

Form **990**

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

OMB No. 1545-0047

2018

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization GO CAMPAIGN Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2461 SANTA MONICA BLVD., #437 City or town, state or province, country, and ZIP or foreign postal code SANTA MONICA, CA 90404 F Name and address of principal officer: SCOTT FIFER 2461 SANTA MONICA BLVD., #437, SANTA MONICA, CA	D Employer identification number 20-4542914 E Telephone number (310) 396-6343 G Gross receipts \$ 3,878,748. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.GOCAMPAIGN.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 2006		M State of legal domicile: CA

Part I Summary

1	Briefly describe the organization's mission or most significant activities: GO CAMPAIGN IMPROVES THE LIVES OF ORPHANS AND VULNERABLE CHILDREN THROUGHOUT THE WORLD.				
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
3	Number of voting members of the governing body (Part VI, line 1a)	3		12	
4	Number of independent voting members of the governing body (Part VI, line 1b)	4		11	
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5		9	
6	Total number of volunteers (estimate if necessary)	6		70	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a		0.	
7b	Net unrelated business taxable income from Form 990-T, line 38	7b		0.	
8	Contributions and grants (Part VIII, line 1h)	8	Prior Year	8	Current Year
9	Program service revenue (Part VIII, line 2g)	9	1,731,678.	9	2,083,485.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10	0.	10	0.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11	122,364.	11	77,596.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12	155,550.	12	13,452.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13	2,009,592.	13	2,174,533.
14	Benefits paid to or for members (Part IX, column (A), line 4)	14	977,305.	14	1,226,771.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15	0.	15	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	16a	516,317.	16a	515,486.
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 361,497.	16b	38,976.	16b	26,294.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17	337,959.	17	272,580.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18	1,870,557.	18	2,041,131.
19	Revenue less expenses. Subtract line 18 from line 12	19	139,035.	19	133,402.
20	Total assets (Part X, line 16)	20	Beginning of Current Year	20	End of Year
21	Total liabilities (Part X, line 26)	21	3,767,214.	21	4,110,014.
22	Net assets or fund balances. Subtract line 21 from line 20	22	708,251.	22	1,018,681.
22		22	3,058,963.	22	3,091,333.

Part II Signature Block

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

Sign Here	Signature of officer SCOTT FIFER, EXECUTIVE DIRECTOR Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name BRUCE BURG	Preparer's signature Date
	Firm's name ▶ GORELICK & USLANER, CPAS, A PROF. CORP. Firm's address ▶ 15260 VENTURA BLVD., STE 1705 SHERMAN OAKS, CA 91403	Check if self-employed <input type="checkbox"/> PTIN P00264515 Firm's EIN ▶ 95-4538761 Phone no. (818) 786-5656

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 1,537,177. including grants of \$ 1,226,771.) (Revenue \$)
GO CAMPAIGN IMPROVES THE LIVES OF ORPHANS AND VULNERABLE CHILDREN THROUGHOUT THE WORLD BY PARTNERING WITH PIONEERING LOCAL HEROES TO DELIVER LOCAL SOLUTIONS. GO CAMPAIGN CONNECTS DONORS TO HIGH-IMPACT GRASSROOTS PROJECTS AIMED AT CHANGING LIVES AND TRANSFORMING COMMUNITIES, ONE CHILD AT A TIME.
100% OF GENERAL PUBLIC DONATIONS FUND OUR GRANTMAKING TO BENEFIT LOCAL HEROES. THIS IS POSSIBLE BECAUSE PRIVATE DONORS, THE SALE OF AUCTION ITEMS, AND SPONSORS COVER OUR GENERAL ADMINISTRATIVE AND FUNDRAISING COSTS.

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

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

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

4e Total program service expenses 1,537,177.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 12		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

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

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

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

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

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

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

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

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

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

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes sub-totals for 1b, 1c, and 1d.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Includes a 'NONE' entry in column A.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	733,409.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,350,076.				
	g Noncash contributions included in lines 1a-1f: \$		245,000.				
	h Total. Add lines 1a-1f		2,083,485.				
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		118,862.			118,862.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		1,231,280.					
		b Less: cost or other basis and sales expenses		1,272,546.			
		c Gain or (loss)		-41,266.			
	d Net gain or (loss)			-41,266.		-41,266.	
	8 a Gross income from fundraising events (not including \$ 733,409. of contributions reported on line 1c). See Part IV, line 18	a	445,121.				
		b Less: direct expenses	b	431,669.			
		c Net income or (loss) from fundraising events		13,452.			13,452.
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a _____							
	b _____						
	c _____						
	d All other revenue						
	e 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).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	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 individuals. See Part IV, lines 15 and 16	916,060.	916,060.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	108,000.	47,035.	9,746.	51,219.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	328,295.	154,136.	31,705.	142,454.
8 Pension plan accruals and contributions (include 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):				
a Management				
b Legal				
c Accounting	25,916.		25,916.	
d Lobbying				
e 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.			122.
13 Office expenses	4,212.	1,324.	660.	2,228.
14 Information technology				
15 Royalties				
16 Occupancy	19,735.	8,119.	1,626.	9,990.
17 Travel	26,576.	15,521.	1,055.	10,000.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	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 O.)				
a BANK CHARGES	29,084.	110.	28,974.	
b FUNDRAISING EXPENSES	25,515.			25,515.
c DUES & SUBSCRIPTIONS	13,328.	5,630.	1,136.	6,562.
d TELEPHONE	4,546.	1,974.	435.	2,137.
e 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)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,203,817.	1	1,418,346.
	2 Savings and temporary cash investments	1,663.	2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	170,659.	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 employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net	5,039.	7	366,753.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	27,149.	9	3,856.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,216.		
	b Less: accumulated depreciation	10b 3,477.	10c	1,739.
	11 Investments - publicly traded securities	1,562,121.	11	1,652,949.
	12 Investments - other securities. See Part IV, line 11	793,289.	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)	3,767,214.	16	4,110,014.	
Liabilities	17 Accounts payable and accrued expenses	29,676.	17	16,328.
	18 Grants payable	613,808.	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	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		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.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,848,729.	27	2,833,821.
	28 Temporarily restricted net assets	210,234.	28	257,512.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
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.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,174,533.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,041,131.
3	Revenue less expenses. Subtract line 2 from line 1	3	133,402.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,058,963.
5	Net unrealized gains (losses) on investments	5	-101,032.
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	3,091,333.

Part XII Financial Statements and Reporting

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 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 organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,794,033.	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 Public support. Subtract line 5 from line 4.						8,931,581.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 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, and income from similar sources	134,767.	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.)						
11 Total support. Add lines 7 through 10						10,282,722.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	86.86 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	85.00 %
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 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

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

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

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

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

Section 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
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 the organization is responsive (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	

Section 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 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e 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: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c 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:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

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

Employer identification number

20-4542914

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BELMOND 2461 SANTA MONICA BLVD., #437 SANTA MONICA, CA 90404	\$ 51,875.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	BEACHBODY 2461 SANTA MONICA BLVD., #437 SANTA MONICA, CA 90404	\$ 99,405.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	DENNY JACOBUS 2461 SANTA MONICA BLVD., #437 SANTA MONICA, CA 90404	\$ 101,840.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	NICOLE LILLY 2461 SANTA MONICA BLVD., #437 SANTA MONICA, CA 90404	\$ 62,714.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	CARL DAIKELER 2461 SANTA MONICA BLVD., #437 SANTA MONICA, CA 90404	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	JONATHAN CONGDON 2461 SANTA MONICA BLVD., #437 SANTA MONICA, CA 90404	\$ 81,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	KATHY LANDMANN 2461 SANTA MONICA BLVD., #437 SANTA MONICA, CA 90404	\$ 119,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	THE AHMANSON FOUNDATION 2461 SANTA MONICA BLVD., #437 SANTA MONICA, CA 90404	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	JAMES WEEKS 2461 SANTA MONICA BLVD., #437 SANTA MONICA, CA 90404	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	THE EMILY AND ADAM BOLD FAMILY FOUNDATION 2461 SANTA MONICA BLVD., #437 SANTA MONICA, CA 90404	\$ 59,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	CARIBBEAN, ITALIAN AND SICILIAN VACATIONS	\$ 24,000.	10/20/18
6	VACATIONS AT CASA ENSUEO AND CASA PARASOL	\$ 80,000.	10/20/18
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

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

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

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number, acreage, and monitoring details.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

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

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

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

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

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

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		5,216.	3,477.	1,739.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,739.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) GOLUB CAPITAL PARTNERS		
(B) INTERNATIONAL 9, L.P.	444,783.	COST
(C) SANTA MONICA STANLEY		
(D) HOLDING COMPANY, LLC	101,728.	COST
(E)		
(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, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED VACATION	27,002.
(3) ACCRUED PAYROLL LIABILITIES	14,850.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	41,852.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

Complete if the organization answered "Yes" 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:		
a	Net unrealized gains (losses) on investments	2a	-101,032.
b	Donated services and use of facilities	2b	64,239.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	-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:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	51,809.
c	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.

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

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

1	Total expenses and losses per audited financial statements	1	2,053,561.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	64,239.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	64,239.
3	Subtract line 2e from line 1	3	1,989,322.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	51,809.
c	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.

Part XIII Supplemental Information.

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

PART X, LINE 2:

ACCOUNTING STANDARDS REQUIRE AN ORGANIZATION TO EVALUATE ITS TAX POSITIONS AND PROVIDE FOR A LIABILITY FOR ANY POSITIONS THAT WOULD NOT BE CONSIDERED "MORE LIKELY THAN NOT" TO BE UPHELD UNDER A TAX AUTHORITY EXAMINATION. MANAGEMENT HAS EVALUATED ITS TAX POSITIONS AND HAS CONCLUDED THAT A PROVISION FOR A TAX LIABILITY IS NOT NECESSARY AT DECEMBER 31, 2018 AND 2017. GENERALLY, THE ORGANIZATION'S INFORMATION RETURNS REMAIN OPEN FOR EXAMINATION FOR A PERIOD OF THREE (FEDERAL) OR FOUR (STATE OF CALIFORNIA) YEARS FROM THE DATE OF FILING.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

INDIRECT SPECIAL EVENT EXPENSES NETTED AGAINST INCOME FOR

Part XIII Supplemental Information *(continued)*

FINANCIAL STMTS 51,809.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES NETTED AGAINST INCOME FOR FINANCIAL STMTS 51,809.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

GO CAMPAIGN

Employer identification number

20-4542914

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

- For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

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

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

Schedule F (Form 990) 2018

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	FUNDS WILL BE USED TO ENSURE THAT THE GIRLS AT THE SCHOOL AND COMMUNITY CENTER HAVE	34,906.	WIRE	0.		
		SUB-SAHARAN AFRICA	BUILDING THE LUMUMBA CHILDREN'S LIBRARY AND LEARNING CENTER.	16,850.	WIRE	0.		
		SUB-SAHARAN AFRICA	FUNDS WERE USED TO START A MICROLOAN PROGRAM FOR THE FEMALE CAREGIVERS OF	12,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	THIS GRANT SUPPORTS THE LAUNCH OF A NEW YOUTH ZONE AT THE FAMILY CARE CLINIC,	13,500.	WIRE	0.		
		SUB-SAHARAN AFRICA	SUPPORTING THE CARE OF ORPHANS AT GATANGA ORPHANAGE.	12,645.	WIRE	0.		
		SUB-SAHARAN AFRICA	FUNDS WILL BE USED TO SUPPORT HEZRON'S HIGHER EDUCATION COSTS IN HIS PURSUIT	4,400.	WIRE	0.		
		SUB-SAHARAN AFRICA	ENABLED KGSA TO TRANSFORM ONE OF THEIR CLASSROOMS INTO A COMPUTER LAB. FOR	32,211.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROVIDED KGSA WITH CAMERA EQUIPMENT SO THE GIRLS CAN DEVELOP 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 ▶ _____

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	FUNDS ARE USED TO PAY THE SCHOOL FEES OF LOCAL HERO AGASTO'S TWO CHILDREN.	2,322.	WIRE	0.		
		SUB-SAHARAN AFRICA	FUNDS WERE USED TO PROVIDE COMPUTERS AND TABLES TO THE SCHOOL SO THAT STUDENTS WILL	2,206.	WIRE	0.		
		SUB-SAHARAN AFRICA	FUNDS WERE USED TO SUPPORT THE PILOT PHASE OF THE FELLOWSHIP PROGRAM.	11,412.	WIRE	0.		
		SUB-SAHARAN AFRICA	MENTORSHIP PROGRAM FOR VULNERABLE CHILDREN TO GIVE THEM THE TOOLS TO BECOME	800.	WIRE	0.		
		SUB-SAHARAN AFRICA	MENTORSHIP PROGRAM FOR VULNERABLE CHILDREN TO GIVE THEM THE TOOLS TO BECOME	30,909.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROVIDING FUNDS TO SUPPORT THE ONGOING OPERATIONS FOR THE LOVING ANGELS EARLY	4,500.	WIRE	0.		
		SUB-SAHARAN AFRICA	FUNDS ARE USED TO BUILD A NEW REHABILITATION CENTER TO ADDRESS THE NEEDS	393,408.	WIRE	0.		
		SUB-SAHARAN AFRICA	GRANT FUNDS WERE USED FOR LONG-TERM AND SHORT-TERM THERAPY AND TRAINING AND	32,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	FUNDS WERE USED TO SUPPORT SEED FUNDING FOR VOCATIONAL TRAINING FOR YOUTH	3,261.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	FUNDS WILL BE USED TO PURCHASE COMPUTERS	2,671.	WIRE	0.		
		SUB-SAHARAN AFRICA	FUNDS ARE USED TO PAY FOR THE BASIC NEEDS OF THE CHILDREN AT LEADERS OF TOMORROW	2,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	EDUCATION SPONSORSHIP FOR ONE TANZANIAN ORPHAN	43,861.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROVIDING FOR THE CARE OF THE FORMER RESIDENTS OF THE ORPHANAGE.	12,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	FUNDS WERE USED TO PAY FOR MEDICAL FEES OF A CHILD FROM CHILDREN OF PEACE	8,983.	WIRE	0.		
		SUB-SAHARAN AFRICA	PAYING SCHOOL FEES FOR CHILD ACTORS OF DISNEY'S QUEEN OF KATWE FILM	63,394.	WIRE	0.		
		SUB-SAHARAN AFRICA	USING CHESS AS A VEHICLE TO TEACH VULNERABLE YOUTH FROM UGANDA STRATEGY AND	9,141.	WIRE	0.		
		SUB-SAHARAN AFRICA	USING CHESS AS A VEHICLE TO TEACH VULNERABLE YOUTH FROM UGANDA STRATEGY AND	8,653.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	GO CAMPAIGN GRANTS WERE USED TO PROVIDE TWO YEARS OF OPERATING SUPPORT FOR	9,514.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	FUNDS WERE USED TO PAY THE RENT FOR AN ADJACENT BUILDING FOR ONE YEAR, PURCHASE	15,500.	WIRE	0.		
		SOUTH ASIA	FUNDS WILL BE USED TO SUPPORT TWO VOCATIONAL TRAINING PROGRAMS FOR VICTIMS	10,915.	WIRE	0.		
		SOUTH ASIA	FUNDS WERE USED TO PROVIDE BUTTERFLY KITS TO 18 PRISONS IN NEPAL.	9,900.	WIRE	0.		
		SOUTH AMERICA	FUNDS WERE USED TO SUPPORT THE MUSIC PROGRAM AND ORCHESTRA.	8,947.	WIRE	0.		
		SOUTH AMERICA	FUNDS WERE USED TO HELP MYSMALLHELP EXPAND TO INCLUDE STUDENTS AT AN	9,267.	WIRE	0.		
		SOUTH AMERICA	ENSURING THAT CHILDREN RESIDING IN THE SACRED VALLEY OF PERU HAVE ACCESS TO A	20,546.	WIRE	0.		
		SOUTH AMERICA	FUNDS WILL BE USED TO SUPPORT THE STUDENT CAF PROGRAM AIMED AT PROVIDING JOB	13,500.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	FUNDS WERE USED TO LAUNCH THE PILOT PHASE OF A SOCIAL ENTERPRISE, FONDVERT.	14,000.	WIRE	0.		
		NORTH AMERICA	FUNDS WERE USED TO SUPPORT THE EARLY CHILDHOOD SOCIAL INCLUSION PROGRAM,	9,456.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	FUNDS WERE USED TO MAINTAIN THE SECURITY SYSTEMS AT BOTH HOUSES TO ENSURE THE	15,000.	WIRE	0.		
		NORTH AMERICA	GO CAMPAIGN PROVIDED A GRANT TO FUND A WOOD BURNING STOVE AS WELL AS ROOF AND	10,228.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	FUNDS WILL BE USED TO PURCHASE TENTS FOR THE SCHOOL TO USE AS TEMPORARY CLASSROOMS.	5,400.	WIRE	0.		

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

Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

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

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

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

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

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

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

Part V Supplemental Information

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

PART 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.

Part V Supplemental Information

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

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: FUNDS WILL BE USED TO 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

Part V Supplemental Information

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

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

Part V Supplemental Information

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

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: 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

(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 SELF-DEFENSE TECHNIQUES.

Part V Supplemental Information

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

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: FUNDS 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

Part V Supplemental Information

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

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
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
CHARITY BUZZ INC - 437 FIFTH AVENUE 11TH FLOOR, NEW YORK, NY	ONLINE AUCTIONS	X		119,009.	36,525.	82,484.
IFONLY - 244 JACKSON STREET, 4TH FLOOR, SAN FRANCISCO, CA	ONLINE AUCTIONS	X		22,028.	4,182.	17,846.
Total				141,037.	40,707.	100,330.

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		GALA EVENT (event type)	ONLINE AUCTION (event type)	1 (total number)		
Revenue	1	Gross receipts	1,113,716.	56,570.	8,244.	1,178,530.
	2	Less: Contributions	702,565.	22,600.	8,244.	733,409.
	3	Gross income (line 1 minus line 2)	411,151.	33,970.		445,121.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	241,299.	18,500.		259,799.
	6	Rent/facility costs	77,169.		8,230.	85,399.
	7	Food and beverages	23,840.			23,840.
	8	Entertainment	26,646.		35,985.	62,631.
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through 9 in column (d)				431,669.
11	Net income summary. Subtract line 10 from line 3, column (d)				13,452.	

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

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

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

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

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

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

Name ▶ _____
 Address ▶ _____

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

Name ▶ _____
 Address ▶ _____

16 Gaming manager information:

Name ▶ _____
 Gaming manager compensation ▶ \$ _____
 Description of services provided ▶ _____

 Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: CHARITY BUZZ INC
 (I) ADDRESS OF FUNDRAISER: 437 FIFTH AVENUE 11TH FLOOR, NEW YORK, NY 10016

 (I) NAME OF FUNDRAISER: IFONLY
 (I) ADDRESS OF FUNDRAISER:
 244 JACKSON STREET, 4TH FLOOR, SAN FRANCISCO, CA 94111

Part IV Supplemental Information (continued)

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

2018

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CLEANSLATE, INC. 1955 N. RED ROCK DRIVE WALNUT, CA 91789	95-4827367	501(C)(3)	900.	0.			FUNDS USED TO CREATE AND IMPLEMENT A PILOT ANTI-BULLYING YOUTH EMPOWERMENT PROGRAM FOR
CLEANSLATE, INC. 1955 N. RED ROCK DRIVE WALNUT, CA 91789	95-4827367	501(C)(3)	2,880.	0.			FUNDS WILL BE USED TO ADDRESS THE INDIVIDUAL NEEDS OF YOUTH IN THE PROGRAM BY PURCHASING
DRAGON KIM FOUNDATION 13217 JAMBOREE ROAD, SUITE #158, TUSTIN, CA 92782	47-5197030	501(C)(3)	2,740.	0.			GO CAMPAIGN GRANT WAS USED TO PURCHASE 12 ADDITIONAL CHROMEBOOKS SO 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
CONSCIOUS YOUTH GLOBAL NETWORK 405 E. REGENT ST., #2 INGLEWOOD, CA 90301	95-1690963	501(C)(3)	16,500.	0.			GO CAMPAIGN FUNDED A RITES OF PASSAGE PROGRAM AT TOM BRADLEY GLOBAL AWARENESS MAGNET SCHOOL
DRAGON KIM FOUNDATION 13217 JAMBOREE ROAD, SUITE #158 TUSTIN, CA 92782	47-5197030	501(C)(3)	4,545.	0.			FUNDS WERE USED TO SUPPORT DRAGON KIM FOUNDATION'S MUSIC PROGRAM FOR

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2018)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOVING HANDS 99 27 GRAPE ST LOS ANGELES, CA 90002	47-4233639	501(C)(3)	7,000.	0.			LOVING HANDS COMMUNITY CARE, INC. IS A NONPROFIT ORGANIZATION THAT PROVIDES SUPPORT AND AID
MINORITY HUMANITARIAN FOUNDATION 1118 MANCHESTER ST. NATIONAL CITY, CA 91950	47-4926931	501(C)(3)	12,500.	0.			FUNDS WERE USED TO ADDRESS THE NEEDS OF CHILDREN IN CRISIS ON BOTH SIDES OF THE BORDER.
ROOTDOWN LA 180 E 35TH ST., LOS ANGELES, CA 90011	95-4302067	501(C)(3)	24,842.	0.			FUNDS WERE USED TO HELP ESTABLISH A COMMERCIAL KITCHEN AS WELL AS DEVELOP AND PILOT THE
ROSEDALE FREEDOM PROJECT PO BOX 21, ROSEDALE, MS 38769	47-2747371	501(C)(3)	12,709.	0.			FUNDS WERE USED TO PURCHASE EQUIPMENT AND SUPPLIES TO SUPPORT ALL OF RFP'S PROGRAMS
SPIRITS LANDING P.O. BOX 1759, CLARKSDALE, MS 38614	20-2797629	501(C)(3)	13,750.	0.			FUNDS WILL BE USED TO SUPPORT A PILOT PROGRAM TO LAUNCH A YEAR-LONG LEADERSHIP ACADEMY FOR 33
SPRING INITIATIVE P.O. BOX 1759 CLARKSDALE, MS 38614	45-2243846	501(C)(3)	8,161.	0.			FUNDS WILL BE USED TO ADDRESS THE INDIVIDUAL NEEDS OF YOUTH IN THE PROGRAM BY PURCHASING
SPRING INITIATIVE P.O. BOX 1759 CLARKSDALE, MS 38614	45-2243846	501(C)(3)	14,500.	0.			THE PURPOSE OF THIS GRANT IS TO IMPROVE THE LIVES OF MESHA AND HER FAMILY.
SPRING INITIATIVE P.O. BOX 1759 CLARKSDALE, MS 38614	45-2243846	501(C)(3)	42,020.	0.			DONOR DIRECTED DONATION TO TRANSFORM THE LIFE OF JARI AND HER FAMILY. FUNDS WILL BE USED TO
STEPPING FORWARD LA 181 E 35TH ST LOS ANGELES, CA 90011	95-4302067	501(C)(3)	6,062.	0.			FUNDS WILL BE USED TO ADDRESS THE INDIVIDUAL NEEDS OF YOUTH IN THE PROGRAM BY PURCHASING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STEPPING FORWARD LA 181 E 35TH ST LOS ANGELES, CA 90011	95-4302067	501(C)(3)	13,500.	0.			GRANT FUNDS WILL ALLOW STEPPING FORWARD LA TO CONTINUE TO WORK WITH FOSTER YOUTH RESIDING IN
STEPPING FORWARD LA 181 E 35TH ST LOS ANGELES, CA 90011	95-4302067		9,000.	0.			FUNDS WILL BE USED TO GRANT THE WISHES OF THE YOUTH IN STEPPING FORWARD LA'S PROGRAM AT VISTA DEL
THE BEAUTIFUL FOUNDATION PO BOX 8844 NEW ORLEANS, LA 70182	72-1517535		6,500.	0.			FUNDS WERE USED TO HELP THE BEAUTIFUL FOUNDATION SUSTAIN THEIR EMPOWERMENT PROGRAM AT PIERRE A.
YOUTH INTERACTIVE 209 ANACAPA ST SANTA BARBARA, CA 93101	26-0603721		13,906.	0.			FUNDS USED FOR COMPUTERS FOR GRAPHIC DESIGN AND FILM EDITING, LARGE TV SCREENS FOR GROUP

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART 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.

(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

Part IV Supplemental Information

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

Part IV Supplemental Information

(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

Part IV Supplemental Information

(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

Part IV Supplemental Information

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.

Part IV Supplemental Information

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)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2018

Open to Public
Inspection

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

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
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 ▶ (VACATIONS/TRI)	X	9	126,000.	DONOR REPORTED FMV
26 Other ▶ (CELEBRITY, PR)	X	12	69,000.	DONOR REPORTED FMV
27 Other ▶ (SET VISITS &)	X	13	47,000.	DONOR REPORTED FMV
28 Other ▶ (INTERNSHIPS)	X	1	3,000.	DONOR REPORTED FMV

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

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

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

Schedule M (Form 990) 2018

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

CHARITY BUZZ, INC. AND IFONLY HOST, DEVELOP, COORDINATE AND OPERATE ALL ASPECTS OF THE ONLINE AUCTIONS FOR GO CAMPAIGN.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

GO CAMPAIGN

Employer identification number

20-4542914

FORM 990, PART VI, SECTION B, LINE 11B:

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

FORM 990, PART VI, SECTION B, LINE 12C:

WHENEVER A DIRECTOR OR OFFICER HAS A FINANCIAL OR PERSONAL INTEREST IN ANY
MATTER COMING BEFORE THE BOARD OF DIRECTORS, THE AFFECTED PERSON SHALL:

- A) FULLY DISCLOSE THE NATURE OF THE INTEREST AND
- B) WITHDRAW FROM DISCUSSION, LOBBYING, AND VOTING ON THE MATTER.

ANY TRANSACTION OR VOTE INVOLVING A POTENTIAL CONFLICT OF INTEREST SHALL BE
APPROVED ONLY WHEN A MAJORITY OF DISINTERESTED DIRECTORS DETERMINE THAT IT
IS IN THE BEST INTEREST OF THE CORPORATION TO DO SO. THE MINUTES OF
MEETINGS AT WHICH SUCH VOTES ARE TAKEN SHALL RECORD SUCH DISCLOSURE,
ABSTENTION AND RATIONALE FOR APPROVAL.

FORM 990, PART VI, SECTION B, LINE 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
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FORM 990, PART VI, SECTION C, LINE 19:

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

FORM 990, PART XII, LINE 2C:

THE PROCESS OF THE OVERSIGHT OF THE AUDIT AND THE SELECTION OF THE INDEPENDENT ACCOUNTANTS HAS NOT CHANGED.