

# **PUBLIC DISCLOSURE COPY**

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**ARMANINO LLP**

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Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2018**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

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

<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization PLEDGELING FOUNDATION		<b>D</b> Employer identification number 46-2440594
	Doing business as		<b>E</b> Telephone number (310) 321-4025
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code VENICE, CA 90291		<b>G</b> Gross receipts \$ 7,100,779.
<b>F</b> Name and address of principal officer: GREGORY YORKE SAME AS C ABOVE		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ HTTP://WWW.PLEDGELINGFOUNDATION.ORG/			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: 2013	<b>M</b> State of legal domicile: CA

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: PLEDGELING FOUNDATION OPERATES A CLEARINGHOUSE FOR DESIGNATED CHARITABLE DONATIONS TO UNRELATED		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	6
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	5
	<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	0
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	5
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 38	<b>7b</b>	0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	5,796,543.	7,100,538.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	241.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,796,543.	7,100,779.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,548,652.	6,830,611.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 253,691.		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	226,793.	255,096.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,775,445.	7,085,707.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	21,098.	15,072.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	1,483,325.	1,224,801.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	1,474,426.	1,199,542.
		8,899.	25,259.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer		Date		
	GREGORY YORKE, VICE PRESIDENT Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	MATTHEW PETROSKI	MATTHEW PETROSKI	11/15/19		P00853132
Firm's name ▶ ARMANINO LLP			Firm's EIN ▶ 94-6214841		
Firm's address ▶ 11766 WILSHIRE BLVD 9TH FLOOR LOS ANGELES, CA 90025			Phone no. 310-478-4148		

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
PLEDGELING FOUNDATION OPERATES A CLEARINGHOUSE FOR DESIGNATED CHARITABLE DONATIONS TO UNRELATED THIRD-PARTY ORGANIZATIONS.

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

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

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

4a (Code: ) (Expenses \$ 6,831,893. including grants of \$ 6,830,611. ) (Revenue \$ 0. )
MADE PASS-THROUGH GRANTS TO ALMOST 4,725 ORGANIZATIONS.

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

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

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

4e Total program service expenses 6,831,893.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<b>22</b>	X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	<b>23</b>	X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25a</b>	X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25b</b>	X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>26</b>	X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....	<b>27</b>	X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b>	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	<b>34</b>	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>35b</b>	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	<b>38</b>	X

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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

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

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

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

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**  
 GREG YORKE - (310) 321-4025  
 2100 ABBOT KINNEY BLVD. UNIT E, VENICE, CA 90291

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MATTHEW P. MINNIS CHAIRPERSON	1.00	X		X				0.	0.	0.
(2) SANDRA BRASS DIRECTOR	1.00	X						0.	0.	0.
(3) RICHARD RODERICK DIRECTOR	1.00	X						0.	0.	0.
(4) BRAD LYNCH DIRECTOR	1.00	X						0.	0.	0.
(5) JOHN HAND DIRECTOR	1.00	X						0.	0.	0.
(6) JAMES CITRON PRESIDENT	2.00	X		X				0.	0.	0.
(7) GREGORY YORKE CONTROLLER	5.00			X				0.	0.	0.



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

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

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
STRIPE, 510 TOWNSEND STREET, SAN FRANCISCO, CA 94103	CREDIT CARD PROCESSING	173,839.

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

**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>						
	<b>b</b> Membership dues .....	<b>1b</b>						
	<b>c</b> Fundraising events .....	<b>1c</b>						
	<b>d</b> Related organizations .....	<b>1d</b>						
	<b>e</b> Government grants (contributions) .....	<b>1e</b>						
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	7,100,538.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....							
	<b>h Total.</b> Add lines 1a-1f .....							7,100,538.
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>						
	<b>b</b> _____							
	<b>c</b> _____							
	<b>d</b> _____							
	<b>e</b> _____							
	<b>f</b> All other program service revenue .....							
	<b>g Total.</b> Add lines 2a-2f .....							
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....						
<b>4</b> Income from investment of tax-exempt bond proceeds .....								
<b>5</b> Royalties .....								
<b>6 a</b> Gross rents .....		(i) Real	(ii) Personal					
		<b>b</b> Less: rental expenses .....						
		<b>c</b> Rental income or (loss) .....						
		<b>d</b> Net rental income or (loss) .....						
<b>7 a</b> Gross amount from sales of assets other than inventory .....		(i) Securities	(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses .....						
		<b>c</b> Gain or (loss) .....						
		<b>d</b> Net gain or (loss) .....						
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....		<b>a</b>						
		<b>b</b> Less: direct expenses .....	<b>b</b>					
		<b>c</b> Net income or (loss) from fundraising events .....						
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....		<b>a</b>						
	<b>b</b> Less: direct expenses .....	<b>b</b>						
	<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>							
	<b>b</b> Less: cost of goods sold .....	<b>b</b>						
	<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>		<b>Business Code</b>						
<b>11 a</b> TRANSACTION FEES .....	900099		241.	241.				
<b>b</b> _____								
<b>c</b> _____								
<b>d</b> All other revenue .....								
<b>e Total.</b> Add lines 11a-11d .....			241.					
<b>12 Total revenue.</b> See instructions .....			7,100,779.	241.	0.	0.		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	5,795,611.	5,795,611.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	1,035,000.	1,035,000.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....				
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits .....				
<b>10</b> Payroll taxes .....				
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management .....				
<b>b</b> Legal .....				
<b>c</b> Accounting .....				
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	253,691.			253,691.
<b>12</b> Advertising and promotion .....				
<b>13</b> Office expenses .....	123.		123.	
<b>14</b> Information technology .....				
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....				
<b>17</b> Travel .....				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....				
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....				
<b>23</b> Insurance .....				
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> OTHER EXPENSES	877.	877.		
<b>b</b> CREDIT CARD REFUND	405.	405.		
<b>c</b> _____				
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24e	7,085,707.	6,831,893.	123.	253,691.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,450,616.	<b>1</b>	1,186,777.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	32,709.	<b>4</b>	38,024.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b>		<b>10c</b>
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....		1,483,325.	<b>16</b>	1,224,801.
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	15,556.	<b>17</b>	50,756.
	<b>18</b> Grants payable .....	1,458,870.	<b>18</b>	1,148,786.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....		1,474,426.	<b>26</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....		<b>27</b>	25,259.
	<b>28</b> Temporarily restricted net assets .....		<b>28</b>	
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....		8,899.	<b>33</b>	25,259.
<b>34</b> Total liabilities and net assets/fund balances .....		1,483,325.	<b>34</b>	1,224,801.

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	7,100,779.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	7,085,707.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	15,072.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	8,899.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	1,288.
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	25,259.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? \_\_\_\_\_  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? \_\_\_\_\_
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits \_\_\_\_\_

	Yes	No
<b>2a</b>		X
<b>2b</b>		X
<b>2c</b>		
<b>3a</b>		X
<b>3b</b>		

SCHEDULE A  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization  
PLEDGELING FOUNDATION

Employer identification number  
46-2440594

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

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

- 1 [ ] A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 [ ] A school described in section 170(b)(1)(A)(ii).
3 [ ] A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 [ ] A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 [ ] A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 [ ] A community trust described in section 170(b)(1)(A)(vi).
9 [ ] An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
10 [ ] An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions.
11 [ ] An organization organized and operated exclusively to test for public safety.
12 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
a [ ] Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization.
b [ ] Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s).
c [ ] Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions).
d [ ] Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
e [ ] Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations [ ]

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

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	379,935.	698,289.	1,750,540.	5,796,543.	7,100,538.	15,725,845.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	379,935.	698,289.	1,750,540.	5,796,543.	7,100,538.	15,725,845.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						1,042,091.
<b>6 Public support.</b> Subtract line 5 from line 4.						14,683,754.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 .....	379,935.	698,289.	1,750,540.	5,796,543.	7,100,538.	15,725,845.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....					241.	241.
<b>11 Total support.</b> Add lines 7 through 10						15,726,086.

**12** Gross receipts from related activities, etc. (see instructions) ..... **12**

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

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	93.37 %
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....	<b>15</b>	89.07 %

**16a 33 1/3% support test - 2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization .....

**b 33 1/3% support test - 2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization .....

**17a 10% -facts-and-circumstances test - 2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....

**b 10% -facts-and-circumstances test - 2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

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

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

**Section C. Computation of Public Support Percentage**

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

**Section D. Computation of Investment Income Percentage**

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

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

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

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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.</i>		

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2018

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013			
<b>b</b> From 2014			
<b>c</b> From 2015			
<b>d</b> From 2016			
<b>e</b> From 2017			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2018 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> 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 <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2014			
<b>b</b> Excess from 2015			
<b>c</b> Excess from 2016			
<b>d</b> Excess from 2017			
<b>e</b> Excess from 2018			



# Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

# Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

# 2018

Name of the organization

PLEDGELING FOUNDATION

Employer identification number

46-2440594

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization  PLEDGING FOUNDATION	Employer identification number  46-2440594
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 450,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  PLEDGELING FOUNDATION	Employer identification number  46-2440594
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____



Name of organization  PLEDGELING FOUNDATION	Employer identification number  46-2440594
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2018 Open to Public Inspection

Name of the organization PLEDGELING FOUNDATION Employer identification number 46-2440594

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

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

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

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for 2a-2d, and yes/no questions about monitoring and reporting.

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.

Form with questions 1a and 1b regarding reporting of art and historical treasures, and question 2 regarding financial gain, with associated dollar amounts.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other \_\_\_\_\_
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment  %
  - b** Permanent endowment  %
  - c** Temporarily restricted endowment  %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes           | No |
|---|---------------|----|
| <b>(i)</b> unrelated organizations  | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations   | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <b>3b</b>     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment				
<b>e</b> Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)  0.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

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

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

<b>1</b> Total revenue, gains, and other support per audited financial statements .....			<b>1</b>	
<b>2</b> Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
<b>a</b> Net unrealized gains (losses) on investments .....	<b>2a</b>			
<b>b</b> Donated services and use of facilities .....	<b>2b</b>			
<b>c</b> Recoveries of prior year grants .....	<b>2c</b>			
<b>d</b> Other (Describe in Part XIII.) .....	<b>2d</b>			
<b>e</b> Add lines <b>2a</b> through <b>2d</b> .....			<b>2e</b>	
<b>3</b> Subtract line <b>2e</b> from line <b>1</b> .....			<b>3</b>	
<b>4</b> Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
<b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>			
<b>b</b> Other (Describe in Part XIII.) .....	<b>4b</b>			
<b>c</b> Add lines <b>4a</b> and <b>4b</b> .....			<b>4c</b>	
<b>5</b> Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....			<b>5</b>	

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

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

<b>1</b> Total expenses and losses per audited financial statements .....			<b>1</b>	
<b>2</b> Amounts included on line 1 but not on Form 990, Part IX, line 25:				
<b>a</b> Donated services and use of facilities .....	<b>2a</b>			
<b>b</b> Prior year adjustments .....	<b>2b</b>			
<b>c</b> Other losses .....	<b>2c</b>			
<b>d</b> Other (Describe in Part XIII.) .....	<b>2d</b>			
<b>e</b> Add lines <b>2a</b> through <b>2d</b> .....			<b>2e</b>	
<b>3</b> Subtract line <b>2e</b> from line <b>1</b> .....			<b>3</b>	
<b>4</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:				
<b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>			
<b>b</b> Other (Describe in Part XIII.) .....	<b>4b</b>			
<b>c</b> Add lines <b>4a</b> and <b>4b</b> .....			<b>4c</b>	
<b>5</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....			<b>5</b>	

**Part XIII Supplemental Information.**

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

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**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

Employer identification number

PLEDGELING FOUNDATION

46-2440594

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

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTMAKING		1,035,000.
<b>3 a</b> Subtotal .....	0	0			1,035,000.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			1,035,000.

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

Schedule F (Form 990) 2018

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	HURRICANE RELIEF	1,035,000.	WIRE TRANSFER	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... **1**

3 Enter total number of other organizations or entities ..... **0**

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

Part III can be duplicated if additional space is needed.

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



**Part IV Foreign Forms**

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* .....  Yes  No



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization **PLEDGELING FOUNDATION** Employer identification number **46-2440594**

**Part I General Information on Grants and Assistance**

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 SAINT JUDE PL. - MEMPHIS, TN 38105-1905	62-0646012	501(C)(3)	218,293.	0.			GENERAL
WORLD WILDLIFE FUND 1250 24TH STREET NW WASHINGTON, DC 20037-1193	52-1693387	501(C)(3)	183,587.	0.			GENERAL
AMERICAN CANCER SOCIETY (NATIONAL HOME OFFICE) - PO BOX 22478 - OKLAHOMA CITY, OK 73123-1478	13-1788491	501(C)(3)	101,800.	0.			GENERAL
NATIONAL COMPASSION FUND / NATIONAL CENTER FOR VICTIMS OF CRIME - PO BOX 101207 - ARLINGTON, VA 22210	30-0022798	501(C)(3)	97,018.	0.			GENERAL
DEFY VENTURES 4600 S. SYRACUSE ST. FL 9 DENVER, CO 80237	27-3611908	501(C)(3)	92,385.	0.			GENERAL
AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS (ASPCA) - 520 8TH AVE. F.L 7 - NEW YORK, NY 10018-4195	13-1623829	501(C)(3)	89,045.	0.			GENERAL

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 176.

**3** Enter total number of other organizations listed in the line 1 table ▶ 0.

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

Schedule I (Form 990) (2018)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAKE-A-WISH FOUNDATION OF AMERICA 1702 E. HIGHLAND AVENUE SUITE 400 PHOENIX, AZ 85016	86-0481941	501(C)(3)	82,136.	0.			GENERAL
AMERICAN RED CROSS 2025 E STREET, NW WASHINGTON, DC 20006	53-0196605	501(C)(3)	57,398.	0.			GENERAL
KITTY BUNGALOW - CHARM SCHOOL FOR WAYWARD CATS - 2032 W MARTIN LUTHER KING JR BLVD. - LOS ANGELES, CA 90062-1433	27-1297223	501(C)(3)	54,917.	0.			GENERAL
DOCTORS WITHOUT BORDERS 40 RECTOR ST. FL 16 NEW YORK, NY 10006-1751	13-3433452	501(C)(3)	53,124.	0.			GENERAL
ALZHEIMER'S ASSOCIATION - NATIONAL OFFICE - 3 INTERNATIONAL DRIVE SUITE 200 - RYE BROOK, NY 10573	13-3039601	501(C)(3)	52,579.	0.			GENERAL
THE LEUKEMIA & LYMPHOMA SOCIETY 628 CALIFORNIA AVE. VENICE, CA 90291-3440	13-5644916	501(C)(3)	44,671.	0.			GENERAL
NOT IMPOSSIBLE FOUNDATION 1350 BROADWAY RM 905 NEW YORK, NY 10018-0946	45-1601262	501(C)(3)	44,262.	0.			GENERAL
BOB WOODRUFF FOUNDATION 26 BROADWAY FL 14 NEW YORK, NY 10004-1828	26-1441650	501(C)(3)	44,091.	0.			GENERAL
JDRF INTERNATIONAL 125 MAIDEN LANE NEW YORK, NY 10038	23-1907729	501(C)(3)	39,714.	0.			GENERAL

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNICEF USA 1305 N FLORES ST SAN ANTONIO, TX 78212	13-1760110	501(C)(3)	38,080.	0.			GENERAL
RAICES (REFUGEE & IMMIGRANT CENTER FOR EDUCATION & LEGAL SERVICES) - 4245 FAIRFAX DRIVE SUITE 100 - ARLINGTON, VA 22203-1650	74-2436920	501(C)(3)	35,948.	0.			GENERAL
THE NATURE CONSERVANCY 125 BROAD ST. FL 18 NEW YORK, NY 10004-2427	53-0242652	501(C)(3)	33,720.	0.			GENERAL
ACLU AMERICAN CIVIL LIBERTIES UNION FOUNDATION (NATIONAL HQ) - 5478 WILSHIRE BLVD. SUITE 400 - LOS ANGELES, CA 90036	13-6213516	501(C)(3)	32,655.	0.			GENERAL
THIRST PROJECT 18251 QUANTICO GATEWAY DRIVE TRIANGLE, VA 22172	35-2339840	501(C)(3)	32,138.	0.			GENERAL
MARINE TOYS FOR TOTS FOUNDATION 520 E 90TH STREET NEW YORK, NY 10128	20-3021444	501(C)(3)	31,514.	0.			GENERAL
TUSK USA 225 N. MICHIGAN AVE., FL. 17 CHICAGO, IL 60601	30-0190986	501(C)(3)	28,593.	0.			GENERAL
SAVE THE CHILDREN 501 KINGS HIGHWAY EAST, SUITE 400 FAIRFIELD, CT 06825	06-0726487	501(C)(3)	27,155.	0.			GENERAL
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE. DALLAS, TX 75231	13-5613797	501(C)(3)	25,411.	0.			GENERAL

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AKSHAYA PATRA FOUNDATION USA 6800 OWENSMOUTH AVE. STE. 230 CANOGA PARK, CA 91303-4242	01-0574950	501(C)(3)	23,978.	0.			GENERAL
BEST FRIENDS ANIMAL SOCIETY 5001 ANGEL CANYON RD. KANAB, UT 84741	23-7147797	501(C)(3)	23,780.	0.			GENERAL
WOUNDED WARRIOR PROJECT 4899 BELFORT ROAD, SUITE 300 JACKSONVILLE, FL 32256	20-2370934	501(C)(3)	23,305.	0.			GENERAL
FEEDING AMERICA 35 EAST WACKER DRIVE, SUITE 2000 CHICAGO, IL 60601	36-3673599	501(C)(3)	23,114.	0.			GENERAL
SHARE OUR STRENGTH 1030 15TH ST NW STE 1100W WASHINGTON, DC 20005-1531	52-1367538	501(C)(3)	22,755.	0.			GENERAL
MICHAEL J. FOX FOUNDATION PO BOX 5014 HAGERSTOWN, MD 21741-5014	13-4141945	501(C)(3)	22,524.	0.			GENERAL
NORTH TEXAS FOOD BANK 3677 MAPLESHADE LANE PLANO, TX 75075	75-1785357	501(C)(3)	22,334.	0.			GENERAL
CHARITY: WATER 40 WORTH STREET NEW YORK, NY 10013	22-3936753	501(C)(3)	18,652.	0.			GENERAL
SOUTHERN POVERTY LAW CENTER 400 WASHINGTON AVE. MONTGOMERY, AL 36104	63-0598743	501(C)(3)	18,272.	0.			GENERAL

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALEX'S LEMONADE STAND FOUNDATION 333 E. LANCASTER AVENUE WYNNEWOOD, PA 19096	56-2496146	501(C)(3)	17,610.	0.			GENERAL
INTERNATIONAL RESCUE COMMITTEE 122 E 42ND ST. NEW YORK, NY 10168	13-5660870	501(C)(3)	17,357.	0.			GENERAL
ALS ASSOCIATION 1275 K STREET NW WASHINGTON, DC 20005	13-3271855	501(C)(3)	17,255.	0.			GENERAL
MARCH OF DIMES FOUNDATION PO BOX 25190 ARLINGTON, VA 22202-9090	13-1846366	501(C)(3)	17,176.	0.			GENERAL
NATIONAL MULTIPLE SCLEROSIS SOCIETY - 733 THIRD AVE. - NEW YORK, NY 10017-3288	13-5661935	501(C)(3)	17,133.	0.			GENERAL
HUMANE SOCIETY OF THE UNITED STATES - 2100 L STREET NW - WASHINGTON, DC 20037	53-0225390	501(C)(3)	16,987.	0.			GENERAL
OCEANA 1025 CONNECTICUT AVE. NW WASHINGTON, DC 20036	51-0401308	501(C)(3)	16,956.	0.			GENERAL
EVERYTOWN FOR GUN SAFETY PO BOX 4184 NEW YORK, NY 10163	26-1598353	501(C)(3)	16,862.	0.			GENERAL
HEIFER INTERNATIONAL 1 WORLD AVENUE LITTLE ROCK, AR 72202	35-1019477	501(C)(3)	16,843.	0.			GENERAL

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SILENCE THE SHAME C/O HIP HOP PROFESSIONAL FOUNDATION - 3000 OLD ALABAMA ROAD, SUITE 119 - ALPHARETTA, GA 30022	82-2004573	501(C)(3)	16,582.	0.			GENERAL
FEED MY STARVING CHILDREN 401 93RD AVE. NW COON RAPIDS, MN 55433	41-1601449	501(C)(3)	16,188.	0.			GENERAL
MULLY CHILDRENS FAMILY USA 3000 OLD ALABAMA RD. STE. 119-302 ALPHARETTA, GA 30022-5860	20-4105702	501(C)(3)	16,047.	0.			GENERAL
LAB PERFORMING ARTS INITIATIVE 3939 HILLCROFT STREET, SUITE 160 HOUSTON, TX 77057	46-2758859	501(C)(3)	15,851.	0.			GENERAL
PLANNED PARENTHOOD FEDERATION OF AMERICA - 123 WILLIAM ST. - NEW YORK, NY 10038-3812	13-1644147	501(C)(3)	15,600.	0.			GENERAL
CROHN'S & COLITIS FOUNDATION 733 3RD AVE STE 510 NEW YORK, NY 10017-3218	13-6193105	501(C)(3)	15,334.	0.			GENERAL
AUTISM SPEAKS 1 E 33RD ST FL 4 NEW YORK, NY 10016-5011	20-2329938	501(C)(3)	14,867.	0.			GENERAL
CYSTIC FIBROSIS FOUNDATION 6931 ARLINGTON RD. BETHESDA, MD 20814	13-1930701	501(C)(3)	14,702.	0.			GENERAL
AMERICAN FORESTS 1220 L ST. NW SUITE 750 WASHINGTON, DC 20005	53-0196544	501(C)(3)	14,574.	0.			GENERAL

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRATHAM USA 9703 RICHMOND AVENUE, SUITE 102 HOUSTON, TX 77042	76-0620808	501(C)(3)	14,051.	0.			GENERAL
SHRINERS HOSPITALS FOR CHILDREN (NATIONAL OFFICE) - PO BOX 31356 - TAMPA, FL 33631	36-2193608	501(C)(3)	13,854.	0.			GENERAL
CHILDREN'S PSC FOUNDATION PO BOX 1328 MENLO PARK, CA 94026	26-4814733	501(C)(3)	13,276.	0.			GENERAL
RONALD MCDONALD HOUSE CHARITIES 26345 NETWORK PLACE CHICAGO, IL 60673	36-2934689	501(C)(3)	13,234.	0.			GENERAL
DIRECT RELIEF 6100 BECKNELL RD SANTA BARBARA, CA 93117-3251	95-1831116	501(C)(3)	13,130.	0.			GENERAL
AMERICAN FOUNDATION FOR SUICIDE PREVENTION - 120 WALL ST FL 29 - NEW YORK, NY 10005-4015	13-3393329	501(C)(3)	12,469.	0.			GENERAL
HABITAT FOR HUMANITY INTERNATIONAL 121 HABITAT ST AMERICUS, GA 31709	91-1914868	501(C)(3)	12,446.	0.			GENERAL
SCHOOL ON WHEELS P O BOX 23371 VENTURA, CA 93002	95-4422640	501(C)(3)	12,370.	0.			GENERAL
OASIS LEGAL SERVICES 1330 BROADWAY, SUITE 428 OAKLAND, CA 94612	82-0696739	501(C)(3)	11,928.	0.			GENERAL

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CRADLES TO CRAYONS 155 NORTH BEACON ST BRIGHTON, MA 02135-2049	04-3584367	501(C)(3)	11,542.	0.			GENERAL
THE TREVOR PROJECT PO BOX 69232 WEST HOLLYWOOD, CA 90069	95-4681287	501(C)(3)	11,501.	0.			GENERAL
SMILE TRAIN 633 3RD AVE FL 9 NEW YORK, NY 10017-6796	13-3661416	501(C)(3)	11,045.	0.			GENERAL
GIRLS INC. 120 WALL ST, SUITE 1800 NEW YORK, NY 10005	13-1915124	501(C)(3)	10,983.	0.			GENERAL
CURE CHILDHOOD CANCER 200 ASHFORD CENTER NORTH ATLANTA, GA 30338	58-1244138	501(C)(3)	10,810.	0.			GENERAL
WEST END COMMUNITY CHURCH 235 WHITE BRIDGE PIKE NASHVILLE, TN 37209	62-1681150	501(C)(3)	10,458.	0.			GENERAL
MEMORIAL SLOAN-KETTERING CANCER CENTER - 1275 YORK AVE - NEW YORK, NY 10065-6007	13-1924236	501(C)(3)	10,269.	0.			GENERAL
SPECIAL OLYMPICS 1133 19TH ST NW WASHINGTON, DC 20036-3645	52-0889518	501(C)(3)	10,085.	0.			GENERAL
SUSAN G. KOMEN BREAST CANCER FOUNDATION - NATIONAL OFFICE (DALLAS) - 5005 LYNDON B JOHNSON FWY STE 526 - DALLAS, TX	75-1835298	501(C)(3)	10,067.	0.			GENERAL

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SICKLE CELL FOUNDATION SUPPORT GROUP - 4231 WESLEY HALL CT - DECATUR, GA 30035	58-2355267	501(C)(3)	10,000.	0.			GENERAL
WORLD VISION INTERNATIONAL PO BOX 9716 34834 WEYERHAEUSER WAY S P O BOX 9716 P - FEDERAL WAY, WA 98063-	95-3202116	501(C)(3)	9,947.	0.			GENERAL
HELP THEM GROW, INC., VIBHA 1030 E EL CAMINO REAL #424 SUNNYVALE, CA 94087	22-3122761	501(C)(3)	9,913.	0.			GENERAL
AMERICAN PARKINSON DISEASE ASSOCIATION - 135 PARKINSON AVE PARKINSON PLAZA - STATEN ISLAND, NY 10305-1946	13-1962771	501(C)(3)	9,910.	0.			GENERAL
ANN & ROBERT H LURIE CHILDREN'S HOSPITAL OF CHICAGO FOUNDATION - 225 E CHICAGO AVE BOX 269 DEPT - CHICAGO, IL 60611-2991	36-3357006	501(C)(3)	9,892.	0.			GENERAL
KING'S EDUCATION FOUNDATION 19016 STONE OAK PKWY, SUITE 190 SAN ANTONIO, TX 78258-3280	47-5204309	501(C)(3)	9,802.	0.			GENERAL
US ASSOCIATION FOR UNHCR 1310 L STREET NW STE. 450 WASHINGTON, DC 20005	52-1662800	501(C)(3)	9,710.	0.			GENERAL
DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVE BOSTON, MA 02215-5450	04-2263040	501(C)(3)	9,687.	0.			GENERAL
BREAST CANCER RESEARCH FOUNDATION 25 W 43RD ST STE 609 NEW YORK, NY 10036-7422	13-3727250	501(C)(3)	9,543.	0.			GENERAL

Schedule I (Form 990)

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ROOM TO READ 465 CALIFORNIA STREET SAN FRANCISCO, CA 94104	91-2003533	501(C)(3)	9,418.	0.			GENERAL
BIG BROTHERS BIG SISTERS OF GREATER LA - 3150 N SAN FERNANDO RD - LOS ANGELES, CA 90065	95-1904857	501(C)(3)	9,201.	0.			GENERAL
FUND A CURE FOR PANCREATIC CANCER (DO NOT USE) - 12 KUHARS WAY - NEWTOWN, PA 18940	26-2805487	501(C)(3)	9,186.	0.			GENERAL
CHILDREN'S HOSPITAL LOS ANGELES 4650 W SUNSET BLVD LOS ANGELES, CA 90027-6062	95-1690977	501(C)(3)	9,140.	0.			GENERAL
MALALA FUND P.O. BOX 53347 WASHINGTON, DC 20009	81-1397590	501(C)(3)	9,117.	0.			GENERAL
CANCER RESEARCH INSTITUTE 29 BROADWAY FL 4 NEW YORK, NY 10006-3111	13-1837442	501(C)(3)	9,088.	0.			GENERAL
ENVIRONMENTAL DEFENSE FUND 257 PARK AVE S NEW YORK, NY 10010	11-6107128	501(C)(3)	9,077.	0.			GENERAL
NORTH COAST OPPORTUNITIES 413 N STATE STREET UKIAH, CA 95482	94-1671958	501(C)(3)	9,052.	0.			GENERAL
AUSTIN PETS ALIVE 1156 W CESAR CHAVEZ ST AUSTIN, TX 78703-4603	74-2893360	501(C)(3)	9,007.	0.			GENERAL

Schedule I (Form 990)

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NATURAL RESOURCES DEFENSE COUNCIL 40 WEST 20TH STREET NEW YORK, NY 10011	13-2654926	501(C)(3)	8,864.	0.			GENERAL
ONE TREE PLANTED 145 PINE HAVEN SHORES RD STE 1000D SHELBURNE, VT 05482-7812	46-4664562	501(C)(3)	8,796.	0.			GENERAL
FIGHT COLORECTAL CANCER 134 WEST PARK CENTRAL SQUARE SUITE SPRINGFIELD, MO 65806	20-2622550	501(C)(3)	8,566.	0.			GENERAL
THE SADS FOUNDATION 4527 SOUTH 2300 EAST, SUITE 104 SALT LAKE CITY, UT 84117	87-0492100	501(C)(3)	8,450.	0.			GENERAL
PLANNED PARENTHOOD NORTHERN CALIFORNIA - 2185 PACHECO ST - CONCORD, CA 94520	94-1575233	501(C)(3)	8,289.	0.			GENERAL
ENTERTAINMENT INDUSTRY FOUNDATION 10880 WILSHIRE BLVD, SUITE 1400 LOS ANGELES, CA 90024	95-1644609	501(C)(3)	8,277.	0.			GENERAL
CITY OF HOPE 1500 DUARTE RD DUARTE, CA 91010-3012	95-3435919	501(C)(3)	8,253.	0.			GENERAL
HORIZONS FOR HOMELESS CHILDREN 1705 COLUMBUS AVENUE ROXBURY, MA 02119	22-2915188	501(C)(3)	8,212.	0.			GENERAL
BLINKNOW FOUNDATION PO BOX 453 MENDHAM, NJ 07945	26-0819262	501(C)(3)	8,073.	0.			GENERAL

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LIVVY'S LOVE INC PO BOX 485 TUCKER, GA 30085	26-3841885	501(C)(3)	7,994.	0.			GENERAL
SURFRIDER FOUNDATION PO BOX 73550 SAN CLEMENTE, CA 92673-0119	95-3941826	501(C)(3)	7,994.	0.			GENERAL
COMPASSIONATE RESCUE 661 MARIPOSA AVE SIERRA MADRE, CA 91024	45-4497541	501(C)(3)	7,941.	0.			GENERAL
RICKY MARTIN FOUNDATION PO BOX 13534 SAN JUAN, PR 00908	66-0579504	501(C)(3)	7,891.	0.			GENERAL
GREATER CHICAGO FOOD DEPOSITORY 4100 W 42ND PL CHICAGO, IL 60632-3920	36-2971864	501(C)(3)	7,889.	0.			GENERAL
AMERICAN DIABETES ASSOCIATION 2451 CRYSTAL DRIVE, SUITE 900 ARLINGTON, VA 22202	13-1623888	501(C)(3)	7,827.	0.			GENERAL
OVARIAN CANCER RESEARCH FUND ALLIANCE - PO BOX 32141 - NEW YORK, NY 10087-2141	13-3806788	501(C)(3)	7,710.	0.			GENERAL
FEEDMORE, INC. 1415 RHOADMILLER STREET RICHMOND, VA 23220	54-1150923	501(C)(3)	7,680.	0.			GENERAL
NATIONAL PARK FOUNDATION 1110 VERMONT AVE NW, STE 200 WASHINGTON, DC 20005-3563	52-1086761	501(C)(3)	7,447.	0.			GENERAL

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P.E.C.E.S. PO BOX 647 PUNTA SANTIAGO, HUMACAO, PR 00741	66-0444454	501(C)(3)	7,444.	0.			GENERAL
JAMESON'S ARMY P.O. BOX 46 CECIL, PA 15321	45-4160616	501(C)(3)	7,438.	0.			GENERAL
PANCREATIC CANCER ACTION NETWORK 1500 ROSECRANS AVE STE 200 MANHATTAN BEACH, CA 90266-3721	33-0841281	501(C)(3)	7,437.	0.			GENERAL
STEPPINGSTONE FOUNDATION ONE APPLETON ST. BOSTON, MA 02116	04-3086666	501(C)(3)	7,417.	0.			GENERAL
ARIZONA HUMANE SOCIETY 1521 W DOBBINS ROAD PHOENIX, AZ 85041	86-0135567	501(C)(3)	7,410.	0.			GENERAL
WISH UPON A TEEN 261 E. MAPLE RD. BIRMINGHAM, MI 48009	26-2708229	501(C)(3)	7,232.	0.			GENERAL
LOS ANGELES GENDER CENTER 11350 VENTURA BLVD STE 105 STUDIO CITY, CA 91604-3140	47-4710139	501(C)(3)	7,142.	0.			GENERAL
UNIDOS POR PUERTO RICO / JUNTOS Y UNIDOS POR PUERTO RICO - PO BOX 9146 - SAN JUAN, PR 00908-0146	66-0886334	501(C)(3)	7,070.	0.			GENERAL
FLAMBOYAN FOUNDATION 1730 MASSACHUSETTS AVE NW WASHINGTON, DC 20036	20-8924675	501(C)(3)	7,059.	0.			GENERAL

Schedule I (Form 990)

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COUNT ON KIDS 3941 PARK DRIVE, SUITE 20 #455 EL DORADO HLS, CA 95762	83-0668067	501(C)(3)	6,962.	0.			GENERAL
MARY'S PLACE SEATTLE PO BOX 1711 SEATTLE, WA 98111	27-2087950	501(C)(3)	6,949.	0.			GENERAL
GLOBALGIVING 1023 15TH STREET NW WASHINGTON, DC 20005	30-0108263	501(C)(3)	6,932.	0.			GENERAL
KIDS REIN 9122 CROFTON SPRINGS DR CHARLOTTE, NC 28269	20-3536117	501(C)(3)	6,909.	0.			GENERAL
SIERRA CLUB FOUNDATION 2101 WEBSTER STREET SUITE 1250 OAKLAND, CA 94612	94-6069890	501(C)(3)	6,897.	0.			GENERAL
SPACE FOR GIANTS USA 57 W 57TH ST FL 4 NEW YORK, NY 10019-2827	47-1805681	501(C)(3)	6,891.	0.			GENERAL
REAL AUTISM DIFFERENCE 10624 S EASTERN AVE STE A # 425 HENDERSON, NV 89052	82-2503954	501(C)(3)	6,856.	0.			GENERAL
MUSCULAR DYSTROPHY ASSOCIATION 161 N. CLARK ST., SUITE 3550 CHICAGO, IL 60601	13-1665552	501(C)(3)	6,658.	0.			GENERAL
MARC LUSTGARTEN PANCREATIC CANCER FOUNDATION - 415 CROSSWAYS PARK DRIVE, SUITE D - WOODBURY, NY 11797	31-1611837	501(C)(3)	6,624.	0.			GENERAL

Schedule I (Form 990)



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MAANAVSEVA INC 10 COVE ST CHELMSFORD, MA 01824	47-2172361	501(C)(3)	6,553.	0.			GENERAL
PEACE SISTERS PO BOX 534 PASADENA, CA 91102	81-2710495	501(C)(3)	6,471.	0.			GENERAL
SECOND HARVEST OF SILICON VALLEY 750 CURTNER AVENUE SAN JOSE, CA 95125	94-2614101	501(C)(3)	6,459.	0.			GENERAL
PEARL HAVEN MINISTRIES INC 315 RIDGE RUN DR GEORGETOWN, TX 78628	45-4710989	501(C)(3)	6,424.	0.			GENERAL
PROJECT C.U.R.E. 10377 E. GEDDES AVE. CENTENNIAL, CO 80112	84-1568566	501(C)(3)	6,361.	0.			GENERAL
FISHER HOUSE FOUNDATION 12300 TWINBROOK PARKWAY ROCKVILLE, MD 20852	11-3158401	501(C)(3)	6,348.	0.			GENERAL
CAMP KESEM 10586 WEST PICO BOULEVARD, #196 LOS ANGELES, CA 90064	51-0454157	501(C)(3)	6,196.	0.			GENERAL
DONATE LIFE AMERICA 701 E BYRD ST FL 16 FLOOR 16TH RICHMOND, VA 23219-4500	54-1626038	501(C)(3)	6,186.	0.			GENERAL
MELANOMA RESEARCH FOUNDATION 1411 K STREET NW SUITE 800 WASHINGTON, DC 20005	76-0514428	501(C)(3)	6,182.	0.			GENERAL

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THE MULTIPLE SYSTEM ATROPHY COALITION - 9935D REA RD 212 212 - CHARLOTTE, NC 28277-6710	74-2926378	501(C)(3)	6,180.	0.			GENERAL
HUMAN RIGHTS CAMPAIGN 1640 RHODE ISLAND AVE N.W. WASHINGTON, DC 20036	52-1481896	501(C)(3)	6,176.	0.			GENERAL
FAMILY LEGACY MISSIONS INTERNATIONAL - 5005 W ROYAL LN STE 252 - IRVING, TX 75063	75-2897392	501(C)(3)	6,153.	0.			GENERAL
OPERATION HOMEFRONT 1355 CENTRAL PARKWAY S, STE. 100 SAN ANTONIO, TX 78232	32-0033325	501(C)(3)	6,078.	0.			GENERAL
THE GOODE FOUNDATION PO BOX 834 ATHENS, AL 35612	81-2009246	501(C)(3)	6,052.	0.			GENERAL
NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI) - 3803 FAIRFAX DR STE 100 - ARLINGTON, VA 22203-5860	43-1201653	501(C)(3)	5,992.	0.			GENERAL
INJURED MARINE SEMPER FI FUND 825 COLLEGE BLVD OCEANSIDE, CA 92057	26-0086305	501(C)(3)	5,947.	0.			GENERAL
ST JUDE INDIA CHILDCARE CENTRES USA - 115 E STATE AVE - PHOENIX, AZ 85020	26-3243340	501(C)(3)	5,930.	0.			GENERAL
LITTLE CITY FOUNDATION 1760 W ALGONQUIN RD PALATINE, IL 60067	36-2434562	501(C)(3)	5,858.	0.			GENERAL

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FEED THE CHILDREN PO BOX 36 OKLAHOMA CITY, OK 73101	73-6108657	501(C)(3)	5,847.	0.			GENERAL
THE ARC - GROSSE POINTE HARPER WOODS - 20475 SUNNINGDALE PARK - GROSSE POINTE WOODS, MI 48236	38-6142933	501(C)(3)	5,847.	0.			GENERAL
THE BIRTHDAY PARTY PROJECT 2143 FARRINGTON ST DALLAS, TX 75207-6501	45-4239630	501(C)(3)	5,816.	0.			GENERAL
HUNTINGTON'S DISEASE SOCIETY OF AMERICA, INC. - 505 8TH AVE RM 902 - NEW YORK, NY 10018-6588	13-3349872	501(C)(3)	5,810.	0.			GENERAL
ISLAMIC RELIEF USA 3655 WHEELER AVENUE ALEXANDRIA, VA 22304	95-4453134	501(C)(3)	5,737.	0.			GENERAL
LA'S BEST AFTERSCHOOL ENRICHMENT PROGRAM - 200 N SPRING ST STE M120 - LOS ANGELES, CA 90012-3744	95-4311058	501(C)(3)	5,723.	0.			GENERAL
AFRIKA TIKKUN USA 1401 HILLSIDE ROAD WYNNEWOOD, PA 19096	13-4095132	501(C)(3)	5,711.	0.			GENERAL
JARED ALLEN'S HOMES FOR WOUNDED WARRIORS - 7890 E MCCLAIN DRIVE, SUITE #2 - SCOTTSDALE, AZ 85260	27-1361341	501(C)(3)	5,706.	0.			GENERAL
SIERRA FOREVER FAMILIES 8928 VOLUNTEER LANE SACRAMENTO, CA 95826	68-0002878	501(C)(3)	5,684.	0.			GENERAL

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GRANT PARK ORCHESTRAL ASSOCIATION / GRANT PARK MUSIC FESTIVAL - 205 E RANDOLPH ST. - CHICAGO, IL 60601	32-0005884	501(C)(3)	5,607.	0.			GENERAL
KIND (KIDS IN NEED OF DEFENSE) 1201 L ST NW FL 2 WASHINGTON, DC 20005-4019	26-2763038	501(C)(3)	5,604.	0.			GENERAL
NATIONAL STROKE ASSOCIATION 7272 GREENVILLE AVE. DALLAS, TX 75231	74-2317104	501(C)(3)	5,601.	0.			GENERAL
ALZHEIMER'S FOUNDATION OF AMERICA 322 8TH AVE 7TH FL NEW YORK, NY 10001-8001	91-1792864	501(C)(3)	5,596.	0.			GENERAL
METAVIVOR RESEARCH AND SUPPORT 1783 FOREST DRIVE, #184 ANNAPOLIS, MD 21401	37-1578088	501(C)(3)	5,593.	0.			GENERAL
PAWS CHICAGO 1997 N. CLYBOURN AVENUE CHICAGO, IL 60614	36-4219778	501(C)(3)	5,568.	0.			GENERAL
RETT SYNDROME RESEARCH TRUST, INC. 67 UNDER CLIFF RD TRUMBULL, CT 06611	26-0687439	501(C)(3)	5,561.	0.			GENERAL
OCEAN CONSERVANCY INC 1300 19TH ST NW WASHINGTON, DC 20036-1653	23-7245152	501(C)(3)	5,555.	0.			GENERAL
BABY2BABY 5830 W JEFFERSON BLVD UNIT 200 LOS ANGELES, CA 90016-3109	46-4503539	501(C)(3)	5,476.	0.			GENERAL

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CHILDREN'S HEALTHCARE OF ATLANTA 1584 TULLIE CIR NE ATLANTA, GA 30329	58-2367819	501(C)(3)	5,427.	0.			GENERAL
PARENT PROJECT MUSCULAR DYSTROPHY RESEARCH - 401 HACKENSACK AVE FL 9 - HACKENSACK, NJ 07601-6402	31-1405490	501(C)(3)	5,413.	0.			GENERAL
TOGETHER WE RISE 580 W LAMBERT RD STE A BREA, CA 92821-3913	26-3043727	501(C)(3)	5,393.	0.			GENERAL
OPERATION SMILE 3641 FACULTY BLVD VIRGINIA BEACH, VA 23453-8000	54-1460147	501(C)(3)	5,372.	0.			GENERAL
NATHAN ADELSON HOSPICE FOUNDATION 4141 SWENSON STREET LAS VEGAS, NV 89119	88-0197147	501(C)(3)	5,267.	0.			GENERAL
MR HOLLANDS OPUS FOUNDATION 4370 TUJUNGA AVENUE STUDIO CITY, CA 91604	95-4604927	501(C)(3)	5,154.	0.			GENERAL
SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)	5,111.	0.			GENERAL
MARIN HUMANE SOCIETY 171 BEL MARIN KEYS BLVD. NOVATO, CA 94949	94-1156562	501(C)(3)	5,108.	0.			GENERAL
FAMILY EQUALITY COUNCIL 475 PARK AVE SOUTH, ROOM 2100 NEW YORK, NY 10016-6904	52-1438455	501(C)(3)	5,093.	0.			GENERAL

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COLD CASE FOUNDATION 664 N 1280 E AMERICAN FORK, UT 84003	27-0897006	501(C)(3)	5,079.	0.			GENERAL
CELTINO FOUNDATION 5 POTOMAC CT ALEXANDRIA, VA 22314	61-1483486	501(C)(3)	5,074.	0.			GENERAL
HUMANE SOCIETY OF INDIANAPOLIS 7929 MICHIGAN RD. INDIANAPOLIS, IN 46268	35-0876385	501(C)(3)	5,053.	0.			GENERAL
ELS FOR AUTISM FOUNDATION 18370 LIMESTONE CREEK RD JUPITER, FL 33458	26-3520396	501(C)(3)	5,044.	0.			GENERAL
IGNITE 180 N MICHIGAN AVE CHICAGO, IL 60601	36-2867274	501(C)(3)	5,026.	0.			GENERAL
SEATTLE CHILDREN'S HOSPITAL FOUNDATION - PO BOX 5371 MS S200 - SEATTLE, WA 98145	91-1156519	501(C)(3)	5,002.	0.			GENERAL
HOSPITAL FOR SICK CHILDREN FOUNDATION - 525 UNIVERSITY AVENUE 14TH FLOOR - TORONTO, CANADA	98-0183325	501(C)(3)	13,824.	0.			GENERAL
CANADIAN CANCER SOCIETY 55 ST CLAIR AVENUE #300 TORONTO, CANADA	98-6001242	501(C)(3)	11,537.	0.			GENERAL



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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

PLEDGELING FOUNDATION

Employer identification number

46-2440594

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THIRD-PARTY ORGANIZATIONS.

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

FORM 990 WAS PREPARED BY AN OUTSIDE CPA USING INFORMATION PROVIDED BY

PLEDGELING FOUNDATION. AFTER PREPARATION, THE FORM WAS REVIEWED BY

MANAGEMENT OF THE PLEDGELING FOUNDATION'S AFFILIATE AND DISTRIBUTED TO THE

BOARD OF DIRECTORS VIA EMAIL.

FORM 990, PART VI, SECTION B, LINE 15:

THE FOUNDATION HAS NO PAID OFFICERS NOR EMPLOYEES.

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

THE ORGANIZATION MAKES IT GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY,

AND FINANCIAL STATEMENTS AVAILABLE TO PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE AUDIT OF THE FINANCIAL STATEMENT'S IS NOW IN PROCESS BY INDEPENDENT

AUDITORS AND IS EXPECTED TO BE COMPLETED BY THE END OF THE YEAR. IF

WARRANTED, THE FORM 990 WILL BE AMENDED.