

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)

2017

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 2017 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		D Employer identification number 20-4542914
	Doing business as		E Telephone number (310)396-6343
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 8,214,962.
	2461 SANTA MONICA BLVD., #437		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code SANTA MONICA, CA 90404		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
F Name and address of principal officer: SCOTT FIFER 2461 SANTA MONICA BLVD., #437, SANTA MONICA,		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		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: GO CAMPAIGN IMPROVES THE LIVES OF ORPHANS AND VULNERABLE CHILDREN THROUGHOUT THE WORLD.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	10
	6 Total number of volunteers (estimate if necessary)	6	49
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	1,589,969.	1,731,678.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	63,446.	122,364.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-246,942.	155,550.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,406,473.	2,009,592.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	986,692.	977,305.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	445,884.	516,317.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	20,040.	38,976.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 429,087.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	373,867.	337,959.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,826,483.	1,870,557.
19 Revenue less expenses. Subtract line 18 from line 12	-420,010.	139,035.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 3,298,697.	End of Year 3,767,214.
	21 Total liabilities (Part X, line 26)	393,239.	708,251.
	22 Net assets or fund balances. Subtract line 21 from line 20	2,905,458.	3,058,963.

Part II Signature Block

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

Sign Here	Signature of officer 	Date 10/9/18			
	SCOTT FIFER, EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name BRUCE BURG	Preparer's signature 	Date 10/13/18	Check if self-employed <input type="checkbox"/>	PTIN P00264515
	Firm's name ▶ GORELICK & USLANER, CPAS, A PROF. CORP.	Firm's EIN ▶ 95-4538761			
	Firm's address ▶ 15260 VENTURA BLVD., STE 1705 SHERMAN OAKS, CA 91403	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 \$ 1,299,015. including grants of \$ 977,305.) (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 1,299,015.

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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>	X	
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

Table with columns for question number, sub-question, response box, and Yes/No columns. Rows include questions 1a through 14b regarding Form 1096, W-2G forms, backup withholding, employees, unrelated business income, foreign accounts, prohibited tax shelter transactions, annual gross receipts, deductible contributions, sponsoring organizations, and charitable trusts.

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

	1a	1b	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.	11			
b Enter the number of voting members included in line 1a, above, who are independent		10		
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?			2	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?			3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
6 Did the organization have members or stockholders?			6	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?			7a	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?			7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	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			9	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.		
11a		
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	
12b		
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		
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	
15a		
b Other officers or key employees of the organization		X
15b		
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
16a		
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 (or 1024 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				90,000.	0.	12,671.
(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) LINDA KONNER BOARD MEMBER	2.00	X						0.	0.	0.
(10) JONATHAN WARD BOARD MEMBER	2.00	X						0.	0.	0.
(11) KATARINA HYDE BOARD MEMBER	2.00	X						0.	0.	0.
(12) TERESA LIBERTINO BOARD MEMBER	2.00	X						0.	0.	0.
(13) KENNETH KIM BOARD CHAIR	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							90,000.	0.	12,671.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							90,000.	0.	12,671.	

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 **0**

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns						
	b	Membership dues						
	c	Fundraising events	949,437.					
	d	Related organizations						
	e	Government grants (contributions)						
	f	All other contributions, gifts, grants, and similar amounts not included above	782,241.					
	g	Noncash contributions included in lines 1a-1f: \$	468,243.					
	h	Total. Add lines 1a-1f	1,731,678.					
	Program Service Revenue	2 a						
		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)	118,718.			118,718.		
	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	5,520,487.				
			(ii) Other					
			b	Less: cost or other basis and sales expenses	5,516,841.			
			c	Gain or (loss)	3,646.			
	d	Net gain or (loss)	3,646.			3,646.		
	8 a	Gross income from fundraising events (not including \$ 949,437. of contributions reported on line 1c). See Part IV, line 18	a	844,079.				
	b	Less: direct expenses	b	688,529.				
c	Net income or (loss) from fundraising events		155,550.			155,550.		
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.		2,009,592.	0.	0.	277,914.		

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 ...	167,832.	167,832.		
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	809,473.	809,473.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	108,000.	52,660.	8,246.	47,094.
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	331,172.	150,698.	29,988.	150,486.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	35,848.	14,655.	4,699.	16,494.
10 Payroll taxes	41,297.	20,376.	3,441.	17,480.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17	38,976.			38,976.
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.)	141,761.	42,065.	49,057.	50,639.
12 Advertising and promotion	1,089.			1,089.
13 Office expenses	13,515.	3,613.	2,796.	7,106.
14 Information technology				
15 Royalties				
16 Occupancy	15,200.	6,650.	1,598.	6,952.
17 Travel	31,319.	12,060.	2,914.	16,345.
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	1,739.	758.	184.	797.
23 Insurance	25,255.	10,046.	4,047.	11,162.
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 FUNDRAISING EXPENSES	49,029.			49,029.
b BANK CHARGES	34,880.	1,000.	33,880.	
c DUES & SUBSCRIPTIONS	16,633.	4,491.	861.	11,281.
d TELEPHONE	3,798.	1,881.	209.	1,708.
e All other expenses	3,741.	757.	535.	2,449.
25 Total functional expenses. Add lines 1 through 24e	1,870,557.	1,299,015.	142,455.	429,087.
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	845,996.	1	1,203,817.
	2	Savings and temporary cash investments	11,578.	2	1,663.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	203,531.	4	170,659.
	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	21,700.	7	5,039.
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	27,149.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	5,216.		
	10b	Less: accumulated depreciation	1,739.		
			5,216.	10c	3,477.
	11	Investments - publicly traded securities	1,560,145.	11	1,562,121.
	12	Investments - other securities. See Part IV, line 11	650,531.	12	793,289.
	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)	3,298,697.	16	3,767,214.	
Liabilities	17	Accounts payable and accrued expenses	39,978.	17	29,676.
	18	Grants payable	336,131.	18	613,808.
	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	17,130.	25	64,767.
	26	Total liabilities. Add lines 17 through 25	393,239.	26	708,251.
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	2,875,541.	27	2,848,729.
	28	Temporarily restricted net assets	29,917.	28	210,234.
	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	2,905,458.	33	3,058,963.	
34	Total liabilities and net assets/fund balances	3,298,697.	34	3,767,214.	

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	2,009,592.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,870,557.
3	Revenue less expenses. Subtract line 2 from line 1	3	139,035.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,905,458.
5	Net unrealized gains (losses) on investments	5	14,470.
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	3,058,963.

Part XIII Financial Statements and Reporting

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

		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		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

GO CAMPAIGN

Employer identification number

20-4542914

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

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

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

f Enter the number of supported organizations

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	873,809.	1,794,033.	1,645,088.	1,594,755.	2,243,297.	8,150,982.
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	873,809.	1,794,033.	1,645,088.	1,594,755.	2,243,297.	8,150,982.
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)						630,378.
6 Public support. Subtract line 5 from line 4.						7,520,604.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	873,809.	1,794,033.	1,645,088.	1,594,755.	2,243,297.	8,150,982.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	138,188.	134,767.	190,330.	114,387.	118,718.	696,390.
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						8,847,372.
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 2017 (line 6, column (f) divided by line 11, column (f))	14	85.00 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	81.58 %
16a 33 1/3% support test - 2017. 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 - 2016. 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 - 2017. 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 - 2016. 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. 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 - 2016. 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? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

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.		Yes	No
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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

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

2017

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, 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).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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
<u>1</u>	<u>ALBERT B. GLICKMAN FAMILY FOUNDATION</u> <u>2461 SANTA MONICA BLVD., #437</u> <u>SANTA MONICA, CA 90404</u>	\$ <u>35,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	<u>BEACHBODY</u> <u>2461 SANTA MONICA BLVD., #437</u> <u>SANTA MONICA, CA 90404</u>	\$ <u>97,470.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	<u>DENNY JACOBUS</u> <u>2461 SANTA MONICA BLVD., #437</u> <u>SANTA MONICA, CA 90404</u>	\$ <u>36,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	<u>DOROTHEA HAUS ROSS FOUNDATION</u> <u>2461 SANTA MONICA BLVD., #437</u> <u>SANTA MONICA, CA 90404</u>	\$ <u>44,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	<u>NICOLE LILLY</u> <u>2461 SANTA MONICA BLVD., #437</u> <u>SANTA MONICA, CA 90404</u>	\$ <u>37,549.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	<u>JILL GOLDMAN</u> <u>2461 SANTA MONICA BLVD., #437</u> <u>SANTA MONICA, CA 90404</u>	\$ <u>39,500.</u>	Person <input checked="" 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
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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	JOHNNY HON 2461 SANTA MONICA BLVD., #437 SANTA MONICA, CA 90404	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	JONATHAN CONGDON 2461 SANTA MONICA BLVD., #437 SANTA MONICA, CA 90404	\$ 80,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	KATHY LANDMANN 2461 SANTA MONICA BLVD., #437 SANTA MONICA, CA 90404	\$ 40,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	KENNETH KIM 2461 SANTA MONICA BLVD., #437 SANTA MONICA, CA 90404	\$ 69,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	DAVID EVANS AND MORLEIGH STEINBERG 2461 SANTA MONICA BLVD., #437 SANTA MONICA, CA 90404	\$ 101,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
12	UNITED OF OMAHA LIFE INSURANCE COMPANY 2461 SANTA MONICA BLVD., #437 SANTA MONICA, CA 90404	\$ 46,590.	Person <input checked="" 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
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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
<u>5</u>	<u>MEET EVANGELINE LILLY ON THE SET OF MARVEL STUDIOS' ANT-MAN AND THE WASP IN SAN FRANCISCO, 11/17</u>	\$ <u>5,000.</u>	<u>03/23/17</u>
<u>8</u>	<u>(2) CASA PARASOL 6 DAYS/5 NIGHTS (5 BEDROOMS) AND (2) CASA ENSUENO 6 DAYS/5 NIGHTS UP TO 8 ADULT</u>	\$ <u>80,000.</u>	<u>11/18/17</u>
<u>11</u>	<u>THE JOSHUA TREE PHOTOGRAPH BY THE EDGE AND SEATS TO U2'S 2017 SOLD-OUT SF TOUR</u>	\$ <u>15,000.</u>	<u>05/05/18</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization GO CAMPAIGN	Employer identification number 20-4542914
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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

2017

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 value of contributions, aggregate value of grants, aggregate value at end of year, and two yes/no questions about donor advisement.

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 of easements, acreage restricted, number of easements on historic structures, number of easements modified, number of states, monitoring policy, staff hours, expenses, and reporting requirements.

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, and amounts required to be reported.

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

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		
(ii) related organizations		

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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.	1,739.	3,477.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 3,477.

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.	448,794.	COST
(C) 6TH SANTA FE HOLDING		
(D) COMPANY LLC	37,999.	COST
(E) 3RD PCH HOLDING COMPANY,		
(F) LLC	102,148.	COST
(G) EAST SALVO HOLDING		
(H) COMPANY, LLC	102,721.	COST
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	793,289.	

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	23,926.
(3) ACCRUED PAYROLL LIABILITIES	40,841.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	64,767.

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	2,000,296.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	14,470.	
b	Donated services and use of facilities	2b	64,239.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-88,005.	
e	Add lines 2a through 2d		2e	-9,296.
3	Subtract line 2e from line 1		3	2,009,592.
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		
c	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	2,009,592.

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	1,846,791.
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	-88,005.	
e	Add lines 2a through 2d		2e	-23,766.
3	Subtract line 2e from line 1		3	1,870,557.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,870,557.

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, 2017 AND 2016. 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 2D - OTHER ADJUSTMENTS:INDIRECT SPECIAL EVENT EXPENSES NETTED AGAINST INCOME FOR

Part XIII Supplemental Information (continued)

FINANCIAL STMTS -88,005.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

INDIRECT SPECIAL EVENT EXPENSES NETTED AGAINST INCOME FOR

FINANCIAL STMTS -88,005.

**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

2017

Open to Public
Inspection

Name of the organization

Employer identification number

GO CAMPAIGN

20-4542914

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	HUMANITARIAN	389,358.
SOUTH AMERICA	0	0	PROGRAM SERVICES	HUMANITARIAN	85,772.
SOUTH ASIA	0	0	PROGRAM SERVICES	HUMANITARIAN	193,734.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	HUMANITARIAN	94,431.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	HUMANITARIAN	10,000.
NORTH AMERICA	0	0	PROGRAM SERVICES	HUMANITARIAN	8,721.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	HUMANITARIAN	27,457.
3 a Sub-total	0	0			809,473.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			809,473.

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

Schedule F (Form 990) 2017

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	SUPPORTING AMANI'S WORK EMPOWERING VICTIMS OF SEXUAL VIOLENCE IN THE CONGO	1,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	BUILDING A SCHOOL FOCUSED ON GIVING ELEMENTARY SCHOOL GIRLS IN RURAL DRC AN	44,169.	WIRE	0.		
		SUB-SAHARAN AFRICA	GRANT FUNDS WERE USED TO ENABLE 16 BOYS WHO LIVE OUTSIDE OF THE KILIMAEWA COMMUNITY	5,670.	WIRE	0.		
		SUB-SAHARAN AFRICA	BUILDING THE LUMUMBA CHILDREN'S LIBRARY AND LEARNING CENTER TO PREPARE CHILDREN	25,980.	WIRE	0.		
		SUB-SAHARAN AFRICA	FUNDING A MICRO LOAN PROGRAM FOR THE FEMALE CAREGIVERS OF THE STUDENTS TO HELP	15,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	THIS PROGRAM IDENTIFIES AND SUPPORTS THE NEXT GENERATION OF SOCIAL	7,320.	WIRE	0.		
		SUB-SAHARAN AFRICA	SUPPORTING A INCOME-GENERATING POULTRY AND DAIRY FARM TO GENERATE	10,321.	WIRE	0.		
		SUB-SAHARAN AFRICA	BUILDING A FACILITY WITHIN THE SAINT LOUIS CENTER TO TRAIN 30 OLDER TALIB YOUTH	26,572.	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	SUPPORTING THE CARE OF ORPHANS AT GATANGA ORPHANAGE.	30,839.	WIRE	0.		
		SUB-SAHARAN AFRICA	PAYING THE SCHOOL FEES OF LOCAL HERO AGASTO'S TWO CHILDREN.	629.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROVIDING FUNDS TO SUPPORT THE ONGOING OPERATIONS FOR THE LOVING ANGELS EARLY	4,500.	WIRE	0.		
		SUB-SAHARAN AFRICA	EDUCATION SPONSORSHIP FOR ONE TANZANIAN ORPHAN	22,523.	WIRE	0.		
		SUB-SAHARAN AFRICA	MENTORSHIP PROGRAM FOR VULNERABLE CHILDREN TO GIVE THEM THE TOOLS TO BECOME	43,777.	WIRE	0.		
		SUB-SAHARAN AFRICA	SPONSOR SCHOOL FEES FOR FOUR VULNERABLE YOUTH IN KAMPALA	24,745.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROVIDE CLEAN WATER TO CHILDREN ATTENDING SOM CHESS ACADEMY	1,100.	WIRE	0.		
		SUB-SAHARAN AFRICA	SUPPORTING GABRIELLA CENTRE TO ADDRESS THE NEEDS OF CHILDREN WITH AUTISM AND	123,413.	WIRE	0.		
		SUB-SAHARAN AFRICA	FUNDS ARE USED TO PAY FOR THE BASIC NEEDS OF THE CHILDREN AT LEADERS OF TOMORROW	2,000.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	MOBILIZING THE EDUCATIONAL COMMUNITY TO TRAIN CHILDREN AND TEENAGERS IN SCHOOLS	40,000.	WIRE	0.		
		SOUTH AMERICA	INCREASE EDUCATIONAL ACCESS FOR INDIGENOUS CHILDREN LIVING IN PERU'S SACRED VALLEY	7,171.	WIRE	0.		
		SOUTH AMERICA	SUPPORTING THE PROGRAM TO TRANSFORM THE COMMUNITY OF CATEURA THROUGH THEIR	19,891.	WIRE	0.		
		SOUTH AMERICA	ENABLING CHILDREN WITH DISABILITIES IN PERU TO REACH THEIR FULL POTENTIAL BY	18,710.	WIRE	0.		
		SOUTH ASIA	ENSURING THAT 9TH GRADE GIRLS IN THE CHAK DISTRICT CONTINUE THEIR	15,325.	WIRE	0.		
		SOUTH ASIA	PROVIDED CHILDREN OF ETHNIC MINORITIES IN JAIPUR, INDIA WITH THEIR FIRST	128,891.	WIRE	0.		
		SOUTH ASIA	IMPROVING THE SECONDARY SCHOOL SCIENCE CURRICULUM SO VULNERABLE INDIAN	34,748.	WIRE	0.		
		SOUTH ASIA	FUNDS WILL PURCHASE CLASSROOM MATERIALS AND EQUIPMENT FOR MOBILE SCHOOLS AS	14,780.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	THIS GRANT WILL SUPPORT THE CONTINUATION OF CPPCR'S RECOGNIZE US	35,820.	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	PROVIDING YOUTH WITH DISABILITIES WITH A PATHWAY TO EMPLOYMENT.	19,872.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	GRANT FUNDS WILL BE USED TO PROVIDE TWO YEARS OF OPERATING SUPPORT FOR THE	38,739.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, SAUDI ARABIA, DJIBOUTI, EGYPT, ISRAELI AND	SUPPORTING A PEACE AND RECONCILIATION PROGRAM FOCUSED ON	20,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	FUNDS WERE USED TO CREATE A SHADED AREA AT THE PLACE WHERE ROOTS DOES ITS	7,457.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	MAKE SAKALA'S JADEN TAP TAP COMMUNITY GARDEN A BUSINESS START-UP INCUBATOR	10,000.	WIRE	0.		
		NORTH AMERICA	GRANT FUNDS WILL BE USED TO PROVIDE BIRTH CERTIFICATES TO STATELESS CHILDREN SO	8,721.	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: SUPPORTING AMANI'S WORK EMPOWERING VICTIMS OF SEXUAL VIOLENCE IN THE CONGO THROUGH VOCATIONAL TRAINING AND EDUCATION.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: BUILDING A SCHOOL FOCUSED ON GIVING ELEMENTARY SCHOOL GIRLS IN RURAL DRC AN EXCELLENT EDUCATION AND HELPING THEM TO BECOME LEADERS READY TO CHALLENGE THE STATUS QUO IN THEIR COMMUNITY.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: GRANT FUNDS WERE USED TO ENABLE 16 BOYS WHO LIVE OUTSIDE OF THE KILIMAHWEA COMMUNITY TO ATTEND HER ALTERNATIVE OR "SECOND CHANCE" SCHOOL. GRANT FUNDS WERE USED TO BEGIN THE CONSTRUCTION OF A BOYS' HOSTEL. NOW THESE BOYS HAVE A SAFE PLACE TO LIVE AS THEY STUDY AND SEEK TO PASS THEIR SECONDARY SCHOOL GRADUATION EXAM. IF SUCCESSFUL, THEY

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.

COULD ACCESS HIGHER PAYING JOBS AND BE IN A BETTER POSITION TO SUPPORT THEMSELVES AND THEIR FAMILIES.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: BUILDING THE LUMUMBA CHILDREN'S LIBRARY AND LEARNING CENTER TO PREPARE CHILDREN FROM ONE OF THE POOREST AREAS IN THE WORLD (MOST OF WHOM CANNOT AFFORD TO ATTEND SCHOOL ON A REGULAR BASIS), TO LEARN THE BASIC TENETS OF CRITICAL THINKING.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: FUNDING A MICRO LOAN PROGRAM FOR THE FEMALE CAREGIVERS OF THE STUDENTS TO HELP THEM INCREASE THEIR INCOME AND LEARN SMALL BUSINESS MANAGEMENT, MEANING THEIR CHILDREN (THE STUDENTS) CAN FOCUS MORE ON THEIR EDUCATION.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: THIS PROGRAM IDENTIFIES AND SUPPORTS THE NEXT GENERATION OF SOCIAL ACTIVIST IN KENYA THROUGH A TEACHER'S ASSISTANT TRAINING PROGRAM. SUPPORTING THE TRAINING OF 200 RECENT SECONDARY SCHOOL GRADUATES SO THEY CAN SUCCESSFULLY VOLUNTEER AS PRIMARY SCHOOL TEACHING ASSISTANTS. BY VOLUNTEERING THEIR TIME AS TEACHING ASSISTANTS, THE YOUTH NOW HAVE A CHANCE TO GIVE BACK TO YOUNGER STUDENTS AND GIVE THEM HOPE FOR A BETTER AND MORE SUCCESSFUL FUTURE THROUGH EDUCATION. THESE TRAINED YOUTH ARE ALSO BUILDING SKILLS, INTERESTS, AND EXPERIENCES THAT WILL INFLUENCE THEIR DECISIONS IN UNIVERSITY AND IN THEIR CAREERS IN A POSITIVE WAY.

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: SUPPORTING A INCOME-GENERATING POULTRY AND DAIRY FARM TO GENERATE FINANCIAL SUPPORT TO COMPLIMENT THEIR EXISTING FUNDRAISING EFFORTS. FUNDS GENERATED FROM THE SALE OF EGGS, POULTRY, AND MILK WILL BE USED TO SUPPORT THE ORGANIZATION'S EFFORTS IN THE MT. ELGON REGION.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: BUILDING A FACILITY WITHIN THE SAINT LOUIS CENTER TO TRAIN 30 OLDER TALIB YOUTH EACH YEAR IN THE SKILLS OF SEWING AND TAILORING. THE PROPOSED PROJECT FOR WHICH WE REQUEST SUPPORT IS 16 MONTHS LONG - 4 MONTHS FOR CONSTRUCTION AND 12 MONTHS FOR THE FIRST YEAR OF OPERATION.

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: 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: SUPPORTING GABRIELLA CENTRE TO ADDRESS THE NEEDS OF CHILDREN WITH AUTISM AND INTELLECTUAL DISABILITIES IN MOSHI, TANZANIA. GO CAMPAIGN IS ENSURING THAT CHILDREN RECEIVE THE THERAPEUTIC CARE

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.

NECESSARY TO LEAD INDEPENDENT AND PRODUCTIVE LIVES.

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: SOUTH AMERICA

(D) PURPOSE OF GRANT: MOBILIZING THE EDUCATIONAL COMMUNITY TO TRAIN CHILDREN AND TEENAGERS IN SCHOOLS FOR THE PREVENTION OF HUMAN TRAFFICKING AND SEXUAL EXPLOITATION OF CHILDREN, THROUGH SELF-PROTECTION AND PREVENTION OF RISK SITUATIONS.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: INCREASE EDUCATIONAL ACCESS FOR INDIGENOUS CHILDREN LIVING IN PERU'S SACRED VALLEY BY REPAIRING A GREENHOUSE TO PROVIDE NUTRITION FOR CHILDREN AND PROVIDING EDUCATIONAL MATERIALS, AND SOUND EQUIPMENT SO THESE YOUTH HAVE MORE OPPORTUNITIES FOR A BRIGHTER FUTURE.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: SUPPORTING THE PROGRAM TO TRANSFORM THE COMMUNITY OF CATEURA THROUGH THEIR MUSIC EDUCATION AND YOUTH ORCHESTRA PROGRAMS. THIS PROGRAM TEACHES CHILDREN TO PLAY BEAUTIFUL MUSIC ON INSTRUMENTS MADE OF TRASH.

REGION: SOUTH AMERICA

Part V Supplemental Information

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

(D) PURPOSE OF GRANT: ENABLING CHILDREN WITH DISABILITIES IN PERU TO REACH THEIR FULL POTENTIAL BY HELPING EXPAND THEIR PROGRAM AND OPEN A PUBLIC CAF IN AN AREA OF CUSCO COMMONLY FREQUENTED BY TOURISTS. THROUGH THIS PROGRAM, YOUTH WITH DISABILITIES LEARNED JOB SKILLS, AND MORE IMPORTANTLY THE COMMUNITY SEES YOUTH WITH DISABILITIES IN PROFESSIONAL ROLES, CHALLENGING THEIR PERCEPTIONS OF DISABILITIES.

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: ENSURING THAT 9TH GRADE GIRLS IN THE CHAK DISTRICT CONTINUE THEIR EDUCATION UNINTERRUPTED WHILE SCHOOL ADMINISTRATORS WORK WITH THE LOCAL GOVERNMENT TO TAKE OVER OPERATIONS AT THE SCHOOL. GRANT FUNDS WILL BE 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: SOUTH ASIA

(D) PURPOSE OF GRANT: PROVIDED CHILDREN OF ETHNIC MINORITIES IN JAIPUR, INDIA WITH THEIR FIRST OPPORTUNITY TO LEARN.

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: IMPROVING THE SECONDARY SCHOOL SCIENCE CURRICULUM SO VULNERABLE INDIAN YOUTH CAN BE COMPETITIVE ON THEIR NATIONAL EXAMS AND HAVE OPPORTUNITIES FOR CONTINUED EDUCATION.

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: FUNDS WILL PURCHASE CLASSROOM MATERIALS AND

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.

EQUIPMENT FOR MOBILE SCHOOLS AS WELL AS PROVIDE TEACHER TRAINING TO THEIR YOUNG COHORT OF INSTRUCTORS TO PROMOTE LITERACY AND PRIMARY EDUCATION TO VULNERABLE CHILDREN FROM FAMILIES LIVING IN THE SLUM COMMUNITIES OF ISLAMABAD.

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: THIS GRANT WILL SUPPORT THE CONTINUATION OF CPPCR'S RECOGNIZE US PROGRAM, WHICH HELPS STATELESS MIGRANTS IN THAILAND SECURE BIRTH CERTIFICATES FOR THEIR YOUNG CHILDREN, IN ORDER FOR THEM TO BE ABLE TO ACCESS EDUCATION AND MEDICAL SERVICES.

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: PROVIDING YOUTH WITH DISABILITIES WITH A PATHWAY TO EMPLOYMENT, INDEPENDENCE, AND HAPPINESS.

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: GRANT FUNDS WILL BE 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.

(A) REGION:

MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,

(D) PURPOSE OF GRANT: SUPPORTING A PEACE AND RECONCILIATION PROGRAM FOCUSED ON ISRAELI AND PALESTINIAN YOUTH.

REGION: MIDDLE EAST AND NORTH AFRICA

Part V Supplemental Information

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

(D) PURPOSE OF GRANT: FUNDS WERE USED TO CREATE A SHADED AREA AT THE PLACE WHERE ROOTS DOES ITS PEACEBUILDING WORK TO BRING ISRAELI AND PALESTINIAN YOUTH TOGETHER.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: MAKE SAKALA'S JADEN TAP TAP COMMUNITY GARDEN A BUSINESS START-UP INCUBATOR FOR YOUNG ENTREPRENEURS IN FIELDS SUCH AS COMPOSTING, MARKET GARDENING, TREE NURSERIES, AND TRANSFORMATION OF MORINGA PRODUCTS.

REGION: NORTH AMERICA

(D) PURPOSE OF GRANT: GRANT FUNDS WILL BE USED TO PROVIDE BIRTH CERTIFICATES TO STATELESS CHILDREN SO THEY CAN ACCESS THEIR RIGHTS TO EDUCATION, HEALTH CARE, EMPLOYMENT, AND VOTING.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest instructions.

OMB No. 1545-0047

2017

Open to Public Inspection

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	ONLINE AUCTIONS	X		159,614.	32,115.	127,499.
IFONLY - 244 JACKSON STREET, 4TH FLOOR, SAN FRANCISCO, CA	ONLINE AUCTIONS	X		40,258.	6,641.	33,617.
Total				199,872.	38,756.	161,116.

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	
		GALA EVENT (event type)	CARS AND CASINOS (event type)	4 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	1,135,167.	315,020.	343,329.	1,793,516.
	2	Less: Contributions	698,935.	87,573.	162,929.	949,437.
	3	Gross income (line 1 minus line 2)	436,232.	227,447.	180,400.	844,079.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	226,532.	177,458.	117,523.	521,513.
	6	Rent/facility costs	78,004.		8,310.	86,314.
	7	Food and beverages	1,186.	9,026.	12,728.	22,940.
	8	Entertainment	6,050.	15,850.		21,900.
	9	Other direct expenses	16,492.	16,582.	2,788.	35,862.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				688,529.
	11	Net income summary. Subtract line 10 from line 3, column (d)				155,550.

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))
		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.

155,550 FROM FUNDRAISING EVENTS LISTED IN PART II

216,545 TICKET SALES IN EXCESS OF THE VALUE RECEIVED BY THE ATTENDEES

168,069 FUNDRAISING EVENT SPONSORSHIPS RECORDED AS CONTRIBUTION

INCOME

564,824 OTHER CONTRIBUTIONS RELATED TO THE FUNDRAISING EVENTS

1,104,980 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

2017

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)	2,367.	0.			SUPPORTING INITIATIVES TO REHABILITATE FORMER GANG YOUTH AND TO PROVIDE COUNSELING TO INNER-CITY
CLEANSLATE, INC. 1955 N. RED ROCK DRIVE WALNUT, CA 91789	95-4827367	501(C)(3)	9,682.	0.			FUND A PILOT ANTI-BULLYING PROGRAM AT SKIRBALL MIDDLE SCHOOL AND PROVIDE BULLIES AND
CONSCIOUS YOUTH GLOBAL NETWORK 405 E. REGENT ST., #2 INGLEWOOD, CA 90301	95-1690963	501(C)(3)	49,200.	0.			PROVIDING ADOLESCENT BOYS WITH MENTORSHIP AND SUPPORT SO THEY CAN MAKE POSITIVE LIFE CHOICES.
GIRLFORWARD P.O. BOX 607516 CHICAGO, IL 60660	45-2987277	501(C)(3)	21,165.	0.			HELPING ADOLESCENT REFUGEE GIRLS EXCEL ACADEMICALLY.
COMMUNITY HEALING GARDENS 805 BROOKS AVE VENICE, CA 90291	47-4581412	501(C)(3)	18,368.	0.			FUNDS WILL BE USED TO SUPPORT AN URBAN GARDENING PROGRAM AT MARKHAM MIDDLE SCHOOL IN
SPRING INITIATIVE P.O. BOX 1759 CLARKSDALE, MS 38614	45-2243846	501(C)(3)	51,500.	0.			PILOTING A SCHOOL-BASED INTERVENTION TO ADDRESS THE NEEDS OF STUDENTS SUFFERING FROM TRAUMA.

- 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) (2017)

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
STEPPING FORWARD LA 180 E 35TH ST. LOS ANGELES, CA 90011	95-4302067	501(C)(3)	15,000.	0.			GRANT FUNDS WILL SUPPORT PROGRAMS TO ASSIST YOUTH EXITING OUT OF THE FOSTER CARE SYSTEM.
KIBERA GIRLS SOCCER ACADEMY 1263 OSCEOLA AVENUE SAINT PAUL, MN 55105	80-0390275	501(C)(3)	550.	0.			FUNDS TO SUPPORT KIBERA GIRLS SOCCER ACADEMY - THE FIRST FREE SECONDARY SCHOOL FOR GIRLS IN

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: SUPPORTING INITIATIVES TO REHABILITATE FORMER GANG YOUTH AND TO PROVIDE COUNSELING TO INNER-CITY LGBTQIA YOUTH.

NAME OF ORGANIZATION OR GOVERNMENT: CLEANSLATE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FUND A PILOT ANTI-BULLYING PROGRAM AT SKIRBALL MIDDLE SCHOOL AND PROVIDE BULLIES AND VICTIMS WITH A SAFE

Part IV Supplemental Information

SPACE TO DISCUSS EMOTIONS AND BUILD RELATIONSHIPS

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY HEALING GARDENS

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS WILL BE USED TO SUPPORT AN URBAN GARDENING PROGRAM AT MARKHAM MIDDLE SCHOOL IN WATTS TO PROVIDE A SAFE PLACE FOR LEARNING, GROWING AND HEALING WHILE OFFERING HEALTHY FOOD AND JOBS TO THE COMMUNITY.

NAME OF ORGANIZATION OR GOVERNMENT: KIBERA GIRLS SOCCER ACADEMY

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS TO SUPPORT KIBERA GIRLS SOCCER ACADEMY - THE FIRST FREE SECONDARY SCHOOL FOR GIRLS IN KIBERA, KENYA

SCHEDULE I, PART I, QUESTION 2:

THE ORGANIZATION REQUIRES INITIAL BUDGET PROPOSALS FOR GRANT FUNDING, EXPENDITURE REPORTS ON AN ONGOING BASIS, AND SUMMARY REPORTS AT THE CONCLUSION OF EVERY PROJECT. THE ORGANIZATION REQUIRES PHOTOS, VISUAL PROOF, AND COMPARISONS TO BUDGET FOR EACH PERIODIC EXPENDITURE REPORT. THE ORGANIZATION REQUIRES EXPENDITURE REPORTS AT DIFFERENT INTERVALS, DEPENDING UPON HOW RECENT GRANT FUNDS HAVE BEEN DISTRIBUTED (NO LATER THAN 8 WEEKS IF GRANT FUNDS HAVE RECENTLY BEEN DISBURSED). FINALLY, THE ORGANIZATION MAY VISIT THE GRANTEES TO PHYSICALLY CHECK THE PROGRESS OF THE GRANT FUNDING.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for 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	X	2	15,900.	DONOR REPORTED FMV
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (<u>SOUVENIRS</u>)	X	134	147,436.	DONOR REPORTED FMV
26	Other ▶ (<u>VACATIONS/TRI</u>)	X	15	124,815.	DONOR REPORTED FMV
27	Other ▶ (<u>SET VISITS &</u>)	X	51	91,827.	DONOR REPORTED FMV
28	Other ▶ (<u>CELEBRITY, PR</u>)	X	23	83,765.	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) 2017

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.

PART I, OTHER TYPES OF PROPERTY:

INTERNSHIPS

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 2500.

(D) METHOD OF DETERMINING REVENUE: DONOR REPORTED FMV

GAME TICKETS

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 2

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 2000.

(D) METHOD OF DETERMINING REVENUE: DONOR REPORTED FMV

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

2017

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.



Confirmation



i Confirmation number: **WE27371856**

You may print this confirmation for your records. Your transaction was sent to Vanguard on 10/01/2018 at 12:54 PM, Eastern time.

Plan ID 10245421 — CWG Management Inc

Date submitted 10/01/2018

Tax year 2018

Funding method Electronic Bank Transfer (EBT)

Submitted by Kristine Isayan

Total contribution \$995.80

Employee salary deferral contributions \$570.82

Employer contributions \$424.98

Contributing participants 2

Total participants 3

Plan ID 10245421 — CWG Management Inc

2 participants

Displaying 1-2 of 2 participants

Participant Name	TIN	Contributions		
		Employee Salary Deferral	Employer	Total
Estes, Andrew	xxx-xx-3771	\$249.99	\$249.99	\$499.98
Pinheiro, Daniel A	xxx-xx-8993	\$320.83	\$174.99	\$495.82
	Subtotal	\$570.82	\$424.98	\$995.80
	Total	\$570.82	\$424.98	\$995.80

Displaying 1-2 of 2 participants

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