<td></td>
<td>4b</td>
<td>28,886,164</td>
</tr>
<tr>
<td></td>
<td>c. Add lines 4a and 4b</td>
<td></td>
<td>4c</td>
<td>28,886,164</td>
</tr>
<tr>
<td>5</td>
<td>Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)</td>
<td></td>
<td></td>
<td>45,516,254</td>
</tr>
</tbody>
</table>

### Part XII  Reconciliation of Expenses per Audited Financial Statements With Expenses per Return
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

<table>
<thead>
<tr>
<th></th>
<th>Total expenses and losses per audited financial statements</th>
<th></th>
<th>1</th>
<th>16,543,190</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part IX, line 25</td>
<td></td>
<td>2a</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Donated services and use of facilities</td>
<td></td>
<td>2b</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. Prior year adjustments</td>
<td></td>
<td>2c</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. Other losses</td>
<td></td>
<td>2d</td>
<td></td>
</tr>
<tr>
<td></td>
<td>d. Other (Describe in Part XIII )</td>
<td></td>
<td>2e</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td></td>
<td></td>
<td>16,543,190</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part IX, line 25, but not on line 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td></td>
<td>4a</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. Other (Describe in Part XIII )</td>
<td></td>
<td>4b</td>
<td>28,886,164</td>
</tr>
<tr>
<td></td>
<td>c. Add lines 4a and 4b</td>
<td></td>
<td>4c</td>
<td>28,886,164</td>
</tr>
<tr>
<td>5</td>
<td>Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)</td>
<td></td>
<td></td>
<td>45,429,354</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Return Reference</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part X, line 2</td>
<td>Under Accounting Standards Codification (ASC) 740-10, Accounting for Uncertainty in Income Taxes, Global Impact must recognize the tax benefit associated with tax positions taken for tax return purposes when it is more-likely than not that the position will be sustained. Global Impact does not believe there are any unrecognized tax benefits or liabilities that should be recorded. For the years ended June 30, 2015 and 2014, there were no interest or penalties recorded or included in the statements of activities. Global Impact is still open to examination by taxing authorities from fiscal year 2012 forward.</td>
</tr>
<tr>
<td>Part XI, line 4b</td>
<td>Oth Amts included on return not in financials Revenue GLOBAL IMPACT DISTRIBUTION TO MEMBER CHARITIES 22,101,199 CFC-O Revenue net of shrinkage 6,784,965 Total 28,886,164</td>
</tr>
<tr>
<td>Part XII, line 4b</td>
<td>Oth Amts included on return not in financials Expenses GLOBAL IMPACT DISTRIBUTION TO MEMBER CHARITIES 22,101,199 CFC-O Distribution to Charities 5,387,588 CFC-O Expenses 1,397,377 Total 28,886,164</td>
</tr>
<tr>
<td>Return Reference</td>
<td>Explanation</td>
</tr>
<tr>
<td>------------------</td>
<td>-------------</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Statement of Activities Outside the United States**

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

Attach to Form 990.

Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Employer identification number: 52-1273585

---

### Part I  General Information on Activities Outside the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

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

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

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

<table>
<thead>
<tr>
<th>Region</th>
<th>Number of offices in the region</th>
<th>Number of employees, agents, and independent contractors in region</th>
<th>Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)</th>
<th>If activity listed in (d) is a program service, describe specific type of service(s) in region</th>
<th>Total expenditures for and investments in region</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) East Asia and the Pacific</td>
<td></td>
<td>Grantmaking</td>
<td>Grants</td>
<td></td>
<td>19,842</td>
</tr>
<tr>
<td>(2) Europe (Including Iceland and Greenland)</td>
<td></td>
<td>Grantmaking</td>
<td>Grants</td>
<td></td>
<td>926,764</td>
</tr>
<tr>
<td>(3) North America</td>
<td></td>
<td>Grantmaking</td>
<td>Grants</td>
<td></td>
<td>188,508</td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3a. **Sub-total**  
3b. **Total from continuation sheets to Part I**  
3c. **Totals (add lines 3a and 3b)**  

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

Cat No 50082W  
Schedule F (Form 990) 2014
### Grants and Other Assistance to Organizations or Entities Outside the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th></th>
<th>(a) Name of organization</th>
<th>(b) IRS code section and EIN (if applicable)</th>
<th>(c) Region</th>
<th>(d) Purpose of grant</th>
<th>(e) Amount of cash grant</th>
<th>(f) Manner of cash disbursement</th>
<th>(g) Amount of non-cash assistance</th>
<th>(h) Description of non-cash assistance</th>
<th>(i) Method of valuation (book, FMV, appraisal, other)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>See Add'l Data</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

3 Enter total number of other organizations or entities.
<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Region</th>
<th>(c) Number of recipients</th>
<th>(d) Amount of cash grant</th>
<th>(e) Manner of cash disbursement</th>
<th>(f) Amount of non-cash assistance</th>
<th>(g) Description of non-cash assistance</th>
<th>(h) Method of valuation (book, FMV, appraisal, other)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) individual</td>
<td>East Asia and the Pacific</td>
<td>1</td>
<td>14,501</td>
<td>check</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(10)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(11)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(12)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(13)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(14)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(15)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(16)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(17)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(18)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Part IV  Foreign Forms

1. Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)

☐ Yes  ☑ No

2. Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)

☐ Yes  ☑ No

3. Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)

☐ Yes  ☑ No

4. Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)

☐ Yes  ☑ No

5. Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)

☐ Yes  ☑ No

6. Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)

☐ Yes  ☑ No
Part V  Supplemental Information
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

<table>
<thead>
<tr>
<th>Return Reference</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parts I, II and III</td>
<td>The organization uses the accrual basis of accounting to account for expenditures and grants reported under Parts I, II and III</td>
</tr>
</tbody>
</table>
### Additional Data

**Software ID:**
**Software Version:**

**EIN:** 52-1273585  
**Name:** GLOBAL IMPACT

---

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

<table>
<thead>
<tr>
<th>(a) Name of organization</th>
<th>(b) IRS code section and EIN (if applicable)</th>
<th>(c) Region</th>
<th>(d) Purpose of grant</th>
<th>(e) Amount of cash grant</th>
<th>(f) Manner of cash disbursement</th>
<th>(g) Amount of non-cash assistance</th>
<th>(h) Description of non-cash assistance</th>
<th>(i) Method of valuation (book, FMV, appraisal, other)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>East Asia and the Pacific</td>
<td>general support</td>
<td>5,431</td>
<td>check</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Europe (Including Iceland and Greenland)</td>
<td>General Support</td>
<td>7,594</td>
<td>Check</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Europe (Including Iceland and Greenland)</td>
<td>General Support</td>
<td>7,594</td>
<td>Check</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Europe (Including Iceland and Greenland)</td>
<td>General Support</td>
<td>726,509</td>
<td>Check</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Name of organization</td>
<td>(b) IRS code section and EIN (if applicable)</td>
<td>(c) Region</td>
<td>(d) Purpose of grant</td>
<td>(e) Amount of cash grant</td>
<td>(f) Manner of cash disbursement</td>
<td>(g) Amount of non-cash assistance</td>
<td>(h) Description of non-cash assistance</td>
<td>(i) Method of valuation (book, FMV, appraisal, other)</td>
</tr>
<tr>
<td>--------------------------</td>
<td>-----------------------------------------------</td>
<td>------------</td>
<td>----------------------</td>
<td>-------------------------</td>
<td>-------------------------------</td>
<td>---------------------------------</td>
<td>-------------------------------------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>Europe (Including Iceland and Greenland)</td>
<td>General Support</td>
<td>Europe (Including Iceland and Greenland)</td>
<td>General Support</td>
<td>Europe (Including Iceland and Greenland)</td>
<td>General Support</td>
<td>29,545</td>
<td>Check</td>
<td></td>
</tr>
</tbody>
</table>
### Part I  General Information on Grants and Assistance

1. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees’ eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  
   - Yes [✓]  
   - No [ ]

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

### Part II  Grants and Other Assistance to Domestic Organizations and Domestic Governments

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

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

See Additional Data Table

2. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table: 287

3. Enter total number of other organizations listed in the line 1 table: 0
### Part III  Grants and Other Assistance to Domestic Individuals.
Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Number of recipients</th>
<th>(c) Amount of cash grant</th>
<th>(d) Amount of non-cash assistance</th>
<th>(e) Method of valuation (book, FMV, appraisal, other)</th>
<th>(f) Description of non-cash assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Return Reference</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part I Description of Procedure for Monitoring Use of Funds</td>
<td>The organization uses a combination of an annual recertification process and third party vendors to ensure compliance</td>
</tr>
</tbody>
</table>
### Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

<table>
<thead>
<tr>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC Code section if applicable</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of non-cash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACCION International 56 Roland Street Suite 300 Boston, MA 02129</td>
<td>13-2535763</td>
<td>501(c)(3)</td>
<td>5,981</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>African Medical and Research Foundation (AMREF) 4 West 43rd Street 2nd Floor New York, NY 10036</td>
<td>13-1867411</td>
<td>501(c)(3)</td>
<td>8,181</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Africare 440 R Street NW Washington, DC 20001</td>
<td>23-7116952</td>
<td>501(c)(3)</td>
<td>55,289</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>--------</td>
<td>-----------------------------------</td>
<td>------------------------</td>
<td>---------------------------------</td>
<td>----------------------------------------</td>
<td>-----------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>American Jewish World Service 45 West 36th Street New York, NY 10018</td>
<td>22-2584370</td>
<td>501(c )(3)</td>
<td>20,905</td>
<td></td>
<td></td>
<td>General Support</td>
<td></td>
</tr>
<tr>
<td>American Near East Refugee Aid (ANERA) 1522 K Street NW Suite 600 Washington, DC 20005</td>
<td>52-0882226</td>
<td>501(c )(3)</td>
<td>10,534</td>
<td></td>
<td></td>
<td>General Support</td>
<td></td>
</tr>
<tr>
<td>AmeriCares 88 Hamilton Avenue Stamford, CT 06902</td>
<td>06-1008595</td>
<td>501(c )(3)</td>
<td>72,830</td>
<td></td>
<td></td>
<td>General Support</td>
<td></td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>-----------</td>
<td>-----------------------------------</td>
<td>--------------------------</td>
<td>----------------------------------</td>
<td>------------------------------------------------------</td>
<td>----------------------------------------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td>Ashoka1700 N Moore St Suite 2000 Arlington, VA 22209</td>
<td>51-0255908</td>
<td>501(c)(3)</td>
<td>8,132</td>
<td></td>
<td></td>
<td>General Support</td>
<td></td>
</tr>
<tr>
<td>Boy Scouts of America - Aloha Council #10442 Puiwa Road Honolulu, HI 96817</td>
<td>99-0073482</td>
<td>501(c)(3)</td>
<td>14,485</td>
<td></td>
<td></td>
<td>General Support</td>
<td></td>
</tr>
<tr>
<td>Boy Scouts of America - Transatlantic Council Unit 29242 APO, AP 09102</td>
<td>98-0000121</td>
<td>501(c)(3)</td>
<td>15,970</td>
<td></td>
<td></td>
<td>General Support</td>
<td></td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>---------</td>
<td>-----------------------------------</td>
<td>-------------------------</td>
<td>---------------------------------</td>
<td>-----------------------------------------------</td>
<td>-----------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>CARE (Cooperative for Assistance and Relief Every 151 Ellis Street NE Atlanta, GA 30303</td>
<td>13-1685039</td>
<td>501(c)(3)</td>
<td>135,363</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>ChildFund International 2821 Emerywood Pkwy Richmond, VA 23294</td>
<td>54-0536100</td>
<td>501(c)(3)</td>
<td>5,477</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Church World Service CROP 28606 Phillips Street PO Box 968 Elkhart, IN 46515</td>
<td>13-4080201</td>
<td>501(c)(3)</td>
<td>8,512</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>---------</td>
<td>----------------------------------</td>
<td>--------------------------</td>
<td>----------------------------------</td>
<td>-----------------------------------------------</td>
<td>----------------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>Doctors Without Borders USA 333 Seventh Avenue 2nd Floor New York, NY 100015004</td>
<td>13-3433452</td>
<td>501(c )(3)</td>
<td>2,955,225</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Episcopal Relief &amp; Development 815 Second Avenue New York, NY 10017</td>
<td>73-1635264</td>
<td>501(c )(3)</td>
<td>43,087</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>FINCA International 1101 14th Street NW 11th Floor Washington, DC 20005</td>
<td>13-3240109</td>
<td>501(c )(3)</td>
<td>19,562</td>
<td>General Support</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>---------</td>
<td>----------------------------------</td>
<td>--------------------------</td>
<td>-------------------------------</td>
<td>---------------------------------------------</td>
<td>---------------------------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td>Girl Scouts Overseas 420</td>
<td>13-1624016</td>
<td>501(c)(3)</td>
<td>7,749</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Fifth Avenue</td>
<td>New York, NY 100182798</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heifer International</td>
<td>35-1019477</td>
<td>501(c)(3)</td>
<td>227,562</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>1 World Avenue</td>
<td>Little Rock, AR 72202</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Helen Keller International</td>
<td>13-5562162</td>
<td>501(c)(3)</td>
<td>6,653</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>352 Park Avenue South</td>
<td>1200 New York, NY 10010</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>---------</td>
<td>----------------------------------</td>
<td>--------------------------</td>
<td>---------------------------------</td>
<td>-----------------------------------------------------</td>
<td>----------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>International Medical Corps 1919 Santa Monica Blvd Suite 400 Santa Monica, CA 90404</td>
<td>95-3949646</td>
<td>501(c)(3)</td>
<td>11,825</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>International Orthodox Christian Charities 110 West Road Suite 360 Baltimore, MD 21204</td>
<td>25-1679348</td>
<td>501(c)(3)</td>
<td>39,034</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>International Relief Teams 4560 Alvarado Canyon Road Suite 2G San Diego, CA 92120</td>
<td>33-0412751</td>
<td>501(c)(3)</td>
<td>10,200</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>---------------------------------------------------</td>
<td>---------------</td>
<td>------------------------------------</td>
<td>--------------------------</td>
<td>----------------------------------</td>
<td>-----------------------------------------------------</td>
<td>---------------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>International Rescue Committee 122 East 42nd St 12th Floor New York, NY 101681289</td>
<td>13-5660870</td>
<td>501(c)(3)</td>
<td>67,760</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Lutheran World Relief 700 Light Street Baltimore, MD 21230</td>
<td>13-2574963</td>
<td>501(c)(3)</td>
<td>176,173</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Mercy Corps 3015 SW First Avenue Portland, OR 97201</td>
<td>91-1148123</td>
<td>501(c)(3)</td>
<td>64,986</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>-----------</td>
<td>-----------------------------------</td>
<td>--------------------------</td>
<td>-----------------------------------</td>
<td>-----------------------------------------------------</td>
<td>--------------------------------------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td>Operation Smile Inc 6435 Tidewater Drive Norfolk, VA 23509</td>
<td>54-1460147</td>
<td>501(c)(3)</td>
<td>42,609</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Oxfam America 226 Causeway Street 5th Floor Boston, MA 02114</td>
<td>23-7069110</td>
<td>501(c)(3)</td>
<td>151,927</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Partners in Health 888 Commonwealth Ave 3rd Floor Boston, MA 02215</td>
<td>04-3567502</td>
<td>501(c)(3)</td>
<td>72,026</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>----------</td>
<td>----------------------------------</td>
<td>-------------------------</td>
<td>----------------------------------</td>
<td>-------------------------------------------------</td>
<td>---------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>Plan USA 155 Plan Way Warwick, RI 028661099</td>
<td>13-5661832</td>
<td>501(c )(3)</td>
<td>8,146</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Project HOPE - the People-to-people Health Founda255 Carter Hall Lane Millwood, VA 22646</td>
<td>53-0242962</td>
<td>501(c )(3)</td>
<td>36,268</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Rotary Foundation of Rotary International1560 Sherman Avenue Evanston, IL 602013698</td>
<td>36-3245072</td>
<td>501(c )(3)</td>
<td>20,966</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>--------------</td>
<td>----------------------------------</td>
<td>--------------------------</td>
<td>----------------------------------</td>
<td>-----------------------------------------------------</td>
<td>----------------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>Salvation Army World Service Office (SAWSO)</td>
<td>13-2923701</td>
<td>501(c)(3)</td>
<td>162,083</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>615 Slater Lane</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alexandria, VA 22314</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Save the Children Federation Inc</td>
<td>06-0726487</td>
<td>501(c)(3)</td>
<td>325,594</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>54 Wilton Road</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Westport, CT 06880</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>US Fund for UNICEF</td>
<td>13-1760110</td>
<td>501(c)(3)</td>
<td>102,012</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>125 Maiden Ln 10th FL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New York, NY 10038</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name and address of organization or government</td>
<td>EIN</td>
<td>IRC Code section if applicable</td>
<td>Amount of cash grant</td>
<td>Amount of non-cash assistance</td>
<td>Method of valuation (book, FMV, appraisal, other)</td>
<td>Description of non-cash assistance</td>
<td>Purpose of grant or assistance</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>-----</td>
<td>--------------------------------</td>
<td>----------------------</td>
<td>-------------------------------</td>
<td>-----------------------------------------------</td>
<td>----------------------------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>Unitarian Universalist Service Committee</td>
<td>04-6186012</td>
<td>501(c )(3)</td>
<td>23,745</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Massachussetts Avenue Cambridge, MA 02139</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>United Methodist Committee on Relief</td>
<td>13-5562279</td>
<td>501(c )(3)</td>
<td>164,803</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>475 Riverside Drive Room 330</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New York, NY 10115</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Water For People</td>
<td>84-1166148</td>
<td>501(c )(3)</td>
<td>44,673</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>666 West Quincy Ave</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Denver, CO 80235</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>-----------</td>
<td>-----------------------------------</td>
<td>--------------------------</td>
<td>---------------------------------</td>
<td>-------------------------------------------------</td>
<td>-------------------------------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td>William J Clinton Foundation</td>
<td>31-1580204</td>
<td>501(c )(3)</td>
<td>24,107</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>610 President Clinton Avenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Little Rock, AR 72201</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women for Women International</td>
<td>52-1838756</td>
<td>501(c )(3)</td>
<td>28,762</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>4455 Connecticut Ave NW Suite 200</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Washington, DC 20008</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>World Childhood Foundation</td>
<td>16-1559586</td>
<td>501(c )(3)</td>
<td>7,111</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>183 Madison Ave Suite 715</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New York, NY 10016</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name and address of organization or government</td>
<td>EIN</td>
<td>IRC Code section if applicable</td>
<td>Amount of cash grant</td>
<td>Amount of non-cash assistance</td>
<td>Method of valuation (book, FMV, appraisal, other)</td>
<td>Description of non-cash assistance</td>
<td>Purpose of grant or assistance</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>-------</td>
<td>--------------------------------</td>
<td>----------------------</td>
<td>------------------------------</td>
<td>---------------------------------------------------</td>
<td>----------------------------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>World Renew (CRWRC) 2850 Kalamazoo Avenue SE Grand Rapids, MI 49500</td>
<td>38-1708140</td>
<td>501(c)(3)</td>
<td>9,824</td>
<td></td>
<td></td>
<td>General Support</td>
<td></td>
</tr>
<tr>
<td>Fidesco USA 2204 South Cedar Blvd Allentown, PA 18103</td>
<td>26-2457618</td>
<td>501(c)(3)</td>
<td>25,080</td>
<td></td>
<td></td>
<td>General Support</td>
<td></td>
</tr>
<tr>
<td>The Global Hunger Project 5 Union Square West 7th Fl New York, NY 10003</td>
<td>94-2443282</td>
<td>501(c)(3)</td>
<td>18,280</td>
<td></td>
<td></td>
<td>General Support</td>
<td></td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>----------</td>
<td>----------------------------------</td>
<td>--------------------------</td>
<td>----------------------------------</td>
<td>------------------------------------------------</td>
<td>----------------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>NRA CIVIL RIGHTS DEFENSE FUND11250 Waples Mill Rd Fairfax, VA 220309400</td>
<td>52-1136665</td>
<td>501(c)(3)</td>
<td>11,936</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>NATIONAL PUBLIC RADIO PO Box 79540 Baltimore, MD 21279</td>
<td>52-0907625</td>
<td>501(c)(3)</td>
<td>20,829</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>ARCHDIOCESE FOR MILITARY SVC USA1025 Michigan Ave NE Washington, DC 20017</td>
<td>13-1624090</td>
<td>501(c)(3)</td>
<td>28,990</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>----------</td>
<td>-----------------------------------</td>
<td>--------------------------</td>
<td>-------------------------------</td>
<td>-----------------------------------------------------</td>
<td>-------------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>Human Service Charities Americano Box 79770 Baltimore, MD 212799770</td>
<td>94-3240353</td>
<td>501(c)(3)</td>
<td>25,337</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Christian Service Charities PO Box 79704 Baltimore, MD 212799704</td>
<td>94-3193374</td>
<td>501(c)(3)</td>
<td>283,352</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>America's Charities 14150 Newbrook Dr Ste 110 Chantilly, VA 20151</td>
<td>54-1517707</td>
<td>501(c)(3)</td>
<td>123,850</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>----------</td>
<td>-----------------------------------</td>
<td>--------------------------</td>
<td>----------------------------------</td>
<td>-----------------------------------------------------</td>
<td>---------------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>DUCKS UNLIMITED INC One Waterfowl Way Memphis, TN 38120</td>
<td>13-5643799</td>
<td>501(c )(3)</td>
<td>10,027</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>EarthShareYour CFC Region Dept 4011 Washington, DC 20042</td>
<td>52-1601960</td>
<td>501(c )(3)</td>
<td>91,446</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Animal Charities America PO Box 45754 San Francisco, CA 94145</td>
<td>94-3193389</td>
<td>501(c )(3)</td>
<td>237,978</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>----------</td>
<td>--------------------------------</td>
<td>--------------------------</td>
<td>---------------------------------</td>
<td>--------------------------------------------------</td>
<td>-------------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>American Red Cross 2025 E St NW Washington, DC 20006</td>
<td>53-0196605</td>
<td>501(c)(3)</td>
<td>121,853</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Charities Without Borders (DoPO Box 45754 San Francisco, CA 94145)</td>
<td>94-3148590</td>
<td>501(c)(3)</td>
<td>66,925</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Military Family &amp; Veterans SerPO Box 45754 San Francisco, CA 94145</td>
<td>94-3193418</td>
<td>501(c)(3)</td>
<td>386,822</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>--------</td>
<td>---------------------------------</td>
<td>-------------------------</td>
<td>-------------------------------</td>
<td>-----------------------------------------------</td>
<td>----------------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>Sports Charities USAPO Box 45754 San Francisco, CA 94145</td>
<td>47-0863988</td>
<td>501(c)(3)</td>
<td>33,308</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Educate America PO Box 45754 San Francisco, CA 94145</td>
<td>94-3193387</td>
<td>501(c)(3)</td>
<td>44,865</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Children First - America’s Cha114150 Newbrook Dr Ste 110 Chantilly, VA 20151</td>
<td>30-0186795</td>
<td>501(c)(3)</td>
<td>129,547</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>----------</td>
<td>----------------------------------</td>
<td>--------------------------</td>
<td>---------------------------------</td>
<td>-------------------------------------------------</td>
<td>-------------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>Christian Charities USAPO Box 45754 San Francisco, CA 94145</td>
<td>94-3255961</td>
<td>501(c )(3)</td>
<td>113,584</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>NATIONAL FALLEN FIREFIGHTERS FNDPO Drawer 498 Emmitsburg, MD 21727</td>
<td>52-1832634</td>
<td>501(c )(3)</td>
<td>6,059</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>FOOD FOR THE POOR INC 6401 Lyons Rd Coconut Creek, FL 33073</td>
<td>59-2174510</td>
<td>501(c )(3)</td>
<td>8,178</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>----------</td>
<td>-----------------------------------</td>
<td>--------------------------</td>
<td>-------------------------------</td>
<td>------------------------------------------------------</td>
<td>--------------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>UNITED NEGRO COLLEGE FUND1805 7th St NW Washington, DC  20001</td>
<td>13-1624241</td>
<td>501(c ) (3)</td>
<td>15,046</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Build A Better World125 Washington St Ste 201 Salem, MA  01970</td>
<td>20-1348415</td>
<td>501(c ) (3)</td>
<td>15,168</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>CancerCure Amer Care UnderstPO Box 45754 San Francisco, CA  94145</td>
<td>81-0648432</td>
<td>501(c ) (3)</td>
<td>177,579</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>--------</td>
<td>----------------------------------</td>
<td>-------------------------</td>
<td>-----------------------------</td>
<td>----------------------------------</td>
<td>---------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>Jewish Charities AmericaPO Box 45754 San Francisco, CA 94145</td>
<td>68-0473577</td>
<td>501(c )(3)</td>
<td>8,161</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Medical Research Charities 125 Washington St Ste 201 Salem, MA 01970</td>
<td>94-3148591</td>
<td>501(c )(3)</td>
<td>75,518</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Hispanic &amp; Latino Charities thPO Box 45754 San Francisco, CA 94145</td>
<td>68-0455509</td>
<td>501(c )(3)</td>
<td>26,506</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td><strong>(a)</strong> Name and address of organization or government</td>
<td><strong>(b)</strong> EIN</td>
<td><strong>(c)</strong> IRC Code section if applicable</td>
<td><strong>(d)</strong> Amount of cash grant</td>
<td><strong>(e)</strong> Amount of non-cash assistance</td>
<td><strong>(f)</strong> Method of valuation (book, FMV, appraisal, other)</td>
<td><strong>(g)</strong> Description of non-cash assistance</td>
<td><strong>(h)</strong> Purpose of grant or assistance</td>
</tr>
<tr>
<td>------------------------------------------------------</td>
<td>-------------</td>
<td>----------------------------------------</td>
<td>-------------------------------</td>
<td>------------------------------------------</td>
<td>---------------------------------------------------------------</td>
<td>-----------------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>Health First - America's Chari14150 Newbrook Dr Ste 110 Chantilly, VA 20151</td>
<td>30-0186796</td>
<td>501(c)(3)</td>
<td>59,754</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Aid for Africa PO Box 8734 Topeka, KS 66608</td>
<td>06-1703295</td>
<td>501(c)(3)</td>
<td>31,551</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Human and Civil Rights Org of Amer 125 Washington St Ste 201 Salem, MA 01970</td>
<td>94-3193388</td>
<td>501(c)(3)</td>
<td>27,002</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>-------------</td>
<td>----------------------------------</td>
<td>--------------------------</td>
<td>----------------------------------</td>
<td>-----------------------------------------------------</td>
<td>----------------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>USO 2111 Wilson Blvd Ste 1200 Arlington, VA 22201</td>
<td>13-1610451</td>
<td>501(c )(3)</td>
<td>125,099</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>WOUNDED WARRIOR PROJECT 4899 Belfort Rd Ste 300 Jacksonville, FL 32256</td>
<td>20-2370934</td>
<td>501(c )(3)</td>
<td>296,234</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Mental Health &amp; Addiction Netw 125 Washington St Ste 201 Salem, MA 01970</td>
<td>20-1358397</td>
<td>501(c )(3)</td>
<td>17,169</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>----------</td>
<td>----------------------------------</td>
<td>--------------------------</td>
<td>---------------------------------</td>
<td>------------------------------------------------------</td>
<td>--------------------------------------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td>Conservation &amp; Preservation ChP.O. Box 45754 San Francisco, CA 94145</td>
<td>94-3217738</td>
<td>501(c)(3)</td>
<td>66,464</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Children's Charities America PO Box 45754 San Francisco, CA 94145</td>
<td>94-3148588</td>
<td>501(c)(3)</td>
<td>173,613</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Health &amp; Medical Research CharPO Box 45754 San Francisco, CA 94145</td>
<td>94-3217739</td>
<td>501(c)(3)</td>
<td>248,118</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Name and address of organization or government</td>
<td>EIN</td>
<td>IRC Code section if applicable</td>
<td>Amount of cash grant</td>
<td>Amount of non-cash assistance</td>
<td>Method of valuation (book, FMV, appraisal, other)</td>
<td>Description of non-cash assistance</td>
<td>Purpose of grant or assistance</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>------</td>
<td>--------------------------------</td>
<td>----------------------</td>
<td>-------------------------------</td>
<td>-------------------------------------------------</td>
<td>----------------------------------</td>
<td>--------------------------------</td>
</tr>
<tr>
<td>NRA FOUNDATION INC THE11250 Waples Mill Rd Fairfax, VA 22030</td>
<td>52-1710886</td>
<td>501(c)(3)</td>
<td>8,801</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Women Children &amp; Family ServiPO Box 45754 San Francisco, CA 94145</td>
<td>94-3193386</td>
<td>501(c)(3)</td>
<td>75,764</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Children's Medical &amp; ResearchPO Box 45754 San Francisco, CA 94145</td>
<td>27-0093393</td>
<td>501(c)(3)</td>
<td>106,524</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>-----------</td>
<td>-----------------------------------</td>
<td>--------------------------</td>
<td>----------------------------------</td>
<td>----------------------------------------------------</td>
<td>----------------------------------------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td>Community Health Charities</td>
<td>13-6167225</td>
<td>501(c)(3)</td>
<td>463,534</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>PO Box 75153</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baltimore, MD 21275</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arts Federation</td>
<td>03-0524939</td>
<td>501(c)(3)</td>
<td>10,085</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>125 Washington St Ste 201</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salem, MA 01970</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Military &amp; Civilians United</td>
<td>20-5300252</td>
<td>501(c)(3)</td>
<td>6,626</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>for 125 Washington St Ste 201</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salem, MA 01970</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>---------</td>
<td>----------------------------------</td>
<td>--------------------------</td>
<td>-------------------------------</td>
<td>--------------------------------------------------</td>
<td>-------------------------------------------</td>
<td>-------------------------------------</td>
</tr>
<tr>
<td>Family and Health Charities</td>
<td>20-5300189</td>
<td>501(c )(3)</td>
<td>8,114</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>125 Washington St Ste 201</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salem, MA 019703131</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Military Support Groups</td>
<td>27-2242752</td>
<td>501(c )(3)</td>
<td>112,023</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>AmericPO Box 45754</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>San Francisco, CA 94145</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FREEDOM FROM RELIGION FOUND INC</td>
<td>39-1302520</td>
<td>501(c )(3)</td>
<td>7,739</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>304 West Washington Ave</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Madison, WI 53703</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Catholic Service Organizations PO Box 45754 San Francisco, CA 94145</td>
<td>45-1679647</td>
<td>501(c )(3)</td>
<td>127,689</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Christian Children’s Charities PO Box 45754 San Francisco, CA 94145</td>
<td>45-2919697</td>
<td>501(c )(3)</td>
<td>33,493</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Charities Under 1 Overhead PO Box 45754 San Francisco, CA 94145</td>
<td>27-3132554</td>
<td>501(c )(3)</td>
<td>89,220</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>-----------</td>
<td>-----------------------------------</td>
<td>--------------------------</td>
<td>----------------------------------</td>
<td>-----------------------------------------------------</td>
<td>---------------------------------------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td>TEAM RED WHITE AND BLUE 1110 W Platt St Tampa, FL 33606</td>
<td>27-2196347</td>
<td>501(c)(3)</td>
<td>7,477</td>
<td></td>
<td></td>
<td>General Support</td>
<td></td>
</tr>
<tr>
<td>LUPUS RESEARCH INSTITUTE 330 Seventh Ave Ste 1701 New York, NY 10001</td>
<td>06-1565950</td>
<td>501(c)(3)</td>
<td>9,706</td>
<td></td>
<td></td>
<td>General Support</td>
<td></td>
</tr>
<tr>
<td>Child Aid USA 125 Washington St Ste 201 Salem, MA 01970</td>
<td>26-3061082</td>
<td>501(c)(3)</td>
<td>13,317</td>
<td></td>
<td></td>
<td>General Support</td>
<td></td>
</tr>
<tr>
<td>Name and address of organization or government</td>
<td>EIN</td>
<td>IRC Code section if applicable</td>
<td>Amount of cash grant</td>
<td>Amount of non-cash assistance</td>
<td>Method of valuation (book, FMV, appraisal, other)</td>
<td>Description of non-cash assistance</td>
<td>Purpose of grant or assistance</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>--------</td>
<td>-------------------------------</td>
<td>----------------------</td>
<td>-------------------------------</td>
<td>---------------------------------------------</td>
<td>-----------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>Charities Under 5 Overhead PO Box 45754 San Francisco, CA 94145</td>
<td>27-3132492</td>
<td>501(c)(3)</td>
<td>27,539</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>ARMED FORCES AID CAMPAIGN 7410 Heritage Village Plaza Gainesville, VA 20155</td>
<td>84-1149039</td>
<td>501(c)(3)</td>
<td>5,069</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>PAT TILLMAN FOUNDATION 217 N Jefferson St Suite 602 Chicago, IL 60661</td>
<td>20-1072336</td>
<td>501(c)(3)</td>
<td>5,758</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>-----------</td>
<td>-----------------------------------</td>
<td>--------------------------</td>
<td>----------------------------------</td>
<td>-----------------------------------------------------</td>
<td>--------------------------------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>HONOR FLIGHT INC 300 East Auburn Ave Springfield, OH 45505</td>
<td>20-2751460</td>
<td>501(c)(3)</td>
<td>5,137</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Christian Aid USA 125 Washington St Ste 201 Salem, MA 01970</td>
<td>26-3070569</td>
<td>501(c)(3)</td>
<td>14,647</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Diabetes Charities America 125 Washington Street Suite 201 Salem, MA 01970</td>
<td>20-1468898</td>
<td>501(c)(3)</td>
<td>16,851</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>---------</td>
<td>----------------------------------</td>
<td>-------------------------</td>
<td>---------------------------------</td>
<td>-----------------------------------------------</td>
<td>--------------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>National Black Federation Char17 Academy Street Newark, NJ 07102</td>
<td>22-3596098</td>
<td>501(c )(3)</td>
<td>16,524</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>WOUNDED WARRIORS FAMILY SUPPORT 920 S 107th Ave Ste 250 Omaha, NE 681144719</td>
<td>20-1407520</td>
<td>501(c )(3)</td>
<td>19,577</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Wild Animals Worldwide PO Box 45754 San Francisco, CA 94145</td>
<td>20-8774272</td>
<td>501(c )(3)</td>
<td>45,720</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>------------</td>
<td>-----------------------------------</td>
<td>--------------------------</td>
<td>---------------------------------</td>
<td>---------------------------------------------------</td>
<td>-------------------------------------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td>K9S FOR WARRIORS 260 South Roscoe Blvd Ponte Vedra Beach, FL 32082</td>
<td>27-5219467</td>
<td>501(c)(3)</td>
<td>20,141</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>AMERICA BREAST CANCER FOUNDATION 10400 Little Patuxent Pky Ste 480 Columbia, MD 21044</td>
<td>52-2031814</td>
<td>501(c)(3)</td>
<td>9,108</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Unique &amp; Noteworthy Charities PO Box 45754 San Francisco, CA 94145</td>
<td>46-3016556</td>
<td>501(c)(3)</td>
<td>53,049</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>------------</td>
<td>------------------------------------</td>
<td>--------------------------</td>
<td>-----------------------------------</td>
<td>-----------------------------------------------------</td>
<td>----------------------------------------</td>
<td>-------------------------------------</td>
</tr>
<tr>
<td>ChildAid International 125 Washington St Ste 201 Salem, MA 01970</td>
<td>20-1358458</td>
<td>501(c)(3)</td>
<td>19,557</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>United Way of Central Alabama Inc 3600 8th Ave South Birmingham, AL 35232</td>
<td>63-0288846</td>
<td>501(c)(3)</td>
<td>10,840</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Local Independent Charities of America PO Box 45754 San Francisco, CA 94145</td>
<td>94-3042430</td>
<td>501(c)(3)</td>
<td>12,140</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>----------</td>
<td>-----------------------------------</td>
<td>--------------------------</td>
<td>-------------------------------</td>
<td>-------------------------------------------------</td>
<td>-------------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>Local Independent Charities of Texas PO Box 45755 San Francisco, CA 94145</td>
<td>94-3219813</td>
<td>501(c)(3)</td>
<td>7,194</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Community Health Charities of Florida Inc 6850 Belfort Oaks Place Jacksonville, FL 32216</td>
<td>59-3218006</td>
<td>501(c)(3)</td>
<td>7,944</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>United Way of the National Capital Area 1577 Spring Hill Rd Ste 420 Vienna, VA 22182</td>
<td>53-0234290</td>
<td>501(c)(3)</td>
<td>13,062</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>--------</td>
<td>----------------------------------</td>
<td>------------------------</td>
<td>-------------------------------</td>
<td>-----------------------------------------------</td>
<td>-------------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>Animal Welfare Fund Inc125 Washington St Ste 201 Salem, MA 01970</td>
<td>26-0610986</td>
<td>501(c')(3)</td>
<td>6,441</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Community Health Charities of the National Capital211 N Union St Ste 100 Alexandria, VA 22314</td>
<td>52-1089036</td>
<td>501(c')(3)</td>
<td>6,369</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>AMERICAN NATIONAL RED CROSSPO Box 60310 Midland, TX 79711</td>
<td>53-0196605</td>
<td>501(c')(3)</td>
<td>14,445</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td><strong>(a)</strong> Name and address of organization or government</td>
<td><strong>(b)</strong> EIN</td>
<td><strong>(c)</strong> IRC Code section if applicable</td>
<td><strong>(d)</strong> Amount of cash grant</td>
<td><strong>(e)</strong> Amount of non-cash assistance</td>
<td><strong>(f)</strong> Method of valuation (book, FMV, appraisal, other)</td>
<td><strong>(g)</strong> Description of non-cash assistance</td>
<td><strong>(h)</strong> Purpose of grant or assistance</td>
</tr>
<tr>
<td>------------------------------------------------------</td>
<td>------------</td>
<td>--------------------------------------</td>
<td>-----------------------------</td>
<td>-------------------------------------</td>
<td>----------------------------------------------------------</td>
<td>------------------------------------------</td>
<td>-------------------------------------</td>
</tr>
<tr>
<td>Community Health Charities PO Box 758858 Baltimore, MD 21275</td>
<td>75-0954584</td>
<td>501(c )(3)</td>
<td>6,866</td>
<td></td>
<td></td>
<td>General Support</td>
<td></td>
</tr>
<tr>
<td>Community Health Charities 902 Rarig Ave Columbus, OH 43219</td>
<td>31-1055345</td>
<td>501(c )(3)</td>
<td>6,205</td>
<td></td>
<td></td>
<td>General Support</td>
<td></td>
</tr>
<tr>
<td>Community Health Charities of CaliforniaPO Box 758858 Baltimore, MD 21275</td>
<td>94-1732873</td>
<td>501(c )(3)</td>
<td>14,495</td>
<td></td>
<td></td>
<td>General Support</td>
<td></td>
</tr>
<tr>
<td><strong>(a) Name and address of organization or government</strong></td>
<td><strong>(b) EIN</strong></td>
<td><strong>(c) IRC Code section if applicable</strong></td>
<td><strong>(d) Amount of cash grant</strong></td>
<td><strong>(e) Amount of non-cash assistance</strong></td>
<td><strong>(f) Method of valuation (book, FMV, appraisal, other)</strong></td>
<td><strong>(g) Description of non-cash assistance</strong></td>
<td><strong>(h) Purpose of grant or assistance</strong></td>
</tr>
<tr>
<td>------------------------------------------------------</td>
<td>-------------</td>
<td>----------------------------------------</td>
<td>-----------------------------</td>
<td>----------------------------------------</td>
<td>---------------------------------------------------------</td>
<td>----------------------------------------</td>
<td>-------------------------------------</td>
</tr>
<tr>
<td>Alcoa Foundation 201 Isabella St Pittsburgh, PA 15212</td>
<td>25-1128857</td>
<td>501(c)(3)</td>
<td>292,689</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>ALS Association - National Office 1275 K St NW 250 Washington, DC 20005</td>
<td>13-3271855</td>
<td>501(c)(3)</td>
<td>6,675</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Alzheimers Association-Central Ohio 1379 Dublin Rd Columbus, OH 43215</td>
<td>31-0996236</td>
<td>501(c)(3)</td>
<td>5,851</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>-----------</td>
<td>-----------------------------------</td>
<td>--------------------------</td>
<td>-------------------------------</td>
<td>--------------------------------------------------</td>
<td>---------------------------------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td>ALZHEIMERS DISEASE AND RELATED DISORDERS Assoc2 Jefferson Plaza Poughkeepsie, NY 12601</td>
<td>14-1695487</td>
<td>501(c)(3)</td>
<td>6,057</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>American Cancer Society - Ohio Div5555 Frantz Rd Dublin, OH 43017</td>
<td>13-1788491</td>
<td>501(c)(3)</td>
<td>7,804</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>American Diabetes Association1701 N Beauregard St Alexandria, VA 22311</td>
<td>13-1623888</td>
<td>501(c)(3)</td>
<td>9,696</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>-----------</td>
<td>-----------------------------------</td>
<td>--------------------------</td>
<td>----------------------------------</td>
<td>---------------------------------------------------</td>
<td>--------------------------------------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td>AMERICAN DIABETES ASSOCIATION INC 1701 N Beauregard Street Alexandria, VA 22311</td>
<td>13-1623888</td>
<td>501(c)(3)</td>
<td>5,383</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>American Heart Association - Columbus 5455 North High Street Columbus, OH 432141127</td>
<td>13-5613797</td>
<td>501(c)(3)</td>
<td>5,753</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>American Red Cross - National PO Box 37295 Washington, DC 20013</td>
<td>53-0196605</td>
<td>501(c)(3)</td>
<td>15,456</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>ARTHUR G JAMES CANCER HOSPITAL</td>
<td>31-1301428</td>
<td>501(c)(3)</td>
<td>8,176</td>
<td>General Support</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------------------------</td>
<td>-------------</td>
<td>-----------</td>
<td>-------</td>
<td>----------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASPCA</td>
<td>13-1623829</td>
<td>501(c)(3)</td>
<td>13,888</td>
<td>General Support</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ballet Metropolitan Inc</td>
<td>31-0858562</td>
<td>501(c)(3)</td>
<td>6,865</td>
<td>General Support</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>----------</td>
<td>----------------------------------</td>
<td>--------------------------</td>
<td>----------------------------------</td>
<td>---------------------------------------------------</td>
<td>-------------------------------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td>Baps Charities 81 Suttons Ln Ste 201 Piscataway, NJ 08854</td>
<td>26-1530694</td>
<td>501(c)(3)</td>
<td>8,031</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Barat Academy 17815 Wild Horse Creek Road Chesterfield, MO 63005</td>
<td>20-2666579</td>
<td>501(c)(3)</td>
<td>7,150</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Belmont-Redwood Shores School Fdn PO Box 5196 Belmont, CA 94002</td>
<td>91-2159650</td>
<td>501(c)(3)</td>
<td>5,591</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>-----------</td>
<td>-----------------------------------</td>
<td>--------------------------</td>
<td>----------------------------------</td>
<td>-----------------------------------------------------</td>
<td>---------------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>BOY SCOUTS OF AMERICA 60 Wellington Road Milford, CT 06460</td>
<td>06-0646793</td>
<td>501(c)(3)</td>
<td>12,764</td>
<td></td>
<td></td>
<td>General Support</td>
<td>General Support</td>
</tr>
<tr>
<td>Boy Scouts of America Jayhawk 1020 SE Monroe Topeka, KS 66612</td>
<td>48-0543748</td>
<td>501(c)(3)</td>
<td>11,577</td>
<td></td>
<td></td>
<td>General Support</td>
<td>General Support</td>
</tr>
<tr>
<td>Boys and Girls Club of Topeka 550 SE 27th Topeka, KS 66605</td>
<td>48-0636732</td>
<td>501(c)(3)</td>
<td>44,734</td>
<td></td>
<td></td>
<td>General Support</td>
<td>General Support</td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>------------</td>
<td>-----------------------------------</td>
<td>--------------------------</td>
<td>----------------------------------</td>
<td>-----------------------------------------------------</td>
<td>----------------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>BRIDGEPORT RESCUE MISSION INC481 Pequonnock Street Bridgeport, CT 06604</td>
<td>06-1362705</td>
<td>501(c)(3)</td>
<td>12,487</td>
<td></td>
<td></td>
<td>General Support</td>
<td></td>
</tr>
<tr>
<td>Campus Crusade for Christ 100 Lake Hart Drive 2400 Orlando, FL 32832</td>
<td>95-6006173</td>
<td>501(c)(3)</td>
<td>9,897</td>
<td></td>
<td></td>
<td>General Support</td>
<td></td>
</tr>
<tr>
<td>Catholic Charities of Fairfield 238 Jewett Avenue Bridgeport, CT 06606</td>
<td>06-0653053</td>
<td>501(c)(3)</td>
<td>12,430</td>
<td></td>
<td></td>
<td>General Support</td>
<td></td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>-------------</td>
<td>----------------------------------</td>
<td>--------------------------</td>
<td>-------------------------------</td>
<td>-------------------------------------------------------</td>
<td>--------------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>Catholic Foundation 5310 Harvest Hill Rd</td>
<td>75-1106620</td>
<td>501(c)(3)</td>
<td>10,000</td>
<td></td>
<td></td>
<td>General Support</td>
<td></td>
</tr>
<tr>
<td>Dallas, TX 75230</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Catholic Relief Services 228 W Lexington St</td>
<td>13-5563422</td>
<td>501(c)(3)</td>
<td>36,285</td>
<td></td>
<td></td>
<td>General Support</td>
<td></td>
</tr>
<tr>
<td>Baltimore, MD 21201</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Center of Hope Project 400 N Emporia</td>
<td>48-0578624</td>
<td>501(c)(3)</td>
<td>16,497</td>
<td></td>
<td></td>
<td>General Support</td>
<td></td>
</tr>
<tr>
<td>Wichita, KS 67202</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>----------</td>
<td>----------------------------------</td>
<td>--------------------------</td>
<td>----------------------------------</td>
<td>---------------------------------------------------</td>
<td>-----------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>Central Ohio Parkinson Society</td>
<td>31-0986384</td>
<td>501(c)(3)</td>
<td>5,028</td>
<td></td>
<td></td>
<td>General Support</td>
<td></td>
</tr>
<tr>
<td>2800 Corporate Exchange Dr 265</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Columbus, OH 43231</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chautauqua Institution</td>
<td>16-0758844</td>
<td>501(c)(3)</td>
<td>8,000</td>
<td></td>
<td></td>
<td>General Support</td>
<td></td>
</tr>
<tr>
<td>PO Box 28</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chautauqua, NY 14722</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Childrens Hunger Alliance</td>
<td>23-7303509</td>
<td>501(c)(3)</td>
<td>9,753</td>
<td></td>
<td></td>
<td>General Support</td>
<td></td>
</tr>
<tr>
<td>110 S Schrock Rd Ste 505</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Columbus, OH 43229</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>---------</td>
<td>-----------------------------------</td>
<td>-------------------------</td>
<td>----------------------------------</td>
<td>-------------------------------------------------</td>
<td>----------------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>Christ Church Inc 43547 Kiplington Sq South Riding, VA 20152</td>
<td>65-1262156</td>
<td>501(c)(3)</td>
<td>30,855</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Christian Life School 10700 75th Street Kenosha, WI 53142</td>
<td>39-2003070</td>
<td>501(c)(3)</td>
<td>23,728</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>CHRISTIAN LIFE SCHOOL Fdn INC 10700 75TH ST KENOSHA, WI 531428331</td>
<td>39-2003070</td>
<td>501(c)(3)</td>
<td>6,667</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>---------------</td>
<td>-----------------------------------</td>
<td>--------------------------</td>
<td>----------------------------------</td>
<td>------------------------------------------------------</td>
<td>----------------------------------------</td>
<td>-------------------------------------</td>
</tr>
<tr>
<td>Columbus Council on World Affairs 51 Jefferson Avenue Columbus, OH 43215</td>
<td>51-0180760</td>
<td>501(c )(3)</td>
<td>10,456</td>
<td></td>
<td></td>
<td>General Support</td>
<td></td>
</tr>
<tr>
<td>Columbus Museum of Art 480 East Broad Street Columbus, OH 43215</td>
<td>31-4379447</td>
<td>501(c )(3)</td>
<td>12,820</td>
<td></td>
<td></td>
<td>General Support</td>
<td></td>
</tr>
<tr>
<td>COLUMBUS SYMPHONY ORCHESTRA INC 55 East State Street Columbus, OH 43215</td>
<td>31-6402408</td>
<td>501(c )(3)</td>
<td>6,923</td>
<td></td>
<td></td>
<td>General Support</td>
<td></td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>--------</td>
<td>----------------------------------</td>
<td>------------------------</td>
<td>-------------------------------</td>
<td>---------------------------------------------</td>
<td>---------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>COMMUNITY CENTERS INC 61 East Putnam Avenue Greenwich, CT 06830</td>
<td>06-0703570</td>
<td>501(c)(3)</td>
<td>7,500</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Community Shelter Board 111 Liberty St Ste 150 Columbus, OH 43215</td>
<td>31-1181284</td>
<td>501(c)(3)</td>
<td>10,219</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Connecticut Humane Society 701 Russell Road Newington, CT 06111</td>
<td>06-0667605</td>
<td>501(c)(3)</td>
<td>5,812</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>-------------</td>
<td>-----------------------------------</td>
<td>--------------------------</td>
<td>----------------------------------</td>
<td>-----------------------------------------------------</td>
<td>--------------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>Covenant Day School 800 Fullwood Lane Matthews, NC 28105</td>
<td>56-1656570</td>
<td>501(c)(3)</td>
<td>7,500</td>
<td></td>
<td></td>
<td>General Support</td>
<td></td>
</tr>
<tr>
<td>CRISTO REY JESUIT HIGH SCHOOL 420 S CHESTER ST BALTIMORE, MD 212312729</td>
<td>05-0632734</td>
<td>501(c)(3)</td>
<td>16,460</td>
<td></td>
<td></td>
<td>General Support</td>
<td></td>
</tr>
<tr>
<td>Dana-Farber Cancer Institute 450 Brookline Ave Boston, MA 022155450</td>
<td>04-2263040</td>
<td>501(c)(3)</td>
<td>5,928</td>
<td></td>
<td></td>
<td>General Support</td>
<td></td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>-----------</td>
<td>-----------------------------------</td>
<td>--------------------------</td>
<td>----------------------------------</td>
<td>-----------------------------------------------------</td>
<td>--------------------------------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>Davis Phinney Foundation 4730 Table Mesa Dr Boulder, CO 80305</td>
<td>20-0813566</td>
<td>501(c)(3)</td>
<td>5,750</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Design Outreach IncPO Box 763 Winona Lake, IN 46590</td>
<td>46-0779062</td>
<td>501(c)(3)</td>
<td>15,546</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Doctors Without Borders USAPO Box 5030 Hagerstown, MD 21741</td>
<td>13-3433452</td>
<td>501(c)(3)</td>
<td>24,658</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>-----------</td>
<td>-----------------------------------</td>
<td>--------------------------</td>
<td>---------------------------------</td>
<td>--------------------------------------------------</td>
<td>--------------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>Drake University 2507 University Avenue Des Moines, IA 50311</td>
<td>42-0680460</td>
<td>501(c )(3)</td>
<td>6,150</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>EMMAN WILLARD SCHOOL 285 Pawling Avenue Troy, NY 12180</td>
<td>14-1338390</td>
<td>501(c )(3)</td>
<td>5,500</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Faith Mission Inc 500 W Wilson Bridge Rd Columbus, OH 43085</td>
<td>31-0809759</td>
<td>501(c )(3)</td>
<td>25,358</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>---------</td>
<td>-----------------------------------</td>
<td>------------------------</td>
<td>-------------------------------</td>
<td>-------------------------------------------------</td>
<td>-----------------------------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td>Feed My Starving Children</td>
<td>41-1601449</td>
<td>501(c)(3)</td>
<td>20,196</td>
<td></td>
<td></td>
<td>General Support</td>
<td></td>
</tr>
<tr>
<td>401 93rd Ave NW</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coon Rapids, MN 55433</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FIRST COMMUNITY FOUNDATION INC</td>
<td>31-6027662</td>
<td>501(c)(3)</td>
<td>15,000</td>
<td></td>
<td></td>
<td>General Support</td>
<td></td>
</tr>
<tr>
<td>1320 CAMBRIDGE BLVD</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COLUMBUS, OH 43212</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fisher House Foundation</td>
<td>11-3158401</td>
<td>501(c)(3)</td>
<td>5,868</td>
<td></td>
<td></td>
<td>General Support</td>
<td></td>
</tr>
<tr>
<td>111 Rockville Pike Ste 420</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rockville, MD 20850</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>---------</td>
<td>----------------------------------</td>
<td>--------------------------</td>
<td>-------------------------------</td>
<td>-----------------------------------------------</td>
<td>----------------------------------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>Fistula Foundation 1922 The Alameda 302 San Jose, CA 951261430</td>
<td>77-0547201</td>
<td>501(c)(3)</td>
<td>8,686</td>
<td></td>
<td></td>
<td>8,686</td>
<td>General Support</td>
</tr>
<tr>
<td>Flatirons Community Church 355 W South Boulder Rd Lafayette, CO 80026</td>
<td>47-0857845</td>
<td>501(c)(3)</td>
<td>5,660</td>
<td></td>
<td></td>
<td>5,660</td>
<td>General Support</td>
</tr>
<tr>
<td>Flint Hills Breadbasket 905 Yuma St Manhattan, KS 66502</td>
<td>48-0952757</td>
<td>501(c)(3)</td>
<td>8,300</td>
<td></td>
<td></td>
<td>8,300</td>
<td>General Support</td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>----------</td>
<td>-----------------------------------</td>
<td>--------------------------</td>
<td>----------------------------------</td>
<td>-------------------------------------------------</td>
<td>-----------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>Food for Lane County</td>
<td>93-0888347</td>
<td>501(c)(3)</td>
<td>5,404</td>
<td></td>
<td></td>
<td>General Support</td>
<td></td>
</tr>
<tr>
<td>Bailey Hill Rd</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eugene, OR 97402</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food For The Poor Inc</td>
<td>59-2174510</td>
<td>501(c)(3)</td>
<td>11,614</td>
<td></td>
<td></td>
<td>General Support</td>
<td></td>
</tr>
<tr>
<td>Lyons Rd</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coconut Creek, FL 33073</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FORT HILL CHRISTIAN</td>
<td>31-0804748</td>
<td>501(c)(3)</td>
<td>11,260</td>
<td></td>
<td></td>
<td>General Support</td>
<td></td>
</tr>
<tr>
<td>YOUTH CAMP13500</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fort Hill Road</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hillsboro, OH 45133</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>---------</td>
<td>-----------------------------------</td>
<td>-------------------------</td>
<td>----------------------------------</td>
<td>------------------------------------------------</td>
<td>-------------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>Friends of Bell School 3730 N Oakley Ave Chicago, IL 60618</td>
<td>91-1889991</td>
<td>501(c)(3)</td>
<td>5,450</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>FULBRIGHT ASSOCIATION INC 666 11th Street NW Suite 525 Washington, DC 20001</td>
<td>52-1821935</td>
<td>501(c)(3)</td>
<td>5,880</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Godman Guild Association 303 E 6th Ave Columbus, OH 43201</td>
<td>31-4379478</td>
<td>501(c)(3)</td>
<td>5,690</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>----------</td>
<td>----------------------------------</td>
<td>--------------------------</td>
<td>-------------------------------</td>
<td>---------------------------------</td>
<td>--------------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>Goodcity 5049 W Harrison Chicago, IL 60644</td>
<td>36-3467921</td>
<td>501(c )(3)</td>
<td>41,841</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Habitat for Humanity-Gtr Columbus 3140 Westerville Rd Columbus, OH 43224</td>
<td>31-1217994</td>
<td>501(c )(3)</td>
<td>7,233</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Habitat for Humanity - Twin Cities 1954 University Ave W St Paul, MN 55104</td>
<td>36-3363171</td>
<td>501(c )(3)</td>
<td>5,809</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>---------</td>
<td>-----------------------------------</td>
<td>--------------------------</td>
<td>-------------------------------</td>
<td>---------------------------------------------</td>
<td>---------------------------------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td>HABITAT FOR HUMANITY int INCPO BOX 1584 GASTONIA, NC 280531584</td>
<td>56-1634454</td>
<td>501(c )(3)</td>
<td>9,192</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Habitat For Humanity - Louisville 1620 Bank Street Louisville, KY 40203</td>
<td>61-1242075</td>
<td>501(c )(3)</td>
<td>13,000</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Hackley School 293 Benedict Ave Tarrytown, NY 10591</td>
<td>13-1740452</td>
<td>501(c )(3)</td>
<td>7,500</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td><strong>a)</strong> Name and address of organization or government</td>
<td><strong>b)</strong> EIN</td>
<td><strong>c)</strong> IRC Code section if applicable</td>
<td><strong>d)</strong> Amount of cash grant</td>
<td><strong>e)</strong> Amount of non-cash assistance</td>
<td><strong>f)</strong> Method of valuation (book, FMV, appraisal, other)</td>
<td><strong>g)</strong> Description of non-cash assistance</td>
<td><strong>h)</strong> Purpose of grant or assistance</td>
</tr>
<tr>
<td>------------------------------------------------------</td>
<td>-------------</td>
<td>--------------------------------------</td>
<td>-----------------------------</td>
<td>-------------------------------------</td>
<td>----------------------------------------------------------</td>
<td>-----------------------------------------------</td>
<td>------------------------------------------</td>
</tr>
<tr>
<td>Hardin Valley Academy Athletic PO Box 53406 Knoxville, TN 37950</td>
<td>51-0670175</td>
<td>501(c)(3)</td>
<td>9,115</td>
<td></td>
<td></td>
<td>General Support</td>
<td></td>
</tr>
<tr>
<td>Harvesters 215 SE Quincy Topeka, KS 66603</td>
<td>43-1208665</td>
<td>501(c)(3)</td>
<td>39,519</td>
<td></td>
<td></td>
<td>General Support</td>
<td></td>
</tr>
<tr>
<td>Heifer International PO Box 8058 Little Rock, AR 72203</td>
<td>35-1019477</td>
<td>501(c)(3)</td>
<td>8,273</td>
<td></td>
<td></td>
<td>General Support</td>
<td></td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>-----------</td>
<td>-----------------------------------</td>
<td>--------------------------</td>
<td>----------------------------------</td>
<td>-----------------------------------------------------</td>
<td>-----------------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>HEIFER PROJECT INTERNATIONAL 1 World Avenue Little Rock, AR 72202</td>
<td>35-1019477</td>
<td>501(c )(3)</td>
<td>7,253</td>
<td></td>
<td></td>
<td>General Support</td>
<td></td>
</tr>
<tr>
<td>Helping Hands Humane Society 5720 SW 21st St Topeka, KS 66604</td>
<td>48-0597124</td>
<td>501(c )(3)</td>
<td>23,280</td>
<td></td>
<td></td>
<td>General Support</td>
<td></td>
</tr>
<tr>
<td>HELPING HANDS HUMANE SOCIETY INC 5720 SW 21st St Topeka, KS 66604</td>
<td>48-0597124</td>
<td>501(c )(3)</td>
<td>13,668</td>
<td></td>
<td></td>
<td>General Support</td>
<td></td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>--------------</td>
<td>-----------------------------------</td>
<td>--------------------------</td>
<td>----------------------------------</td>
<td>------------------------------------------------------</td>
<td>----------------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>Hill House Inc 10 Riverside Ave Riverside, CT 06878</td>
<td>06-0989007</td>
<td>501(c)(3)</td>
<td>10,000</td>
<td></td>
<td></td>
<td>General Support</td>
<td></td>
</tr>
<tr>
<td>HILLIARD BASEBALL ASSOCIATION INC  Box 202 Hilliard, OH 43026</td>
<td>31-1022221</td>
<td>501(c)(3)</td>
<td>11,000</td>
<td></td>
<td></td>
<td>General Support</td>
<td></td>
</tr>
<tr>
<td>Homeless Families Fdn of Columbus 33 N Grubb St Columbus, OH 43215</td>
<td>31-1179492</td>
<td>501(c)(3)</td>
<td>6,601</td>
<td></td>
<td></td>
<td>General Support</td>
<td></td>
</tr>
<tr>
<td>Name and address of organization or government</td>
<td>EIN</td>
<td>IRC Code section if applicable</td>
<td>Amount of cash grant</td>
<td>Amount of non-cash assistance</td>
<td>Method of valuation (book, FMV, appraisal, other)</td>
<td>Description of non-cash assistance</td>
<td>Purpose of grant or assistance</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>--------</td>
<td>--------------------------------</td>
<td>----------------------</td>
<td>-------------------------------</td>
<td>-------------------------------------------------</td>
<td>-----------------------------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>Hope on the Slopes 1313 Broadway Tacoma, WA 98402</td>
<td>45-3908130</td>
<td>501(c)(3)</td>
<td>7,128</td>
<td></td>
<td></td>
<td>General Support</td>
<td></td>
</tr>
<tr>
<td>HORIZON COMMUNITY ENGAGEMENT CORP 34 GLENCOE RD COLUMBUS, OH 432143710</td>
<td>26-3052918</td>
<td>501(c)(3)</td>
<td>30,000</td>
<td></td>
<td></td>
<td>General Support</td>
<td></td>
</tr>
<tr>
<td>Humane Society - Capital Area 3015 Scioto-Darby Executive Ct Hillard, OH 43026</td>
<td>31-4379492</td>
<td>501(c)(3)</td>
<td>8,021</td>
<td></td>
<td></td>
<td>General Support</td>
<td></td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>----------</td>
<td>-----------------------------------</td>
<td>--------------------------</td>
<td>-------------------------------</td>
<td>-------------------------------------------------</td>
<td>-----------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>Injured Marine Semper Fi FundBox 555193</td>
<td>26-0086305</td>
<td>501(c )(3)</td>
<td>9,673</td>
<td></td>
<td></td>
<td>General Support</td>
<td></td>
</tr>
<tr>
<td>Camp Pendleton, CA 92055</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inspirica 141 Franklin St</td>
<td>06-1172535</td>
<td>501(c )(3)</td>
<td>8,125</td>
<td></td>
<td></td>
<td>General Support</td>
<td></td>
</tr>
<tr>
<td>Stamford, CT 06901</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Institute of Int'l Education (West Coast Office)</td>
<td>13-1624046</td>
<td>501(c )(3)</td>
<td>10,095</td>
<td></td>
<td></td>
<td>General Support</td>
<td></td>
</tr>
<tr>
<td>530 Bush Street Suite 1000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>San Francisco, CA 94108</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>-----------</td>
<td>-----------------------------------</td>
<td>--------------------------</td>
<td>----------------------------------</td>
<td>------------------------------------------------------</td>
<td>--------------------------------------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td>James Cancer Hospital Foundation</td>
<td>31-1301428</td>
<td>501(c)(3)</td>
<td>8,695</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Foundation 300 West 10th Avenue Columbus, OH 43210</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Junior Achievement of Kansas</td>
<td>48-0731855</td>
<td>501(c)(3)</td>
<td>22,732</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>3735 SW Wanamaker Road Topeka, KS 66610</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Junior Achievement-No California</td>
<td>94-1322179</td>
<td>501(c)(3)</td>
<td>7,280</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>California 3003 Oak Road Suite 109</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Walnut Creek, CA 94597</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name and address of organization or government</td>
<td>EIN</td>
<td>IRC Code section if applicable</td>
<td>Amount of cash grant</td>
<td>Amount of non-cash assistance</td>
<td>Method of valuation (book, FMV, appraisal, other)</td>
<td>Description of non-cash assistance</td>
<td>Purpose of grant or assistance</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>-----------</td>
<td>--------------------------------</td>
<td>----------------------</td>
<td>------------------------------</td>
<td>-------------------------------------------------</td>
<td>----------------------------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>Kansas Children's Service League 215 W 6th Emporia, KS 66801</td>
<td>48-0543749</td>
<td>501(c)(3)</td>
<td>5,852</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Kansas Food Bank 1919 East Douglas Ave Wichita, KS 67211</td>
<td>48-0959213</td>
<td>501(c)(3)</td>
<td>17,125</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>KANSAS FOOD BANK WAREHOUSE INC 1919 East Douglas Avenue Wichita, KS 67211</td>
<td>48-0959213</td>
<td>501(c)(3)</td>
<td>9,360</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>----------</td>
<td>-----------------------------------</td>
<td>--------------------------</td>
<td>----------------------------------</td>
<td>-------------------------------------------------</td>
<td>--------------------------------------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td>Kansas Humane Society-Wichita Inc 3313 N Hillside St, Wichita, KS 67220</td>
<td>48-0554339</td>
<td>501(c)(3)</td>
<td>25,007</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Kansas State University Foundation 2323 Anderson Ave Ste 500, Manhattan, KS 665022911</td>
<td>48-0667209</td>
<td>501(c)(3)</td>
<td>13,680</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Lafayette College 307 Markle Hall, Easton, PA 18042</td>
<td>24-0795686</td>
<td>501(c)(3)</td>
<td>6,000</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>--------</td>
<td>----------------------------------</td>
<td>-------------------------</td>
<td>---------------------------------</td>
<td>---------------------------------------------</td>
<td>----------------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>Leadership Education Asian Pacific 327 E 2nd St Ste 226 Los Angeles, CA 90012</td>
<td>95-3879677</td>
<td>501(c)(3)</td>
<td>7,500</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Leesburg Football Club 22788 Portico Place Ashburn, VA 20148</td>
<td>46-2120842</td>
<td>501(c)(3)</td>
<td>5,020</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Leukemia &amp; Lymphoma Society - Greater San Francisco 221 Main Street San Francisco, CA 94105</td>
<td>13-5644916</td>
<td>501(c)(3)</td>
<td>23,651</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>---------</td>
<td>----------------------------------</td>
<td>-------------------------</td>
<td>---------------------------------</td>
<td>---------------------------------------------------</td>
<td>-------------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>Lifecare Alliance 1699 West Mound Street Columbus, OH 43223</td>
<td>31-4379494</td>
<td>501(c )(3)</td>
<td>5,968</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Lifetime Assistance Foundation Inc 425 Paul Rd Rochester, NY 14624</td>
<td>13-3754497</td>
<td>501(c )(3)</td>
<td>5,120</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Lincoln Ctr for the Performing Arts 70 Lincoln Center Plaza New York, NY 10023</td>
<td>13-1847137</td>
<td>501(c )(3)</td>
<td>10,000</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>--------</td>
<td>-----------------------------------</td>
<td>--------------------------</td>
<td>----------------------------------</td>
<td>-----------------------------------------------</td>
<td>---------------------------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td>Los Altos Educational Foundation PO Box 98   Los Altos, CA 940230098</td>
<td>94-2862793</td>
<td>501(c)(3)</td>
<td>8,410</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Lumen Christi Catholic School 580 E Stevens St Indianapolis, IN 46203</td>
<td>56-2289793</td>
<td>501(c)(3)</td>
<td>6,000</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Lutheran Social Services-Central OH 500 W Wilson Bridge Rd Ste 245 Worthington, OH 43085</td>
<td>31-4412586</td>
<td>501(c)(3)</td>
<td>23,628</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>---------------</td>
<td>-----------------------------------</td>
<td>--------------------------</td>
<td>----------------------------------</td>
<td>-----------------------------------------------------</td>
<td>---------------------------------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td>Meals on Wheels Shawnee-Jefferson 2701 SW East Circle Dr S Topeka, KS 66606</td>
<td>48-0792685</td>
<td>501(c)(3)</td>
<td>22,293</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Memorial Sloan-Kettering Cancer Ctr 1275 York Ave New York, NY 10065</td>
<td>13-1924236</td>
<td>501(c)(3)</td>
<td>6,723</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Metropolitan Golf Assoc Fdn 49 Knollwood Rd Elmsford, NY 105232813</td>
<td>13-3637689</td>
<td>501(c)(3)</td>
<td>5,040</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>--------------</td>
<td>-----------------------------------</td>
<td>-------------------------</td>
<td>----------------------------------</td>
<td>------------------------------------------------------</td>
<td>--------------------------------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td>Midland Care Connection200 SW Frazier Circle Topeka, KS 66606</td>
<td>48-0883888</td>
<td>501(c )(3)</td>
<td>20,292</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>MIDLAND CARE CONNECTION INC200 SW FRAZIER CIR TOPEKA, KS 666062800</td>
<td>48-0883888</td>
<td>501(c )(3)</td>
<td>9,443</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Mid-Ohio Food Bank3960 Brookhaven Drive Grove City, OH 43123</td>
<td>31-0865343</td>
<td>501(c )(3)</td>
<td>39,653</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>---------</td>
<td>----------------------------------</td>
<td>------------------------</td>
<td>---------------------------------</td>
<td>-----------------------------------------------</td>
<td>-----------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>MID-OHIO FOODBANK 3960 Brookhaven Drive Grove City, OH 43123</td>
<td>31-0865343</td>
<td>501(c)(3)</td>
<td>31,798</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>MID-WESTERN CHILDRENS HOME 4585 Long Spurling Road Pleasant Plain, OH 45162</td>
<td>31-0722339</td>
<td>501(c)(3)</td>
<td>10,000</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Military Officers Assoc of America 201 North Washington Street Alexandria, VA 22314</td>
<td>54-1659039</td>
<td>501(c)(3)</td>
<td>19,200</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>--------</td>
<td>----------------------------------</td>
<td>-------------------------</td>
<td>---------------------------------</td>
<td>---------------------------------------------------</td>
<td>-----------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>National MS Society Lone Star 8111 N Stadium Dr Ste 100 Houston, TX 77054</td>
<td>74-1266225</td>
<td>501(c)(3)</td>
<td>6,808</td>
<td></td>
<td></td>
<td>General Support</td>
<td></td>
</tr>
<tr>
<td>NATIONAL MULTIPLE SCLEROSIS SOCIETY PO Box 845945 Boston, MA 022845945</td>
<td>04-2178884</td>
<td>501(c)(3)</td>
<td>6,178</td>
<td></td>
<td></td>
<td>General Support</td>
<td></td>
</tr>
<tr>
<td>Nationwide Childrens Hospital Fdn 700 Childrens Dr Columbus, OH 43205</td>
<td>31-1036370</td>
<td>501(c)(3)</td>
<td>10,067</td>
<td></td>
<td></td>
<td>General Support</td>
<td></td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>--------------</td>
<td>-----------------------------------</td>
<td>--------------------------</td>
<td>----------------------------------</td>
<td>-------------------------------------------------</td>
<td>-----------------------------------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td>Nature Conservancy 4245 N Fairfax Dr Ste 100 Arlington, VA 22203</td>
<td>53-0242652</td>
<td>501(c)(3)</td>
<td>10,570</td>
<td></td>
<td></td>
<td>General Support</td>
<td></td>
</tr>
<tr>
<td>NORTH COBB CHRISTIAN SCHOOL INC 4500 Lakeview Drive Kennesaw, GA 30144</td>
<td>58-1519089</td>
<td>501(c)(3)</td>
<td>10,000</td>
<td></td>
<td></td>
<td>General Support</td>
<td></td>
</tr>
<tr>
<td>NORTHPOINT COMMUNITY CHURCH 4350 Northpoint Parkway Alpharetta, GA 30022</td>
<td>58-2203569</td>
<td>501(c)(3)</td>
<td>5,465</td>
<td></td>
<td></td>
<td>General Support</td>
<td></td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>-------------</td>
<td>-----------------------------------</td>
<td>--------------------------</td>
<td>-------------------------------</td>
<td>-----------------------------------------------------</td>
<td>---------------------------------------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td>Ohio State University Foundation 1480 W Lane Ave Columbus, OH 43221</td>
<td>31-1145986</td>
<td>501(c)(3)</td>
<td>98,063</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>OLD CAPITOL FOUNDATION 311 BANKER BLVD VANDALIA, IL 624711941</td>
<td>37-1400797</td>
<td>501(c)(3)</td>
<td>20,000</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Open Door Mission-Omaha PO Box 8340 Omaha, NE 681080340</td>
<td>47-0411375</td>
<td>501(c)(3)</td>
<td>7,335</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Name and address of organization or government</td>
<td>EIN</td>
<td>IRC Code section if applicable</td>
<td>Amount of cash grant</td>
<td>Amount of non-cash assistance</td>
<td>Method of valuation (book, FMV, appraisal, other)</td>
<td>Description of non-cash assistance</td>
<td>Purpose of grant or assistance</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>---------</td>
<td>--------------------------------</td>
<td>----------------------</td>
<td>-------------------------------</td>
<td>-----------------------------------------------</td>
<td>-----------------------------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>Palmer Drug Abuse Program PO Box 782155 San Antonio, TX 78278</td>
<td>74-2216041</td>
<td>501(c )(3)</td>
<td>6,750</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Paul Taylor Dance Company Fdn551 Grand St New York, NY 10002</td>
<td>13-2665475</td>
<td>501(c )(3)</td>
<td>6,050</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Pitney Bowes Relief Fund1 Elmcroft Rd MSC 62-08 Stamford, CT 06926</td>
<td>27-3398652</td>
<td>501(c )(3)</td>
<td>75,492</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Name and address of organization or government</td>
<td>EIN</td>
<td>IRC Code section if applicable</td>
<td>Amount of cash grant</td>
<td>Amount of non-cash assistance</td>
<td>Method of valuation (book, FMV, appraisal, other)</td>
<td>Description of non-cash assistance</td>
<td>Purpose of grant or assistance</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>---------</td>
<td>--------------------------------</td>
<td>----------------------</td>
<td>------------------------------</td>
<td>-----------------------------------------------</td>
<td>-----------------------------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>PROJECT TOPEKA 1315 SW ARROWHEAD ROAD TOPEKA, KS 66604</td>
<td>30-0596254</td>
<td>501(c)(3)</td>
<td>6,920</td>
<td></td>
<td></td>
<td>General Support</td>
<td></td>
</tr>
<tr>
<td>Project Topeka Food Drve 1315 SW Arrowhead Dr Topeka, KS 66604</td>
<td>30-0596254</td>
<td>501(c)(3)</td>
<td>17,017</td>
<td></td>
<td></td>
<td>General Support</td>
<td></td>
</tr>
<tr>
<td>REGENTS OF THE UNIVERSITY OF MI 3003 South State St Ste 800 Ann Arbor, MI 48109</td>
<td>38-6006309</td>
<td>501(c)(3)</td>
<td>9,392</td>
<td></td>
<td></td>
<td>General Support</td>
<td></td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>--------</td>
<td>-----------------------------------</td>
<td>--------------------------</td>
<td>-------------------------------</td>
<td>-----------------------------------------------</td>
<td>-------------------------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>RONALD MCDONALD HOUSE-wichita1110 North Emporia Street Wichita, KS 67214</td>
<td>48-0918101</td>
<td>501(c)(3)</td>
<td>8,082</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Ronald McDonald House of Wichita1110 N Emporia Wichita, KS 67214</td>
<td>48-0918101</td>
<td>501(c)(3)</td>
<td>16,970</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Roundabout Theatre Company Inc231 W 39th St Ste 1200 New York, NY 10018</td>
<td>13-6192346</td>
<td>501(c)(3)</td>
<td>10,000</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td><strong>(a) Name and address of organization or government</strong></td>
<td><strong>(b) EIN</strong></td>
<td><strong>(c) IRC Code section if applicable</strong></td>
<td><strong>(d) Amount of cash grant</strong></td>
<td><strong>(e) Amount of non-cash assistance</strong></td>
<td><strong>(f) Method of valuation (book, FMV, appraisal, other)</strong></td>
<td><strong>(g) Description of non-cash assistance</strong></td>
<td><strong>(h) Purpose of grant or assistance</strong></td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>-------------</td>
<td>--------------------------------------</td>
<td>-----------------------------</td>
<td>-------------------------------------</td>
<td>-----------------------------------------------------------</td>
<td>------------------------------------------</td>
<td>----------------------------------------</td>
</tr>
<tr>
<td>Saint John the Baptist School 500 S 18th St Plattsmouth, NE 680482001</td>
<td>05-2830531</td>
<td>501(c )(3)</td>
<td>5,600</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Salvation Army - Columbus 966 East Main Street Columbus, OH 43205</td>
<td>13-5562351</td>
<td>501(c )(3)</td>
<td>12,005</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Sankara Eye Foundation USA 1900 McCarthy Blvd 302 Milpitas, CA 95035</td>
<td>77-6141976</td>
<td>501(c )(3)</td>
<td>24,000</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>----------</td>
<td>----------------------------------</td>
<td>--------------------------</td>
<td>---------------------------------</td>
<td>------------------------------------------</td>
<td>----------------------------------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td>Second Harvest Food Bank 4001 North 1st Street San Jose, CA 95134</td>
<td>94-2614101</td>
<td>501(c )(3)</td>
<td>46,028</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Shadoart Productions Inc 503 S Front St Columbus, OH 43215</td>
<td>31-1340461</td>
<td>501(c )(3)</td>
<td>10,575</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Sierra Club Foundation85 2nd St Ste 750 San Francisco, CA 94105</td>
<td>94-6069890</td>
<td>501(c )(3)</td>
<td>5,202</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>--------------</td>
<td>-----------------------------------</td>
<td>--------------------------</td>
<td>----------------------------------</td>
<td>------------------------------------------------------</td>
<td>--------------------------------------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td>Smile Train 41 Madison Ave New York, NY 10010</td>
<td>13-3661416</td>
<td>501(c)(3)</td>
<td>6,375</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Smoky Row Brethren Church 7260 Smoky Row Road Columbus, OH 43235</td>
<td>31-0992807</td>
<td>501(c)(3)</td>
<td>28,500</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>St Gabriel Radio Inc 4673 Winterset Dr Columbus, OH 43220</td>
<td>30-0220140</td>
<td>501(c)(3)</td>
<td>6,438</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>--------</td>
<td>-----------------------------------</td>
<td>-------------------------</td>
<td>----------------------------------</td>
<td>-----------------------------------------------</td>
<td>----------------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>St Jude Children's Research</td>
<td>62-0646012</td>
<td>501(c )(3)</td>
<td>46,493</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>501 St Jude Place</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Memphis, TN 38105</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>St Patricks Catholic Elementary</td>
<td>47-0379377</td>
<td>501(c )(3)</td>
<td>7,833</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>ElementaryPO Box 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elkhorn, NE 68022</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stamford Symphony</td>
<td>06-6100039</td>
<td>501(c )(3)</td>
<td>9,375</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Orchestra Inc263 Tresser Blvd</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stamford, CT 06901</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>-------------</td>
<td>-----------------------------------</td>
<td>--------------------------</td>
<td>----------------------------------</td>
<td>---------------------------------------------------</td>
<td>--------------------------------------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td>Susan G Komen - Columbus 929 Eastwind Dr Ste 211 Westerville, OH 43081</td>
<td>75-2844651</td>
<td>501(c)(3)</td>
<td>9,657</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Syracuse University 820 Comstock Ave Ste 214 Syracuse, NY 132445040</td>
<td>15-0532081</td>
<td>501(c)(3)</td>
<td>15,600</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>TARC INC 2701 SW Randolph Avenue Topeka, KS 66611</td>
<td>48-6086732</td>
<td>501(c)(3)</td>
<td>38,256</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>---------------</td>
<td>-----------------------------------</td>
<td>--------------------------</td>
<td>----------------------------------</td>
<td>------------------------------------------------------</td>
<td>---------------------------------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td>TELANGANA DEVELOPMENT FORUM USA9 LEVAN CT BRIDGEWATER, NJ 088075772</td>
<td>22-3674333</td>
<td>501(c )(3)</td>
<td>9,975</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Telugu Assoc of North America Inc513 BOULDER DR SOUTHLAKE, TX 76092</td>
<td>36-3060732</td>
<td>501(c )(3)</td>
<td>8,000</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>TULANE EDUCATIONAL FUNDP O Box 61075 New Orleans, LA 70161</td>
<td>72-0423889</td>
<td>501(c )(3)</td>
<td>7,000</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td><strong>(a)</strong> Name and address of organization or government</td>
<td><strong>(b)</strong> EIN</td>
<td><strong>(c)</strong> IRC Code section if applicable</td>
<td><strong>(d)</strong> Amount of cash grant</td>
<td><strong>(e)</strong> Amount of non-cash assistance</td>
<td><strong>(f)</strong> Method of valuation (book, FMV, appraisal, other)</td>
<td><strong>(g)</strong> Description of non-cash assistance</td>
<td><strong>(h)</strong> Purpose of grant or assistance</td>
</tr>
<tr>
<td>------------------------------------------------------</td>
<td>------------</td>
<td>--------------------------------------</td>
<td>----------------------------</td>
<td>--------------------------------</td>
<td>------------------------------------------------</td>
<td>------------------------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>Topeka Rescue Mission 600 N Kansas Topeka, KS 66608</td>
<td>48-0688068</td>
<td>501(c )(3)</td>
<td>96,090</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Trinity Catholic High School 926 Newfield Ave Stamford, CT 06905</td>
<td>06-1560972</td>
<td>501(c )(3)</td>
<td>10,050</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Trustees of Tufts College 80 George St Ste 200 Medford, MA 02155</td>
<td>04-2103634</td>
<td>501(c )(3)</td>
<td>15,100</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>------------</td>
<td>-----------------------------------</td>
<td>--------------------------</td>
<td>----------------------------------</td>
<td>------------------------------------------------------</td>
<td>--------------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>US Fund for UNICEF125 Maiden Ln 10th FL New York, NY 10038</td>
<td>13-1760110</td>
<td>501(c )(3)</td>
<td>8,629</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Union Rescue Mission Inc 2800 N Hillside Street Wichita, KS 67219</td>
<td>48-0625837</td>
<td>501(c )(3)</td>
<td>6,272</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>UNITED JEWISH APPEAL FED130 East 59th Street New York, NY 10022</td>
<td>51-0172429</td>
<td>501(c )(3)</td>
<td>7,200</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>--------</td>
<td>----------------------------------</td>
<td>-------------------------</td>
<td>----------------------------------</td>
<td>---------------------------------------------</td>
<td>---------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>United Way of Central Ohio 360 S 3rd St Columbus, OH 43215</td>
<td>31-4393712</td>
<td>501(c)(3)</td>
<td>42,454</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>UNITED WAY OF CENTRAL OHIO INC P.O. BOX 951571 Cleveland, OH 44193</td>
<td>31-4393712</td>
<td>501(c)(3)</td>
<td>21,441</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>UW of Coastal Fairfield County 855 Main Street 10th Floor Bridgeport, CT 06604</td>
<td>06-0864341</td>
<td>501(c)(3)</td>
<td>7,453</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>-----------------------------------------------------</td>
<td>--------------</td>
<td>-----------------------------------</td>
<td>--------------------------</td>
<td>----------------------------------</td>
<td>------------------------------------------------</td>
<td>----------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>United Way of Douglas County 2518 Ridge Court Suite 200 Lawrence, KS 660464029</td>
<td>48-0796320</td>
<td>501(c)(3)</td>
<td>15,302</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>UNITED WAY OF DOUGLAS COUNTY INC 2518 Ridge Court Lawrence, KS 66046</td>
<td>48-0796320</td>
<td>501(c)(3)</td>
<td>8,692</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>United Way of Greater Topeka PO Box 4188 Topeka, KS 666040188</td>
<td>48-0561978</td>
<td>501(c)(3)</td>
<td>64,580</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>---------</td>
<td>----------------------------------</td>
<td>-------------------------</td>
<td>-------------------------------</td>
<td>---------------------------------</td>
<td>-------------------------------------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td>UNITED WAY OF GREATER TOPEKA INC 1315 SW Arrowhead Road Topeka, KS 66604</td>
<td>48-0561978</td>
<td>501(c)(3)</td>
<td>34,739</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>UW of Idaho Falls &amp; Bonneville 151 N Ridge Ave 180 Idaho Falls, ID 83402</td>
<td>82-0233588</td>
<td>501(c)(3)</td>
<td>10,020</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>United Way of Johnson County PO Box 153 Franklin, IN 461310153</td>
<td>35-1082600</td>
<td>501(c)(3)</td>
<td>11,166</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>------------</td>
<td>-----------------------------------</td>
<td>--------------------------</td>
<td>---------------------------------</td>
<td>-----------------------------------------------------</td>
<td>--------------------------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>United Way of Leavenworth County</td>
<td>48-0622408</td>
<td>501(c)(3)</td>
<td>5,414</td>
<td></td>
<td></td>
<td>General Support</td>
<td></td>
</tr>
<tr>
<td>PO Box 21 Leavenworth, KS 660480021</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>United Way of Reno County Inc</td>
<td>48-0833061</td>
<td>501(c)(3)</td>
<td>5,448</td>
<td></td>
<td></td>
<td>General Support</td>
<td></td>
</tr>
<tr>
<td>PO Box 2230 Hutchinson, KS 675042230</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>United Way of South Hampton Roads</td>
<td>54-0506322</td>
<td>501(c)(3)</td>
<td>12,500</td>
<td></td>
<td></td>
<td>General Support</td>
<td></td>
</tr>
<tr>
<td>PO Box 41069 Norfolk, VA 23541-1069</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>----------</td>
<td>-----------------------------------</td>
<td>--------------------------</td>
<td>----------------------------------</td>
<td>-----------------------------------------------------</td>
<td>--------------------------------------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td>United Way of the Bluegrass 100 Midland Ave Ste 300 Lexington, KY 40508</td>
<td>61-0444679</td>
<td>501(c )(3)</td>
<td>7,743</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>United Way of the Plains 245 North Water Street Wichita, KS 672022090</td>
<td>48-0547688</td>
<td>501(c )(3)</td>
<td>74,933</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>UW of Western Connecticut (Stamford) 85 West Street Danbury, CT 06810</td>
<td>06-0879004</td>
<td>501(c )(3)</td>
<td>15,214</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>--------</td>
<td>----------------------------------</td>
<td>-------------------------</td>
<td>--------------------------------</td>
<td>-----------------------------------------------</td>
<td>----------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>Vienna Presbyterian Church</td>
<td>54-6025443</td>
<td>501(c)(3)</td>
<td>10,561</td>
<td></td>
<td></td>
<td>General Support</td>
<td></td>
</tr>
<tr>
<td>124 Park Street NE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vienna, VA 22180</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Westport Country Playhouse</td>
<td>23-7357943</td>
<td>501(c)(3)</td>
<td>8,500</td>
<td></td>
<td></td>
<td>General Support</td>
<td></td>
</tr>
<tr>
<td>25 Powers Ct</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Westport, CT 06880</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wolf Trap Foundation</td>
<td>23-7011544</td>
<td>501(c)(3)</td>
<td>16,100</td>
<td></td>
<td></td>
<td>General Support</td>
<td></td>
</tr>
<tr>
<td>1645 Trap Rd</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vienna, VA 22182</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>--------------</td>
<td>----------------------------------</td>
<td>--------------------------</td>
<td>----------------------------------</td>
<td>-----------------------------------------------------</td>
<td>----------------------------------------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td>WORLD VISION 34834 Weyerhaeuser Way S Federal Way, WA 980639716</td>
<td>95-1922279</td>
<td>501(c)(3)</td>
<td>5,667</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>World Vision International PO Box 9716 Federal Way, WA 980639716</td>
<td>95-1922279</td>
<td>501(c)(3)</td>
<td>29,459</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Worthington Christian Schools Inc 6675 Worthington Galena Roadd Worthington, OH 43085</td>
<td>27-1698164</td>
<td>501(c)(3)</td>
<td>5,220</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td><strong>Name and address of organization or government</strong></td>
<td><strong>EIN</strong></td>
<td><strong>IRC Code section if applicable</strong></td>
<td><strong>Amount of cash grant</strong></td>
<td><strong>Amount of non-cash assistance</strong></td>
<td><strong>Method of valuation (book, FMV, appraisal, other)</strong></td>
<td><strong>Description of non-cash assistance</strong></td>
<td><strong>Purpose of grant or assistance</strong></td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>--------</td>
<td>-----------------------------------</td>
<td>-------------------------</td>
<td>-------------------------------</td>
<td>------------------------------------------------</td>
<td>-----------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>Wounded Warrior Project 4899 Belfort Rd Ste 300 Jacksonville, FL 32256</td>
<td>20-2370934</td>
<td>501(c )(3)</td>
<td>20,661</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Wounded Warrior Project INC 4899 Belfort Road Jacksonville, FL 32256</td>
<td>20-2370934</td>
<td>501(c )(3)</td>
<td>9,226</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>Wycliffe Bible Translators PO Box 628200 Orlando, FL 32862</td>
<td>95-1831097</td>
<td>501(c )(3)</td>
<td>7,731</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>---------</td>
<td>-----------------------------------</td>
<td>-------------------------</td>
<td>-------------------------------</td>
<td>-------------------------------------------------</td>
<td>---------------------------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>Xenos Christian Fellowship Inc 1340 Community Park Dr Columbus, OH 43229</td>
<td>31-0996318</td>
<td>501(c)(3)</td>
<td>6,300</td>
<td></td>
<td></td>
<td></td>
<td>General Support</td>
</tr>
</tbody>
</table>
**Compensation Information**

**Schedule J**
(Form 990)

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

Attach to Form 990.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

<table>
<thead>
<tr>
<th>Name of the organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>GLOBAL IMPACT</td>
<td>52-1273585</td>
</tr>
</tbody>
</table>

**Part I  Questions Regarding Compensation**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- First-class or charter travel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Travel for companions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Tax indemnification and gross-up payments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Discretionary spending account</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Housing allowance or residence for personal use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Payments for business use of personal residence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Health or social club dues or initiation fees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Personal services (e.g., maid, chauffeur, chef)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

| 2 |     |    |

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

a Compensation committee

b Independent compensation consultant

c Form 990 of other organizations

b Written employment contract

c Compensation survey or study

c Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization receive a severance payment or change-of-control payment?

| 4a | Yes | No |

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

| 4b | Yes | No |

c Participate in, or receive payment from, an equity-based compensation arrangement?

| 4c | Yes | No |

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

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

a The organization?

| 5a | Yes | No |

b Any related organization?

| 5b | Yes | No |

If "Yes," to line 5a or 5b, describe in Part III

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

a The organization?

| 6a | Yes | No |

b Any related organization?

| 6b | Yes | No |

If "Yes," to line 6a or 6b, describe in Part III

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

| 7 | Yes | No |

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

| 8 | Yes | No |

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

| 9 | Yes | No |
**Part II. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC Compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)-(D)</th>
<th>(F) Compensation in column(B) reported as deferred in prior Form 990</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Renee Acosta, Former President (See Sch O)</td>
<td>(i) 108,333</td>
<td>(ii) 0</td>
<td>(iii) 0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2 Scott Jackson, President and CEO</td>
<td>(i) 321,943</td>
<td>(ii) 50,000</td>
<td>(iii) 15,600</td>
<td>26,000</td>
<td>19,842</td>
</tr>
<tr>
<td>3 Stanley Berman, Former Chief Financial Office</td>
<td>(i) 207,024</td>
<td>(ii) 2,500</td>
<td>(iii) 19,160</td>
<td>21,068</td>
<td>16,120</td>
</tr>
<tr>
<td>4 Ann Canela, VP, Partner Solutions</td>
<td>(i) 136,089</td>
<td>(ii) 16,122</td>
<td>(iii) 15,565</td>
<td>16,768</td>
<td>6,084</td>
</tr>
<tr>
<td>5 Joseph Metzmann, VP for Marketing &amp; Campaign Mgmt</td>
<td>(i) 141,010</td>
<td>(ii) 16,056</td>
<td>(iii) 7,682</td>
<td>16,766</td>
<td>18,470</td>
</tr>
<tr>
<td>6 Victoria Adams, Exec DIR, CFC-Overseas</td>
<td>(i) 112,985</td>
<td>(ii) 10,000</td>
<td>(iii) 12,033</td>
<td>13,493</td>
<td>6,166</td>
</tr>
<tr>
<td>7 Christine Sow, Exec DIR, Global Health Council</td>
<td>(i) 153,500</td>
<td>(ii) 0</td>
<td>(iii) 0</td>
<td>11,711</td>
<td>0</td>
</tr>
</tbody>
</table>
### Part III Supplemental Information

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

<table>
<thead>
<tr>
<th>Return Reference</th>
<th>Explanation</th>
</tr>
</thead>
</table>
### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
- Attach to Form 990 or 990-EZ.
- Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

<table>
<thead>
<tr>
<th>Return Reference</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>FORM 990, PART III, LINE 1 - MISSION</td>
<td>(Continued) Global Impact is a leader in growing global philanthropy. The organization builds partnerships and raises resources that help the world's most vulnerable people by providing integrated, partner-specific advisory and secretariat services, campaign design, marketing and implementation for workplace and signature fundraising campaigns, and fiscal agency, technology services and integrated giving platforms. Global Impact works with approximately 450 public and private sector workplace giving campaigns to generate funding for an alliance of 128 international charities, including CARE, Doctors without Borders, Heifer International, Save the Children, the U.S. Fund for UNICEF and World Vision. Through these partnerships, Global Impact meets real needs with real results by supporting programs focused on clean water, disaster relief and resiliency, economic development, education, environmental sustainability, global health and child survival, human trafficking, hunger, and women and girls. Global Impact equips private sector and nonprofit sector organizations to achieve their philanthropic goals by providing revenue diversification strategies, employee engagement programs, CSR strategies, and custom philanthropic funds. Global Impact serves as the secretariat of Global Health Council, the Hilton Prize Coalition, Universe of Blessings and the Restore the Earth Foundation. The organization also serves as administrator for one of the world's largest workplace giving campaigns, the Combined Federal Campaign-Overseas. Since 1956, Global Impact has generated more than $1.7 billion to help the world's most vulnerable people. Learn more at charity org</td>
</tr>
<tr>
<td>Return Reference</td>
<td>Explanation</td>
</tr>
<tr>
<td>------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>FORM 990, PART III, LINE 4A - CAMPAIGN SOLUTIONS</td>
<td>GLOBAL IMPACT CREATES AND IMPLEMENTS A FULL SUITE OF WORKPLACE FUNDRAISING CAMPAIGN SOLUTIONS THAT INCLUDES CAMPAIGN DESIGN, THE OVERALL AND ONGOING MANAGEMENT OF A CAMPAIGN, AND ONGOING REPRESENTATION WITH EMPLOYEES, DONORS AND INSTITUTIONS. DURING THIS YEAR, GLOBAL IMPACT ADMINISTERED THE COMBINED FEDERAL CAMPAIGN-OVERSEAS, WHICH RAISED OVER $8 MILLION IN GROSS PLEDGES. AS A FUNDRAISING INTERMEDIARY FOR MORE THAN 60 YEARS, ON BEHALF OF ITS ALLIANCE OF 128 INTERNATIONALLY-FOCUSED CHARITIES, GLOBAL IMPACT ENGAGED NEARLY 450 PUBLIC AND PRIVATE-SECTOR WORKPLACE GIVING CAMPAIGNS, WHICH COLLECTIVELY RAISED NEARLY $25 MILLION IN GROSS PLEDGES. GLOBAL IMPACT ALSO PROVIDES IMPACT FUNDS, WHICH CURRENTLY ARE BUILT AROUND NINE THEMATIC AREAS: DISASTER RELIEF, ECONOMIC DEVELOPMENT, EDUCATION, CLEAN WATER, GLOBAL HEALTH AND CHILD SURVIVAL, HUMAN TRAFFICKING, HUNGER, MALARIA, WOMEN AND GIRLS AND THE SYRIAN REFUGEE FUND. THESE FUNDS ARE DESIGNED FOR THE DONOR WHO IS CONCERNED ABOUT A PARTICULAR ISSUE, AND CAN BE PROVIDED AS A GIVING OPTION WITHIN AN EXISTING WORKPLACE GIVING CAMPAIGN OR CAN BE TAILORED TO THE SPECIFIC PHILANTHROPIC NEEDS OF A CORPORATION OR PRIVATE OR COMMUNITY FOUNDATION. BY LEVERAGING A BROAD AND LONG-STANDING NETWORK OF MEDIA ALLIANCES, GLOBAL IMPACT PROVIDE CHARITIES MEANS OF PARTICIPATING IN PRINT AND ELECTRONIC COOP ADVERTISING CAMPAIGNS. FOR NEARLY 10 YEARS, GLOBAL IMPACT HAS SERVED AS FIDUCIARY FOR DONOR ADVISED FUNDS ON BEHALF OF CORPORATE FOUNDATIONS AND FOR TEMPORARILY RESTRICTED CHARITABLE FUNDS CREATED FOR CORPORATIONS. THROUGH THESE EFFORTS, NEARLY $6 MILLION WAS RAISED AND DISTRIBUTED TO CHARITIES DURING THE YEAR. THROUGH ITS WORK TO ANNUALLY RECERTIFY THE 128 MEMBERS OF ITS CHARITY ALLIANCE, GLOBAL IMPACT USES ITS EXTENSIVE EXPERIENCE TO VET AND CERTIFY BOTH DOMESTIC AND INTERNATIONAL CHARITABLE ORGANIZATIONS. USING ITS PROPRIETARY MODEL, GLOBAL IMPACT HAS BUILT A SUCCESSFUL CHARITY VETTING, CERTIFICATION AND STATE REGISTRATION PRACTICE AREA THAT INCORPORATES IRS REQUIREMENTS, FINANCIAL ANALYSIS AND MONITORING.</td>
</tr>
<tr>
<td>Return Reference</td>
<td>Explanation</td>
</tr>
<tr>
<td>------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>FORM 990, PART III, LINE 4b - PARTNER SOLUTIONS</td>
<td>BUILDING ON ITS 60 YEARS OF EXPERIENCE IN WORKPLACE FUNDRAISING, GLOBAL IMPACT PROVIDES COUNSEL TO CORPORATIONS ON THE FULL SCOPE OF STRATEGY DEVELOPMENT AROUND GLOBAL PHILANTHROPY AND CORPORATE SOCIAL RESPONSIBILITY (CSR), TO INCLUDE THE DEVELOPMENT OF ISSUES-ORIENTED GIVING FUNDS AND MATCHING GIFT PROGRAMS, DEVELOPING CSR MARKETING, VISIBILITY AND REPORTING STRATEGIES AND CSR BENCHMARKING. IT HELPS CORPORATIONS PARTNER WITH LIKE-MINDED ORGANIZATIONS AND TO IMPROVE THEIR EMPLOYEE ENGAGEMENTS STRATEGIES. ADDITIONALLY, WORKING WITH CHARITIES AND OTHER NGOS, GLOBAL IMPACT ASSISTS IN STRATEGIC PLANNING AND ORGANIZATIONAL DEVELOPMENT WITH A FOCUS IDENTIFYING REVENUE SOURCES AND STRATEGIES, DEVELOPING BOARD AND DONOR ENGAGEMENT AND TRAINING AND BENCHMARKING FUNDRAISING PROGRAMS AS NEEDED, GLOBAL IMPACT PROVIDES SECRETARIAT LEVEL SUPPORT TO CHARITIES AND PROGRAMS, TO INCLUDE AIDING EXISTING BOARDS OR PROGRAM MANAGERS WITH STRATEGIC PLANNING AND ORGANIZATIONAL DEVELOPMENT SERVICES, DEVELOPING AND IMPLEMENTING MEMBERSHIP AND FUNDRAISING PROGRAMS AND PROVIDING ADMINISTRATIVE SUPPORT. GLOBAL IMPACT AUGMENTS, LEVERAGES OR CREATES STAND-ALONE PRIVATE LABEL PLATFORM THAT CAN BE EASILY LAUNCHED WITH MINIMAL SETUP AND A SEAMLESS USER EXPERIENCE TO MEET PHILANTHROPIC NEEDS.</td>
</tr>
<tr>
<td>Return Reference</td>
<td>Explanation</td>
</tr>
<tr>
<td>------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>FORM 990, PART VI, SECTION B, LINE 11</td>
<td>The organization's Form 990 undergoes a number of internal and external reviews before it is filed with the IRS. The return is prepared by the organization's public accounting firm, BDO USA, and is reviewed by the organization's Managing Director, Finance. Form 990 is then reviewed by the Audit Committee prior to a board meeting. The form is presented to the Board by the Audit Committee chair or the Managing Director, Finance. Each board member then receives by email an electronic version of the form, so that each can review it and raise questions before the form is filed.</td>
</tr>
<tr>
<td>Return Reference</td>
<td>Explanation</td>
</tr>
<tr>
<td>------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>FORM 990, PART VI, SECTION B, LINE 12C</td>
<td>A yearly signing of conflict of interest is done by all members of the board and staff</td>
</tr>
<tr>
<td>Return Reference</td>
<td>Explanation</td>
</tr>
<tr>
<td>------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>FORM 990, PART VI, SECTION B, LINE 15</td>
<td>The Board's Executive Committee serves as the Compensation Committee and makes the decision on executive compensation. The committee conducts a compensation review and presents comparable salaries for each position.</td>
</tr>
<tr>
<td>Return Reference</td>
<td>Explanation</td>
</tr>
<tr>
<td>------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>FORM 990, PART VI, SECTION C, LINE 19</td>
<td>The organization makes its governing documents, conflict of interest policy, and financial statements available to the public upon request. Additionally, the financial statements are posted on its website.</td>
</tr>
<tr>
<td>Return Reference</td>
<td>Explanation</td>
</tr>
<tr>
<td>------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Form 990, Part VII - Compensation</td>
<td>Renee Acosta received compensation as a consultant for the period January 1, 2014 to April 30, 2014. This amount is reported under Part VII, Section A as compensation to a former officer and in Part VII, Section B as one of the top five independent contractors. The amount is therefore reported twice on the 2014 Form 990.</td>
</tr>
<tr>
<td>Return Reference</td>
<td>Explanation</td>
</tr>
<tr>
<td>-------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>FORM 990, PART XII, LINE 2C - OVERSIGHT OF AUDIT</td>
<td>THERE HAVE BEEN NO CHANGES DURING THE YEAR IN THE PROCESS FOR OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS</td>
</tr>
</tbody>
</table>
### Part I  Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN (if applicable) of disregarded entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Total income</th>
<th>(e) End-of-year assets</th>
<th>(f) Direct controlling entity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part II  Identification of Related Tax-Exempt Organizations

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

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Exempt Code section</th>
<th>(e) Public charity status (if section 501(c)(3))</th>
<th>(f) Direct controlling entity</th>
<th>(g) Section 512(b)(13) controlled entity?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Campaign Accelerator Inc</td>
<td>See Part VII</td>
<td>DC</td>
<td>501(c)(3)</td>
<td>7</td>
<td>See Part VII</td>
<td>Yes</td>
</tr>
</tbody>
</table>
### Part III  Identification of Related Organizations Taxable as a Partnership
Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

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

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

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Type of entity (C corp, S corp, or trust)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Percentage ownership</th>
<th>(i) Section 512 (b)(13) controlled entity?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

---

Schedule R (Form 990) 2014
**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
   - a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
   - b Gift, grant, or capital contribution to related organization(s)
   - c Gift, grant, or capital contribution from related organization(s)
   - d Loans or loan guarantees to or for related organization(s)
   - e Loans or loan guarantees by related organization(s)
   - f Dividends from related organization(s)
   - g Sale of assets to related organization(s)
   - h Purchase of assets from related organization(s)
   - i Exchange of assets with related organization(s)
   - j Lease of facilities, equipment, or other assets to related organization(s)
   - k Lease of facilities, equipment, or other assets from related organization(s)
   - l Performance of services or membership or fundraising solicitations for related organization(s)
   - m Performance of services or membership or fundraising solicitations by related organization(s)
   - n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
   - o Sharing of paid employees with related organization(s)
   - p Reimbursement paid to related organization(s) for expenses
   - q Reimbursement paid by related organization(s) for expenses
   - r Other transfer of cash or property to related organization(s)
   - s Other transfer of cash or property from related organization(s)

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

<table>
<thead>
<tr>
<th>(a) Name of related organization</th>
<th>(b) Transaction type (a-s)</th>
<th>(c) Amount involved</th>
<th>(d) Method of determining amount involved</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Part VI  Unrelated Organizations Taxable as a Partnership**

Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>(e) Are all partners section 501(c)(3) organizations?</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Disproportionate allocations?</th>
<th>(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(j) General or managing partner?</th>
<th>(k) Percentage ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes/No</td>
<td>Yes/No</td>
<td>Yes/No</td>
<td>Yes/No</td>
<td>Yes/No</td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
</tbody>
</table>
### Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

<table>
<thead>
<tr>
<th>Return Reference</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part II, line (1)</td>
<td>column (b) Primary Activity Facilitate working relationships between the military, private sector and non-governmental organization community column (f) Direct Controlling entity Global IMpact</td>
</tr>
</tbody>
</table>