EXTENDED TO NOVEMBER 15, 2019

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

Inspection

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

Α	For the	2018 calendar year, or tax year beginning and ending		
В	Check if applicable	C Name of organization	D Employer identifi	cation number
	Addres	GO CAMPAIGN		
	Name change		20-4	542914
	Initial return		uite E Telephone numbe	r
	Final return/	2461 SANTA MONICA BLVD., #437	(310)396-6343
_	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	3,878,748.
L	Amend	BANTA MONICA, CA 90404	H(a) Is this a group re	
	Applica tion pendin		for subordinates	
		2461 SANTA MONICA BLVD., #437, SANTA MONIC		
		[51 514:14:5]		list. (see instructions)
		e: ▶ WWW.GOCAMPAIGN.ORG organization: X Corporation Trust Association Other ▶ L Y	H(c) Group exemptio	
		organization: X Corporation Trust Association Other ► L Y Summary	rear of formation: 2000 N	State of legal domicile: CA
		Briefly describe the organization's mission or most significant activities: GO CAMPA	TON IMPROVES	THE LIVES
Governance	' ;	OF ORPHANS AND VULNERABLE CHILDREN THROUGHOU	T THE WORLD.	11111 111110
nar		Check this box if the organization discontinued its operations or disposed of n		esets
Ver		Number of voting members of the governing body (Part VI, line 1a)		12
ၓ		Number of independent voting members of the governing body (Part VI, line 1b)		11
δ.		Total number of individuals employed in calendar year 2018 (Part V, line 2a)		9
Ņ.		Total number of volunteers (estimate if necessary)		70
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12		0.
_	b I	Net unrelated business taxable income from Form 990-T, line 38	7b	0.
			Prior Year	Current Year
Revenue		Contributions and grants (Part VIII, line 1h)	1,731,678.	2,083,485.
		Program service revenue (Part VIII, line 2g)	0.	0.
Вè		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	122,364.	77,596.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	155,550.	13,452.
	_	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,009,592. 977,305.	2,174,533. 1,226,771.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	911,303.	1,220,771.
		Benefits paid to or for members (Part IX, column (A), line 4)	516,317.	515,486.
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	38,976.	26,294.
ben	h -	Total fundraising expenses (Part IX, column (D), line 25) 361,497.	3073700	20/2311
Ă		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	337,959.	272,580.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,870,557.	2,041,131.
	19	Revenue less expenses. Subtract line 18 from line 12	139,035.	133,402.
Net Assets or Fund Balances			Beginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)	3,767,214.	4,110,014.
t As	21	Total liabilities (Part X, line 26)	708,251.	1,018,681.
	22	Net assets or fund balances. Subtract line 21 from line 20	3,058,963.	3,091,333.
	art II	Signature Block		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and sta		y knowledge and belief, it is
true	, correct	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	larer has any knowledge.	
Sig	,	Signature of officer	I Date	
He	I	SCOTT FIFER, EXECUTIVE DIRECTOR		
. 10		Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Pai	d	BRUCE BURG	if self-employ	P00264515
Pre			ORP . Firm's EIN	95-4538761
Use	Only	Firm's address 15260 VENTURA BLVD., STE 1705		
		SHERMAN OAKS, CA 91403	Phone no. (8	18)786-5656
Ma	y the IF	RS discuss this return with the preparer shown above? (see instructions)		X Yes No

Form	990 (2018) GO CAMPAIGN	20-4542914	Page 2
Par	rt 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	F CHILDREN	
	THROUGHOUT THE WORLD BY SUPPORTING IMPACTFUL GRASSROOTS		NC
			M9
	THAT ARE CHANGING THE LIVES OF CHILDREN AND YOUTH IN THE	EIK	
	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.		
2	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
3		res	LZZ 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	S.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expenses,	and
	revenue, if any, for each program service reported.		
42	(Code:) (Expenses \$ 1,537,177 • including grants of \$ 1,226,771 •) (Reveni	2 01	1
ти	GO CAMPAIGN IMPROVES THE LIVES OF ORPHANS AND VULNERABLE		
	THROUGHOUT THE WORLD BY PARTNERING WITH PIONEERING LOCAL		
	DELIVER LOCAL SOLUTIONS. GO CAMPAIGN CONNECTS DONORS TO		
	GRASSROOTS PROJECTS AIMED AT CHANGING LIVES AND TRANSFO	RMING	
	COMMUNITIES, ONE CHILD AT A TIME.		
	100% OF GENERAL PUBLIC DONATIONS FUND OUR GRANTMAKING TO	O BENEFIT LO	CAL
	HEROES. THIS IS POSSIBLE BECAUSE PRIVATE DONORS, THE SA		
	ITEMS, AND SPONSORS COVER OUR GENERAL ADMINISTRATIVE AND	D FUNDRAISIN	G
	COSTS.		
4b	(Code:) (Expenses \$ including grants of \$) (Reven		
40	(code.) (expenses a including grants or a) (never	ne a	/
	-		
40	(6.1		
4c	(Code:) (Expenses \$ including grants of \$) (Reven	ue \$	
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 1,537,177.		

Form 990 (2018) GO CAMPAIGN 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)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
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? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	<u> </u>		
Ū	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ŭ		
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0		8		x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		x
10	If "Yes," complete Schedule D, Part IV	9		25
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40		x
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		х	
	Part VI	11a	Λ	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		v	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	١		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
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			x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	46.		_v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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		Х	
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Λ	
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		v	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			\ v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		v	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		77	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,,
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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		37	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

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Form 990 (2018) GO CAMPAIGN 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? If "Yes," complete Schedule I, Parts I and III	22		Х
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? If "Yes," complete			X
04.0	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
24 a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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? If "Yes," complete	051		X
26	Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	25b		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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):			37
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			l
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			. v
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	х	
Pa	Note. All Form 990 filers are required to complete Schedule 0 It V Statements Regarding Other IRS Filings and Tax Compliance	30		
	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			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	

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

22 Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, 2a 9 9 15 If all east one is reported on line 2a, did the organization file all required referred employment stratevine? 16 If the least one is reported on line 2a, did the organization file all required referred employments returne? 17 If the sum of lines 1 and 2a is greater than 50, you may be required to 46 fee (see instructions) 18 If Yes, * has it filed a Form 990-T for this year? if Yes 10 fee in 30, provide an explanation in Schedule 0 18 If Yes, * has the filed a Form 990-T for this year? if Yes 10 fee in 30, provide an explanation in Schedule 0 18 If Yes, * has the filed a Form 990-T for this year? if Yes 10 fee in 30, provide an explanation in Schedule 0 18 If Yes, * has the filed a Form 990-T for this year? if Yes 10 fee in 30, provide an explanation in Schedule 0 18 If Yes, * has the filed a Form 990-T for this year? if Yes 10 fee in 16 feet					Yes	No			
b) If a least one is reported on line 2a, did the organization like all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-fife (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has it filed a Form 990-T for this year? If "No" to file 3b, provide an explanation in Schedule O 3b If "Yes," has it filed a Form 990-T for this year? If "No" to file 3b, provide an explanation in Schedule O 3c If "Yes," the set the name of the foreign country (such as a bank account, securities account, or other financial account)? 4c If "Yes," the the name of the foreign country (such as a bank account, securities account, or other financial account)? 5c If "Yes to line so are 5b, did the organization that it was or is a party to a prohibited tax year? 5c If "Yes to line so are 5b, did the organization the Form 88861". 5c If "Yes to line so are 5b, did the organization the Form 88861". 5c If "Yes to line so are 5b, did the organization the Form 88861". 5c If "Yes to line so are 5b, did the organization the organization and the organization are provided to the organization and the organization are provided to the organization are provided to the organization related with every solicitation are express statement that such contributions or grifts were not tax deductible? 5c Organizations that may receive deductible accharitable contributions? 6c Va If "Yes," indicate the number of Forms 8822 filed during the year 6c If "Yes," indicate the number of Forms 8822 filed during the year 6c If "Yes," indicate the number of Forms 8822 filed during the year 6c If the organization received a contribution of cars, boats, sirplanes, or other vehicles, did the organization file or make any tax shall define the file and the forms 8898 as required? 7c If If the organization received a contribution of cars, boats, sirplanes, or other vehicles, did the organization file a Form 1088-C7 7d	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Jab Did the organization have unrelated business gross income of \$1,000 or more during the year? Jab N If "Yes," has it filed a Form 950-T for this year? If "No" to line 3b, provide an explanation in Schedule 0 Jab A ramy time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Jac No. 1 "Yes," when the name of the foreign country, !\times a bank account, securities account, or other financial accounts (FBAR). See instructions for filing requirements for FincKF Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FincKF Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FincKF Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions or party to a prohibited tax shelter transaction? See instructions or party to a prohibited fact where the state of the seed of the seed of the organization have annual gross receipt that it was or is a party to a prohibited tax shelter transaction? See instructions that were not tax deductible? By If "Yes," did the organization include with every solicitation an express statement that such contributions or gitts were not tax deductible? To granizations that may receive deductible contributions under section 170(c). By If "Yes," did the organization notify the donor of the value of the goods or services provided? To your anisotion state may receive deductible contributions under section 170(c). By If "Yes," indicate the number of Forms 8282 filed during the year If yes," indicate the number of Forms 8282 filed during the year By If "Yes," indicate the number of Forms 8282 filed during the year By If the organization receive a contribution of a during the yea		filed for the calendar year ending with or within the year covered by this return	2 a 9						
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 4b If Yes', 1sa it filled a Form 990T for this year of "No" to file 3b, your owner authority or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account or the relation of the foreign country. 5c If Yes' to light the relation of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5c If Yes' to light or profit the foreign country. 5c If Yes' to light or profit the foreign country. 5c If Yes' to line 5a or 5b, did the organization that it was or is a party to a prohibited tax whether transaction? 5c If Yes' to line 5a or 5b, did the organization the Form 888617. 6c If Yes' to line 5a or 5b, did the organization the Form 888617. 6c If Yes' to line 5a or 5b, did the organization the Form 888617. 6c If Yes' to line 5a or 5b, did the organization the Form 888617. 6c If Yes' to line 5a or 5b, did the organization the form 888617. 6d If Yes' side the organization include with very solicitation an express statement that such contributions orgitis were not tax deductible as charitable contributions? 6c If Yes' to line 5a organization the foreign country of the organization the form 88918. 6d If Yes' side the organization the form 88918. 6d If Yes' side in the form 88918. 6d If Yes' side of the organization the organization that or the value of the goods or services provided? 7d If Yes' side of the organization or ecolor and profit yellow organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the fire form 8899 as required to the fire organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the fire form 8891 as required to the fire form 8891 as required to the organization sell organization form sell year sell of the organization file a Form 1088-C? 7d If Yes' side t	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	Х				
b if "Yes," rise if titled a Form 990.T for this year? if "No" to life 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountry? 4b if "Yes," enter the name of the foreign country; (such as a bank account, securities account, or other financial accountry? 5c es instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c es instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c Was the organization a party to a prohibited tax shelter transaction? 5c Was the organization an aparty to a prohibited tax shelter transaction? 5c Was the organization and an annual gross receipts that are normally greater than \$100,000, and did the organization solicit are very contributions that were not tax deductible on the organization an express statement that such contributions or gifts were not tax deductible on the organization an express statement that such contributions or gifts were not tax deductible on the organization an express statement that such contributions or gifts were not tax deductible on the organization and party for goods and services provided to the payor? 7 organizations that many receive deductible contributions under section 170(c). 8 b If "Yes," did the organization notity the donor of the value of the goods or services provided? 7 b If "Yes," did the organization notity the donor of the value of the goods or services provided? 7 c Value of the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 c Value of the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 p Value organization received a contribution of care, boats, pincines of the organization file a		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)						
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account) a foreign country (such as a bank account, securities account, or other financial account)? 4a	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X			
financial account in a foreign country (such as a bank account, securities account, or other financial account)? b f"Yes," enter the name of the foreign country. See instructions for filing requirements for inicEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c West to line Sa or 5b, did the organization file Form 8886-17 6a Does the organization shall were not tax deductible as charitable contributions? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization review a payment in excess of 55 made party as a contribution and party for goods and services provided to the payor? 7 To year Comparization that may receive deductible contributions under section 170(c). 8 Did the organization review a payment in excess of 55 made party as a contribution of organization services provided to the payor? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1088-C? 8 Sponsoring organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1088-C? 8 Sponsoring organization new any funds, directly or indirectly, to pay the during th	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule	0	3b					
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X									
	16		t income?	16		X			

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 in Schedule O. See instructions.

				X
<u></u>	Check if Schedule O contains a response or note to any line in this Part VI			Λ
Sec	tion A. Governing Body and Management			
4.	Enter the number of voting members of the governing body at the end of the tax year 12		Yes	No
та	Enter the number of voting members of the governing body at the end of the tax year			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. Enter the number of voting members included in line 1a, above, who are independent 11			
b				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			х
•	officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		x
4	of officers, directors, or trustees, or key employees to a management company or other person?	<u>3</u> 4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6 7-	Did the organization have members or stockholders?	<u> </u>		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	7-		x
	more members of the governing body?	7a		
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			x
•	persons other than the governing body?	7b		Λ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		Х	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	^	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			X
800	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Λ
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V	
40-	Did the constitution have lead about the househoe an affiliate 0	40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		Λ
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	406		
44.	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	па	22	
b 40-	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12b		
С		40-	х	
40	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Λ	
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?	45-	Х	
	The organization's CEO, Executive Director, or top management official	15a	Λ	Х
b	Other officers or key employees of the organization	15b		_^
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
юа	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		х
	taxable entity during the year?	16a		Λ
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	401-		
800	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA		!!	ala l c
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	availa	aDIE
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	tinan	cıal	
00	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 COOPT FIFTD - /310)396-63/3			
	SCOTT FIFER - (310)396-6343 2461 SANTA MONICA BLVD., #437, SANTA MONICA, CA 90404			
	2401 BANIA MUNICA DUVD•, #43/, BANIA MUNICA, CA 30404			

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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.

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) SCOTT FIFER	40.00	,,		3,7				100 000	0	10 001	
PRESIDENT	9 00	Х		Х				108,000.	0.	12,981.	
(2) RAMI GHANDOUR	8.00	x		x				0.	0.	0	
TREASURER AND SECRETARY (3) DARYL OFFER	8.00	^		^				0.	0.	0.	
(3) DARYL OFFER BOARD MEMBER	0.00	x						0.	0.	0.	
(4) VICTORIA KENNEDY	8.00							-			
BOARD CHAIR		Х						0.	0.	0.	
(5) JILL GOLDMAN	8.00										
BOARD MEMBER		Х						0.	0.	0.	
(6) TONY HORTON	2.00										
BOARD MEMBER		Х						0.	0.	0.	
(7) ALEX VORBECK	2.00										
BOARD MEMBER		Х						0.	0.	0.	
(8) JULIE MILLIGAN	2.00							_	_	_	
BOARD MEMBER		Х						0.	0.	0.	
(9) JONATHAN WARD	2.00										
BOARD MEMBER		Х						0.	0.	0.	
(10) KENNETH KIM	2.00	l								•	
BOARD CHAIR		Х						0.	0.	0.	
(11) ANNA RAWSON	2.00									•	
BOARD MEMBER	2 00	Х						0.	0.	0.	
(12) ROBERT SCOTT	2.00	. ,							0	0	
BOARD MEMBER	2.00	Х						0.	0.	0.	
(13) JAMIE WARD BOARD MEMBER	2.00	x						0.	0.	0.	
(14) LINDA KONNER	2.00	Δ						0.	0.	<u> </u>	
BOARD MEMBER	2.00	X						0.	0.	0.	
BOARD MEMBER		^						0.	0.	0.	
		-									
000007 40 24 40										Eorm 990 (2018)	

Га	Section A. Officers, Directors, Trus	stees, Key Em	ploy	<u>rees</u>	, and	a Hi	<u>igne</u>	st C	compensated Employe	es (continuea)				
	(A) Name and title	(B) Average hours per week (list any hours for	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than is bot or/trus	h an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)		am com	(F) timate nount o other pensa om the	of ition
		related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)			and	anizati d relate anizatio	ed
			<u> </u>											
			<u> </u>											
			<u> </u>											
	Sub-total		<u> </u>					<u> </u>	108,000.		0.	1	2,9	81.
С	Total from continuation sheets to Part V	II, Section A							108,000.		0.		2,9	0.
2	Total (add lines 1b and 1c) Total number of individuals (including but r							no re	-	l),000 of reportab			4 , 5	01.
	compensation from the organization												Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s				-	-	-		highest compensated e	• •		3		Х
4	For any individual listed on line 1a, is the se	um of reportab	le co	omp	ensa	ation	n and	d oth	her compensation from			4		Х
5	and related organizations greater than \$15 Did any person listed on line 1a receive or	accrue compe	nsat	ion 1	from	any	/ unr			idual for services				
Sec	rendered to the organization? If "Yes," concition B. Independent Contractors	nplete Schedul	e J f	or s	uch _I	pers	son .					5		X
1	Complete this table for your five highest control the organization. Report compensation for										npens	ation f	rom	
	(A) Name and business			ONI		VICII	<u> </u>		(B) Description of s			(C		n
	Numb and Business	- dual 000	11/	דאזכ					Doddinption of c	JOI VIOCO		Ompor	ioutioi	<u> </u>
2	Total number of independent contractors (\$100,000 of compensation from the organi	-	iot lii	mite	d to	tho (se li:	sted	d above) who received n	nore than				

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Form 990 (2018) GO CAMP Part VIII Statement of Revenue

		Check if Schedule O cont	ains a response	or note to any line	e in this Part VIII			
			·	,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
og i		Membership dues						
S, G		Fundraising events	1c	733,409.				
ar,		Related organizations						
imi		Government grants (contribut						
rior S	f	All other contributions, gifts, gran	ts, and					
the		similar amounts not included above	ve 1f	1,350,076.				
함	g	Noncash contributions included in lines	1a-1f: \$	245,000.				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f		>	2,083,485.			
				Business Code				
စ္ပ	2 a							
ه چَ	b							
Program Service Revenue	С							
eve.	d							
96 E	е							
ᇫ	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f						
	3	Investment income (including	dividends, inter	est, and				
		other similar amounts)		▶ [118,862.			118,862.
	4	Income from investment of tax	x-exempt bond p	oroceeds >				
	5	Royalties	<u></u>					
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	1,231,280					
	b	Less: cost or other basis						
		and sales expenses	1,272,546	.				
	С	Gain or (loss)	-41,266	,				
	d	Net gain or (loss)			-41,266.			-41,266.
ne		Gross income from fundraising						
		including \$ 733	,409. of					
ě		contributions reported on line						
Other Reven		Part IV, line 18	a	445,121.				
₹	b	Less: direct expenses	b	431,669.				
١	С	Net income or (loss) from fund	draising events	>	13,452.			13,452.
	9 a	Gross income from gaming ac	tivities. See	- T				
		Part IV, line 19	a					
	b	Less: direct expenses	b					
	С	Net income or (loss) from gam	ing activities					
	10 a	Gross sales of inventory, less	returns					
		and allowances	a					
	b	Less: cost of goods sold	b					
	С	Net income or (loss) from sale	s of inventory					
		Miscellaneous Revenu	e	Business Code				
	11 a							
	b							
	С							
	d	All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions			2,174,533.	0.	0.	91,048.

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).

3601	Section 50 I(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.									
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses					
1	Grants and other assistance to domestic organizations	240 844	240 544							
	and domestic governments. See Part IV, line 21	310,711.	310,711.							
2	Grants and other assistance to domestic									
	individuals. See Part IV, line 22									
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign	916,060.	916,060.							
	individuals. See Part IV, lines 15 and 16	910,000.	910,000.							
4	Benefits paid to or for members									
5	Compensation of current officers, directors,	108,000.	47,035.	9,746.	51,219.					
6	trustees, and key employees Compensation not included above, to disqualified	100,000	47,055	5,1404	31,213.					
O	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)									
7	Other salaries and wages	328,295.	154,136.	31,705.	142,454.					
8	Pension plan accruals and contributions (include	,		,						
3	section 401(k) and 403(b) employer contributions)									
9	Other employee benefits	41,920.	18,600.	7,950.	15,370.					
10	Payroll taxes	37,271.	16,138.	3,696.	17,437.					
11	Fees for services (non-employees):	-	-	-						
а	Management									
	Legal									
	Accounting	25,916.		25,916.						
	Lobbying									
	Professional fundraising services. See Part IV, line 17	26,294.			26,294.					
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.)	93,959.	30,311.	24,038.	39,610.					
12	Advertising and promotion	122.	1 204	660	122.					
13	Office expenses	4,212.	1,324.	660.	2,228.					
14	Information technology									
15	Royalties	19,735.	8,119.	1,626.	9,990.					
16	Occupancy	26,576.	15,521.	1,055.	10,000.					
17	Travel	20,370.	13,341.	1,055.	10,000.					
18	Payments of travel or entertainment expenses									
40	for any federal, state, or local public officials Conferences, conventions, and meetings									
19 20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	1,738.	732.	167.	839.					
23	Insurance	27,148.	10,482.	5,018.	11,648.					
24	Other expenses. Itemize expenses not covered		·							
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)									
	amount, list line 24e expenses on Schedule 0.)									
а	BANK CHARGES	29,084.	110.	28,974.						
b	FUNDRAISING EXPENSES	25,515.			25,515.					
С	DUES & SUBSCRIPTIONS	13,328.	5,630.	1,136.	6,562.					
d	TELEPHONE	4,546.	1,974.	435.	2,137.					
е	All other expenses	701.	294.	335.	72.					
25	Total functional expenses. Add lines 1 through 24e	2,041,131.	1,537,177.	142,457.	361,497.					
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)				Eorm 990 (2018)					

Form 990 (2018)
Part X Balance Sheet

Par	t 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
	1	Cash - non-interest-bearing	1,203,817.	1	1,418,346.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	119,860.
	5	Loans and other receivables from current and former officers, directors,			,
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
y,		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	366,753.
As	8	Inventories for sale or use		8	,
	9	Prepaid expenses and deferred charges		9	3,856.
	10a	Land, buildings, and equipment: cost or other			
	b	basis. Complete Part VI of Schedule D 10a 5,216 Less: accumulated depreciation 10b 3,477	3,477.	10c	1,739.
	11	Investments - publicly traded securities	4 - 40 404	11	1,739. 1,652,949.
	12	Investments - other securities. See Part IV, line 11	=	12	546,511.
	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 34)		16	4,110,014.
	17	Accounts payable and accrued expenses	22 454	17	16,328.
	18	Grants payable	640 000	18	960,501.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
g	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
abi		Complete Part II of Schedule L		22	
=	23	Secured mortgages and notes payable to unrelated third parties		23	
	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	64,767.	25	41,852.
	26	Total liabilities. Add lines 17 through 25	708,251.	26	1,018,681.
		Organizations that follow SFAS 117 (ASC 958), check here X and			
Se		complete lines 27 through 29, and lines 33 and 34.			
ŭ	27	Unrestricted net assets	2,848,729.	27	2,833,821.
3ala	28	Temporarily restricted net assets		28	257,512.
<u>ا</u> و	29	Permanently restricted net assets		29	
표		Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
ō		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
z	33	Total net assets or fund balances	3,058,963.	33	3,091,333.
	34	Total liabilities and net assets/fund balances	3,767,214.	34	4,110,014.

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Pa	rt 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	2,17	4,5	33.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,04	1,1	31.		
3							
4							
5							
6	Donated services and use of facilities	6		_			
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	3,09	1,3	33.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual 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?		. 2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		. 2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,					
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit					
	Act and OMB Circular A-133?		. 3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b				

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

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

Open to Public Inspection

Name of the organization Employer identification number GO CAMPAIGN 20-4542914 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I 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). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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.) 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. 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. 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. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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.)

Sec	Section A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,794,033.	1,645,088.	1,594,755.	2,243,297.	2,328,485.	9,605,658.
2	Tax revenues levied for the organ-						
	ization'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	1,794,033.	1,645,088.	1,594,755.	2,243,297.	2,328,485.	9,605,658.
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)						674,077.
6	• • • • • • • • • • • • • • • • • • • •						8,931,581.
	ction B. Total Support				_		
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	1,794,033.	1,645,088.	1,594,755.	2,243,297.	2,328,485.	9,605,658.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	124 565	100 220	114 200	110 510	110 060	688 064
	and income from similar sources	134,/6/.	190,330.	114,387.	118,718.	118,862.	677,064.
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.)						
	Total support. Add lines 7 through 10						10,282,722.
12	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for	-	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	. —
Sec	organization, check this box and storection C. Computation of Publ		rcentage				P
	Public support percentage for 2018 (column (f)\		14	86.86 %
						15	85.00 %
15	Public support percentage from 2017 33 1/3% support test - 2018. If the o						
104	stop here. The organization qualifies	•		,		,	► X
h	33 1/3% support test - 2017. If the						
	and stop here. The organization qual						
17 a	10% -facts-and-circumstances tes						
., .	and if the organization meets the "fac	ū					•
	meets the "facts-and-circumstances"			-	•	_	
h	10% -facts-and-circumstances tes						
~	more, and if the organization meets the	_					
	organization meets the "facts-and-cire				•		•
18	Private foundation. If the organization						s

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.)

Galendary part (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total mambrishing bear received. (Do not include any "unusual grants.") Gross receipts from admissions, marchandise said or services personal and a services are services as services and a services and a services are services as services and a services and a services and a services are services as services and a services and a services and a services are services as services as services and a services are services as services and a services and a services and a services are services as services as services and a services and a services are services as services as services and a services as services ase	Sec	qualify under the tests listed be ction A. Public Support	elow, please com	plete Part II.)				
Giffs, grants, contributions, and membership less received. (Do not include any "unusual grants,") Gireas enceipts from admission, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization is trave-empt purpose. 3. Gross receipts from admission, membership is trave-empt purpose. 3. Gross receipts from admission, membership is trave-empt purpose. 3. Gross receipts from admission of the part of the organization is two-empt purpose. 4. Tax revenues levide for the organization of his behalf. 5. The value of services or facilities furnished by a governmental unit to the organization without change. 6. Total. Add lines I through 5. 7.a Amounts included on lines 1, 2, and 3 received for missional lines is through 5. 7.a Amounts included on lines 1, 2, and 3 received from displained persons. 8. Public support lines is 1 for year. 9. Add lines 7 and 7 b. 9. Public support (lines) is 1 for year. 9. Add lines 7 and 7 b. 9. Amounts from line 6. 10. Gross income from lines 4. 10. Gross income from lines 4. 10. Gross income from lines 4. 10. Add lines 10 and 10 b. 10. Constitution of the control			(a) 2014	(b) 2015	(c) 2016	(d) 2017	(a) 2018	(f) Total
membership fees received. (Do not include any runsual grants.") 2 Gross receipts from admissions, memority and sold of services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose of Gross receipts from admissions that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's tax-exempt purpose of the organization's tax-exempt purpose of the organization's tax-exempt purpose of the organization's tended on its behalf or exempended on its behalf or the organization's benefits of the organization's benefits of the organization without charge of Total. Add lines 1 through 5 7 a Amounts included on lines 1, 2, and 3 received from disqualified persons but discounts behalf or the individual or lines 1, 2, and 3 received from disqualified persons and received from order the individual or lines 1, 2, and 3 received from disqualified persons and received from order than decided on lines 1, 2, and 3 received from disqualified persons and received from order than decided on lines 1, 2, and 3 received from disqualified persons and received from order than decided on lines 1, 2, and 3 received from order than decided on lines 1, 2, and 3 received from order than decided on lines 1, 2, and 3 received from order than decided on lines 1, 2, and 3 received from order than decided on lines 1, 2, and 3 received from order than decided on lines 1, 2, and 3 received from order than decided on lines 1, 2, and 3 received from decided on lines 1, 2, and 3 received from order decided on lines 1, 2, and 3 received from decided on lines 1, 2, and 3 received from decided on lines 1, 2, and 3 received from decided on lines 1, 2, and 3 received from decided on lines 1, 2, and 3 received from decided on lines 1, 2, and 3 received from decided on lines 1, 2, and 3 received from decided on lines 1, 2,		· ` ` · · · · · · · · · · · · · · · · ·	(a) 2014	(b) 2013	(6) 2010	(u) 2017	(e) 2010	(i) iotai
include any "unusual grants.") Gross receipts from admissions, merchandise sold or services per formed, or facilities furnished in any activity that is related to the organization's trave-worth purpose 3. Gross receipts from activities that are not an unrelated trade or business under section 513 4. Tax revenues levied for the organization or separated on its behalf 5. The value of services or facilities furnished by a governmental unit to the organization of units behalf 6. Total. Add lines 1 through 5. 7. A mounts included on lines 1, 2, and 3 received from disqualified persons hat exceed the general of lines 2 and 2 received from disqualified persons between the services of facilities for the services facilities for the services of facilities for the services of facilities for the services of facilities for	'	, • ,						
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marchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's travewarp typopes 3. Gross receipts from activities that are not an unrelated trade or obus- iness under section 513. 4. Tax revenues levied for the organ- ization'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. 7. A mount is niculated on lines 1, 2, and 3. received from disqualified persons b. Amounts included on lines 1, 2, and 3. received from disqualified persons b. Pression of the services of the services of the services or the services of the services or the services of the services or the services or the services or the services or the services or the services or the services or the services or the services or the services or the services or the services or the services or the services or the services or	2	******						
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iness 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 of Total. Add lines 1 through 5	3	•						
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								
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	20							

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **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? If "Yes," provide detail in Part VI.
- 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? If "Yes," provide detail in Part VI.
- 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)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	За		
	3b		
	3с		
	_		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
m 9	90 or 99	90-EZ)	2018

Pa	rt IV	Supporting Organizations (continued)			
	_			Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
		, the governing body of a supported organization?	11a		
b		ily member of a person described in (a) above?	11b		
		6 controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
		3. Type I Supporting Organizations			
		5. 1)po 1 oupporting 0. gameations		Yes	No
1	Did th	e directors, trustees, or membership of one or more supported organizations have the power to		103	140
•		arly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
		ear? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
		blled the organization's activities. If the organization had more than one supported organization,			
		ibe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
_		izations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		/I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec	tion (C. Type II Supporting Organizations			
		·		Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or mai	nagement of the supporting organization was vested in the same persons that controlled or managed			
		pported organization(s).	1		
Sec	tion [D. All Type III Supporting Organizations			
		•		Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	ization'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			
	organ	ization'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			
	organ	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the or	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described in (2), did the organization's supported organizations have a			
	signifi	cant voice in the organization's investment policies and in directing the use of the organization's			
	incom	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	suppo	orted organizations played in this regard.	3		
Sec	tion E	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	s).	
2	Activit	ties Test. Answer (a) and (b) below.		Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	upported 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 ti	he organization was responsive to those supported organizations, and how the organization determined			
	that th	nese activities constituted substantially all of its activities.	2a		
b	Did th	e activities described in (a) constitute activities that, but for the organization's involvement, one or more			
		organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		ns for the organization's position that its supported organization(s) would have engaged in these			
		ies but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer (a) and (b) below.			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? Provide details in Part VI.	За		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete 9	Sections A through E.	
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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 1-1/2% 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 .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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	Check here if the current year is the organization's first as a non-functionall	y integra	ated Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2018

Par	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D - Distributions		· · · · · · · · · · · · · · · · · · ·	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	he organization is responsive	Э	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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

Schedule 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

2018

Name of the organization

GO CAMPAIGN

20-4542914

Organization type (check one):

Filers of:		Section:
Form 990	or 990-EZ	$\boxed{\textbf{X}}$ 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
		covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General l	Rule	
	ŭ	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special F	Rules	
:	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 r, 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; line 1. Complete Parts I and II.
:	ear, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the ty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address),
i	year, contributions of s checked, enter he ourpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., nplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year
but it mu :	st answer "No" on F	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 ne filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization Employer identification number

GO CAMPAIGN 20-4542914

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BELMOND 2461 SANTA MONICA BLVD., #437 SANTA MONICA, CA 90404	\$51,875.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	BEACHBODY 2461 SANTA MONICA BLVD., #437 SANTA MONICA, CA 90404	\$\$99,405.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	DENNY JACOBUS 2461 SANTA MONICA BLVD., #437 SANTA MONICA, CA 90404	\$101,840.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	NICOLE LILLY 2461 SANTA MONICA BLVD., #437 SANTA MONICA, CA 90404	\$ 62,714.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	CARL DAIKELER 2461 SANTA MONICA BLVD., #437 SANTA MONICA, CA 90404	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	JONATHAN CONGDON 2461 SANTA MONICA BLVD., #437 SANTA MONICA. CA 90404	\$ 81,500.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)

Name of organization Employer identification number

GO CAMPAIGN 20-4542914

Part I	rt 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		
7	KATHY LANDMANN 2461 SANTA MONICA BLVD., #437 SANTA MONICA, CA 90404	\$119,700.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
8	THE AHMANSON FOUNDATION 2461 SANTA MONICA BLVD., #437 SANTA MONICA, CA 90404	\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
9	JAMES WEEKS 2461 SANTA MONICA BLVD., #437 SANTA MONICA, CA 90404	\$100,000.	Person X Payroll		
(a)	(b)	(c)	(d)		
	Name, address, and ZIP + 4 THE EMILY AND ADAM BOLD FAMILY FOUNDATION 2461 SANTA MONICA BLVD., #437 SANTA MONICA, CA 90404	* \$ 59,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	Tamo, addi 200, and Eli TT	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization Employer identification number

GO CAMPAIGN 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
1	CARIBBEAN, ITALIAN AND SICILIAN VACATIONS	_	
		\$\$	10/20/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	VACATIONS AT CASA ENSUEO AND CASA PARASOL	-	
		\$\$	10/20/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u>-</u>	
		_ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		_ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		_	
(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

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 vertical section 501(c) (7), (8), or (10) that total more than \$1,000 for the vertical section 501(c) (7), (8), or (10) that total more than \$1,000 for the vertical section 501(c) (7), (8), or (10) that total more than \$1,000 for the vertical section 501(c) (7), (8), or (10) that total more than \$1,000 for the vertical section 501(c) (7), (8), or (10) that total more than \$1,000 for the vertical section 501(c) (7), (8), or (10) that total more than \$1,000 for the vertical section 501(c) (7), (8), or (10) that total more than \$1,000 for the vertical section 501(c) (7), (8), or (10) that total more than \$1,000 for the vertical section 501(c) (7), (8), or (10) that total more than \$1,000 for the vertical section 501(c) (7), (8), or (10) that total more than \$1,000 for the vertical section 501(c) (7), (8), or (10) that total more than \$1,000 for the vertical section 501(c) (7), (8), or (10) that total more than \$1,000 for the vertical section 501(c) (7), (8), or (10) that total more than \$1,000 for the vertical section 501(c) (7), (8), or (10) that total more than \$1,000 for the vertical section 501(c) (7), (8), or (10) that total more than \$1,000 for the vertical section 501(c) (7), (8), or (10) that total more than \$1,000 for the vertical section 501(c) (7), (8), or (10) that total more than \$1,000 for the vertical section 501(c) (7), (8), or (10) that total more than \$1,000 for the vertical section 501(c) (7), (8), or (10) that total more than \$1,000 for the vertical section 501(c) (7), (8), or (10) that total more than \$1,000 for the vertical section 501(c) (7), (8), or (10) that total more than \$1,000 for the vertical section 501(c) (7), (8), or (10) that total more than \$1,000 for the vertical section 501(c) (7), or (10) that total more than \$1,000 for the vertical section 501(c) (7), or (10) that total more than \$1

comp	n any one contributor. Complete columns (a) pleting Part III, enter the total of exclusively religious, cle duplicate copies of Part III if additional s	haritable, etc., contributions of \$1,000 or	htry. For organizations less for the year. (Enter this info. once.)
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	ft
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
lo. m t l	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, an	(e) Transfer of gi	ft Relationship of transferor to transferee
lo.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, an	(e) Transfer of gi	Relationship of transferor to transferee
o. n t I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	
	Transferee's name, address, an	nd 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 Open to Public Inspection

Name of the organization

GO CAMPAIGN

Employer identification number 20-4542914

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 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 advi	sed funds
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		
Par	•		Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	tion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	education) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic st		
d	Number of conservation easements included in (c) acquired		ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing cor	nservation easements during the year
_	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year
_	\$		0.0 \ (\ \ (\ \ \ \ \ \ \ \ \ \ \ \ \ \
8	Does each conservation easement reported on line 2(d) abo		
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat	·	
	include, if applicable, the text of the footnote to the organiza	ation's financial statements that describes	s the organization's accounting for
Par	t III Organizations Maintaining Collections of	of Art Historical Treasures or C	Other Similar Assets
ı aı	Complete if the organization answered "Yes" on Forn	·	other ominar Assets.
10	If the organization elected, as permitted under SFAS 116 (As		ment and halance sheet works of art
Id		•	
	historical treasures, or other similar assets held for public ex the text of the footnote to its financial statements that descr		ance of public service, provide, in Fart Alli,
h	If the organization elected, as permitted under SFAS 116 (A)		at and balance shoot works of art, historical
b			
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pr	ablic service, provide the following amounts
	relating to these items:		L ¢
	(i) Revenue included on Form 990, Part VIII, line 1		
2	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical tre	pacurae or other cimilar assets for financi	
2	the following amounts required to be reported under SFAS 1		ai gairi, provide
•	Revenue included on Form 990, Part VIII, line 1		•
a h	Assets included in Form 990, Part X		
IJ	, 1000to indiadou in 1 01111 330, 1 att A		🚩 Ψ

Par	t III Organizations Maintaining C	ollections of A	rt, Hist	torical Tr	easures,	or Othe	^r Similar	Asset	S (continue	ed)
3	Using the organization's acquisition, accessi	on, and other record	ls, checl	k any of the	following tha	at are a sig	nificant us	e of its o	collection it	ems
	(check all that apply):									
а	Public exhibition	d		Loan or exc	hange progr	ams				
b	Scholarly research	е								
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how th	ney further t	he organizat	ion's exem	pt purpose	e in Part	XIII.	
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma	aintained as part of t	he orga	nization's co	ollection?			\square	Yes	No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	n answered	"Yes" on F	orm 990, I	Part IV, I	ine 9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for	contributior	ns or other as	ssets not ir	ncluded			
	on Form 990, Part X?							L	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able:						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	9						1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for 6	escrow or c	ustodial acco	ount liabilit	y?	<u>L</u>	Yes	No
	If "Yes," explain the arrangement in Part XIII.								l	
Par	t V Endowment Funds. Complete in				1					
		(a) Current year	(b) P	rior year	(c) Two yea	rs back (c	1) Three yea	rs back	(e) Four ye	ars back
	Beginning of year balance									
b	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1	g, column (a	a)) held as:					
	Board designated or quasi-endowment		_%							
	Permanent endowment	%								
С	Temporarily restricted endowment	%								
_	The percentages on lines 2a, 2b, and 2c sho									
За	Are there endowment funds not in the posse	ssion of the organiza	ation tha	at are held a	ind administe	ered for the	e organizat	tion		
	by:								Ye	s No
	(i) unrelated organizations								3a(i)	+
	(ii) related organizations								3a(ii)	+
D	If "Yes" on line 3a(ii), are the related organiza								3b	
Dar	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment	runas.						
ı aı	Complete if the organization answere) Port I\	/ lino 11a 9	Soo Form 900) Dart V li	no 10			
	Description of property	(a) Cost or o			or other		cumulated		(d) Book va	oluo.
	Description of property	basis (investn			(other)		eciation		(u) book v	aiue
12	Land	<u> </u>		24010	, , , , , ,	Зорі	_ 5.46.011			
	Buildings									
	Leasehold improvements							-		
	Equipment				5,216.		3,47	7.	1.	739.
	Other						- , - ,	+		
	. Add lines 1a through 1e. (Column (d) must e		X, colun	nn (B). line 1	10c.)	<u> </u>	1	—	1.	739.
	= = 3		,	. ,,	,					

Schedule D (Form 990) 2018 GO CAMPAIGN			20	-4542914	Page (
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes"					
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or end	l-of-year market val	lue
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other (A) GOLUB CAPITAL PARTNERS					
* * * * * * * * * * * * * * * * * * * *	444,783	. COST			
	444,703				
(C) SANTA MONICA STANLEY (D) HOLDING COMPANY, LLC	101,728	. COST			
(E)	101,720				
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	546,511	•			
Part VIII Investments - Program Related.					
Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 11c. See Form 990,	Part X, line 13.		
(a) Description of investment	(b) Book value		aluation: Cost or end	l-of-year market val	lue
(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.					
	on Form 000 Port IV lin	a 11d Saa Farm 000	Dort V line 15		
Complete if the organization answered "Yes" (a)	Description	e Tru. See Form 990,	rait A, iiile 15.	(b) Book valu	ie .
(1)				(b) Don ruic	
(2)					
(3)					
(4)					
(5)					
(6)					,
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		>		
Part X Other Liabilities.					
Complete if the organization answered "Yes"	on Form 990, Part IV, lin		n 990, Part X, line 25		
1. (a) Description of liability		(b) Book value			
(1) Federal income taxes		27 002			
(2) ACCRUED VACATION (3) ACCRUED PAYROLL LIABILITI	- FC	27,002. 14,850.			
(-7	.EQ	14,030.			
(4)					
(5)					
<u>(6)</u>					
<u>(7)</u> (8)					
\ - /					

41,852.

(9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ightharpoons2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Sche	edule D (Form 990) 2018 GO CAMPAIGN			20-	4542914 Page
	t XI Reconciliation of Revenue per Audited Financial Statemen	nts Wit	h Revenue per F		
	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	2,085,931
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-101,032.		
b	Donated services and use of facilities		64,239.		
С	Recoveries of prior year grants	2c			
d		2d			
е	Add lines 2a through 2d			2e	-36,793
3	Subtract line 2e from line 1			3	2,122,724
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	51,809.		
С	Add lines 4a and 4b			4c	51,809
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,174,533
Pai	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents Wi	th Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	2,053,561
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	64,239.		
b	Prior year adjustments				
С	Other losses	2c			
d		2d			
е	Add lines 2a through 2d			2e	64,239 1,989,322
3	Subtract line 2e from line 1			3	1,989,322
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	51,809.		
С	Add lines 4a and 4b			4c	51,809
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,041,131
Pai	rt XIII Supplemental Information.				
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	IV, lines 1	b 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 addit	tional info	rmation.		
PAI	RT X, LINE 2:				
. ~ .					
ACC	COUNTING STANDARDS REQUIRE AN ORGANIZATION	TO E	VALUATE ITS	TA	X POSITIONS
ANI	O PROVIDE FOR A LIABILITY FOR ANY POSITIONS	S THA	T WOULD NOT	BE	CONSIDERED
"M(DRE LIKELY THAN NOT" TO BE UPHELD UNDER A T	'AX A	UTHORITY EX	AMI	NATION.
MAI	NAGEMENT HAS EVALUATED ITS TAX POSITIONS AN	ID HA	S CONCLUDED	TH	AT A
PRO	OVISION FOR A TAX LIABILITY IS NOT NECESSAF	RY AT	DECEMBER 3	1,	2018 AND
201	L7. GENERALLY, THE ORGANIZATION'S INFORMATI	ON R	ETURNS REMA	IN (OPEN FOR

EXAMINATION FOR A PERIOD OF THREE (FEDERAL) OR FOUR (STATE OF CALIFORNIA)

PART XI, LINE 4B - OTHER ADJUSTMENTS:

YEARS FROM THE DATE OF FILING.

INDIRECT SPECIAL EVENT EXPENSES NETTED AGAINST INCOME FOR

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.

2018
Open to Public Inspection

Name of the organization

Employer identification number

GO CAMPAIGN 20-4542914 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? ______X Yes 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 (c) Number of (d) Activities conducted in the region (e) If activity listed in (d) (f) Total employees, agents, and independent expenditures is a program service, offices (by type) (such as, fundraising, profor and in the region gram services, investments, grants to describe specific type investments contractors recipients located in the region) of service(s) in the region in the region in the region SUB-SAHARAN AFRICA 0 PROGRAM SERVICES HUMANITARIAN 763,887. SOUTH AMERICA 0 PROGRAM SERVICES HUMANITARIAN 52,260. 0 PROGRAM SERVICES HUMANTTARTAN SOUTH ASIA 20,815. EAST ASIA AND THE PROGRAM SERVICES PACTETO 0 HUMANTTARTAN 25,014. CENTRAL AMERICA AND HUMANITARIAN THE CARIBBEAN 0 PROGRAM SERVICES 14,000. NORTH AMERICA CANADA AND MEXICO, BUT NOT THE UNITED STATES 0 PROGRAM SERVICES HUMANITARIAN 34,684. MIDDLE EAST AND NORTH AFRICA -ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, 0 PROGRAM SERVICES HUMANITARIAN 5,400. 3 a Subtotal 0 0 916,060. **b** Total from continuation 0 0. sheets to Part I

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

0

Schedule F (Form 990) 2018

916,060.

c Totals (add lines 3a

and 3b)

Schedule F (Form 990) 2018 GO CAMPAIGN 20-4542914 Page 2

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)
			FUNDS WILL BE USED TO					
			ENSURE THAT THE GIRLS					
		SUB-SAHARAN	AT THE SCHOOL AND					
		AFRICA	COMMUNITY CENTER HAVE	34,906.	WIRE	0.		
		GUD GAUADAN	BUILDING THE LUMUMBA					
		SUB-SAHARAN	CHILDREN'S LIBRARY	16.050				
		AFRICA	AND LEARNING CENTER.	16,850.	WIRE	0.		
			FUNDS WERE USED TO					
		a	START A MICROLOAN					
		SUB-SAHARAN	PROGRAM FOR THE	10.000				
		AFRICA	FEMALE CAREGIVERS OF	12,000.	WIRE	0.		
			THIS GRANT SUPPORTS					
		a	THE LAUNCH OF A NEW					
		SUB-SAHARAN	YOUTH ZONE AT THE	12 500				
		AFRICA	FAMILY CARE CLINIC,	13,500.	WIRE	0.		
			SUPPORTING THE CARE					
		SUB-SAHARAN	OF ORPHANS AT GATANGA					
		AFRICA	ORPHANAGE.	12,645.	WIRE	0.		
			FUNDS WILL BE USED TO	·				
			SUPPORT HEZRON'S					
		SUB-SAHARAN	HIGHER EDUCATION					
		AFRICA	COSTS IN HIS PURSUIT	4,400.	WIRE	0.		
			ENABLED KGSA TO					
			TRANSFORM ONE OF					
		SUB-SAHARAN	THEIR CLASSROOMS INTO					
		AFRICA	A COMPUTER LAB. FOR	32,211.	WIRE	0.		
			PROVIDED KGSA WITH					
			CAMERA EQUIPMENT SO					
		SUB-SAHARAN	THE GIRLS CAN DEVELOP					
		AFRICA	THEIR PHOTOGRAPHY	5,853.	WIRE	0.		

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

Schedule F (Form 990) GO CAMPAIGN 20-4542914 Page 2

Part II Continuation o	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	. (Schedule F (Form 9	990), Part II, line	1)	<u> </u>
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)
			FUNDS ARE USED TO PAY					
			THE SCHOOL FEES OF					
		SUB-SAHARAN	LOCAL HERO AGASTO'S					
		AFRICA	TWO CHILDREN.	2,322.	WIRE	0.		
			FUNDS WERE USED TO					
			PROVIDE COMPUTERS AND					
		SUB-SAHARAN	TABLES TO THE SCHOOL					
		AFRICA	SO THAT STUDENTS WILL	2,206.	WIRE	0.		
			FUNDS WERE USED TO					
			SUPPORT THE PILOT					
		SUB-SAHARAN	PHASE OF THE					
		AFRICA	FELLOWSHIP PROGRAM.	11,412.	WIRE	0.		
			MENTORSHIP PROGRAM					
			FOR VULNERABLE					
		SUB-SAHARAN	CHILDREN TO GIVE THEM					
		AFRICA	THE TOOLS TO BECOME	800.	WIRE	0.		
			MENTORSHIP PROGRAM					
			FOR VULNERABLE					
		SUB-SAHARAN	CHILDREN TO GIVE THEM					
		AFRICA	THE TOOLS TO BECOME	30,909.	WIRE	0.		
			PROVIDING FUNDS TO					
			SUPPORT THE ONGOING					
		SUB-SAHARAN	OPERATIONS FOR THE					
		AFRICA	LOVING ANGELS EARLY	4,500.	WIRE	0.		
			FUNDS ARE USED TO					
			BUILD A NEW					
		SUB-SAHARAN	REHABILITATION CENTER					
		AFRICA	TO ADDRESS THE NEEDS	393,408.	WIRE	0.		
			GRANT FUNDS WERE USED					
			FOR LONG-TERM AND					
		SUB-SAHARAN	SHORT-TERM THERAPY					
		AFRICA	AND TRAINING AND	32,000.	WIRE	0.		
			FUNDS WERE USED TO					
			SUPPORT SEED FUNDING					
		SUB-SAHARAN	FOR VOCATIONAL					
		AFRICA	TRAINING FOR YOUTH	3,261.	WIRE	0.		

Schedule F (Form 990) GO CAMPAIGN 20-4542914 Page 2

Part II Continuation of	of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	. (Schedule F (Form 9	990), Part II, line		
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, FM appraisal, other)
		SUB-SAHARAN	FUNDS WILL BE USED TO					
		AFRICA	PURCHASE COMPUTERS	2,671.	WIRE	0.		
			FUNDS ARE USED TO PAY					
			FOR THE BASIC NEEDS					
		SUB-SAHARAN	OF THE CHILDREN AT					
		AFRICA	LEADERS OF TOMORROW	2,000.	WIRE	0.		
			EDUCATION SPONSORSHIP					
		SUB-SAHARAN	FOR ONE TANZANIAN					
		AFRICA	ORPHAN	43,861.	WIRE	0.		
			PROVIDING FOR THE					
			CARE OF THE FORMER					
		SUB-SAHARAN	RESIDENTS OF THE					
		AFRICA	ORPHANAGE.	12,000.	WIRE	0.		
			FUNDS WERE USED TO					
			PAY FOR MEDICAL FEES					
		SUB-SAHARAN	OF A CHILD FROM					
		AFRICA	CHILDREN OF PEACE	8,983.	WIRE	0.		
			PAYING SCHOOL FEES					
			FOR CHILD ACTORS OF					
		SUB-SAHARAN	DISNEY'S QUEEN OF					
		AFRICA	KATWE FILM	63,394.	WIRE	0.		
			USING CHESS AS A					
			VEHICLE TO TEACH					
		SUB-SAHARAN	VULNERABLE YOUTH FROM					
		AFRICA	UGANDA STRATEGY AND	9,141.	WIRE	0.		
			USING CHESS AS A					
			VEHICLE TO TEACH					
		SUB-SAHARAN	VULNERABLE YOUTH FROM					
		AFRICA	UGANDA STRATEGY AND	8,653.	WIRE	0.		
			GO CAMPAIGN GRANTS					
			WERE USED TO PROVIDE					
		EAST ASIA AND THE	TWO YEARS OF					
		PACIFIC	OPERATING SUPPORT FOR	9,514.	WIRE	0.		

Schedule F (Form 990) GO CAMPAIGN 20-4542914 Page 2

Part II Continuation of	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	1)	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, FM appraisal, other)
			FUNDS WERE USED TO					
			PAY THE RENT FOR AN					
		EAST ASIA AND THE	ADJACENT BUILDING FOR					
		PACIFIC	ONE YEAR, PURCHASE	15,500.	WIRE	0.		
			FUNDS WILL BE USED					
			TO SUPPORT TWO					
			VOCATIONAL TRAINING					
		SOUTH ASIA	PROGRAMS FOR VICTIMS	10,915.	WIRE	0.		
			FUNDS WERE USED TO					
			PROVIDE BUTTERFLY					
			KITS TO 18 PRISONS IN					
		SOUTH ASIA	NEPAL.	9,900.	WIRE	0.		
			FUNDS WERE USED TO	,				
			SUPPORT THE MUSIC					
			PROGRAM AND					
		SOUTH AMERICA	ORCHESTRA.	8,947.	WIRE	0.		
			FUNDS WERE USED TO	,				
			HELP MYSMALLHELP					
			EXPAND TO INCLUDE					
		SOUTH AMERICA	STUDENTS AT AN	9,267.	WIRE	0.		
			ENSURING THAT	,				
			CHILDREN RESIDING IN					
			THE SACRED VALLEY OF					
		SOUTH AMERICA	PERU HAVE ACCESS TO A	20,546.	WIRE	0.		
			FUNDS WILL BE USED TO	, -		-		
			SUPPORT THE STUDENT					
			CAF PROGRAM AIMED AT					
		SOUTH AMERICA	PROVIDING JOB	13,500.	WIRE	0.		
			FUNDS WERE USED TO	,				
			LAUNCH THE PILOT					
		CENTRAL AMERICA	PHASE OF A SOCIAL					
			ENTERPRISE, FONDVERT.	14,000.	WIRE	0.		
			FUNDS WERE USED TO	1=, 1 1 1				
			SUPPORT THE EARLY					
			CHILDHOOD SOCIAL					
		NORTH AMERICA	INCLUSION PROGRAM	9,456.	WIRE	0.		

<u>Schedule F (Form 990)</u> GO CAMPAIGN 20-4542914 Page 2

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Part II		f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	990), Part II, line	1)	
1 (a) Nam	ne 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)
				FUNDS WERE USED TO					
				MAINTAIN THE SECURITY					
				SYSTEMS AT BOTH					
			NORTH AMERICA	HOUSES TO ENSURE THE	15,000.	WIRE	0.		
				GO CAMPAIGN PROVIDED					
				A GRANT TO FUND A					
				WOOD BURNING STOVE AS					
			NORTH AMERICA	WELL AS ROOF AND	10,228.	WIRE	0.		
				FUNDS WILL BE USED TO					
				PURCHASE TENTS FOR					
				THE SCHOOL TO USE AS					
			NORTH AFRICA	TEMPORARY CLASSROOMS.	5,400.	WIRE	0.		
									-
									_
				l		I .			

Schedule F (Form 990) 2018 GO CAMPAIGN 20-4542914 Page 3

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)

20-4542914 Page 4

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	X 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	X 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	X 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	X 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	X 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	X No

Schedule F (Form 990) 2018

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

PART I, LINE 2:

THE ORGANIZATION REQUIRES INITIAL BUDGET PROPOSALS FOR GRANT FUNDING,

EXPENDITURE REPORTS ON AN ONGOING BASIS, AND SUMMARY REPORTS AT THE

CONCLUSION OF EVERY PROJECT. THE ORGANIZATION REQUIRES PHOTOS, VISUAL

PROOF, AND COMPARISONS TO BUDGET FOR EACH PERIODIC EXPENDITURE REPORT.

THE ORGANIZATION REQUIRES EXPENDITURE REPORTS AT DIFFERENT INTERVALS,

DEPENDING UPON HOW RECENT GRANT FUNDS HAVE BEEN DISTRIBUTED (NO LATER

THAN 8 WEEKS IF GRANT FUNDS HAVE RECENTLY BEEN DISBURSED). FINALLY, THE

ORGANIZATION MAY VISIT THE GRANTEES TO PHYSICALLY CHECK THE PROGRESS OF

THE GRANT FUNDING.

PART II, COLUMN (D):

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: FUNDS WILL BE USED TO ENSURE THAT THE GIRLS AT THE SCHOOL AND COMMUNITY CENTER HAVE ACCESS TO CLEAN WATER.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: FUNDS WERE USED TO START A MICROLOAN PROGRAM FOR

THE FEMALE CAREGIVERS OF STUDENTS, TO HELP THEM INCREASE THEIR INCOME AND

LEARN SMALL BUSINESS MANAGEMENT, SO THAT THEIR CHILDREN (THE STUDENTS)

CAN FOCUS MORE ON THEIR EDUCATION.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: THIS GRANT SUPPORTS THE LAUNCH OF A NEW YOUTH ZONE

AT THE FAMILY CARE CLINIC, WHERE THEY WILL PROVIDE SPECIALIZED,

YOUTH-FRIENDLY SERVICES TO ADOLESCENTS AFFECTED BY HIV/AIDS.

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 SUPPORT HEZRON'S HIGHER EDUCATION COSTS IN HIS PURSUIT TO BECOME A DOCTOR.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: ENABLED KGSA TO TRANSFORM ONE OF THEIR CLASSROOMS

INTO A COMPUTER LAB. FOR THE FIRST TIME, STUDENTS WILL BE ABLE TO ACCESS

COMPUTERS AND BECOME COMPUTER LITERATE.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: PROVIDED KGSA WITH CAMERA EQUIPMENT SO THE GIRLS

CAN DEVELOP THEIR PHOTOGRAPHY SKILLS AND HAVE MORE EMPLOYMENT

OPPORTUNITIES SHOOTING WEDDINGS, BIRTHDAY PARTIES, AND COMMUNITY/BUSINESS

EVENTS IN AND AROUND NAIROBI.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: FUNDS WERE USED TO PROVIDE COMPUTERS AND TABLES TO
THE SCHOOL SO THAT STUDENTS WILL HAVE ACCESS TO COMPUTERS FOR THE FIRST
TIME.

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: MENTORSHIP PROGRAM FOR VULNERABLE CHILDREN TO GIVE

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.

THEM THE TOOLS TO BECOME INDEPENDENT AND PRODUCTIVE MEMBERS OF THEIR COMMUNITY.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: PROVIDING FUNDS TO SUPPORT THE ONGOING OPERATIONS

FOR THE LOVING ANGELS EARLY CHILDHOOD DEVELOPMENT PROGRAM.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: FUNDS ARE USED TO BUILD A NEW REHABILITATION

CENTER TO ADDRESS THE NEEDS OF CHILDREN WITH DISABILITIES IN EAST AFRICA.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: GRANT FUNDS WERE USED FOR LONG-TERM AND SHORT-TERM THERAPY AND TRAINING AND AWARENESS RAISING ACTIVITIES.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: FUNDS WERE USED TO SUPPORT SEED FUNDING FOR VOCATIONAL TRAINING FOR YOUTH WITH DISABILITIES IN TANZANIA.

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: FUNDS WERE USED TO PAY FOR MEDICAL FEES OF A CHILD

FROM CHILDREN OF PEACE UGANDA

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: USING CHESS AS A VEHICLE TO TEACH VULNERABLE YOUTH
FROM UGANDA STRATEGY AND LIFE SKILLS SO THEY CAN SUCCESSFULLY MANEUVER
THROUGH OBSTACLES.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: USING CHESS AS A VEHICLE TO TEACH VULNERABLE YOUTH
FROM UGANDA STRATEGY AND LIFE SKILLS SO THEY CAN SUCCESSFULLY MANEUVER
THROUGH OBSTACLES.

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: GO CAMPAIGN GRANTS WERE USED TO PROVIDE TWO YEARS

OF OPERATING SUPPORT FOR THE VOCATIONAL TRAINING SCHOOL AND ENABLE CCC TO

GIVE 200 STUDENTS ANNUALLY THE OPPORTUNITY TO LEARN ENGLISH, BECOME

COMPUTER LITERATE, AND OBTAIN EMPLOYMENT.

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: FUNDS WERE USED TO PAY THE RENT FOR AN ADJACENT
BUILDING FOR ONE YEAR, PURCHASE COMPUTERS AND OTHER EQUIPMENT AND
SUPPLIES AS WELL AS DEVELOP ADDITIONAL CURRICULUM FOR STUDENTS.

REGION: SOUTH ASIA

SELF-DEFENSE TECHNIQUES.

(D) PURPOSE OF GRANT: FUNDS WILL BE USED TO SUPPORT TWO VOCATIONAL
TRAINING PROGRAMS FOR VICTIMS OF SEXUAL VIOLENCE IN LUCKNOW, INDIA AND TO
EMPOWER GIRLS AND YOUNG WOMEN IN THE COMMUNITY BY TEACHING THEM

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 WERE USED TO HELP MYSMALLHELP EXPAND TO

INCLUDE STUDENTS AT AN ADDITIONAL PRIMARY SCHOOL AS WELL AS 20 OF THEIR

CURRENT SPECIAL NEEDS STUDENTS.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: ENSURING THAT CHILDREN RESIDING IN THE SACRED

VALLEY OF PERU HAVE ACCESS TO A PROPER EDUCATION. FUNDS WILL BE USED TO

PURCHASE EQUIPMENT, MATERIAL, AND REPAIR TWO SCHOOLS SERVING INDIGENOUS

CHILDREN.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: FUNDS WILL BE USED TO SUPPORT THE STUDENT CAF

PROGRAM AIMED AT PROVIDING JOB TRAINING TO YOUTH WITH DISABILITIES BY

IMPLEMENTING STRATEGIC CHANGES TO MAINTAIN THE VOCATIONAL TRAINING

PROGRAM FOR THE NEXT 6 MONTHS AND ESTABLISHING A RESERVE FUND FOR

EMERGENCIES.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: FUNDS WERE USED TO LAUNCH THE PILOT PHASE OF A

SOCIAL ENTERPRISE, FONDVERT. SAKALA WOULD BEGIN WITH COMMUNITY

MICRO-AGRICULTURE BUSINESSES WITH THE LONG-TERM GOAL OF EXPANDING TO

FULL-SCALE FRANCHISES THROUGHOUT HAITI.

REGION: NORTH AMERICA

(D) PURPOSE OF GRANT: FUNDS WERE USED TO SUPPORT THE EARLY CHILDHOOD

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.

SOCIAL INCLUSION PROGRAM, CONTRIBUTING TO THE DEVELOPMENT AND TRAINING OF INDIGENOUS CHILDREN AGED 0 TO 4 TO FACILITATE THE EXERCISE OF THEIR RIGHTS TO HEALTH, EDUCATION, CITIZENSHIP, AND A LIFE FREE FROM VIOLENCE

REGION: NORTH AMERICA

(D) PURPOSE OF GRANT: FUNDS WERE USED TO MAINTAIN THE SECURITY SYSTEMS

AT BOTH HOUSES TO ENSURE THE SAFETY OF THE CHILDREN AS WELL AS TO

PURCHASE OTHER NECESSARY EQUIPMENT, COMPUTERS, AND OTHER SUPPLIES NEEDED

TO MAINTAIN THE HOUSES.

REGION: NORTH AMERICA

(D) PURPOSE OF GRANT: GO CAMPAIGN PROVIDED A GRANT TO FUND A WOOD

BURNING STOVE AS WELL AS ROOF AND INSULATION TO KEEP THE CHILDREN AT THE

ORPHANAGE WARM DURING THE COLD WINTER SEASON.

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: FUNDS WILL BE USED TO PURCHASE TENTS FOR THE
SCHOOL TO USE AS TEMPORARY CLASSROOMS. THE TENTS WILL OFFER PROTECTION
FROM THE ELEMENTS AND ENSURE THAT GIRLS ARE SAFE FROM HARASSMENT DURING
LESSONS.

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization						entification number
GO CAME					20-454	
Part I Fundraising Activities required to complete this part	Complete if the organization answirt.	ered "Y	es" o	n Form 990, Part IV,	line 17. Form 990-E	Z filers are not
Indicate whether the organization rai	e X Solicita	ition of	non-g gover	overnment grants		
 d X In-person solicitations 2 a Did the organization have a written key employees listed in Form 990, F b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the 	Part VII) or entity in connection with prividuals or entities (fundraisers) purs	orofess	ional f	fundraising services?	Ye X Ye	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	or cor	Did raiser ustody itrol of utions?	(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
CHARITY BUZZ INC - 437 FIFTH		Yes	No			
AVENUE 11TH FLOOR, NEW YORK,	ONLINE AUCTIONS	Х		119,009.	36,525	. 82,484.
IFONLY - 244 JACKSON STREET, 4TH FLOOR, SAN FRANCISCO, CA	ONLINE AUCTIONS	х		22,028.	4,182	. 17,846.
Total			. ▶	141,037.	40,707	. 100,330.
3 List all states in which the organization or licensing.			outions	s or has been notifie	d it is exempt from	registration

20-4542914 Page 2 Schedule G (Form 990 or 990-EZ) 2018 GO CAMPAIGN 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 ONLINE (add col. (a) through AUCTION 1 GALA EVENT col. (c)) (event type) (event type) (total number) Revenue 56,570. 8,244. 1,178,530. 1 Gross receipts 1,113,716. 8,244. 702,565 22,600. 733,409. 2 Less: Contributions 411,151 33,970. 445,121. **3** Gross income (line 1 minus line 2) 4 Cash prizes 241,299. 18,500. 259,799. 5 Noncash prizes Direct Expenses 77,169. 8,230. 85,399. 6 Rent/facility costs 23,840. 23,840. 7 Food and beverages 26,646. 35,985. 62,631. 8 Entertainment 9 Other direct expenses 431,669. 10 Direct expense summary. Add lines 4 through 9 in column (d) 13,452. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes % Yes 6 Volunteer labor 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? 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:

Sch	nedule G (Form 990 or 990-EZ) 2018 GO CAMPAIGN 20	-4542	914	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
40	to administer charitable gaming?	🗀	Yes	∟ No
	Indicate the percentage of gaming activity conducted in: The organization's facility	13a	I	%
	o An outside facility		+	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	o 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:			
а	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
r	retain the state gaming license? Discription Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t	 ne	Yes	└── No
_	organization's own exempt activities during the tax year > \$	10		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); an	d Part III, li	nes 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAIS	SERS:		
 (I) NAME OF FUNDRAISER: CHARITY BUZZ INC			
<u> </u>	NAME OF FUNDAMISER: CHARITI BUZZ INC			
<u>(I</u>) ADDRESS OF FUNDRAISER: 437 FIFTH AVENUE 11TH FLOOR, NEW YO	ORK, N	ΙΥ	10016
	\ NAME OF BUNDDATCED. TROWN			
<u>(I</u>) NAME OF FUNDRAISER: IFONLY			
<u>(I</u>) ADDRESS OF FUNDRAISER:			
24	4 JACKSON STREET, 4TH FLOOR, SAN FRANCISCO, CA 94111			

PART I, LINE 2B, COLUMN (V):

CHARITY BUZZ, INC. HOSTS, DEVELOPS, COORDINATES AND OPERATES ALL ASPECTS

OF THE ONLINE AUCTIONS FOR GO CAMPAIGN. AS COMPENSATION FOR ITS

ACTIVITIES, CHARITY BUZZ INC. RETAINS TWENTY PERCENT OF THE AGGREGATE

SALES PRICE OF ALL LOTS.

IFONLY HOSTS, DEVELOPS, COORDINATES AND OPERATES ALL ASPECTS OF THE
ONLINE AUCTIONS FOR GO CAMPAIGN. AS COMPENSATION FOR ITS ACTIVITIES,
IFONLY RETAINS TWENTY PERCENT OF THE AGGREGATE SALES PRICE OF ALL LOTS.

SCHEDULE G, PART II - FUNDRAISING EVENTS

THE FUNDRAISING EVENTS REPORTED IN PART II ALSO BRING IN CONTRIBUTION INCOME AS WELL AS CONTRIBUTED ITEMS FOR THE AUCTIONS.

- 13,452 FROM FUNDRAISING EVENTS LISTED IN PART II
- 177,300 TICKET SALES IN EXCESS OF THE VALUE RECEIVED BY THE ATTENDEES
- 163,325 FUNDRAISING EVENT SPONSORSHIPS RECORDED AS CONTRIBUTION

INCOME

392,783 OTHER CONTRIBUTIONS RELATED TO THE FUNDRAISING EVENTS

746,860 TOTAL INCOME FROM FUNDRAISING EVENTS

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

Open to Public Inspection

Name of the organization GO CAMPA	GN						Employer identification number 20-4542914
Part I General Information on Grants							
 Does the organization maintain records criteria used to award the grants or ass Describe in Part IV the organization's presented. 	istance?						
Part II Grants and Other Assistance to					anization answered "	Yes" on Form 990, Par	t IV, line 21, for any
recipient that received more than	\$5,000. Part II car	n be duplicated if add	itional space is need	ded.			
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
							FUNDS USED TO CREATE AND
CLEANSLATE, INC.							IMPLEMENT A PILOT
1955 N. RED ROCK DRIVE							ANTI-BULLYING YOUTH
WALNUT, CA 91789	95-4827367	501(C)(3)	900.	0.			EMPOWERMENT PROGRAM FOR
							FUNDS WILL BE USED TO
CLEANSLATE, INC.							ADDRESS THE INDIVIDUAL
1955 N. RED ROCK DRIVE							NEEDS OF YOUTH IN THE
WALNUT, CA 91789	95-4827367	501(C)(3)	2,880.	0.			PROGRAM BY PURCHASING
							GO CAMPAIGN GRANT WAS
DRAGON KIM FOUNDATION							USED TO PURCHASE 12
13217 JAMBOREE ROAD, SUITE #158,							ADDITIONAL CHROMEBOOKS SO
TUSTIN, CA 92782	47-5197030	501(C)(3)	2,740.	0.			THEY CAN TO EXPAND TO
CONSCIOUS YOUTH GLOBAL NETWORK 405 E. REGENT ST., #2 INGLEWOOD, CA 90301	95-1690963	501(C)(3)	2.375.	0.			FUNDS USED TO SUPPORT LOCAL HERO BIKBAYE INEJNEMA
							GO CAMPAIGN FUNDED A
CONSCIOUS YOUTH GLOBAL NETWORK							RITES OF PASSAGE PROGRAM
405 E. REGENT ST., #2							AT TOM BRADLEY GLOBAL
INGLEWOOD, CA 90301	95-1690963	501(C)(3)	16,500.	0.			AWARENESS MAGNET SCHOOL
INCLUMENT, CIT 50001	33 1030303	301(0)(3)	10,300.	•••			FUNDS WERE USED TO
DRAGON KIM FOUNDATION							SUPPORT DRAGON KIM
13217 JAMBOREE ROAD, SUITE #158							FOUNDATION'S MUSIC
TUSTIN, CA 92782	47-5197030	501(C)(3)	4,545.	0.			PROGRAM FOR
2 Enter total number of section 501(c)(3)	1			· · ·		1	<u> </u>
3 Enter total number of other organization	-	-					

20-4542914

(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	(f) Method of valuation	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
				assistance	(book, FMV, appraisal, other)		
							FUNDS WERE USED TO
EMPOWHER INSTITUTE							INCORPORATE STEM
6109 S WESTERN AVE., #105							ACTIVITIES INTO THE GIRLS
LOS ANGELES, CA 90047	45-0508517	501(C)(3)	10,000.	0.			ACADEMY THROUGHOUT THE
							FUNDS WILL BE USED TO
GENERATION HER							ADDRESS THE INDIVIDUAL
1010 MANLEY DRIVE,							NEEDS OF YOUTH IN THE
SAN GABRIEL, CA 91776	80-0453092	501(C)(3)	2,880.	0.			PROGRAM BY PURCHASING
							FUNDS WILL BE USED TO
GENERATION HER							SUPPORT WEEKLY LIFE
1010 MANLEY DRIVE,							SKILLS PROGRAMS FOR ONE
SAN GABRIEL, CA 91776	80-0453092	501(C)(3)	10,000.	0.			YEAR FOR TEEN MOMS AT 5
							FUNDS WILL BE USED TO
GIRLFORWARD							ADDRESS THE INDIVIDUAL
PO BOX 607516							NEEDS OF YOUTH IN THE
CHICAGO, IL 60660	45-2987277	501(C)(3)	2,880.	0.			PROGRAM BY PURCHASING
			· ·				GRANT FUNDS WERE USED TO
HOMIES UNIDOS							IMPLEMENT A
2105 BEVERLY BLVD STE. 203,							GENDER-SPECIFIC PROGRAM
LOS ANGELES, CA 90057		501(C)(3)	15,000.	0.			FOR CENTRAL AMERICAN
·			,				FUNDS WILL BE USED TO PAY
LAS AMERICAS IMMIGRANT ADVOCACY							FOR A LEGAL CASE WORKER
CENTER - 1500 E. YANDELL DRIVE -							TO ASSIST THE SOCIAL
EL PASO, TX 79902		501(C)(3)	35,000.	0.			WORKER IN ADDRESSING
			·				GO'S GRANT IS HELPING
LINCOLN HEIGHTS TUTORIAL PROGRAM							L HTP STAFF THEIR NEW LALA
2618 WORKMAN ST., RM 13,							CHARTER SCHOOL SITE AND
LOS ANGELES, CA 90031		501(C)(3)	9,360.	0.			SUPPORT THE PROGRAM
•				-			FUNDS WERE USED TO LAUNCH
LOS ANGELES DRAMA CLUB							 A PARTNERSHIP WITH UPWARD
1210 S. SYCAMORE AVE.							BOUND HOUSE TO EMPOWER
LOS ANGELES, CA 90019		501(C)(3)	6,200.	0.			CHILDREN CURRENTLY
,		, , ,	1				GO CAMPAIGN FUNDED A
LOS ANGELES DRAMA CLUB							THEATRE ARTS PROGRAM FOR
1210 S. SYCAMORE AVE.							STUDENTS AT LA LEADERSHIP
LOS ANGELES, CA 90019		501(C)(3)	5,000.	0.			ACADEMY IN LINCOLN

20-4542914

Schedule I (Form 990) GO CAMPA	LGN						10-4342914 Page 1
Part II Continuation of Grants and Other	Assistance to G	overnments and Orga	anizations in the U	nited States (Sch	edule I (Form 990), Pa	art 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
							LOVING HANDS COMMUNITY
LOVING HANDS							CARE, INC. IS A NONPROFIT
99 27 GRAPE ST							ORGANIZATION THAT
LOS ANGELES, CA 90002	47-4233639	501(C)(3)	7,000.	0.			PROVIDES SUPPORT AND AID
							FUNDS WERE USED TO
MINORITY HUMANITARIAN FOUNDATION							ADDRESS THE NEEDS OF
1118 MANCHESTER ST.							CHILDREN IN CRISIS ON
NATIONAL CITY, CA 91950	47-4926931	501(C)(3)	12,500.	0.			BOTH SIDES OF THE BORDER.
							FUNDS WERE USED TO HELP
ROOTDOWN LA							ESTABLISH A COMMERCIAL
180 E 35TH ST.,							KITCHEN AS WELL AS
LOS ANGELES, CA 90011	95-4302067	501(C)(3)	24,842.	0.			DEVELOP AND PILOT THE
·							FUNDS WERE USED TO
ROSEDALE FREEDOM PROJECT							PURCHASE EQUIPMENT AND
PO BOX 21,							SUPPLIES TO SUPPORT ALL
ROSEDALE, MS 38769	47-2747371	501(C)(3)	12,709.	0.			OF RFP'S PROGRAMS
·			,				FUNDS WILL BE USED TO
SPIRITS LANDING							SUPPORT A PILOT PROGRAM
P.O. BOX 1759,							TO LAUNCH A YEAR-LONG
CLARKSDALE, , MS 38614	20-2797629	501(C)(3)	13,750.	0.			LEADERSHIP ACADEMY FOR 33
							FUNDS WILL BE USED TO
SPRING INITIATIVE							ADDRESS THE INDIVIDUAL
P.O. BOX 1759							NEEDS OF YOUTH IN THE
CLARKSDALE, MS 38614	45-2243846	501(C)(3)	8,161.	0.			PROGRAM BY PURCHASING
SPRING INITIATIVE							THE PURPOSE OF THIS GRANT
P.O. BOX 1759							IS TO IMPROVE THE LIVES
CLARKSDALE, MS 38614	45-2243846	501(C)(3)	14,500.	0.			OF MESHA AND HER FAMILY.
							DONOR DIRECTED DONATION
SPRING INITIATIVE							TO TRANSFORM THE LIFE OF
P.O. BOX 1759							JARI AND HER FAMILY.
CLARKSDALE, MS 38614	45-2243846	501(C)(3)	42,020.	0.			FUNDS WILL BE USED TO
							FUNDS WILL BE USED TO
STEPPING FORWARD LA							ADDRESS THE INDIVIDUAL
181 E 35TH ST							NEEDS OF YOUTH IN THE
LOS ANGELES, CA 90011	95-4302067	501(C)(3)	6,062.	0.			PROGRAM BY PURCHASING

20-4542914

(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
							GRANT FUNDS WILL ALLOW
STEPPING FORWARD LA							STEPPING FORWARD LA TO
181 E 35TH ST							CONTINUE TO WORK WITH
LOS ANGELES, CA 90011	95-4302067	501(C)(3)	13,500.	0.			FOSTER YOUTH RESIDING IN
							FUNDS WILL BE USED TO
STEPPING FORWARD LA							GRANT THE WISHES OF THE
181 E 35TH ST							YOUTH IN STEPPING FORWAR
LOS ANGELES, CA 90011	95-4302067		9,000.	0.			LA'S PROGRAM AT VISTA DE
							FUNDS WERE USED TO HELP
THE BEAUTIFUL FOUNDATION							THE BEAUTIFUL FOUNDATION
PO BOX 8844							SUSTAIN THEIR EMPOWERMEN
NEW ORLEANS, , LA 70182	72-1517535		6,500.	0.			PROGRAM AT PIERRE A.
, ,			,				FUNDS USED FOR COMPUTERS
YOUTH INTERACTIVE							FOR GRAPHIC DESIGN AND
209 ANACAPA ST							FILM EDITING, LARGE TV
SANTA BARBARA, CA 93101	26-0603721		13,906.	0.			SCREENS FOR GROUP
<u> </u>	20 0000722		20,500.				
	I						

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part IV, column (b); and any other additional information. PART II, LINE 1, COLUMN (H): NAME OF ORGANIZATION OR GOVERNMENT: CLEANSLATE, INC. (H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS USED TO CREATE AND IMPLEMENT A PILOT ANTI-BULLYING YOUTH EMPOWERMENT PROGRAM FOR YOUTH BETWEEN THE AGES OF 11 AND 17 IN THE WATTS NEIGHBORHOOD OF LOS ANGELES, CA. NAME OF ORGANIZATION OR GOVERNMENT: CLEANSLATE, INC.	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of non-	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
PART II, LINE 1, COLUMN (H): NAME OF ORGANIZATION OR GOVERNMENT: CLEANSLATE, INC. (H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS USED TO CREATE AND IMPLEMENT A PILOT ANTI-BULLYING YOUTH EMPOWERMENT PROGRAM FOR YOUTH BETWEEN THE AGES OF 11 AND 17 IN THE WATTS NEIGHBORHOOD OF LOS ANGELES, CA. NAME OF ORGANIZATION OR GOVERNMENT: CLEANSLATE, INC.		recipients	cash grant	cash assistance	(book, 1 WV, appraisal, other)	
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NAME OF ORGANIZATION OR GOVERNMENT: CLEANSLATE, INC. (H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS USED TO CREATE AND IMPLEMENT A PILOT ANTI-BULLYING YOUTH EMPOWERMENT PROGRAM FOR YOUTH BETWEEN THE AGES OF 11 AND 17 IN THE WATTS NEIGHBORHOOD OF LOS ANGELES, CA. NAME OF ORGANIZATION OR GOVERNMENT: CLEANSLATE, INC.		,	, ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
PILOT ANTI-BULLYING YOUTH EMPOWERMENT PROGRAM FOR YOUTH BETWEEN THE AGES OF 11 AND 17 IN THE WATTS NEIGHBORHOOD OF LOS ANGELES, CA. NAME OF ORGANIZATION OR GOVERNMENT: CLEANSLATE, INC.		: CLEANS	LATE, INC.			
OF 11 AND 17 IN THE WATTS NEIGHBORHOOD OF LOS ANGELES, CA. NAME OF ORGANIZATION OR GOVERNMENT: CLEANSLATE, INC.	(H) PURPOSE OF GRANT OR ASSISTANCE	: FUNDS	USED TO CR	REATE AND I	MPLEMENT A	
OF 11 AND 17 IN THE WATTS NEIGHBORHOOD OF LOS ANGELES, CA. NAME OF ORGANIZATION OR GOVERNMENT: CLEANSLATE, INC.	PILOT ANTI-BULLYING YOUTH EMPOWERM	ENT PROG	RAM FOR YO	OUTH BETWEE	N THE AGES	
NAME OF ORGANIZATION OR GOVERNMENT: CLEANSLATE, INC.						
	OF 11 AND 17 IN THE WATTS NEIGHBOR	CHOOD OF .	LOS ANGELE	is, CA.		
/w\	NAME OF ORGANIZATION OR GOVERNMENT	: CLEANS	LATE, INC.			
(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS WILL BE USED TO ADDRESS THE	(H) PURPOSE OF GRANT OR ASSISTANCE	: FUNDS	WILL BE US	SED TO ADDR	ESS THE	
INDIVIDUAL NEEDS OF YOUTH IN THE PROGRAM BY PURCHASING ITEMS SUCH AS	TNDTVIDIAL NEEDS OF YOUTH IN THE F	PROGRAM B	Y PURCHAST	NG TTEMS S	IICH AS	

MEDICATION, COLLEGE APPLICATION FEES, PROM DRESS, GROCERIES, ETC.

NAME OF ORGANIZATION OR GOVERNMENT: DRAGON KIM FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GO CAMPAIGN GRANT WAS USED TO

PURCHASE 12 ADDITIONAL CHROMEBOOKS SO THEY CAN TO EXPAND TO FIVE NEW

SHELTERS IN ORANGE COUNTY.

NAME OF ORGANIZATION OR GOVERNMENT: CONSCIOUS YOUTH GLOBAL NETWORK

(H) PURPOSE OF GRANT OR ASSISTANCE: GO CAMPAIGN FUNDED A RITES OF

PASSAGE PROGRAM AT TOM BRADLEY GLOBAL AWARENESS MAGNET SCHOOL TO ADDRESS

THE NEEDS OF ADOLESCENT BOYS IN SOUTH LOS ANGELES.

NAME OF ORGANIZATION OR GOVERNMENT: DRAGON KIM FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS WERE USED TO SUPPORT DRAGON

KIM FOUNDATION'S MUSIC PROGRAM FOR UNDERPRIVILEGED CHILDREN IN SANTA ANA

AND DUARTE, CA.

NAME OF ORGANIZATION OR GOVERNMENT: EMPOWHER INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS WERE USED TO INCORPORATE STEM

ACTIVITIES INTO THE GIRLS ACADEMY THROUGHOUT THE ACADEMIC YEAR AT EACH OF

THEIR 4 LOCATIONS, AND TO SPONSOR THEIR MENTOR TO INSPIRE CONFERENCE.

NAME OF ORGANIZATION OR GOVERNMENT: GENERATION HER

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS WILL BE USED TO ADDRESS THE

INDIVIDUAL NEEDS OF YOUTH IN THE PROGRAM BY PURCHASING ITEMS SUCH AS

MEDICATION, COLLEGE APPLICATION FEES, PROM DRESS, GROCERIES, ETC.

NAME OF ORGANIZATION OR GOVERNMENT: GENERATION HER

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS WILL BE USED TO SUPPORT WEEKLY
LIFE SKILLS PROGRAMS FOR ONE YEAR FOR TEEN MOMS AT 5 SITES THROUGHOUT LOS
ANGELES.

NAME OF ORGANIZATION OR GOVERNMENT: GIRLFORWARD

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS WILL BE USED TO ADDRESS THE

INDIVIDUAL NEEDS OF YOUTH IN THE PROGRAM BY PURCHASING ITEMS SUCH AS

MEDICATION, COLLEGE APPLICATION FEES, PROM DRESS, GROCERIES, ETC.

NAME OF ORGANIZATION OR GOVERNMENT: HOMIES UNIDOS

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT FUNDS WERE USED TO IMPLEMENT A

GENDER-SPECIFIC PROGRAM FOR CENTRAL AMERICAN YOUNG WOMEN. THE PROGRAM

INCLUDED A 16-WEEK COMPREHENSIVE CHARACTER DEVELOPMENT CURRICULUM; TOPICS

ADDRESSED ISSUES SUCH AS SUBSTANCE ABUSE, TEEN PREGNANCY, RELATIONSHIP

VIOLENCE, GANG VIOLENCE AND SCHOOL FAILURE.

NAME OF ORGANIZATION OR GOVERNMENT:

LAS AMERICAS IMMIGRANT ADVOCACY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS WILL BE USED TO PAY FOR A

LEGAL CASE WORKER TO ASSIST THE SOCIAL WORKER IN ADDRESSING FAMILY

SEPARATION CASES.

NAME OF ORGANIZATION OR GOVERNMENT: LINCOLN HEIGHTS TUTORIAL PROGRAM

(H) PURPOSE OF GRANT OR ASSISTANCE: GO'S GRANT IS HELPING LHTP STAFF

THEIR NEW LALA CHARTER SCHOOL SITE AND SUPPORT THE PROGRAM OVERFLOW OF

YOUNGER CHILDREN AT THEIR MAIN LHTP SITE.

NAME OF ORGANIZATION OR GOVERNMENT: LOS ANGELES DRAMA CLUB

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS WERE USED TO LAUNCH A

PARTNERSHIP WITH UPWARD BOUND HOUSE TO EMPOWER CHILDREN CURRENTLY

EXPERIENCING HOMELESSNESS THROUGH THEATRE ART.

NAME OF ORGANIZATION OR GOVERNMENT: LOS ANGELES DRAMA CLUB

(H) PURPOSE OF GRANT OR ASSISTANCE: GO CAMPAIGN FUNDED A THEATRE ARTS

PROGRAM FOR STUDENTS AT LA LEADERSHIP ACADEMY IN LINCOLN HEIGHTS.

NAME OF ORGANIZATION OR GOVERNMENT: LOVING HANDS

(H) PURPOSE OF GRANT OR ASSISTANCE: LOVING HANDS COMMUNITY CARE, INC. IS

A NONPROFIT ORGANIZATION THAT PROVIDES SUPPORT AND AID TO GRIEVING

FAMILIES WHO HAVE LOST THEIR CHILDREN TO GANG VIOLENCE AND TRAUMA IN

SOUTH LOS ANGELES. FUNDS WILL BE USED TO SUPPORT THE SUMMER PROGRAM WHICH

RUNS FROM JUNE TO SEPTEMBER. YOUTH WILL MEET WEEKLY. SESSIONS INCLUDE

GROUP THERAPY, TUTORING, LIFE SKILLS, ETC.

NAME OF ORGANIZATION OR GOVERNMENT: ROOTDOWN LA

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS WERE USED TO HELP ESTABLISH A

COMMERCIAL KITCHEN AS WELL AS DEVELOP AND PILOT THE CULINARY VOCATIONAL

TRAINING PROGRAM.

NAME OF ORGANIZATION OR GOVERNMENT: ROSEDALE FREEDOM PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS WERE USED TO PURCHASE

EQUIPMENT AND SUPPLIES TO SUPPORT ALL OF RFP'S PROGRAMS (ACADEMIC

TUTORING, FILMMAKING, CREATIVE WRITING, AND FARMING PROGRAMS).

NAME OF ORGANIZATION OR GOVERNMENT: SPIRITS LANDING

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS WILL BE USED TO SUPPORT A

PILOT PROGRAM TO LAUNCH A YEAR-LONG LEADERSHIP ACADEMY FOR 33 VULNERABLE GIRLS.

NAME OF ORGANIZATION OR GOVERNMENT: SPRING INITIATIVE

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS WILL BE USED TO ADDRESS THE INDIVIDUAL NEEDS OF YOUTH IN THE PROGRAM BY PURCHASING ITEMS SUCH AS MEDICATION, COLLEGE APPLICATION FEES, PROM DRESS, GROCERIES, ETC.

NAME OF ORGANIZATION OR GOVERNMENT: SPRING INITIATIVE

(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR DIRECTED DONATION TO TRANSFORM

THE LIFE OF JARI AND HER FAMILY. FUNDS WILL BE USED TO PURCHASE A HOUSE,

CAR, AND OTHER ITEMS NEEDED TO PROVIDE A SAFE HOME FOR THIS DESERVING

FAMILY.

NAME OF ORGANIZATION OR GOVERNMENT: STEPPING FORWARD LA

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS WILL BE USED TO ADDRESS THE

INDIVIDUAL NEEDS OF YOUTH IN THE PROGRAM BY PURCHASING ITEMS SUCH AS

MEDICATION, COLLEGE APPLICATION FEES, PROM DRESS, GROCERIES, ETC.

NAME OF ORGANIZATION OR GOVERNMENT: STEPPING FORWARD LA

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT FUNDS WILL ALLOW STEPPING

FORWARD LA TO CONTINUE TO WORK WITH FOSTER YOUTH RESIDING IN RESIDENTIAL

GROUP HOME FACILITY.

NAME OF ORGANIZATION OR GOVERNMENT: STEPPING FORWARD LA

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS WILL BE USED TO GRANT THE WISHES OF THE YOUTH IN STEPPING FORWARD LA'S PROGRAM AT VISTA DEL MAR.

NAME OF ORGANIZATION OR GOVERNMENT: THE BEAUTIFUL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS WERE USED TO HELP THE
BEAUTIFUL FOUNDATION SUSTAIN THEIR EMPOWERMENT PROGRAM AT PIERRE A.

CAPDAU SCHOOL AND REACH ANOTHER 20 GIRLS.

NAME OF ORGANIZATION OR GOVERNMENT: YOUTH INTERACTIVE

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS USED FOR COMPUTERS FOR GRAPHIC

DESIGN AND FILM EDITING, LARGE TV SCREENS FOR GROUP LEARNING, LARGE

WHITEBOARDS FOR GROUP WORK, AND A PHOTOCOPIER CAPABLE OF KEEPING UP WITH

THEIR DEMAND.

SCHEDULE I, PART I, QUESTION 2:

THE ORGANIZATION REQUIRES INITIAL BUDGET PROPOSALS FOR GRANT FUNDING,

EXPENDITURE REPORTS ON AN ONGOING BASIS, AND SUMMARY REPORTS AT THE

CONCLUSION OF EVERY PROJECT. THE ORGANIZATION REQUIRES PHOTOS, VISUAL

PROOF, AND COMPARISONS TO BUDGET FOR EACH PERIODIC EXPENDITURE REPORT.

THE ORGANIZATION REQUIRES EXPENDITURE REPORTS AT DIFFERENT INTERVALS,

DEPENDING UPON HOW RECENT GRANT FUNDS HAVE BEEN DISTRIBUTED (NO LATER

THAN 8 WEEKS IF GRANT FUNDS HAVE RECENTLY BEEN DISBURSED). FINALLY, THE

ORGANIZATION MAY VISIT THE GRANTEES TO PHYSICALLY CHECK THE PROGRESS OF

THE GRANT FUNDING.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Part I

► 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 Types of Property

Employer identification number 20-4542914

		(a) Check if	(b) Number of	(c) Noncash contribution	(d) Method of de		ning	
		applicable	contributions or	amounts reported on Form 990, Part VIII, line	noncash contrib	ution a	mount	S
1	Art - Works of art		items contributed	TOTTI 990, Tart VIII, IIIIe	9			
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
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							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							,
22	Historical artifacts							,
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► (<u>VACATIONS/TRI</u>)	X	9		DONOR REPOR			
26	Other \blacktriangleright ($\overline{CELEBRITY, PR}$)	X	12	69,000	DONOR REPOR	RTED	FM	
27	Other ► (SET VISITS &)	X	13		DONOR REPOR			V
28	Other (INTERNSHIPS)	X	1	3,000	DONOR REPOR	RTED	FM	V
29	Number of Forms 8283 received by the organia							
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowled	gement 29				
							Yes	No
30a	During the year, did the organization receive b							
	must hold for at least three years from the date	e of the initia	al contribution, and	I which isn't required to b	e used for			
	exempt purposes for the entire holding period	?				30a		_X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstandard conti	ibutions?	31		X
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell nonca	sh			
						32a	Х	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	y for which column (a) is o	hecked,			
	describe in Part II.							
ΙНΔ	For Panerwork Reduction Act Notice see	the Instruc	tions for Form 99	Λ	Schodula M	A (Forr	n 990)	2012

Page 2

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whe is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination o this part for any additional information.	ther the organization f both. Also complete
SCHEDULE M, LINE 32B:	
CHARITY BUZZ, INC. AND IFONLY HOST, DEVELOP, COORDINATE AND OF	PERATE ALL
ASPECTS OF THE ONLINE AUCTIONS FOR GO CAMPAIGN.	

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

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.

2018
Open to Public

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 20-4542914

Name of the organization

GO CAMPAIGN

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 15A:

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
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	OF INTEREST
POLICY, FINANCIAL STATEMENTS, AND OTHER PERTINENT DOCUMEN	TS AVAILABLE TO
THE PUBLIC UPON REQUEST. IT POSTS ITS RECENTLY FILED FOR	M 990'S ON ITS
WEBSITE.	
FORM 990, PART XII, LINE 2C:	
THE PROCESS OF THE OVERSIGHT OF THE AUDIT AND THE SELECTI	ON OF THE
INDEPENDENT ACCOUNTANTS HAS NOT CHANGED.	