EXUIBIT

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

▶ Do not enter Social Security numbers on this form as it may be made public.

| Inter | nal Revenu | e Service | ■ Information | about Form 9 | 90 and its i | instructions is | s at www.ii | s.gov/form990. | | Inspection | | | |
|--|--|--|---|--------------|----------------|-----------------|---------------|----------------------|----------------------------------|--|--|--|--|
| AI | For the | 14 | | | | | | | | | | | |
| В | Check if applicable | C Name of organization | | | | | | | D Employer identification number | | | | |
| | Address | , TTT@# | TITE THE | 1 | | | | | | | | | |
| 늗 | change _Name | | JUSTGIVE, INC. Doing Business As | | | | | | | 331010 | | | |
| 늗 | Ichange Initial | | Number and street (or P.O. box if mail is not delivered to street address) Room/suite | | | | | | | | | | |
| 늗 | return Termin- | 1 | 312 SUTTER STREET 410 | | | | | | | 982-5700 | | | |
| 늗 | -Jated □]Amende | | City or town, state or province, country, and ZIP or foreign postal code | | | | | | | 982-5700 40,493,485. | | | |
| ⊨ | Iretum Applica- tion | City of t | SAN FRANCISCO, CA 94108 | | | | | | | | | | |
| <u> </u> | tion pending | | F Name and address of principal officer KENDALL WEBB | | | | | | | tum 7 Yes X No | | | |
| | | | 312 SUTTER STREET, SUITE 410, SAN FRANCISCO, | | | | | | | | | | |
| ` | Tay ayar | | | | insert no.) | | | 7 | | ctuded? Yes No list. (see instructions) | | | |
| | | | | | | | | H(c) Group exer | | | | | |
| | | | | | | | | | | | | | |
| | | of organization; X Corporation Trust Association Other ► L Year of formation: 1999 M State of legal domicile; C. Summary | | | | | | | | | | | |
| | | | the organization's mission | or most sign | rficant active | tree: TNCP | FACE C | יום בייד קבאי | 2 (2) | TUTNO BY | | | |
| 9 | | | NG PEOPLE WIT | | | | | | | | | | |
| Governance | _ | | if the organizati | | | | | | | | | | |
| ķ | 1 | | ng members of the govern | | • | mons or dispo | 360 01 111016 | Fillan 2570 OF Its I | 3 | 9 | | | |
| Ĝ | 1 | | pendent voting members | | = | ert VI ime 1b) | | | 4 | 8 | | | |
| Activities & | 1 | | f individuals employed in c | _ | • | | | | 5 | 17 | | | |
| | _ | | | • | coro (Fait V | , III 10 Zaj | | | 6 | 0 | | | |
| | | Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12 | | | | | | | | 0. | | | |
| | 1 | b Net unrelated business taxable income from Form 990-T, line 34 | | | | | | | | 0. | | | |
| STANNED FEB 89398015 | | or ornolated | domeso taxable meeme m | <u> </u> | 7, 1110 0 7 | | | Prior Year | 7b | Current Year | | | |
| | 8 0 | Contributions | nd grants (Part VIII, line 1h | n) | | | _ | 39,382,88 | 19. | 39,405,456. | | | |
| | 1 | | e revenue (Part VIII, line 2g | - | | | | 960,71 | | 1,087,608. | | | |
| | ı | nvestment income (Part VIII, column (A), lines 3, 4, and 7d) | | | | | | 5,70 | | 421. | | | |
| | | other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | | | | | | 0. | 0 | | | |
| | | otal revenue - add lines 8 through 44 (mûst equal Rart-VIII, column (A), line 12) | | | | | | 40,349,30 | 8. | 40,493,485. | | | |
| | | Grants and similar amounts paid (Part IX, column (A), lines (1.3) | | | | | | 38,131,62 | _ | 38,067,249. | | | |
| | | enefits paid to or for members (Palf-IX) column? (A) June 4 | | | | | | | 0. | 0. | | | |
| | | | compensation, employee t | | | A), lines 5-10) | | 1,049,82 | 26. | 1,046,537. | | | |
| | 16a P | | ndraising fees (Part IX, coli | | | ,, | | | 0. | - <u>·</u> 0. | | | |
| | ьт | | g expenses (Part IX, coluri | | | 809,3 | 88. | | | • | | | |
| | 17 C | | (Part IX, column (A), lines | | | | | 1,029,78 | 35. | 1,090,631. | | | |
| | 18 T | otal expense | al expenses. Add lines 13 17 (must equal Part IX, column (A), line 25) | | | | | 40,211,23 | | 40,204,417. | | | |
| | | evenue less expenses. Subtract line 18 from line 12 | | | | | | 138,07 | | 289,068. | | | |
| Net Assets or Fund Balances | 3 | | · · · · · · · · · · · · · · · · · · · | | | | Ве | ginning of Current \ | | End of Year | | | |
| | 20 T | otal assets (| art X, line 16) | - | | | | 3,906,18 | | 3,512,788. | | | |
| | 21 T | Total liabilities (Part X, line 26) | | | | | | 2,904,79 | | 2,218,617. | | | |
| | 22 N | | | | | | | 1,001,38 | | 1,294,171. | | | |
| P | Part II Signature Block | | | | | | | | | | | | |
| _ | ider penalties of perjury, (peclare that whave examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it | | | | | | | | | | | | |
| true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. | | | | | | | | | | | | | |
| | | 1 | | | | | | | تات | ς | | | |
| Sig | ın | Signetur | of officer | | · ——— | | | | | | | | |
| He | | ANDE | A'LLOYD, DIR. | OF PRO | OGRAMS | | | | | | | | |

Type or print name and title Print/Type preparer's name Preparer's algnat Paid THOMAS J. PARRY Firm's name BENSON & NEFF CPA'S A Preparer Firm's address 1 POST STREET, SUITE 215 Use Only SAN FRANCISCO, CA 94104-May the IRS discuss this return with the preparer shown above? (see instruc 332001 10-29-13 LHA For Paperwork Reduction Act Notice, see the sepa

SCANNED JAN 1 7 2017,

EXMIBIT F-2

| | | sponse or note to any line in this Part III | ···· | | | | | | |
|----|--|--|------------------------------|----------------|--|--|--|--|--|
| 1 | Bnefly describe the organization's missic INCREASE CHARITABLE CAUSES THEY CARE ABO | GIVING BY CONNECTING | PEOPLE WITH THE CH | ARITIES A | | | | | |
| | | | | <u> </u> | | | | | |
| 2 | Did the organization undertake any signi | ficant program services during the year wi | hich were not listed on | | | | | | |
| | the prior Form 990 or 990-EZ? If "Yes," describe these new services on | Schedule O. | | ☐ Yes [| | | | | |
| 3 | Did the organization cease conducting, of "Yes," describe these changes on Sch | or make significant changes in how it conc edule O | ducts, any program services? | Yes [| | | | | |
| 4 | | vice accomplishments for each of its three tions are required to report the amount of e reported | - | | | | | | |
| 4a | (Code) (Expenses \$ 39, EDUCATION OF THE GEN | 232,977. including grants of \$ 3 ERAL PUBLIC ABOUT GIV OF DONATIONS TO QUALI | ING DONATIONS AND | FACILITAT | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | ··· | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 4b | (Code) (Expenses \$ | including grants of \$ |) (Revenue \$ | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 4- | / | |) (Revenue \$ | | | | | | |
| 4c | (Code) (Expenses \$ | including grants of \$ | / (Havenue \$ | | | | | | |
| | | | | · | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | · | - | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | Other program services (Describe in Schedule O.) | | | | | | | | |
| 44 | (Expenses \$ | including grants of \$ |) (Revenue \$ | | | | | | |
| 4d | | 39,232,977. | | | | | | | |
| | Total program service expenses | 37,636,311. | | Form 99 | | | | | |