2949306000700

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)

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

2018

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

OMB No 1545-0047

A F	or th	e 2018	calendar year, or tax year beginning		04/01,20	18, an	d endin	9			31, 20	
_			C Name of organization						D Employer ide	ntifice	ition number	
В	hesis of a	ppicable	AMERICAN ONLINE GIVIN	G FOUNDATIO	N, INC.				81-073	944	0	
Г	Addre		Doing business as									
	7	change	Number and street (or P.O box if mail is	not delivered to street	t address)	Ro	om/suite		E Telephone nu	mber		
	Indust	return	2454 N MCMULLEN BOOTH	ROAD			STE.	431	(800) 82	8-5	415	
Г		relurn/ naled	City or town, state or province, country,	and ZIP or foreign pos	stal code							
	Amer	vded .	CLEARWATER, FL 33759						G Gross receipt	s \$	806,2	08,032.
		cation	F Name and address of principal officer	BRYAN DE	LOTTINVIL	LE			H(B) is this a gro		rn for Y	es X No
	<b>→</b> p4.~.	'' <b>''</b>	2454 N MCMULLEN BOOTH	RD., STE,	CLEARWATE	R, F	L 337	59	H(b) No ett scoo.		Elyded? Y	'es No
1	Tax-ex	empt st		)   (insert no	7		7 7	27	1/		list (see instruct	ions)
J	Webs	te: 🕨	HTTP://WWW.ONLINEGIVING			<u>`</u>	16	1	H(c) Group exam	n nodqı	umber 🕨	
K	Form	of orean	ization. X Corporation Trust	Association C	ther >		L Year	of forma	tion 2015 M			cile. GA
	art l		mmary			*******						
	1		describe the organization's mission o	r most significant a	ctivities: SEE	SCH	EDULE	0.				
9	Ι'	J., C.,	accorde the organization's impound	· most significant c								
Ĕ												
٤	2	Check	this box 🕨 🔲 if the organization d	iscontinued its op	erations or diso	osed o	f more t	han 25%	of its net asse	S.		
Governance	3		er of voting members of the governing		-					3		3.
*5	4		er of independent voting members of t							4		3.
Activities &	· ·		number of individuals employed in cale		•					5		0.
₹	i		number of volunteers (estimate if necess							6		3.
Ą			unrelated business revenue from Part V							7a		0.
			related business taxable income from							7b		0.
	_	7100	indicate decimos talable injustic from					T T	Prior Year	11.2	Currer	
_	8	Contra	butions and grants (Part VIII, line 1h)					6	06,310,22	0.		08,032.
ş	9		am service revenue (Part VIII, line 2g)					· ——		0.		0.
Revenue			ment income (Part VIII, column (A), line							0.		0.
Œ			revenue (Part VIII, column (A), lines 5.							0.	,	0.
	12		evenue - add lines 8 through 11 (must						06,310,22	0.	806.20	08,032.
			s and similar amounts paid (Part IX, colu					_	89,772,80			98,746.
	14		its paid to or for members (Part IX, colu					·		0.		0.
_	l 4 -	0-1		-C 10 IVI	441 15 5 44	^1				0.		0.
Expenses	160	Drofor	es, other compensation, employee bene ssional fundraising fees (Part IX, column fundraising expenses (Part IX, column (I	(A) line 115)	in (A), intes 5-10	·/		Ъ—		0.		0.
ã	<sup> </sup>	Total	fundraising expenses (Part IX, column (I	(A), line ( le)	RECEIV	VÆſ		·	·			
Ä	17		expenses (Part IX, column (A), lines 11					\ <del></del>	16,278,91	0.	20.21	89,444.
	18	Total	expenses, Add lines 13-17 (must equal	Bad IV college (A			ي: ان		06,051,71			88,190.
	19	Reven	ue less expenses. Subtract line 18 from	hoe 12	" FED' 1 9	2021	0   C	) <del>                                    </del>	258,50			80,158.
36		110101	oc 1639 expenses. Odbaect inte 10 mai	1		• • • •	- 10	Begin	ining of Current		End of	
	20	Total a	assets (Part X, line 16)		OGDEN	11:			55,261,78	$\overline{}$	<del></del> _	85,691.
8 <u>8</u>	21	Total !	iabilities (Part X, line 26)		CODEIA	$\cdot$ $\cdot$	. j		54,920,25			00,787.
ĕ.5			sets or fund balances Subtract line 21					-	341,52			84,904.
	rt II		nature Block	1101111110 20, , .		· · · · ·		<u> </u>		L		
				is return, including a	accompanying sch	edules	and state	ements, a	and to the best o	f my k	nowledge an	d belief, it is
true	, corre	ct, and	f perjury, I declare that I have examined the complete. Declaration of preparer (other than	officer) is based on	all information of	which p	reparer t	as any k	nowledge			
			MXXU						Febru	S. 14	12020	
Sig			Signature of officer						Date	~ <del>y . 1</del>	12000	<del></del>
He	re		KELLY SCHMITT		SECRE	TAR	¥					
			Type or print name and title									
		Print	Type preparer's name	Preparer's syndture			Date		Check	ir F	אודי	
Paid		TRAV	IS L PATTON	1		_	2/13/	2020	self-employ	,	P00369	623
•	parer		name PRICEWATERHOUSECO	OPERS LLP		4			Firm's EIN 🏲	3-4		
U80	Only		address >600 13TH ST NW WA		C 20005						414-100	0
May	the		scuss this return with the preparer			ns)					. X Yes	No
For	Paper	rwork I	Reduction Act Notice, see the separat	e instructions.								90 (2018)

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For	m 990 (2018)	Page 2
Р	Statement of Program Service Accomplishments	
1	Check if Schedule O contains a response or note to any line in this Part III	Х
•	SEE SCHEDULE O.	
2		No
3	If "Yes," describe these new services on Schedule O  Did the organization cease conducting, or make significant changes in how it conducts, any program services?	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 measure expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to of the total expenses, and revenue, if any, for each program service reported.	
4a	(Code) (Expenses \$	
4b	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )	
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)	
	Other program services (Describe in Schedule O )	
	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ 786,598,746.	
<u>4e</u>	Total program service expenses ▶ 786,598,746.	

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	5		Х
;	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6	х	
	Did the organization receive or hold a conservation easement, including easements to preserve open space,		_	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	1	х
	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			Ì
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
	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		1	
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		x
	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	1 I a		Ë
		116		l x
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	110		x
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<b>├</b> ^
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	أممما		x
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			X
	Did the organization report an amount for other liabilities in Port X, line 25? If "Yes " complete Schedule D, Part X			
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses .	1.5	<del></del> :	x
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111		
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	<u> </u>	<u> </u>
)	Was the organization included in consolidated, independent audited financial statements for the tax year? If			Ι.
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b	_	X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
		14a		X
)	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			ļ
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		×
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		,
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			ŀ
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		}
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
а	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
_	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			$\vdash$
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
_			990	(20)
1 000		r OHII	J J J	(£U

Form 990 (2018)

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Par	t IV Checklist of Required Schedules (continued)		<del>,</del>	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<del></del>	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		l	X
24.0	employees? If "Yes," complete Schedule J	23	├	<del>  ^</del>
24 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		╆▔
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			✝
_	to defease any tax-exempt bonds?	24c	1	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
	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? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		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			١
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			x
20	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	$\vdash$	
28	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x -
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200		<u> </u>
•	Schedule L, Part IV	28b		x
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		1 1	,,
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		х
35.0		35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	334		<u> </u>
_	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
- =	related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	7	[	
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<del> ,</del>		لملياغ
	The state of the s	<u> </u>	Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		, 1	i
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			I
U	reportable gaming (gambling) winnings to prize winners?	1c	x	
	Topolisable genning (gennemig) minimige to prize minimicio		990	(2018)

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0.			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b_		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			ľ
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			-
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u> </u>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	_5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			.,
	solicit any contributions that were not tax deductible as charitable contributions?	6a		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or	٠.	. !	
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a		 X
٠.	and services provided to the payor?	7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	75		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 <b>f</b>		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	_		
	sponsoring organization have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			,
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
þ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter	17 170		, , ,
	Initiation fees and capital contributions included on Part VIII, line 12			
p	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]	İ		
11	Section 501(c)(12) organizations. Enter			İ
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources		1	
	against amounts due or received from them )	100		-
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<del> </del>	<del>-</del>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1		ļ ,
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	├	
a	Is the organization licensed to issue qualified health plans in more than one state?	130	<u> </u>	<u> </u>
<b>b</b>	Note. See the instructions for additional information the organization must report on Schedule O  Enter the amount of reserves the organization is required to maintain by the states in which			'
U	the organization is licensed to issue qualified health plans	]	1	Ι,
	Enter the amount of reserves on hand	1		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	Ī —	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			[
•	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N		·	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O	L		<u>.</u>
		F	. aan	/2018

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O Check if Schedule O contains a response or note to any line in this Part VI			
Sect	tion A. Governing Body and Management	<u></u>	· · ·	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	3		
	If there are material differences in voting rights among members of the governing body, or	1		i
	if the governing body delegated broad authority to an executive committee or similar			
ь	committee, explain in Schedule O  Enter the number of voting members included in line 1a, above, who are independent	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
-	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		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization become aware during the year of a significant diversion of the organization's assets	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a		x
	one or more members of the governing body?	, <u>a</u>		-
b		7b		x
_	stockholders, or persons other than the governing body?	70		-
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	]		] .
	the year by the following		X	
а	The governing body?	8a	X	├
b	Each committee with authority to act on behalf of the governing body?	8b		├
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			X
O4	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	1	
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Coae	Yes	No
			Tes	X
	Did the organization have local chapters, branches, or affiliates?	10a		
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		ļ
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			ļ
	rise to conflicts?	12b	<u> </u>	
` c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
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?			
а	The organization's CEO, Executive Director, or top management official	15a		X
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			i
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
16a	with a taxable entity during the year?	16a		X
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
D	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		
Socti	on C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed ► ATTACHMENT 1			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (3)s only) available for public inspection. Indicate how you made these available. Check all that apply	(Sect	ion 5	01(c)
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inte	erest p	olicy	, 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 record RELLY SCHMITT 611 MEREDIT'S ROAD NE, UNIT 700	s 🕨		
	REDUL SCHMILL GIL MEREDILE KOMP ME, UNIL 700 CALGARI AB CA TZE ZWO 403-237-7875			

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

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

X Check this box if neither the organization no	r any related	orga	nıza	tion	cor	npens	ate	d any current offic	er, director, or trus	tee	
(A)	(B)	(C) Position			(D)			(E)	(F)		
Name and Title	Average					than o		Reportable	Reportable	Estimated	
	hours per week (list any					is both or/trust		compensation from	compensation from related	amount of other	
	hours for				_			the	organizations	compensation	
	related organizations below dotted line)	. ~ =	Former Highest compensated employee Key employee Officer Institutional trustee Individual trustee or director		mer ghest compensated ployee		organization (W-2/1099-MISC) (W-2/1099-MISC)		from the organization and related organizations		
(1)BRYAN DE LOTTINVILLE	2.00							_			
DIRECTOR & PRESIDENT	0.	Х		X		<u> </u>		0.	0.		
(2)KATHY FIELDS	1.00						l '	_		_	
DIRECTOR & SECRETARY	0.	X		X	L			0.	0.	0.	
(3)DAVID PAMENTER	1.00									•	
DIRECTOR & TREASURER	0.	X		Х	_		_	0.	`, 0,.	0.	
(4)JAMES PETTIGREW	4.00	1		١	ļ					•	
SECRETARY (THROUGH 1/31/19)	0.	<u> </u>	ļ	Х	_		ļ	0.	0.	0.	
(5)JASON PAUL	2.00		ł	١				٠, ^		0	
SECRETARY (1/31/19-2/19/19)	0.		├	X	<u> </u>			0.	0.	0	
(6)KELLY SCHMITT	2.00	ł	İ	,				0.	0.	0 .	
SECRETARY (FROM 2/19/19) (7)	0.			Х	-			0.	0.		
(8)										<u> </u>	
(9)											
(10)						-					
(11)								-			
(12)				<del>                                     </del>	<u> </u>					<u> </u>	
(13)				-							
(14)				T							

Form 990 (2018)

Part VII Section A. Officers, Directors, Tru	istees, Ke	y En	plo	ye	es,	and I	ligi	hest Compensat	ed Employees	(continued)
(A) Name and title	(B) Average hours per week (list any hours for related	Average Position ours per (do not check more than our check list any ours for officer and a director/trus					an ee)	(D)  Reportable compensation from the organization	(E) Reportable compensation fror related organizations (W-2/1099-MISC)	other compensation
	organizations below dotted line)	Individual frustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W 211000 miles)	organization and related organizations
			i							
	<b></b>									
								_		
	<del></del>									
to Sub-total c Total from continuation sheets to Part VII, Sod Total (add lines 1b and 1c)	ection A Ilimited to t	hose	liste	· ·	 	· · ·		0. 0. ceived more than	0	. 0
reportable compensation from the organization  Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu For any individual listed on line 1a, is the second complete schedules.	er, directoule J for suc	ch ind oortab	tru <i>ividu</i> ele c	<i>ual</i> :om	 per	 Isatioi	 nar		sation from the	Yes No
organization and related organizations gre individual										4 X
for services rendered to the organization? If "Yes										5 X
Complete this table for your five highest com compensation from the organization Report c year	pensated in ompensation	ndepe on for	the	ent ca	con	tracto Iar ye	rs t ar e	hat received more ending with or with	than \$100,000 nin the organizati	of on's tax
(A) Name and business add	lress							(B) Description of se	ervices	(C) Compensation
ATTACHMENT 2										
				_			-			
Total number of independent contractors (in more than \$100,000 in compensation from the contractors)	ncluding bu	ut not	lim	nite	d to	thos	ie li	sted above) who	received	
more than \$100,000 in compensation from the SA (E1055 1 000) 6775MW 1673	o organiza <u>i</u>		18-	-7.	6F		_			Form <b>990</b> (2018 PAGE 8

Form	990 (2	018) AMERICAN ON	LINE GIVIN	G FOUNDATION	, INC.	81-0739440 Page			
	t VIII								
		Check if Schedule O contains a respon	co or note to ar	v line in this Part \	./111				
		Check ii Schedule O contains a respon		(A)	(B)	(C)	(D)		
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514		
9 9	PANKE PRO	10	**************************************	~1.37\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	44474A44888448		60°, 60°, 60°, 60°, 60°, 60°, 60°, 60°,		
E T	1a	Federated campaigns 18							
عَ ق	Ь	Membership dues							
₹ <u>₹</u>	C	Fundraising events 1c							
2 5	d	Related organizations 1d							
캶	е	Government grants (contributions) 1e							
ĕĔ	1	All other contributions, gifts, grants,					7		
물통		and similar amounts not included above . 11	806,208,032.						
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f \$	_						
	h	Total. Add lines 1a-1f	<u> ▶</u>	806,208,032.					
Service Revenue		,	Business Code		\$466 PRO \$450 PRO \$45				
9	2a	· · · · · · · · · · · · · · · · · · ·							
e e	ь								
Š	c								
38	d	- ,							
Ę.	e								
Program		All other program service revenue							
<u>_</u>	g	Total. Add lines 2a-2f	▶	0.					
	3	Investment income (including dividend	ds. interest.	,	,				
		and other similar amounts)	_	0.					
	4	Income from investment of tax-exempt bond		0.	-				
	5	Royalties	•	0.					
, ,	, ,	(ı) Real	(II) Personal			\$362 <b>\$</b> \$\$\$\$\$			
	6a	Gross rents	<del></del>						
	ь	Less rental expenses							
	, ,	Rental income or (loss)							
•	ď		, ▶	0.					
<b>t</b> 4	7a	Gross amount from sales of (i) Secunties	(II) Other	WWW.FW	1246200000000000000000000000000000000000	\$5#?2#\$ \$\\ \\ \$\\ \$\\ \$\\ \$\\ \$\\ \$\\ \$\\ \$\	70.306.6200.9		
		assets other than inventory	•						
- 1-22		Less cost or other basis							
~			manage a specifican statistical						
8.00	_ ا	and sales expenses							
	d	Ret gain or (loss)		0.	XX X XX XX XX XX XX XX XX XX XX XX XX X	A	7 111-111		
	i	· ' · · ·			28:35.63.200	340430000	2334/03/10/20		
. 2	ga .	Gross income from fundraising	r a						
Š		events (not including \$	- 1						
Œ	1 :	of contributions reported on line 1c)	, 0.						
Other Revenue	.	See Part IV, line 18	0.						
Ó	р	Net income or (loss) from fundraising events		0.		**************************************	WWW. WARRANCE CO.		
			<del> </del>		ASSOCIATES		A. 200 (100 (100 A)		
	,9a	Gross income from gaming activities See Part IV, line 19	. 0.						
	١.								
	þ	Less direct expenses bt  Net income or (loss) from gaming activities.		0.		200 x 000 0000000 100000 1000	S. 198 A 19 50 S. K. K.		
	40.	· · · · · · · · · · · · · · · · · · ·					>>>>		
-	10a	Gross sales of inventory, less returns and allowances	٥.						
•		- [	0.						
	b	Less cost of goods sold bl Net income or (loss) from sales of inventory		0 -	RIGHT A SPECIAL ARROTT PRESENTING	Le vice comb 35/2/ Fin Strike, So.	arrage was read to the same of the		
	_ <u>_</u> _	Miscellaneous Revenue	Business Code		330388 W.W.S.		23. <b>22.2</b> 2.22.201.42.4		
	44:			1 ( 0 - 1472 0 14 5 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Total and a substantial size season a	AMOUNTAN SON STAN STANGER SON	ever est vostorio di ascrigoggi.		
	11a			· · · · · · · · · · · · · · · · · · ·		-	<del></del>		
	b						<del></del>		
	C .			<del></del>	<del></del>	· <del>-</del> · ··	<u></u>		
	ď	All other revenue		0.					
	е 12	Total. Add lines 11a-11d		806,208,032.	" V35"5332 F491.492.392.382.352.45	27-2510-185-18240-1938-2555-255-255-25-25-25-25-25-25-25-25-25	500 300 300 S. C. L. C. C. C. C. C. C. C. C. C. C. C. C. C.		
	14	TOTAL TEVELINE. DEC HISHUCHORS	<u></u> <b></b> .	000,200,002.	l		L		

# Part IX Statement of Functional Expenses

Se	ction 501(c)(3) and 501(c)(4) organizations mu											
	Check if Schedule O contains a response or note to any line in this Part IX											
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses							
1	Grants and other assistance to domestic organizations											
	and domestic governments See Part IV, line 21	786,598,746.	786,598,746.	<del> </del>								
2	Grants and other assistance to domestic individuals See Part IV, line 22	0.										
3	Grants and other assistance to foreign											
	organizations, foreign governments, and foreign											
	individuals See Part IV, lines 15 and 16	0.										
4	Benefits paid to or for members	0.										
5	Compensation of current officers, directors, trustees, and key employees	0.										
6	Compensation not included above, to disqualified											
_	persons (as defined under section 4958(f)(1)) and											
	persons described in section 4958(c)(3)(B)	0.										
7	Other salaries and wages	0.										
	Pension plan accruals and contributions (include											
	section 401(k) and 403(b) employer contributions)	0.										
9	Other employee benefits	0.										
10	Payroll taxes	0.										
11	Fees for services (non-employees)	_										
а	Management	0.										
b	Legal	0.			<del></del>							
	Accounting	45,008.		45,008.	<del></del>							
d	Lobbying	0.										
	Professional fundraising services See Part IV, line 17.	0.										
f	Investment management fees											
g	Other (If line 11g amount exceeds 10% of line 25, column	20,244,436.	}	20,244,436.								
	(A) amount, list line 11g expenses on Schedule O)	20,244,430.		20,244,430.								
	Advertising and promotion	0.										
13	Office expenses	0.										
14 15	Information technology	0.										
16	Royalties	0.										
17	Travel	0.										
18	Payments of travel or entertainment expenses				<del></del>							
•	for any federal, state, or local public officials	0.										
19	Conferences, conventions, and meetings	0.										
	Interest	0.										
21	Payments to affiliates	0.										
22	Depreciation, depletion, and amortization	0.										
23	Insurance	0.										
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 (A)											
а					· · · · · · · · · · · · · · · · · · ·							
d		<del></del>										
	All other expenses	806,888,190.	786,598,746.	20,289,444.								
26	Total functional expenses Add lines 1 through 24e  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	000,000,130.	700,320,740.	20,203,444.								
	fundraising solicitation Check here   If following SOP 98-2 (ASC 958-720)	0.										

Page **11** 

art X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Pa	art X		
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	10,509,048.	1	16,839,230
2	Savings and temporary cash investments	0.	2	0
3	Pledges and grants receivable, net	0.		0
4	Accounts receivable, net	44,752,733.	4	59,746,461
5	Loans and other receivables from current and former officers, directors,			•
İ	trustees, key employees, and highest compensated employees			A. Marantenarannya a a cell a amount 1986 e 1971 balle - 19 anis Walderna'i N
	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	0.	5	(
6				
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	·		
_ [	organizations (see instructions) Complete Part II of Schedule L	0.	6	(
2 7	Notes and loans receivable, net	0.	7	
81988 7 8	Inventories for sale or use	0.	8	(
<b>`</b>   9	Prepaid expenses and deferred charges	0.	9	(
10a	Land, buildings, and equipment cost or			
	other basis Complete Part VI of Schedule D 10a			
Ь	Less accumulated depreciation 10b	0.	10c	(
11	Investments - publicly traded securities	0.	11	(
12	Investments - other securities See Part IV, line 11	0.	12	(
13	Investments - program-related See Part IV, line 11	0.	13	(
14	Intangible assets		14	(
15	Other assets See Part IV, line 11	0.		
16	Total assets. Add lines 1 through 15 (must equal line 34)	55,261,781.		76,585,691
17	Accounts payable and accrued expenses	54,920,259.		76,500,787
18	Grants payable	0.		
19	Deferred revenue	0.	19	
20	Tax-exempt bond liabilities		20	1
21	Escrow or custodial account liability Complete Part IV of Schedule D	0.	21	
1	Loans and other payables to current and former officers, directors,			
	trustees, key employees, highest compensated employees, and		ŀ	
5	disqualified persons Complete Part II of Schodule L	0.	22	
23	Secured mortgages and notes payable to unrelated third parties		23	·
24	Unsecured notes and loans payable to unrelated third parties.	0.	24	
25	Other liabilities (including federal income tax, payables to related third			
23	parties, and other liabilities not included on lines 17-24) Complete Part X			
ŀ	of Schedule D	0.	25	1
26	Total liabilities. Add lines 17 through 25.	54,920,259.	26	76,500,787
	Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.	······································		· · · · ·
Net Assets or Fund Balances 22 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		341,522.	27	84,90
E 27 E 28	Unrestricted net assets	0.	28	84,50
28 2 29	Temporarily restricted net assets	0.	29	
5 29			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			•
0 20	· ·			Carlotte Granderson - Sandaren -
2 30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund	<del></del>	31	
32	Retained earnings, endowment, accumulated income, or other funds	341,522.	32	- 04 00
	Total net assets or fund balances		33	84,904
34	Total liabilities and net assets/fund balances	55,261,781.	34	76,585,691 Form <b>990</b> (20

Form 9	90 (2018)				Pa	age 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u>	<u> </u>	X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8	06,2	208,	032.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8			190.
3	Revenue less expenses Subtract line 2 from line 1	3				158.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			341,	522.
5	Net unrealized gains (losses) on investments	5				0.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9		4	123,	540.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10			84,	904.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>	<u></u>		
		_			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	ın			.[
	Schedule O			-		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?,			2a	<u> </u>	Х
	If "Yes," check a box below to indicate whether the financial statements for the year were com-					1
	reviewed on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit				'	,
	separate basis, consolidated basis, or both				,	,
	X Separate basis Consolidated basis Both consolidated and separate basis			*		انت
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	versi	aht			
_	of the audit, review, or compilation of its financial statements and selection of an independent acc		- 1	2¢	Х	
	If the organization changed either its oversight process or selection process during the tax year, e		i			* *
	Schedule O	,				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	ın İ			
	the Single Audit Act and OMB Circular A-133?			3a		X
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo	the			i
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3b		<u> </u>
				Form	990	(2018)

#### **SCHEDULE A** (Form 990 or 990-EZ)

# **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 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

AM)	ERI	CAN ONLINE	GIVING FO	DUNDATION, IN	ic.			81-07394	40
Pa	rt I	Reason for	Public Cha	rity Status (All o	rganizations must c	omplete	this pa	rt ) See instructions	
The 1 2	_	A church, conv A school descr	ention of churched in section	irches, or associal on 170(b)(1)(A)(ii)	is (For lines 1 throughton of churches described). (Attach Schedule E	ribed in <b>s</b> (Form 99	<b>ection 1</b> 90 or 990	70(b)(1)(A)(i). -EZ) )	17
3		A medical rese	earch organiz e, city, and st	ation operated in a		spital des	scribed ir	section 170(b)(1)(A)	<u>-</u>
5	Ш				a college or universit	y owned	d or ope	rated by a governme	intal unit described in
				omplete Part II)					
6	$\square$	·		•	rnmental unit describe		-		
7	X			•	•	pport fro	om a go	vernmental unit or fro	om the general public
_		l .		(1)(A)(vi). (Compl	•				
8	$\vdash$	•		•	)(1)(A)(vi). (Complete	-			1
9		_	-	•				in conjunction with a	
		=	r a non-land-	grant college of ag	riculture (see instruct	ions) Er	nter the i	name, city, and state o	r the college or
10		receipts from a support from g acquired by the	activities rela gross investm e organizatio	ted to its exempt f ent income and u n after June 30, 19	unctions - subject to on related business tax 1975 See <b>section 509</b>	certain e able inco (a)(2). (C	xception me (les: complete		n 331/3 %of its
11	Ц				usively to test for publi				
12		-	-		=				carry out the purposes
				•					ee section 509(a)(3).
	_	_		•	•		_	•	nes 12e, 12f, and 12g
ą	L							orted organization(s),	
							ajority of	the directors or truste	es of the
			•	•	e Part IV, Sections A				
þ	L	_ ••		•				supported organizati	
_				• • • •	~	tne sam	e persor	s that control or mar	age the supported
_				-	, Sections A and C.				البريغة معمقم بالراد
C	L.,				• -			n with, and functiona	ny mięgrated with,
d			•		s) You must comple			ection with its suppor	ted organization(c)
4	_		-					ution requirement and	
			=		emplete Part IV, Sect				an attentiveness
e	Γ	<del>-</del>	•	•	•		-	nat it is a Type I, Type	II. Type III
•	_		_		ionally integrated sup				, .,,,,,
f	En			organizations					
g	Pro	ovide the follow	ing information	on about the suppo	orted organization(s)				
	(I) N	ame of supported or	rganization	(ii) EIN	(iii) Type of organization	(IV) Is the	organization	(v) Amount of monetary	(VI) Amount of
					(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
						Yes	No	<u> </u>	, , , , , , , , , , , , , , , , , , ,
(A)									
(B) —									
(C)									
(D)									
(E)									
Tot	al .							_	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ

JSA 8E1210 1 000 6775MW 1673

Pao	e	2

Ра	Complete only if you checken Part III If the organization fa	ed the box on	line 5, 7, or 8	of Part I or iḟ tĺ	he organizatio	n failed to qua	
Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")		0.	127,847,235.	606,310,220.	806,208,032.	1,540,365,487.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge				·		0.
4	Total. Add lines 1 through 3			127,847,235.	606,310,220.	806,208,032.	1,540,365,487.
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			1		19	400 301 427
6	shown on line 11, column (f)  Public support Subtract line 5 from line 4						490,381,477.
Sec	tion B. Total Support	L	<u> </u>				1,049,984,010.
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	(4) 2014	(2) 2010	127,847,235.	606,310,220.	806,208,032.	1,540,365,487.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						0.
11	Total support. Add lines 7 through 10						1,540,365,487.
12	Gross receipts from related activities, etc. (s					12	
13	First five years. If the Form 990 is f organization, check this box and stop here	<u> </u>					
	Rubble support percentage for 2018 (b)			11 column (f)	<del></del> 1	14	%
14	Public support percentage for 2018 (li Public support percentage from 2017						
	331/3% support test - 2018. If the org						
104	box and <b>stop here</b> . The organization q	-					
b	331/3% support test - 2017. If the org						
-	this box and <b>stop here</b> . The organization						
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization	_					
	Part VI how the organization meets t					•	•
b	organization	<b>2017</b> . If the org	ganization did no	ot check a box	on line 13, 16a	a, 16b, or 17a,	and line
	15 is 10% or more, and if the organization in Part VI how the organization supported organization	on meets the "	facts-and-circum	estances" test	The organizatio	n qualifies as a	publicly
18	Private foundation. If the organization						
	instructions	· · · · · · · · · ·	· · · · · · · · ·	<u> </u>			
					S	chedule A (Form 9	90 or 990-EZ) 2018

ar	t III Support Schedule for Organ (Complete only if you check	nizations Des	scribed in Sec	tion 509(a)(2)	anization faile	d to qualify und	ter Part II
7	If the organization fails to qua	alify under the	e tests listed be	elow, please c	omplete Part I	1)	
	tion A. Public Support		Ţ	T	1	1	
aleı	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						I
	received (Do not include any "unusual grants")						·
2	Gross receipts from admissions, merchandise					]	I
	sold or services performed, or facilities						Į
	furnished in any activity that is related to the						
	organization's tax-exempt purpose		<u> </u>				
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						
	Amounts included on lines 1, 2, and 3		1				
	received from disqualified persons						ĺ
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	$\overline{}$					
_	Add lines 7a and 7b	<del></del>					
8	Public support. (Subtract line 7c from						
	line 6)	<del></del>	<u> </u>	<u> </u>		<u></u>	L
	tion B. Total Support	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2014	(0) 2013	(6) 2010	(4) 2017	(6) 2010	(i) rotar
9	Amounts from line 6	<del></del> -	<del>  \                                   </del>				<del>                                     </del>
υa	Gross income from interest, dividends, payments received on securities loans,						
<u></u>	rents, royalties, and income from similar	_					
	sources		+ <del></del>	·		<del>                                     </del>	
b	Unrelated business taxable income (less		\	J		-	_
	section 511 taxes) from businesses			$\mathcal{N}$	ľ		ļ
	acquired after June 30, 1975				ļ		
C	Add lines 10a and 10b					1	
1	Net income from unrelated business						1
	activities not included in line 10b,						
	whether or not the business is regularly carried on						l
2				$\top$			
_	loss from the sale of capital assets				1		ļ
	(Explain in Part VI)						1
3	Total support (Add lines 9, 10c, 11,						
•	and 12)	I					
4	First five years. If the Form 990 is f	or the organiz	ation's first sec	and third fourth	n or fifth tax	ear as a section	501(c)(3)
•	organization, check this box and stop here						
	tion C. Computation of Public Sup				\		
_	Public support percentage for 2018 (line 8			(f))	. <u></u>	\1=	
5							
5	Public support percentage from 2017 Sche			· · · · · · · · · ·	<u> </u>	116	
	tion D. Computation of Investmen			10 1 (0)		1	
ec	Investment income percentage for 2018 (III					1 1	·
			4 III lina 17			18   \	
7 B	Investment income percentage from 2017						
7 B	Investment income percentage from 2017 331/3% support tests - 2018. If the or	ganization did i	not check the bo	x on line 14, an	nd line 15 is mo	re than 331/3,%,	
, 3 9 a	Investment income percentage from 2017	ganization did i	not check the bo	x on line 14, ar ganization qualifie	nd line 15 is mo es as a publicly	re than 331/3,%, supported organ	ization . 🕨

Yes No

Schedule A (Form 990 or 990-EZ) 2018

#### **Supporting Organizations** Part IV

(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	<b>Organizations</b>
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- 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
- 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)
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answe (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 th 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")? "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 Ell 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 describe in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- 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.
- 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.
- 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 )

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Schedule A (Ed

	ie A (Form 990 or 990-EZ) 2018			Page 3
Part	Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	\$0.36%	#455	19381
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	3	<b>**</b>	
4	below, the governing body of a supported organization?	11a	30525000	252500
b	A family member of a person described in (a) above?	11b		$\vdash$
	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.	11c	,	<del>                                     </del>
	on B. Type I Supporting Organizations	1		
			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			344 V
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	<u>1</u> ৯°হুমহেড	(50%-0)	Barto d
2	Did the organization operate for the benefit of any supported organization other than the supported			(A)
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part  VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2	25222	1 March 2
Secti	on C. Type II Supporting Organizations		L	
36011	on of Type is supporting organizations		Yes	No
4	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	1200	1386	\$6.00 N
. 1	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		
Secti	on D. All Type III Supporting Organizations			
	Did the second to see the first second to see the first second to the first second to first second to first second to the firs	<del></del>	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
•	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1 (2000)20	6.193,286	2/2015/01/0
<u>'</u> 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)		Ries (	
		2	Berth 3	S. S. S. S. S. S. S. S. S. S. S. S. S. S
<b>.</b> 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.	3	35-48-43	######################################
Secti	on E. Type III Functionally Integrated Supporting Organizations		<u> </u>	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in:	structi	ons).	
а	The organization satisfied the Activities Test Complete line 2 below		,	
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
, с	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	ınstru	ctions)	, · ·
2	Activities Test Answer (a) and (b) below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
. a	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part Vi identify</b>			
	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	ace:		330000
	that these activities constituted substantially all of its activities	2a	55× 454×4	12547 SA . SH
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	2.832		
_	activities but for the organization's involvement	2b	****	392330
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	120	402432	33kGd
	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a	£855	
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 <b>Part VI</b> the role played by the organization in this regard	3 h	3538-33.	3222

AMERICAN ONLINE GIVING FOUNDATION, INC.

7 L	Check here	if the current year	is the organizatio	n's first as a non-l	functionally integ	grated Type III su	oporting organizat	ion (see
	instructions	)						

3 Minimum asset amount for prior year (from Section B, line 8, Column A)

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

4 Enter greater of line 2 or line 3
5 Income tax imposed in prior year

emergency temporary reduction (see instructions)

3

4

5

Schedule A (Form 990 or 990-EZ) 2018

Schedu	le A (Form 990 or 990-EZ) 2018		1	Page 7
Part	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continuea)	
Secti	on D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish ex		- 4	
2	Amounts paid to perform activity that directly furthers exen			
	organizations, in excess of income from activity			
	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	
4	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)  Other distributions (describe in Part VI) See instructions			
<del>6</del> 7	Total annual distributions. Add lines 1 through 6	<del> </del>		
<del>-</del> 8	Distributions to attentive supported organizations to which	the organization is resp	ionsive	
•	(provide details in Part VI) See instructions	the organization is resp	ionare	
9	Distributable amount for 2018 from Section C, line 6	•		
10	Line 8 amount divided by line 9 amount			
		(1)	(II) Underdistributions	(ili) Distributable
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Pre-2018	Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI) See			
	instructions		, , , , , , , , , , , , , , , , , , , ,	
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years		No. 14 72 2 33 0 492 2 47 . A. 1948 . X.	
<u> </u>	Applied to 2018 distributable amount			ANN MERINDO ENTER PROVINCE OF ARREST CON
<u>,                                     </u>	Carryover from 2013 not applied (see instructions)			2000 00 00 00 00 00 00 00 00 00 00 00 00
j	Remainder Subtract lines 3g, 3h, and 3i from 3f	CONTRACTOR CONTRACTOR		
4	Distributions for 2018 from			
	Section D, line 7 \$	CANAGE TO THE PERSON OF STREET		
<u>a</u>	Applied to underdistributions of prior years	27-37-77-37-37-37-37-37-37-37-37-37-37-37	1000 000 000 000 000 000 000 000 000 00	######################################
<u>b</u>	Applied to 2018 distributable amount		2011-01-01-01-01-01-01-01-01-01-01-01-01-	
	Remainder Subtract lines 4a and 4b from 4			
, <b>5</b>	Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2. For result			
-,	greater than zero, explain in Part VI See instructions			
6	Remaining underdistributions for 2018 Subtract lines 3h			CANAGANA AN AS SOMPRING MALANDAMAN
·	and 4b from line 1 For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2019. Add lines 3	6-3593. 914-0128-412823.365920000000000		F10060845 120 200 200 200 200 200 200 200 200 200
•	and 4c			
-8	Breakdown of line 7	X079444	A ANNUAL AND A STREET OF THE STREET	
a	Excess from 2014	Canada American Canada Canada	along the contract that the contract that	
<u>b</u>	Excess from 2015			
C	Excess from 2016			THE RESERVE THE PROPERTY OF THE PARTY OF THE
d	Excess from 2017		M. *** ** * * * * * * * * * * * * * * *	NAME OF THE PARTY
е	Excess from 2018			

Page 8

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

#### **SCHEDULE D** (Form 990)

# Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,

Internal Revenue Service

Department of the Treasury

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.

Open to Public

Inspection

OMB No 1545-0047

Employer identification number Name of the organization

81-0739440 AMERICAN ONLINE GIVING FOUNDATION, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 451,621. Total number at end of year . . . . . . . . . . . . 795,305,410. Aggregate value of contributions to (during year) 786,598,746. Aggregate value of grants from (during year) . . 9,130,205. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised X Yes funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . . . Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of a historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year 2a 2h 20 Number of conservation easements on a certified historic structure included in (a) . . . . . Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ \_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items ▶ \$ Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018

			Part IV, line 11b See Form 990,	hon
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
	al derivatives			
2) Closely	-held equity interests			
<ol> <li>Other</li> </ol>				
(A)				
(B)	•			
(C)				
(D)				
(E)				
(F)				
(G)	-			
(H)				
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	Investments - Program Related.	L:	LOND THE STAND WAS SECURISHED THE CONTRACTOR SECURISH STANDARY	KIGA THANGS ME AND BAILT AND SHIRE AND AND
Part VIII	Complete if the organization answere	d "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 valua Cost or end-of-year mark	
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(2)				
(3)			<u> </u>	
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(6)				
(7)				
(8)				
(9)		<del>                                     </del>		
	n (b) must equal Form 990, Part X, col (B) line 13)	<del></del>		NAMES OF A STATE OF
Part IX	Other Assets.	<u></u>	my such fact a feet your nextension of course standing a correspondent	Mayor, arms et et mist de aret
raitin	Complete if the organization answere	d "Yes" on Form 990	Part IV line 11d See Form 990	Part X. line 15.
				<u> </u>
	(a) D	ACCUPTION		(b) Book value
(4)	(a) D	escription		(b) Book value
(1)		escription		(b) Book value
(2)	(a) D	escription		(b) Book value
(2) (3)		escription		(b) Book value
(2) (3) (4)		escription	·	(b) Book value
(2) (3)		escription	·	(b) Book value
(2) (3) (4)				(b) Book value
(2) (3) (4) (5)				(b) Book value
(2) (3) (4) (5) (6) (7)				(b) Book value
(2) (3) (4) (5) (6) (7) (8)				(b) Book value
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(2) (3) (4) (5) (6) (7) (8) (9) Total. (Colo	umn (b) must equal Form 990, Part X, col (B) Other Liabilities.	line 15)		
(2) (3) (4) (5) (6) (7) (8) (9)	umn (b) must equal Form 990, Part X, col (B)  Other Liabilities.  Complete if the organization answere	line 15)		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Cold	umn (b) must equal Form 990, Part X, col (B) Other Liabilities. Complete if the organization answere line 25.	<i>line 15 )</i>	Part IV, line 11e or 11f See For	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Coli Part X	umn (b) must equal Form 990, Part X, col (B) Other Liabilities. Complete if the organization answere line 25.  (a) Description of liability	line 15)	Part IV, line 11e or 11f See For	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Cold Part X	umn (b) must equal Form 990, Part X, col (B) Other Liabilities. Complete if the organization answere line 25.	<i>line 15 )</i>	Part IV, line 11e or 11f See For	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Cold Part X	umn (b) must equal Form 990, Part X, col (B) Other Liabilities. Complete if the organization answere line 25.  (a) Description of liability	<i>line 15 )</i>	Part IV, line 11e or 11f See For	
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Color Part X	umn (b) must equal Form 990, Part X, col (B) Other Liabilities. Complete if the organization answere line 25.  (a) Description of liability	<i>line 15 )</i>	Part IV, line 11e or 11f See For	
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Color Part X (1) Feder (2) (2) (3) (4)	umn (b) must equal Form 990, Part X, col (B) Other Liabilities. Complete if the organization answere line 25.  (a) Description of liability	<i>line 15 )</i>	Part IV, line 11e or 11f See For	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Color Part X	umn (b) must equal Form 990, Part X, col (B) Other Liabilities. Complete if the organization answere line 25.  (a) Description of liability	<i>line 15 )</i>	Part IV, line 11e or 11f See For	
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Color Part X (1) Feder (2) (2) (3) (4)	umn (b) must equal Form 990, Part X, col (B) Other Liabilities. Complete if the organization answere line 25.  (a) Description of liability	<i>line 15 )</i>	Part IV, line 11e or 11f See For	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Color Part X (1) Feder (2) (2) (3) (4) (5)	umn (b) must equal Form 990, Part X, col (B) Other Liabilities. Complete if the organization answere line 25.  (a) Description of liability	<i>line 15 )</i>	Part IV, line 11e or 11f See For	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Color Part X (1) Feder (2) (3) (4) (5) (6) (7)	umn (b) must equal Form 990, Part X, col (B) Other Liabilities. Complete if the organization answere line 25.  (a) Description of liability	<i>line 15 )</i>	Part IV, line 11e or 11f See For	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Colic Part X  (1) Feder (2) (3) (4) (5) (6) (7) (8)	umn (b) must equal Form 990, Part X, col (B) Other Liabilities. Complete if the organization answere line 25.  (a) Description of liability	<i>line 15 )</i>	Part IV, line 11e or 11f See For	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Coli Part X (1) Feder (2) (3) (4) (5) (6) (7) (8) (9)	umn (b) must equal Form 990, Part X, col (B) Other Liabilities. Complete if the organization answere line 25.  (a) Description of liability	line 15)	Part IV, line 11e or 11f See For	

Schedu	le D (Form 990) 2018		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	n.	
1	Total revenue, gains, and other support per audited financial statements	1_	806,208,032.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1	}
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
ď	Other (Describe in Part XIII )	]	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	806,208,032.
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 )	]	
-	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	806,208,032.
Part		irn.	• <del></del>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total expenses and losses per audited financial statements	1	806,464,650.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	ļ	
b	Prior year adjustments	1	
	Other losses	1	
C	Other (Describe in Part XIII)	1	
d	Add lines 2a through 2d	2e	-423,540.
e	•	3	806,888,190.
3	Subtract line 2e from line 1	<u> </u>	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1  Investment expenses not included on Form 990, Part VIII, line 7h		
a	investment expenses not included on Form 550, Fait Vin, inc 75. 1.1.1.		
b	Other (Describe iii) art Alli)	4c	ı
	Add lines 4a and 4b	5	806,888,190.
	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Pat XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
SEE	PAGE 5		
•			
			=
			<del></del>

JSA 8E1271 1 000

Schedule D (Form 990) 2018

## Part XIII Supplemental Information (continued)

SCHEDULE D, PART I, LINE 1

AOGF HAS A MICRODONATION DAF MODEL VERSUS A CONVENTIONAL DAF ENDOWMENT

MODEL.

SCHEDULE D, PART XII, LINE 2D

OTHER CHANGES IN NET ASSETS

GRANTS RETURNED

\$ (423,540)

TOTAL

\$ (423,540)

# SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, Ilne 21 or 22. ► Attach to Form 990.

2018	Open to Public

OMB No 1545-0047

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

2018	Open to Public Inspection
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Employer identification number

AME	AMERICAN ONLINE GIVING FOUNDATION, INC.	81-0739440	
Par	Part I General Information on Grants and Assistance		
-	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	assistance, and	[
	the selection criteria used to award the grants or assistance?	X	₽
8	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States		

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. Part II

				•	-		
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
(1) SEE SCHEDULE I-1							
		501(C)(3)	691,209,057.				GRANT ASSISTANCE
(2)							
(3)							
(4)							
	,						
(5)							
				_			
(9)							
	_						
(2)							
				_			
(8)							
(6)							
(10)							
(11)							
				-			
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	government o	rganizations lis	ted in the line 1 tal	ole		<b>A</b> : : : : : : : : : : : : : : : : : : :	19,453.
3 Enter total number of other organizations listed in th	ted in the line	ie line 1 table				<b>A</b> : : : : : : : : : : : : : : : : : : :	
For Paperwork Reduction Act Notice, see the Instructions for	ions for Form 990.	90.				Sch	Schedule I (Form 990) (2018)

Schedule I (Form 990) (2018)

Page 2

Schedule I (Form 990) (2018)

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 Part III

	(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 non-cash assistance
-						
8						
     e						
4						
5						
9						
7						
Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional	information re	quired in Part I.	line 2. Part III, c	olumn (b), and any o	ther additional

Information

PART I, LINE 2

PROCEDURES FOR MONITORING GRANTS IN THE US

THE FOUNDATION'S BOARD HAS THE FINAL AUTHORITY OVER GRANT DISTRIBUTIONS.

DONORS (AND EMPLOYEES OF EMPLOYERS WHO ARE DONORS) WILL BE ENTITLED TO

PROVIDE ADVICE REGARDING POTENTIAL DISTRIBUTIONS FROM THE DONOR-ADVISED

FUNDS. THE FOUNDATION IS NOT REQUIRED TO FOLLOW SUCH ADVICE, AND IT

MAINTAINS FULL CONTROL AND DISCRETION OVER ALL DONATED FUNDS, AS REQUIRED

BY LAW. THE FOUNDATION PERFORMS DUE DILIGENCE TO ENSURE THAT ALL GRANTEES

ARE ELIGIBLE SECTION 501(C)(3) AND 170(B)(1)(A) ORGANIZATIONS.

Schedule I (Form 990) (2018)

### SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

AMERICAN ONLINE GIVING FOUNDATION, INC.

Employer identification number

81-0739440

FORM 990, PART I, LINE 1

THE MISSION OF THE AMERICAN ONLINE GIVING FOUNDATION, INC. (THE "FOUNDATION") IS TO CONNECT CHARITIES WITH THE WORLD'S LARGEST COMPANIES AND THEIR EMPLOYEES, USING TECHNOLOGY TO TRANSFORM THE WAY THEY RECEIVE FUNDS AND FREE UP THEIR TIME AND RESOURCES TO FOCUS ON DELIVERING COMMUNITY IMPACT.

FORM 990, PART III, LINE 1

THE FOUNDATION WAS CREATED TO ENCOURAGE AND PROMOTE ONLINE GIVING BY PROVIDING DONORS WITH AN EFFICIENT AND CONVENIENT MEANS TO DONATE ELECTRONICALLY AND FROM WHICH TO RECOMMEND GRANTS TO THEIR FAVORITE CHARITIES.

THE FOUNDATION WAS ESTABLISHED WITH THE INTENTION AND PURPOSE THAT IT WILL BE OPERATED AS, AND SHALL AT ALL TIMES CONSTITUTE, AN ORGANIZATION DESCRIBED IN SECTION 170(B)(1)(A)(VI). THE FOUNDATION IS PARTICULARLY FOCUSED ON EFFICIENTLY INTEGRATING WITH CORPORATE EMPLOYEE GIVING PROGRAMS AND WILL OTHERWISE SEEK TO EDUCATE EMPLOYERS CONCERNING, AND TO PROMOTE, CORPORATE SOCIAL RESPONSIBILITY AND GENEROSITY BY INDIVIDUALS. THE FOUNDATION WILL ALSO SEEK TO MAXIMIZE THE CONVENIENCE OF CHARITABLE GIVING BY CORPORATIONS AND THEIR EMPLOYEES, WHILE AT THE SAME TIME MINIMIZING THE OVERALL ADMINISTRATIVE COSTS ASSOCIATED WITH SUCH GIVING. THE FOUNDATION'S PRINCIPAL ACTIVITY WILL BE PROVIDING CHARITABLE GRANTS TO QUALIFIED CHARITABLE BENEFICIARIES.

FORM 990, PART III, LINE 4A

THE FOUNDATION IS A US PUBLIC CHARITY THAT IS A SPONSORING ORGANIZATION

OF DONOR-ADVISED FUNDS. THROUGH THE USE OF AN ONLINE MICRO-DONATION

PLATFORM, INDIVIDUALS OR CORPORATE DONORS CAN MAKE DONATIONS AND

RECOMMEND GRANTS TO ELIGIBLE CHARITIES. THE FOUNDATION MAY, IN ITS

DISCRETION, MAKE GRANTS TO RECOMMENDED CHARITIES OR TO OTHER CHARITIES

FOLLOWING ITS VERIFICATION AND APPROVAL PROCESS.

FORM 990, PART VI, LINE 11B

THE FORM 990 WAS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM WITH

INFORMATION PROVIDED BY MANAGEMENT. THE SECRETARY REVIEWED THE RETURN

PRIOR TO FILING.

FORM 990, PART VI, LINE 12C ON AN ANNUAL BASIS EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS SHALL SIGN A STATEMENT WHICH AFFIRMS SUCH PERSON: A. HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, B. HAS READ AND UNDERSTANDS THE POLICY, C. HAS AGREED TO COMPLY WITH THE POLICY, AND D. UNDERSTANDS THE CORPORATION IS CHARITABLE AND IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.

IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS.

Name of the organization

AMERICAN ONLINE GIVING FOUNDATION, INC.

Employer identification number 81-0739440

AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE SHALL LEAVE THE GOVERNING BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS.

FORM 990, PART VI, LINE 19 IN ACCORDANCE WITH IRC SECTION 6104, THE FOUNDATION PROVIDES ITS MOST RECENT FORMS 990 (WHICH PROVIDE FINANCIAL INFORMATION), AS WELL AS ITS EXEMPT STATUS APPLICATION MATERIALS (WHICH INCLUDE ITS GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY) TO THE PUBLIC UPON WRITTEN REQUEST.

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS

GRANTS RETURNED

423,540

TOTAL

423,540

ATTACHMENT 1

FORM 990, PART VI, LINE 17 - STATES

AL, AR, CA,

FL, GA, HI, IL, KS, KY, MD, MA, MI,

MN, MS, NH, NJ, NM, NY, NC, OR, PA,

RI, SC, TN, UT, VA, WV, WI,

PAGE 34

Name of the organization

AMERICAN ONLINE GIVING FOUNDATION, INC.

Employer identification number

81-0739440

ATTACHMENT 2

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

DESCRIPTION OF SERVICES

ADMINISTRATIVE SVCS

COMPENSATION

17,291,789.

BENEVITY INC.

611 MEREDITH ROAD NE, UNIT 700

CALGARY

AΒ

CANADA T2E 2W5

ADMINISTRATIVE SVCS

1,950,229.

HEARTLAND PAYMENT SYSTEMS

ONE HEARTLAND WAY

JEFFERSONVILLE, IN 47130