

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2020

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization GO CAMPAIGN Doing business as		D Employer identification number 20-4542914
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2461 SANTA MONICA BLVD. 437		E Telephone number (310) 396-6343
	City or town, state or province, country, and ZIP or foreign postal code SANTA MONICA, CA 90404		G Gross receipts \$ 3,198,679.
	F Name and address of principal officer: SCOTT FIFER same as C above		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶

J Website: www.gocampaign.org

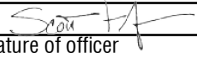
K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: 2006 **M** State of legal domicile: CA

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: GO CAMPAIGN IMPROVES THE LIVES OF ORPHANS AND VULNERABLE CHILDREN THROUGHOUT THE WORLD.
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3	Number of voting members of the governing body (Part VI, line 1a) 3 13
	4	Number of independent voting members of the governing body (Part VI, line 1b) 4 12
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 10
	6	Total number of volunteers (estimate if necessary) 6 17
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h) 2,277,232. Prior Year 2,512,314. Current Year
	9	Program service revenue (Part VIII, line 2g) 0. 0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 149,540. 107,006.
	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) 2,426,772. 2,619,320.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,165,111. 1,458,686.
	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) 621,477. 729,401.
	16a	Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 317,400.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 186,525. 176,325.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,973,113. 2,364,412.	
19	Revenue less expenses. Subtract line 18 from line 12 453,659. 254,908.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 4,757,324. Beginning of Current Year 5,257,947. End of Year
	21	Total liabilities (Part X, line 26) 909,067. 989,211.
	22	Net assets or fund balances. Subtract line 21 from line 20 3,848,257. 4,268,736.

Part II Signature Block

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

Sign Here	Signature of officer 		Date	
	SCOTT FIFER, EXECUTIVE DIRECTOR Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name ARMEN GRIGORIAN	Preparer's signature	Date	Check if self-employed <input type="checkbox"/> PTIN P01582463
	Firm's name ▶ QUIGLEY & MIRON Firm's address ▶ 3550 WILSHIRE BLVD., #1660 LOS ANGELES, CA 90010		Firm's EIN ▶ 32-0530003 Phone no. (213) 639-3550	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
GO CAMPAIGN IMPROVES THE LIVES OF ORPHANS AND VULNERABLE CHILDREN
THROUGHOUT THE WORLD BY SUPPORTING IMPACTFUL GRASSROOTS ORGANIZATIONS
THAT ARE CHANGING THE LIVES OF CHILDREN AND YOUTH IN THEIR
COMMUNITIES.

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

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

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

4a (Code:) (Expenses \$ 1,916,004. including grants of \$ 1,458,686.) (Revenue \$)
GO CAMPAIGN IMPROVES THE LIVES OF ORPHANS AND VULNERABLE CHILDREN
THROUGHOUT THE WORLD BY PARTNERING WITH PIONEERING LOCAL HEROES TO
DELIVER LOCAL SOLUTIONS. GO CAMPAIGN CONNECTS DONORS TO HIGH-IMPACT
GRASSROOTS PROJECTS AIMED AT CHANGING LIVES AND TRANSFORMING
COMMUNITIES, ONE CHILD AT A TIME.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses 1,916,004.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 13		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
SCOTT FIFER - (310) 396-6343
2461 SANTA MONICA BLVD 437, SANTA MONICA, CA 90404

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SCOTT FIFER EXECUTIVE DIRECTOR	40.00	X		X				114,332.	0.	15,116.
(2) RAMI GHANDOUR SECRETARY, TREASURER	3.00	X		X				0.	0.	0.
(3) TONY HORTON BOARD MEMBER	3.00	X						0.	0.	0.
(4) VICKI KENNEDY BOARD CHAIR	3.00	X		X				0.	0.	0.
(5) KENNETH KIM, MD BOARD MEMBER	3.00	X						0.	0.	0.
(6) JULIE MILLIGAN BOARD MEMBER	3.00	X						0.	0.	0.
(7) DARYL OFFER BOARD MEMBER	3.00	X						0.	0.	0.
(8) ANNA RAWSON BOARD MEMBER	3.00	X						0.	0.	0.
(9) ROBERT SCOTT BOARD MEMBER	3.00	X						0.	0.	0.
(10) ALEXANDRA VORBECK BOARD MEMBER	3.00	X						0.	0.	0.
(11) JAMIE WARD BOARD MEMBER	3.00	X						0.	0.	0.
(12) JONATHAN WARD BOARD CHAIR	3.00	X						0.	0.	0.
(13) JOHN DIMINICO BOARD MEMBER	3.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							114,332.	0.	15,116.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							114,332.	0.	15,116.	

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 **1**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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 **0**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	711,932.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	7,000.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	1,793,382.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 146,210.				
	h Total. Add lines 1a-1f		2,512,314.				
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		101,428.			101,428.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	485,678.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	480,100.				
	c Gain or (loss)	7c	5,578.				
d Net gain or (loss)		5,578.			5,578.		
8 a Gross income from fundraising events (not including \$ 711,932. of contributions reported on line 1c). See Part IV, line 18	8a		99,259.				
			99,259.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			0.				
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			2,619,320.	0.	0.	107,006.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	761,146.	761,146.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	119,224.	119,224.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	578,316.	578,316.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	129,447.	78,963.	11,650.	38,834.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	499,107.	289,938.	43,487.	165,682.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	55,925.	30,771.	5,688.	19,466.
10 Payroll taxes	44,922.	26,364.	3,941.	14,617.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	29,326.		29,326.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	28,158.	10,610.	3,751.	13,797.
12 Advertising and promotion	50,237.			50,237.
13 Office expenses	5,158.	2,523.	757.	1,878.
14 Information technology				
15 Royalties				
16 Occupancy	3,747.	2,117.	369.	1,261.
17 Travel	11,636.	5,973.	87.	5,576.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	375.	212.	37.	126.
23 Insurance	4,364.	2,466.	429.	1,469.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BANK CHARGES	30,201.		30,201.	
b DUES & SUBSCRIPTIONS	8,388.	4,739.	825.	2,824.
c TELEPHONE	4,676.	2,642.	460.	1,574.
d PROFESSIONAL DEVELOPMEN	59.			59.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	2,364,412.	1,916,004.	131,008.	317,400.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,369,257.	1	1,783,455.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	108,827.	4	58,850.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	3,370.	9	7,413.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,340.		
	b Less: accumulated depreciation	10b 5,778.		
		937.	10c	562.
	11 Investments - publicly traded securities	2,623,283.	11	2,589,187.
	12 Investments - other securities. See Part IV, line 11	651,650.	12	818,480.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 33)	4,757,324.	16	5,257,947.	
Liabilities	17 Accounts payable and accrued expenses	73,010.	17	63,057.
	18 Grants payable	756,733.	18	536,008.
	19 Deferred revenue		19	134,165.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	150,000.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	79,324.	25	105,981.
	26 Total liabilities. Add lines 17 through 25	909,067.	26	989,211.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	2,961,651.	27	3,321,356.
	28 Net assets with donor restrictions	886,606.	28	947,380.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	3,848,257.	32	4,268,736.
33 Total liabilities and net assets/fund balances	4,757,324.	33	5,257,947.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,619,320.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,364,412.
3	Revenue less expenses. Subtract line 2 from line 1	3	254,908.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,848,257.
5	Net unrealized gains (losses) on investments	5	188,478.
6	Donated services and use of facilities	6	
7	Investment expenses	7	-22,907.
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,268,736.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization GO CAMPAIGN		Employer identification number 20-4542914
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

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

g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,594,755.	2,243,297.	2,328,485.	2,277,232.	2,512,314.	10,956,083.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3	1,594,755.	2,243,297.	2,328,485.	2,277,232.	2,512,314.	10,956,083.
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)						528,039.
6 Public support. Subtract line 5 from line 4.						10,428,044.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	1,594,755.	2,243,297.	2,328,485.	2,277,232.	2,512,314.	10,956,083.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	114,387.	118,718.	118,862.	133,298.	101,427.	586,692.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						11,542,775.

12 Gross receipts from related activities, etc. (see instructions) **12**

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)).....	14	90.34 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	89.23 %

16a 33 1/3% support test - 2020. 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

b 33 1/3% support test - 2019. 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 - 2020. 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

b 10% -facts-and-circumstances test - 2019. 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
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.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
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).		
2		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

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.)

Horizontal lines for supplemental information.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization

GO CAMPAIGN

Employer identification number

20-4542914

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization GO CAMPAIGN	Employer identification number 20-4542914
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Beachbody Foundation <hr/> c/o 2461 Santa Monica Blvd Suite 437 <hr/> Santa Monica, CA 90404	\$ 182,328.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	CVC Philanthropy <hr/> 111 Strand <hr/> London, UNITED KINGDOM WC2R 0AG	\$ 118,589.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GO CAMPAIGN	Employer identification number 20-4542914
--	---

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

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

Name of organization GO CAMPAIGN	Employer identification number 20-4542914
--	---

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **GO CAMPAIGN** Employer identification number **20-4542914**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB 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 FASB 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 on 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 FASB ASC 958 relating to these items:

a Revenue included on 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 make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
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 Term endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		6,340.	5,778.	562.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				562.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) PRIVATE INVESTMENT FUNDS	818,480.	End-of-Year Market Value
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	818,480.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PAYROLL LIABILITIES	105,981.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	105,981.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	2,849,130.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	188,478.	
b	Donated services and use of facilities	2b	64,239.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	252,717.
3	Subtract line 2e from line 1		3	2,596,413.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	22,907.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	22,907.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	2,619,320.

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

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

1	Total expenses and losses per audited financial statements		1	2,428,651.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	64,239.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	64,239.
3	Subtract line 2e from line 1		3	2,364,412.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	2,364,412.

Part XIII Supplemental Information.

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

Part X, Line 2:

Accounting standards require an organization to evaluate its tax positions and provide for a liability for any positions that would not be considered "more likely than not" to be upheld under a tax authority examination.

Management has evaluated its tax positions and has concluded that a provision for a tax liability is not necessary at December 31, 2020.

Generally, the Organization's information returns remain open for examination three years (federal) or four years (state of California) from the date of filing.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

Employer identification number

GO CAMPAIGN

20-4542914

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
Sub-Saharan Africa - Angola, Benin, Botswana, Burkina Faso,	0	0	Program Services	Humanitarian	390,512.
South Asia - Afghanistan, Bangladesh, Bhutan, India, Maldives,	0	0	Program Services	Humanitarian	144,673.
South America - Argentina, Bolivia, Brazil, Chile, Columbia, Ecuador,	0	0	Program Services	Humanitarian	11,962.
Central America and the Caribbean - Antigua & Barbuda, Aruba, Bahamas,	0	0	Program Services	Humanitarian	64,499.
Europe (Including Iceland & Greenland) - Albania, Andorra, Austria, Belgium	0	0	Program Services	Humanitarian	25,663.
East Asia and the Pacific	0	0	Program Services	Humanitarian	2,750.
3 a Subtotal	0	0			640,059.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			640,059.

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

Schedule F (Form 990) 2020

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Funds provided food and water for 75 children already in the advanced stages	3,750.	Wire	0.		
		Sub-Saharan Africa	Funds were used to provide food, medicine, rent, supplies, etc. to	21,727.	Wire	0.		
		Sub-Saharan Africa	Funds will ensure that the 63 children at the orphanage have food, clean water,	2,500.	Wire	0.		
		Sub-Saharan Africa	Funds will be used to keep the doors of a pediatric AIDS clinic open for six months	33,863.	Wire	0.		
		Sub-Saharan Africa	Funds will be used to pay for the basic needs of 19 children who were the former	3,750.	Wire	0.		
		Sub-Saharan Africa	Funds were used to supply 155 girls with disposable face masks and hand sanitizer	6,000.	Wire	0.		
		Sub-Saharan Africa	Funds will provide a one-month supply of food and water, three bars of soap, and	3,134.	Wire	0.		
		Sub-Saharan Africa	Funds are used to pay the school fees of Local Hero Agasto's two children.	3,660.	Wire	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **42**

3 Enter total number of other organizations or entities **42**

See Part V for Column (d) descriptions

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Funds will be used to support a Fellowship program that develops leaders in Nairobi	59,091.	Wire	0.		
		Sub-Saharan Africa	Funds will pay salaries for the staff for one year so they can continue	39,900.	Wire	0.		
		Sub-Saharan Africa	Funds will be used to support income generating efforts. Funds will ensure	17,818.	Wire	0.		
		Sub-Saharan Africa	Mentorship program for vulnerable children to give them the tools to become	10,603.	Wire	0.		
		Sub-Saharan Africa	Funds were used to support a food program providing food to the Talibe.	17,600.	Wire	0.		
		Sub-Saharan Africa	Funds will be used to sponsor a youth a Time for Change to take a business	7,714.	Wire	0.		
		Sub-Saharan Africa	Funds were used to provide face masks and sanitizer to 500 children, provide	3,661.	Wire	0.		
		Sub-Saharan Africa	Funds were used to support a farming program to break the cycle of poverty for	8,430.	Wire	0.		
		Sub-Saharan Africa	Funds are used to pay for the basic needs of the children at Leaders of Tomorrow	2,000.	Wire	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Provide 25 children and their families with access to handwashing, hand	12,500.	Wire	0.		
		Sub-Saharan Africa	Funds will be used as Education sponsorship for one Tanzanian orphan.	13,041.	Wire	0.		
		Sub-Saharan Africa	Providing for the care of the residents of the orphanage.	11,702.	Wire	0.		
		Sub-Saharan Africa	Provide 6 months of operating support to assist SOM so they can sustain their	29,202.	Wire	0.		
		Sub-Saharan Africa	Funds will be used to support Hezrons higher education costs in his pursuit	9,106.	Wire	0.		
		Sub-Saharan Africa	Funds will be used to support the vocational training welding program	14,946.	Wire	0.		
		Sub-Saharan Africa	Grant funds will be used to provide vocational training to girls with	8,353.	Wire	0.		
		Sub-Saharan Africa	Funds were used to provide students with breakfast and lunch for five months.	13,443.	Wire	0.		
		South Asia	Funds will be used to continue operations to keep these children safe,	23,193.	Wire	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South Asia	Funds will help feed families in Dharavi, India during the COVID-19 lockdown.	31,908.	Wire	0.		
		South Asia	Funds were used to provide clean water to Gyanjyoty Academy	1,615.	Wire	0.		
		South Asia	Funds will be used to provide food to the orphan children living at Gyanjyoty	892.	Wire	0.		
		South Asia	Funds will help feed families in Lucknow, India during the COVID-19 lockdown.	46,187.	Wire	0.		
		South Asia	Funds were used to support the girls empowerment/microloan groups for 1 year	27,727.	Wire	0.		
		East Asia and the Pacific	Grant funds will be used to repair the electrical system at the PAGE home	2,500.	Wire	0.		
		South America	Funds were used to complete the renovation and fully stock the library	8,147.	Wire	0.		
		South America	Funds will be used to support efforts in survivor recovery and sexual exploitation	2,727.	Wire	0.		
		Central America and the Caribbean	Funds will be used to furnish the computer lab, community library, and learning	11,215.	Wire	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	Funds will be used to establish 12 preschools in the Guatemala Highlands	16,320.	Wire	0.		
		Central America and the Caribbean	Funds were used to provide 300 families with groceries due the pandemic	7,900.	Wire	0.		
		Central America and the Caribbean	Funds were used to provide food and water for 2 months.	3,200.	Wire	0.		
		Central America and the Caribbean	Funds were used to expand an afterschool program incorporating sports, education,	10,000.	Wire	0.		
		Central America and the Caribbean	Funds were used to support Careyes Foundation so they can continue their	9,460.	Wire	0.		
		Europe (Including Iceland & Greenland)	Funds were used to support the food distribution program and a virtual program	11,240.	Wire	0.		
		Europe (Including Iceland & Greenland)	Funds were used to expand their work to reach more vulnerable families directly	12,090.	Wire	0.		

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

Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

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

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

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

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

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

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

Part V Supplemental Information

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

Part II, Column (d):

Region: Sub-Saharan Africa

(d) Purpose of Grant: Funds provided food and water for 75 children already in the advanced stages of malnutrition and help increase their ability to fight off infection.

Region: Sub-Saharan Africa

(d) Purpose of Grant: Funds were used to provide food, medicine, rent, supplies, etc. to provide staples for the girls' homes during the pandemic. Funds were used for rent to secure an alternative site for their school. Funds were used to support a microloan program for the female caregivers of students to help them increase their income and learn small business management.

Region: Sub-Saharan Africa

(d) Purpose of Grant: Funds will ensure that the 63 children at the orphanage have food, clean water, and cleaning supplies for two months

Region: Sub-Saharan Africa

(d) Purpose of Grant: Funds will be used to pay for the basic needs of 19 children who were the former residents of Gatanga Furaha Orphanage.

Region: Sub-Saharan Africa

(d) Purpose of Grant: Funds were used to supply 155 girls with disposable face masks and hand sanitizer during the pandemic

Region: Sub-Saharan Africa

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.

(d) Purpose of Grant: Funds will provide a one-month supply of food and water, three bars of soap, and four facemasks to 40 families to sustain them during this crisis.

Region: Sub-Saharan Africa

(d) Purpose of Grant: Funds will pay salaries for the staff for one year so they can continue their incredible work and provide the necessary support so all the children at SHERP can thrive.

Region: Sub-Saharan Africa

(d) Purpose of Grant: Funds will be used to support income generating efforts. Funds will ensure that TCSC can provide 600 masks to the children and their families in Mt. Elgon. Seed funding to start a small soap business. Funds will enroll 12 young mothers in an entrepreneurial program.

Region: Sub-Saharan Africa

(d) Purpose of Grant: Mentorship program for vulnerable children to give them the tools to become independent and productive members of their community.

Region: Sub-Saharan Africa

(d) Purpose of Grant: Funds were used to support a food program providing food to the Talibe. Funds were used to support a tailoring vocational training program and a microloan program for Talibe youth to start their own business upon graduation.

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.

Region: Sub-Saharan Africa

(d) Purpose of Grant: Funds will be used to sponsor a youth a Time for Change to take a business administration course so she can assist the organization. Funds will ensure that the children and youth residing at Time for Change are provided with 3 healthy meals a day during the lockdown period.

Region: Sub-Saharan Africa

(d) Purpose of Grant: Funds were used to provide face masks and sanitizer to 500 children, provide food to another 100 children and conduct public awareness radio programming.

Region: Sub-Saharan Africa

(d) Purpose of Grant: Funds were used to support a farming program to break the cycle of poverty for 50 families. Funds were used to provide 500 masks and sanitizer to prevent the spread of COVID 19, and provide 200 families with food for 2.5 months.

Region: Sub-Saharan Africa

(d) Purpose of Grant: Funds are used to pay for the basic needs of the children at Leaders of Tomorrow Children's Home so they can continue to thrive.

Region: Sub-Saharan Africa

(d) Purpose of Grant: Provide 25 children and their families with access to handwashing, hand soaps, sanitizers, masks, nutritious food, and stock the shelves at St. Otto Dispensary with supplies and medicine. Establish

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.

an animal husbandry program to provide a sustainable means of livelihood for the youth and purchase land.

Region: Sub-Saharan Africa

(d) Purpose of Grant: Provide 6 months of operating support to assist SOM so they can sustain their organization and continue work to work to address the needs of children in their community during the COVID-19 pandemic. Funds will be used to purchase computers for their computer lab

Region: Sub-Saharan Africa

(d) Purpose of Grant: Funds will be used to support Hezrons higher education costs in his pursuit to become a doctor.

Region: Sub-Saharan Africa

(d) Purpose of Grant: Grant funds will be used to provide vocational training to girls with disabilities so they have the opportunity to reach their full potential

Region: Sub-Saharan Africa

(d) Purpose of Grant: Funds were used to provide students with breakfast and lunch for five months. Funds will be used to provide 12 months of internet at Kilimahewa School. Grant funds will be used to establish a Scholarship Fund at Kilimahewa.

Region: South Asia

(d) Purpose of Grant: Funds will be used to continue operations to keep these children safe, educated, and well-fed for the entire school year

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.

Region: South Asia

(d) Purpose of Grant: Funds will help feed families in Dharavi, India during the COVID-19 lockdown. Funds will help feed families in Dharavi, India during the COVID-19 lockdown.

Region: South Asia

(d) Purpose of Grant: Funds will be used to provide food to the orphan children living at Gyanjyoty Academy

Region: South Asia

(d) Purpose of Grant: Funds will help feed families in Lucknow, India during the COVID-19 lockdown. Funds will help feed families in Lucknow, India during the COVID-19 lockdown. Funds will be used to provide 4 vocational training programs and self-defense training sessions for girls in Lucknow, India.

Region: South Asia

(d) Purpose of Grant: Funds were used to support the girls empowerment/microloan groups for 1 year across 3 districts in Nepal. Funds will be used to support girls empowerment activities in Makwanpur, Bara and Parsa Districts.

Region: South America

(d) Purpose of Grant: Funds were used to complete the renovation and fully stock the library with books and equipment for the grand opening of the first public library in Puerto Lopez

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.

Region: South America

(d) Purpose of Grant: Funds will be used to support efforts in survivor recovery and sexual exploitation and trafficking prevention in Iquitos.

Region: Central America and the Caribbean

(d) Purpose of Grant: Funds will be used to furnish the computer lab, community library, and learning classroom for students in Solol

Region: Central America and the Caribbean

(d) Purpose of Grant: Funds will be used to establish 12 preschools in the Guatemala Highlands to get children ready for 1st grade and provide job opportunities for literate young women looking for work.

Region: Central America and the Caribbean

(d) Purpose of Grant: Funds were used to expand an afterschool program incorporating sports, education, and psychosocial skills to 2 vulnerable populations in Nezahualcyotl, Mxico

Region: Central America and the Caribbean

(d) Purpose of Grant: Funds were used to support Careyes Foundation so they can continue their work

Region: Europe (Including Iceland & Greenland)

(d) Purpose of Grant: Funds were used to support the food distribution program and a virtual program to keep youth engaged during the COVID-19 homestay.

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.

Region: Europe (Including Iceland & Greenland)

(d) Purpose of Grant: Funds were used to expand their work to reach more vulnerable families directly impacted by the COVID 19 crisis. Funds were used to enable Bubble & Squeak to continue to provide food assistance to beneficiaries on a bi-weekly basis for the rest of the year.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

Open to Public Inspection

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

Name of the organization
GO CAMPAIGN

Employer identification number
20-4542914

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations e Solicitation of non-government grants
 b Internet and email solicitations f Solicitation of government grants
 c Phone solicitations g Special fundraising events
 d In-person solicitations
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total				▶		

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
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Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GO GALA (event type)	Online Auction (event type)	None (total number)	
Revenue	1 Gross receipts	793,745.	17,446.		811,191.
	2 Less: Contributions	696,413.	15,519.		711,932.
	3 Gross income (line 1 minus line 2)	97,332.	1,927.		99,259.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	97,332.	1,927.		99,259.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				99,259.
11 Net income summary. Subtract line 10 from line 3, column (d)				0.	

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

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

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

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

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

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **GO CAMPAIGN** Employer identification number **20-4542914**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Avalon Carver Community Center 4920 S Avalon Blvd Los Angeles, CA 90011	95-1690963	501(C)(3)	164,242.	0.			Funds were used to ensure children and youth K-12 do not fall behind during the upcoming LAUSD school
Clean Slate 16198 VERMEER DR Chino Hills, CA 91709-6127	95-4827367	501(C)(3)	60,215.	0.			Funds were used to support CleanSlate's operations during COVID-19 pandemic. In
Freedom 4 Youth PO Box 2096, Santa Barbara Santa Barbara, CA 93120	27-4437945	501(C)(3)	40,710.	0.			Funds will be used to support the work of F4Y and their efforts to address the needs of at
Future Ties 3935 W. 82nd St. Chicago, IL 60652	27-5469921	501(C)(3)	11,596.	0.			Funds were used to provide tablets equipped with internet for the duration of the program,
Generation Her 1010 Manley Drive San Gabriel, CA 91776	80-0453092	501(C)(3)	21,377.	0.			Funds were used to support teen moms in Orange and Los Angeles County by providing baby
Kings Against Violence Initiative 451 Clarkson Avenue, Suite A-7221 Brooklyn, NY 11203	81-1626947	501(C)(3)	10,000.	0.			Funds will be used to provide food, disinfectant supplies and protective equipment,

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **15.**

3 Enter total number of other organizations listed in the line 1 table **15.**

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

Schedule I (Form 990) 2020

See Part IV for Column (h) descriptions

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Los Angeles Room & Board 862 HILGARD AVE Los Angeles, CA 90024-3108	83-3172348	501(C)(3)	35,233.	0.			Funds will be used to support the work of LARNB to provide housing, food, and wrap around services
Loving Hands 99 27 Grape St. Los Angeles, CA 90002	47-4233639	501(C)(3)	7,670.	0.			Funds will be used to purchase education and hygiene supplies Funds were used to provide for
Lincoln Heights Tutorial Program 2618 Workman St. Rm. 13 Los Angeles, CA 90031	95-4682502	501(C)(3)	7,050.	0.			Funds were used to purchase computers so tutors can provide virtual tutoring services
Minority Humanitarian Foundation 1618 San Miguel Ave Spring valley, CA 91977	47-4926931	501(C)(3)	67,917.	0.			Funds will be used to provide art programming for children. Funds were used to purchase
Rosedale Freedom Project 705 Front Street PO Box 21 rosedale, MS 38769	47-2747371	501(C)(3)	8,480.	0.			Funds were used to provide for the basic needs of one family. Funds were used to
Stepping Forward LA 180 E 35th St. Los Angeles, CA 90011	95-4302067	501(C)(3)	36,007.	0.			Funds were used to support SFLA's mission is to empower youth aging out of the foster care
Team GRS 20626 Roseton Ave. lakewood, CA 90715	45-4553229	501(C)(3)	7,000.	0.			Grants funds will allow Team GRS to pilot out their character development curriculum,
Watts Community Core 9501 Cerritos Ave Unit 202 anaheim, CA 92804	84-3477018	501(C)(3)	246,289.	0.			Funds will ensure that the 70 children and their families in the boxing program will have food
Twinspire: Together We Inspire 1267 Willis Street, Suite 200 redding, CA 96001	84-1862747	501(C)(3)	25,000.	0.			Funds were used to bring a social justice program to current and former foster youth of color.

Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Homeless Families Assistance	3	119,224.	0.	Cash Grant	

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

Part II, line 1, Column (h):

Name of Organization or Government: Avalon Carver Community Center

(h) Purpose of Grant or Assistance: Funds were used to ensure children and youth K-12 do not fall behind during the upcoming LAUSD school closures. In partnership with several GO Campaign partners, funds were used to create two Safe Zones giving children in these primarily black and Latino communities access to technology and the internet, tutoring to help them understand and complete their assignments, access to STEM programs, mental health counseling, online workout sessions, and extra

Part IV Supplemental Information

curricular activities using safe social distancing.

Name of Organization or Government: Clean Slate

(h) Purpose of Grant or Assistance: Funds were used to support CleanSlate's operations during COVID-19 pandemic. In partnership with several GO Campaign partners, funds were used to create two Safe Zones giving children in these primarily black and Latino communities access to technology and the internet, tutoring to help them understand and complete their assignments, access to STEM programs, mental health counseling, online workout sessions, and extra curricular activities using safe social distancing. Provide support to a family during the holidays. Support youth impacted by violence, provide programs for mental health and youth leadership, and support community violence recovery through counseling, psycho-educational groups and cultural outings. Funds will enable CleanSlate to provide telehealth mental health services and support to youth in South Los Angeles by enabling counselors to continue to provide individual and group therapy services to youth via phone and zoom.

Name of Organization or Government: Freedom 4 Youth

(h) Purpose of Grant or Assistance: Funds will be used to support the work of F4Y and their efforts to address the needs of at promise youth in Santa Barbara County. Funds were used to support Freedom 4 Youth's new office space.

Name of Organization or Government: Future Ties

(h) Purpose of Grant or Assistance: Funds were used to provide tablets equipped with internet for the duration of the program, as well as access

Part IV Supplemental Information

to a virtual classroom platform. Funds were used to provide 50 Future Ties families living at Parkway Gardens with PPE and cleaning supplies to stay safe this winter. Funds provided 100 families residing in the South Side of Chicago with protective equipment, cleaning supplies, and educational care packages for 100 youth who are at home while schools are closed. Funds provided support to one family over the holidays. Funds provided support to one family over the holidays.

Name of Organization or Government: Generation Her

(h) Purpose of Grant or Assistance: Funds were used to support teen moms in Orange and Los Angeles County by providing baby wipes, formula, diapers, etc. Provide school supplies to child of teen mothers. Funds were used to provide 27 teen mothers with gift cards so they can purchase holiday gifts for their children. Funds will be used to hire staff and purchase equipment and supplies to enhance their life skills and parenting classes for young moms at Generation Her's Fountain Valley location.

Name of Organization or Government: Kings Against Violence Initiative

(h) Purpose of Grant or Assistance: Funds will be used to provide food, disinfectant supplies and protective equipment, urgent transportation, and wellness visits for students in need.

Name of Organization or Government: Los Angeles Room & Board

(h) Purpose of Grant or Assistance: Funds will be used to support the work of LARNB to provide housing, food, and wrap around services to the residents of Opportunity House. Funds will be used to pay for 3 months of rent for the Opportunity House to support students experiencing housing

Part IV Supplemental Information

insecurity. Funds were used to support the opening of the Opportunity Shelter in Westwood, a 50-bed shelter for youth who are experiencing homelessness while attending a 2 or 4 year university.

Name of Organization or Government: Loving Hands

(h) Purpose of Grant or Assistance: Funds will be used to purchase education and hygiene supplies Funds were used to provide for the basic needs of one family

Name of Organization or Government: Lincoln Heights Tutorial Program

(h) Purpose of Grant or Assistance: Funds were used to purchase computers so tutors can provide virtual tutoring services to children while schools and programs remain closed due to COVID-19. Provide school supplies to students for the 2020-2021 school year.

Name of Organization or Government: Minority Humanitarian Foundation

(h) Purpose of Grant or Assistance: Funds will be used to provide art programming for children. Funds were used to purchase groceries to feed asylum-seekers in Tijuana. Funds were used to provide services to asylum-seekers and refugees. Funds were used to support children and families of migrant workers in San Diego. Funds were used to purchase a van to assist Minority Humanitarian Foundation in the execution of their mission to address the needs of asylum seekers on the San Diego-Tijuana border.

Name of Organization or Government: Rosedale Freedom Project

(h) Purpose of Grant or Assistance: Funds were used to provide for the basic needs of one family. Funds were used to purchase Chromebooks and to

Part IV Supplemental Information

pay for internet for students in Rosedale, MS. Funds were used to provide for the basic needs of one family.

Name of Organization or Government: Stepping Forward LA

(h) Purpose of Grant or Assistance: Funds were used to support SFLA's mission is to empower youth aging out of the foster care system to transition successfully to adulthood and reach their fullest potential. Funds were used to provide support to current and former foster youth. Funds were used to provide school supplies to current and former foster youth. Funds were used to support Stepping Forward LAs new Pregnant and Parenting Program designed to support, encourage and enlighten current and former foster youth (both parents) during the pregnancy and or for the first few years after giving birth.

Name of Organization or Government: Team GRS

(h) Purpose of Grant or Assistance: Grants funds will allow Team GRS to pilot out their character development curriculum, Gym Rat Squad, with students at Optimal School in Compton, CA.

Name of Organization or Government: Watts Community Core

(h) Purpose of Grant or Assistance: Funds will ensure that the 70 children and their families in the boxing program will have food and groceries provided to them for four weeks. Funds will be used to support the work of Watts Community Core and their efforts to address the needs of youth in Watts. Funds were used to ensure children and youth K-12 do not fall behind during the upcoming LAUSD school closures. In partnership with several GO Campaign partners, funds were used to create two Safe Zones giving children in these primarily black and Latino communities

Part IV Supplemental Information

access to technology and the internet, tutoring to help them understand
 and complete their assignments, access to STEM programs, mental health
 counseling, online workout sessions, and extra curricular activities
 using safe social distancing. Funds were used to provide families with
 food and groceries for two weeks.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **GO CAMPAIGN** Employer identification number **20-4542914**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications	X		52.	FMV AUCTION WINNERS
5	Clothing and household goods	X		8,446.	FMV AUCTION WINNERS
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles	X	3	3,278.	FMV
19	Food inventory	X	4	1,684.	FMV
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (VACATIONS/TRI)	X	14	102,655.	FMV AUCTION WINNERS
26	Other ▶ (Experience)	X	18	30,095.	FMV
27	Other ▶ ()				
28	Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2020

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

GO CAMPAIGN

Employer identification number

20-4542914

Form 990, Part VI, Section B, line 11b:

THE COMPLETE FORM 990 IS PROVIDED TO SENIOR MANAGEMENT SUFFICIENTLY IN
ADVANCE OF THE FILING DEADLINE TO ENABLE A DETAILED AND CONSCIENTIOUS
REVIEW. ALL QUESTIONS, CONCERNS, ETC OF SENIOR MANAGEMENT ARE ADDRESSED BY
THE EXECUTIVE DIRECTOR AND INCORPORATED INTO THE FORM 990 AS APPROPRIATE A
DRAFT COPY OF THE FORM 990 IS EMAILED TO THE MEMBERS OF THE BOARD OF
DIRECTORS AFTER ALL OF THE INPUT FROM THE BOARD HAS BEEN APPROPRIATELY
ADDRESSED, SENIOR MANAGEMENT OF THE ORGANIZATION WILL FILE THE FINAL FORM
990 AS REQUIRED.

Form 990, Part VI, Section B, Line 12c:

WHENEVER A DIRECTOR OR OFFICER HAS A FINANCIAL OR PERSONAL INTEREST IN ANY
MATTER COMING BEFORE THE BOARD OF DIRECTORS, THE AFFECTED PERSON SHALL A)
FULLY DISCLOSE THE NATURE OF THE INTEREST AND B) WITHDRAW FROM DISCUSSION,
LOBBYING, AND VOTING ON THE MATTER ANY TRANSACTION OR VOTE INVOLVING A
POTENTIAL CONFLICT OF INTEREST SHALL BE APPROVED ONLY WHEN A MAJORITY OF
DISINTERESTED DIRECTORS DETERMINE THAT IT IS IN THE BEST INTEREST OF THE
CORPORATION TO DO SO. THE MINUTES OF MEETINGS AT WHICH SUCH VOTES ARE
TAKEN SHALL RECORD SUCH DISCLOSURE, ABSTENTION AND RATIONALE FOR APPROVAL.

Form 990, Part VI, Section B, Line 15:

IN DETERMINING THE COMPENSATION FOR ANY KEY EMPLOYEES, OFFICERS, DIRECTORS,
OR EXECUTIVE DIRECTORS, COMPARABLE DATA IS COLLECTED BY INDEPENDENT
PARTIES. THE BOARD OF DIRECTORS THEN DELIBERATES AND APPROVES THE
COMPENSATION AMOUNT.

Name of the organization GO CAMPAIGN	Employer identification number 20-4542914
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Form 990, Part VI, Section C, Line 18:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS, AND OTHER PERTINENT DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. IT POSTS ITS RECENTLY FILED FORM 990S ON ITS WEBSITE.

Form 990, Part VI, Section C, Line 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS, AND OTHER PERTINENT DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. IT POSTS ITS RECENTLY FILED FORM 990S ON ITS WEBSITE.

FORM 990, PART XII, BOX 2C

The Audit Committee is responsible for the oversight of the audit of the financial statements and selection of an independent accountant. This process is unchanged from the prior year.

2020 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	Machinery & Equipment														
1	DELL COMPUTERS	12/29/16	SL	3.00		16	5,215.				5,215.	5,215.		0.	5,215.
2	DELL COMPUTERS	06/29/19	SL	3.00		16	1,125.				1,125.	188.		375.	563.
	* 990 Page 10 Total Machinery & Equipment						6,340.				6,340.	5,403.		375.	5,778.
	* Grand Total 990 Page 10 Depr						6,340.				6,340.	5,403.		375.	5,778.

California Exempt Organization Annual Information Return

Calendar Year 2020 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____

Corporation/Organization name: **GO CAMPAIGN** California corporation number: **2858070**

Additional information. See instructions. FEIN: **20-4542914**

Street address (suite or room): **2461 SANTA MONICA BLVD., NO. 437** PMB no. _____

City: **SANTA MONICA** State: **CA** ZIP code: **90404**

Foreign country name _____ Foreign province/state/country _____ Foreign postal code _____

A First return Yes No

B Amended return Yes No

C IRC Section 4947(a)(1) trust Yes No

D Final information return?
 Dissolved Surrendered (Withdrawn) Merged/Reorganized
 Enter date: (mm/dd/yyyy) _____

E Check accounting method: (1) Cash (2) Accrual (3) Other

F Federal return filed? (1) 990T (2) 990PF (3) Sch H (990) (4) Other 990 series

G Is this a group filing? See instructions Yes No

H Is this organization in a group exemption Yes No
 If "Yes," what is the parent's name? _____

I Did the organization have any changes to its guidelines not reported to the FTB? See instructions Yes No

J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. Yes No

K Is the organization exempt under R&TC Section 23701g? If "Yes," enter the gross receipts from nonmember sources \$ _____ Yes No

L Is the organization a limited liability company? Yes No

M Did the organization file Form 100 or Form 109 to report taxable income? Yes No

N Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No

O Is federal Form 1023/1024 pending? _____ Yes No
 Date filed with IRS _____

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	686,365	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	2,512,314	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	4	3,198,679	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6	480,100	00
	7	Total costs. Add line 5 and line 6	7	480,100	00
	8	Total gross income. Subtract line 7 from line 4	8	2,718,579	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	2,463,671	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	254,908	00
Filing Fee	11	Total payments	11		00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Penalties and Interest. See General Information J	15		00
	16	Balance due. Add line 12 and line 15. Then subtract line 11 from the result	16		00

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

Sign Here
 Signature of officer: _____ Title: **EXECUTIVE DIRE** Date: _____ Telephone: _____

Paid Preparer's Use Only
 Preparer's signature: _____ Date: _____ Check if self-employed PTIN: **P01582463**
 Firm's name (or yours, if self-employed) and address: **QUIGLEY & MIRON**
3550 WILSHIRE BLVD., #1660
LOS ANGELES, CA 90010
 Firm's FEIN: **32-0530003**
 Telephone: **(213) 639-3550**

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

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

028951 12-22-20

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	99,259	00	
	2	Interest	•	2		00	
	3	Dividends	•	3	101,428	00	
	4	Gross rents	•	4		00	
	5	Gross royalties	•	5		00	
	6	Gross amount received from sale of assets (See Instructions) STATEMENT 2	•	6	485,678	00	
	7	Other income	•	7		00	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	686,365	00	
	9	Contributions, gifts, grants, and similar amounts paid	•	9	1,458,686	00	
	10	Disbursements to or for members	•	10		00	
	11	Compensation of officers, directors, and trustees SEE STATEMENT 3	•	11	129,447	00	
	12	Other salaries and wages	•	12	499,107	00	
	Expenses and Disbursements	13	Interest	•	13		00
		14	Taxes	•	14	44,922	00
		15	Rents	•	15	3,747	00
		16	Depreciation and depletion (See instructions)	•	16	375	00
		17	Other expenses and disbursements SEE STATEMENT 4	•	17	327,387	00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	2,463,671	00

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)	
Assets					
1	Cash		1,369,257		• 1,783,455
2	Net accounts receivable		108,827		• 58,850
3	Net notes receivable				•
4	Inventories				•
5	Federal and state government obligations				•
6	Investments in other bonds				•
7	Investments in stock				•
8	Mortgage loans				•
9	Other investments STMT 5		3,274,933		• 3,407,667
10 a	Depreciable assets	6,340		6,340	
b	Less accumulated depreciation	(5,403)	937	(5,778)	562
11	Land				•
12	Other assets STMT 6		3,370		• 7,413
13	Total assets		4,757,324		5,257,947
Liabilities and net worth					
14	Accounts payable		73,010		• 63,057
15	Contributions, gifts, or grants payable		756,733		• 536,008
16	Bonds and notes payable				•
17	Mortgages payable				• 150,000
18	Other liabilities STMT 7		79,324		• 240,146
19	Capital stock or principal fund				•
20	Paid-in or capital surplus. Attach reconciliation				•
21	Retained earnings or income fund		3,848,257		• 4,268,736
22	Total liabilities and net worth		4,757,324		5,257,947

Schedule M-1 Reconciliation of income per books with income per return					
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.					
1	Net income per books	• 420,479	7	Income recorded on books this year not included in this return STMT 9	• 188,478
2	Federal income tax	•	8	Deductions in this return not charged against book income this year	•
3	Excess of capital losses over capital gains	•	9	Total. Add line 7 and line 8	188,478
4	Income not recorded on books this year	•	10	Net income per return. Subtract line 9 from line 6	254,908
5	Expenses recorded on books this year not deducted in this return STMT 8	• 22,907			
6	Total. Add line 1 through line 5	443,386			

CA 199 Cash Contributions Statement 1
 Included on Part I, Line 3

Contributor's Name	Contributor's Address	Date of Gift	Amount
Beachbody Foundation	c/o 2461 Santa Monica Blvd Suite 437 Santa Monica, CA 90404	12/31/20	182,328.
CVC Philanthropy	111 Strand London UNITED KINGDOM WC2R 0AG	12/31/20	118,589.
Sia Furler	c/o 2461 Santa Monica Blvd Suite 437 Santa Monica, CA 90404	12/31/20	50,000.
Robert Morgan	c/o 2461 Santa Monica Blvd Suite 437 Santa Monica, CA 90404	12/31/20	40,000.
Shekels Charitable Foundation	888 S Figueroa St Los Angeles, CA 90017	12/31/20	40,000.
Canal Productions	c/o 2461 Santa Monica Blvd Suite 437 Santa Monica, CA 90404	12/31/20	25,000.
Netflix	100 Winchester Circle Los Gatos, CA 95032	12/31/20	25,000.
The Emily and Adam Bold Family Foundation	11401 Chalon Rd Los Angeles, CA 90049-1722	12/31/20	22,500.
Social Impact Fund	750 W. 7th Street #811026 Los Angeles, CA 90081	12/31/20	11,000.
Dana and Matt Walden	c/o 2461 Santa Monica Blvd Suite 437 Santa Monica, CA 90404	12/31/20	10,000.
Lancome	c/o 2461 Santa Monica Blvd Suite 437 Santa Monica, CA 90404	12/31/20	10,000.
James Baer	c/o 2461 Santa Monica Blvd Suite 437 Santa Monica, CA 90404	12/31/20	9,323.
Nancy and Miles Rubin	c/o 2461 Santa Monica Blvd Suite 437 Santa Monica, CA 90404	12/31/20	9,230.

GO CAMPAIGN

20-4542914

Steven Anders	C/O 2461 Santa Monica Blvd Suite 437 Santa Monica, CA 90404	12/31/20	9,064.
Prizeo	11601 Wilshire Blvd. Ste. 210 Los Angeles, CA 90025	12/31/20	7,564.
Philipp Family Foundation	C/O 2461 Santa Monica Blvd Suite 437 Santa Monica, CA 90404	12/31/20	6,667.
Malkin Family (Steinberger)	C/O 2461 Santa Monica Blvd Suite 437 Santa Monica, CA 90404	12/31/20	5,000.
Truly	C/O 2461 Santa Monica Blvd Suite 437 Santa Monica, CA 90404	12/31/20	5,000.
VF Outdoor, LLC (Vans)	1551 Wewatta St. Denver, CO 80202	12/31/20	5,000.
Yifei "Raven" Yin	c/o 2461 Santa Monica Blvd Suite 437 Santa Monica, CA 90404	12/31/20	5,000.
Total included on line 3			<u>596,265.</u>

CA 199	Gross Amount from Sale of Assets			Statement	2
Description	Date Acquired	Date Sold	Method Acquired		
	Cost or Other Basis	Deprec.	Expense of Sale	Gross Sales Price	
	480,100.	0.	0.	485,678.	
Total to Form 199, Page 2, ln 6	480,100.	0.	0.	485,678.	

CA 199	Compensation of Officers, Directors and Trustees		Statement	3
Name and Address	Title and Average Hrs Worked/Wk	Compensation		
SCOTT FIFER 2461 SANTA MONICA BLVD., No. 437 SANTA MONICA, CA 90404	EXECUTIVE DIRECTOR 40.00	0.		
RAMI GHANDOUR 2461 SANTA MONICA BLVD., No. 437 SANTA MONICA, CA 90404	SECRETARY, TREASURER 3.00	0.		
TONY HORTON 2461 SANTA MONICA BLVD., No. 437 SANTA MONICA, CA 90404	BOARD MEMBER 3.00	0.		
VICKI KENNEDY 2461 SANTA MONICA BLVD., No. 437 SANTA MONICA, CA 90404	BOARD CHAIR 3.00	0.		
KENNETH KIM, MD 2461 SANTA MONICA BLVD., No. 437 SANTA MONICA, CA 90404	BOARD MEMBER 3.00	0.		
JULIE MILLIGAN 2461 SANTA MONICA BLVD., No. 437 SANTA MONICA, CA 90404	BOARD MEMBER 3.00	0.		
DARYL OFFER 2461 SANTA MONICA BLVD., No. 437 SANTA MONICA, CA 90404	BOARD MEMBER 3.00	0.		

ANNA RAWSON 2461 SANTA MONICA BLVD., No. 437 SANTA MONICA, CA 90404	BOARD MEMBER 3.00	0.
ROBERT SCOTT 2461 SANTA MONICA BLVD., No. 437 SANTA MONICA, CA 90404	BOARD MEMBER 3.00	0.
ALEXANDRA VORBECK 2461 SANTA MONICA BLVD., No. 437 SANTA MONICA, CA 90404	BOARD MEMBER 3.00	0.
JAMIE WARD 2461 SANTA MONICA BLVD., No. 437 SANTA MONICA, CA 90404	BOARD MEMBER 3.00	0.
JONATHAN WARD 2461 SANTA MONICA BLVD., No. 437 SANTA MONICA, CA 90404	BOARD CHAIR 3.00	0.
JOHN DIMINICO 2461 SANTA MONICA BLVD., No. 437 SANTA MONICA, CA 90404	BOARD MEMBER 3.00	0.

Total to Form 199, Part II, line 11 0.

CA 199 Other Expenses Statement 4

Description	Amount
BANK CHARGES	30,201.
DUES & SUBSCRIPTIONS	8,388.
TELEPHONE	4,676.
PROFESSIONAL DEVELOPMEN	59.
Direct expenses of fundraising events	99,259.
Other employee benefits	55,925.
Accounting fees	29,326.
Other professional fees	28,158.
Advertising and promotion	50,237.
Office expenses	5,158.
Travel	11,636.
Insurance	4,364.
Total to Form 199, Part II, line 17	327,387.

CA 199	Other Investments	Statement	5
<u>Description</u>		<u>Beg. of Year</u>	<u>End of Year</u>
PRIVATE INVESTMENT FUNDS		651,650.	818,480.
Other publicly traded securities		2,623,283.	2,589,187.
Total to Form 199, Schedule L, line 9		3,274,933.	3,407,667.

CA 199	Other Assets	Statement	6
<u>Description</u>		<u>Beg. of Year</u>	<u>End of Year</u>
Prepaid Expenses and Deferred Charges		3,370.	7,413.
Total to Form 199, Schedule L, line 12		3,370.	7,413.

CA 199	Other Liabilities	Statement	7
<u>Description</u>		<u>Beg. of Year</u>	<u>End of Year</u>
PAYROLL LIABILITIES		79,324.	105,981.
Deferred Revenue		0.	134,165.
Total to Form 199, Schedule L, line 18		79,324.	240,146.

CA 199	Expenses Recorded on Books this Year Not Deducted in this Return	Statement	8
<u>Description</u>		<u>Amount</u>	
INVESTMENT MANAGEMENT FEES		22,907.	
Total to Form 199, Schedule M-1, line 5		22,907.	

CA 199	Income Recorded on Books this Year Not Included in this Return	Statement 9
<hr/>		
<u>Description</u>		<u>Amount</u>
UNREALIZED GAINS ON INVESTMENTS		188,478.
Total to Form 199, Schedule M-1, line 7		188,478.

CA 199	Fund Balances	Statement 10
<hr/>		
<u>Description</u>	<u>Beg. of Year</u>	<u>End of Year</u>
Net assets without donor restrictions	2,961,651.	3,321,356.
Net assets with donor restrictions	886,606.	947,380.
Total to Form 199, Schedule L, line 21	3,848,257.	4,268,736.

Corporation Depreciation and Amortization

Attach to Form 100 or Form 100W.

FORM 199

FEIN 20-4542914

Corporation name

California corporation number

GO CAMPAIGN

2858070

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1	\$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2021. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis	Depreciation allowed or allowable in earlier years	Depreciation method	Life or rate	Depreciation for this year	Additional first year depreciation
14 1 DELL COMPUTERS	12/29/16	5,215	5,215	SL	3.00		0
2 DELL COMPUTERS	06/29/19	1,125	188	SL	3.00	375	
TOTALS		6,340	5,403				
15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)					15	375

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	375
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	375
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	0

Part IV Amortization

(a)	(b)	(c)	(d)	(e)	(f)	(g)
Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis	Amortization allowed or allowable in earlier years	R&TC Section (see instructions)	Period or percentage	Amortization for this year
19						
20	Total. Add the amounts in column (g)					20
21	Total amortization claimed for federal purposes from federal Form 4562, line 44					21
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12					22

**ANNUAL REGISTRATION RENEWAL FEE REPORT
 TO ATTORNEY GENERAL OF CALIFORNIA**
 Sections 12586 and 12587, California Government Code
 11 Cal. Code Regs. sections 301-306, 309, 311, and 312

(For Registry Use Only)

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

<p>GO CAMPAIGN Name of Organization</p> <hr/> <p>List all DBAs and names the organization uses or has used</p> <p>2461 SANTA MONICA BLVD., NO. 437 Address (Number and Street)</p> <p>SANTA MONICA, CA 90404 City or Town, State, and ZIP Code</p> <p>(310) 396-6343 Telephone Number</p> <p>E-mail Address</p>	<p>Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report</p> <hr/> <p>State Charity Registration Number CT130388</p> <p>Corporation or Organization No. 2858070</p> <p>Federal Employer ID No. 20-4542914</p>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
 Make Check Payable to Department of Justice

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2020 ending 12/31/2020) list:

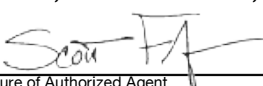
Gross Annual Revenue \$	<u>2,619,320</u>	Noncash Contributions \$	<u>146,210</u>	Total Assets \$	<u>5,257,947</u>
Program Expenses \$	<u>1,916,004</u>	Total Expenses \$	<u>2,364,412</u>		

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding? SEE STATEMENT 11	X	
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	X	
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

 Signature of Authorized Agent	SCOTT FIFER Printed Name	EXECUTIVE DIRECTOR Title	Date
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CA RRF-1	Information Regarding Governmental Funding	Statement	11
	Part B, Line 5		

U.S. Small Business Administration
409 3rd St. SW
Washington, D.C. 20416
1-800-827-5722