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uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.
PUBLIC DISCLOSURE COPY

** PUBLIC DISCLOSURE COPY **

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

OMB No. 1545-0047 Open to Public

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Inspection

Α	For the	2014 calendar year, or tax year beginning JUL I, ZUI4 and ending	_JUN 30, ∠0.	L5
В	Check if applicable:	C Name of organization	D Employer iden	tification number
	Address	POINT FOUNDATION		
	Name change	Doing business as	84-	-1582086
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 800 Room/su 801 Room/su 802 Room/su		nber 23)933-1234
	termin-		G Gross receipts \$	9,663,861.
	ated Amende	City or town, state or province, country, and ZIP or foreign postal code LOS ANGELES, CA 90036	<u> </u>	
H	⊥lreturn ∏Applica	-	H(a) Is this a grou	
	tiòn pending	SAME AS C ABOVE	for subordina	—
_	-			res included? Yes No
		mpt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 50 www.POINTFOUNDATION.ORG		h a list. (see instructions)
			H(c) Group exemp	
		organization: X Corporation Trust Association Other ► L You Summary	ear of formation: 200.	M State of legal domicile: CO
Г			CCUOT ADCUTI	OC TIO
9		Briefly describe the organization's mission or most significant activities: TO GRANT LESBIAN, GAY, BISEXUAL AND TRANSGENDER (LGBT		
Jan	-			
Veri		Check this box if the organization discontinued its operations or disposed of m	ı	1 24
Ĝ		Number of voting members of the governing body (Part VI, line 1a)		3 34 4 34
∞		Number of independent voting members of the governing body (Part VI, line 1b)		5 18
ţį		otal number of individuals employed in calendar year 2014 (Part V, line 2a)		
Activities & Governance	6 T	otal number of volunteers (estimate if necessary)		-
Ą		Total unrelated business revenue from Part VIII, column (C), line 12		7a 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0
	D N	Net unrelated business taxable income from Form 990-T, line 34		· · ·
	, ,	Santributions and monte (Dout VIII line 1 h)	Prior Year 3,604,910	Current Year 6, 330, 407.
ne		Contributions and grants (Part VIII, line 1h)		0,330,407.
Revenue	1	Program service revenue (Part VIII, line 2g)	189,41	
æ		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		0.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,794,33	
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	738,21	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0. 003,304.
	I	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,791,443	
Expenses	15 5	Professional fundraising fees (Part IX, column (A), line 11e)	43,80	
en	loa r	Fotal fundraising expenses (Part IX, column (D), line 25) 613,846.	13,00	12,101
Ä	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,402,360	1,552,528.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,975,830	1,352,326t 1,251,266.
		Revenue less expenses. Subtract line 18 from line 12	-181,49	
- L		nevertue less expenses. Subtract line 10 front line 12	Beginning of Current Ye	
Net Assets or Find Balances	20 T	otal assets (Part X, line 16)	8,454,860	
ASS	21 1	otal assets (Fart X, line 10)	345,459	
Net	22 N	Net assets or fund balances. Subtract line 21 from line 20	8,109,403	
		Signature Block	0,200,200	= 0 / = 0 / 0 0 0 0
		ties of perjury, I declare that I have examined this return, including accompanying schedules and stat	ements, and to the best of	f mv knowledge and belief, it is
	-	and complete. Declaration of preparer (other than officer) is based on all information of which preparer		, ,
	<u> </u>			
Sig	ın İ	Signature of officer	Date	
He		JORGE VALENCIA, EXECUTIVE DIRECTOR & CEO		
		Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Pai		PATRIZIA C. COPPING	if self-en	P00200096
Pre		Firm's name GREEN HASSON & JANKS LLP	Firm's EIN	05 4555440
Use	-	Firm's address 10990 WILSHIRE BLVD., 16TH FLOOR		
		LOS ANGELES, CA 90024-3929	Phone no.	(310) 873-1600
1/10	v tha ID	S discuss this return with the preparer shown above? (see instructions)	I	X Ves No

1 Brofly describe the organization's imission. POINT FOUNDATION EMPOWERS PROMISING LGBTQ STUDENTS TO ACHIEVE THEIR POIL ACADEMIC AND LEADERSHIP POTENTIAL — DESPITE THE OBSTACLES OFTEN PUT BEFORE THEM — TO MAKE A SIGNIFICANT IMPACT ON SOCIETY. 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990 E2? 1 Did the organization cause conducting, or make significant changes in how it conducts, any program services, as measured by expenses. 2 Describe the organization's gogram service accomplishments for each of its three largest program services, as measured by expenses. 3 Section 501(c)(s) and 501(c)(s) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, a may be seach program service accomplishments for each of its three largest program services, as measured by expenses. 3 Section 501(c)(s) and 501(c)(s) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, a may for seach program service accomplishments for each of its three largest program services, as measured by expenses. 3 Section 501(c)(s) and 501(c)(s) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, a may for seach program service and any organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, a may for seach program services and any organizations to others, the total expenses, and revenue, any for seach program services and any organizations are required to report the amount of grants and allocations to others, the total expenses, and 3 Section 501(c)(s) organization and allocations to others, the total expenses and allocations to other	Par	t III Statement of Program Service Accomplishments
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	432002	Form 990 (2014). SEE SCHEDIILE O FOR CONTINUATION (S)

Form 990 (2014) POINT FOUNDATION Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(6) or 4947(a)(1) (other than a private foundation)? 1 If Yes, "complete Schedule B, Schedule of Contributors? 2 Is the organization reques in indirect or indirect protection and an activities on behalf of or in opposition to candidates for public office? If Yes," complete Schedule C, Part II 3 X X Section 501(c)(3) (Ganization). Bit the organization engage in inbbbying activities, or have a section 501(f) election in effect during the tax year? If "Yes," complete Schedule C, Part II 5 Is the organization as action 501(c)(4), 501(c)(6), or 501(c)(6) organization that receives memberahlp dues, assessments, or similar amounts as odifficed in Section 501(c)(4), 501(c)(6), or 501(c)(6) organization that receives memberahlp dues, assessments, or similar amounts as odifficed in Section 501(f) and for the section 501(f) of the organization assessment, or similar amounts as odifficed in Section 601(c)(4), 501(c)(6), or 501(c)(6) organization that receives memberahlp dues, assessments, or similar amounts as odifficial from or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land rease, or historic activates? If "Yes," complete Schedule D, Part II 7 Did the organization invention of works of art, historical treasures, or other similar assess? If "Yes," complete Schedule D, Part II 8 Did the organization invention and in Part X, line 21, for secrory or custodial account liability, serve as a custodian for amounts in Def X is a septicable. If yes, complete Schedule D, Part V II 9 Did the organization in septor an amount for land, buildings, and equipment in Part X, line 10 Part V, II, VII, VII, VII, X, or X as applicable. 10 Did the organization in Part X, line 10 Part V, II in				Yes	No
2 Is the organization required to complete Schedule B. Schedule of Contributor® 3 Did the organization required to complete Schedule C. Part I 4 Section 801(c)(8) organizations. Did the organization engage in debtying activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C. Part II 5 is the organization a section 501(c)(4) 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 9819 If "Yes," complete Schedule C. Part II 6 Did the organization manifal any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule P. Part I 7 Did the organization manifal any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule P. Part I 8 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land rease, or historic structures If "Yes," complete Schedule D. Part II 7 Did the organization manifal and promise structures II "Yes," complete Schedule D. Part II 8 Did the organization manifal and promise structures II "Yes," complete Schedule D. Part II 9 Did the organization amount in Part X, line 21, for secrory or custodial account liability, serve as a custodian for amounts in such listed in Part X, or provide credit counseling, diebt management, credit repair, or debt negotiation revices? If "Yes," complete Schedule D. Part IV 9 Did the organization report an amount for look organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D. Part VII 10 Did the organization report an amount for investments - organization in Part X, line 10 If "Yes," complete Schedule D. Part VII 11 Did the organization report an amount for investments - other securities in Part X, line 10 If Yes, complete Schedule D. Part X VII 11 Did the organization report an amount for investments - program related in Part X, line 10 If Yes,	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Dit the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public officer if "Yes," complete Schedule C, Part II		If "Yes," complete Schedule A	1	Х	
spublic offices // 11 / 12 / 12 / 13 / 13 / 14 / 15 / 15 / 15 / 15 / 15 / 15 / 15	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule C, Part II X is the organization asset and solid (s) (5) (16)(6) organization that receives membership dues, assessments, or similar amounts as delined in Revenue Procedure 98-191 if "Yes," complete Schedule C, Part II 6 Did the organization maintain any otnon advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for Wrise," complete Schedule D, Part II 6 X Y Did the organization report or hold a conservation assement, including assements to preserve open space, the environment, historic land areas, or historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 7 X X B Did the organization amounts not listed in Part X, ine 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit consensing, either magagement, credit repair, or debt in egotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V 11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part S V, VII, VIII, X, or X as applicable. a Did the organization report an amount for investments to the securities in Part X, line 10? If "Yes," complete Schedule D, Part V VII 11 X X Did the organization report an amount for other assets in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V VIII 11 X X 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? If	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
during the tax year? If "Yes," complete Schedule C, Part II S is the organization a section Solit-(a), 501 (c)(6), 501 (c)(6)		public office? If "Yes," complete Schedule C, Part I	3		Х
5 Is the organization a section S01(c)(4), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98:19? If "Yes," complete Schedule C, Part III 5	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
5 Is the organization a section \$01(c)(4), 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-191 / "Yes," complete Schedule C, Part III of the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical reasures, or other similar assets? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II Pse," complete Schedule D, Part II Pse," complete Schedule D, Part IV Pse, c		during the tax year? If "Yes," complete Schedule C, Part II	4		Х
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization receiver or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III Schedule D, Part III Plays," complete Schedule D, Part III Plays, "complete Schedule D, Part III Plays," complete Schedule D, Part III Plays," complete Schedule D, Part III Plays," complete Schedule D, Part IV Plays, "complete Schedule D, Part IV Plays," complete Schedule D, Part IV Plays," complete Schedule D, Part IV Plays," complete Schedule D, Part IV Plays, "complete Schedule D, Part IV Plays," complete Schedule D, Part IV Plays," complete Schedule D, Part IV Plays," complete Schedule D, Part IV Plays, "complete Schedule D, Part IV Plays," complete Schedule D, Part IV Plays," complete Schedule D, Part IV Plays, "complete Schedule D, Part IV Plays," complete Schedule D, Part IV Plays," complete Schedule D, Part IV Plays, "complete Schedule D, Part IV Plays," complete Schedule D, Part IV Plays," complete Schedule D, Part IV Plays, "complete Schedule D, Part IV Plays," complete Schedule D, Part IV Plays," complete Schedule D, Part IV Plays, "complete Schedule D, Part IV Plays," complete Schedule D, Part IV Plays," complete Schedule D, Part IV Plays, "complete Schedule D, Part IV Plays," complete Schedule D, Part IV Plays, "complete Schedule D, Part IV Plays," complete Schedule D, Part IV Plays, "complete Schedule D, Part IV Plays," complete Schedule D, Part IV Plays, "complete Schedule D, Part IV Plays," complete Schedule D, Part IV Plays, "	5				
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Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization as school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Did the organization maintain an office, employees, or agents outside of the United States? 14a 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? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 to and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
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b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b		complete Schedule G, Part III	19		
					X
	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		000	

Form **990** (2014)

Form 990 (2014) POINT FOUNDATION Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			ا ۔۔
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			٦,
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):	00		х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		x
20	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c	Х	
29 30	Did the organization receive more than \$25,000 in non-cash contributions <i>in res, complete scriedule in</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	21	
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	-		 -
UZ.	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 02		
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
٠.	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	<u> </u>
		F	000	(201.4)

Form **990** (2014)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	24			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gaming			
	(gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	18			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	rns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country: ►					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne orga	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribute	tions o	r gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).				37	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set			7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		——
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired	_		v
	to file Form 8282?			7c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	10	_		v
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		X
Ť	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of malification of the second state of the second stat			7f	\vdash	X
g	If the organization received a contribution of qualified intellectual property, did the organization file For			7g		X
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations maintaining donor advised funds. Did a donor advised fund maintained			7h		- 25
0		•	5	8		
9	Sponsoring organizations maintaining donor advised funds.			Ť		
	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
	Did the appropriate appropriation makes a distribution to a depart depart advisory as unlated appropri			9b		
10	Section 501(c)(7) organizations. Enter:					
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10411	>	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O		14b		
				Form	1 990 ((2014)

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			X
<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a		_		7.7
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			7.7
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	_	v	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_		₩.
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		.,	
40-	Did the same in the second of the state of t	40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401		
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Λ	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	120	Λ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-	Х	
40	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14 15	Did the organization have a written document retention and destruction policy?	14	21	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45.	Х	
a	The organization's CEO, Executive Director, or top management official	15a 15b	21	Х
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130		
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
ioa		16a		х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	IUa		
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed ►CA , AL , AK , AZ , AR , CT , DC , FL , GA	HI	.IL	.KS
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) is			,
.5	for public inspection. Indicate how you made these available. Check all that apply.	. v anak		
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.	a.	Jiai	
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	SCOTT ARNESON - (323)933-1234			
	5055 WILSHIRE BLVD, NO. 501, LOS ANGELES, CA 90036			
432006	SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990	(2014)

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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.

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

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

(A) Name and Title	(B) Average hours per	box	not c	Pos heck ss pe	ition more rson	than	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer of the property of the		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) GLEN ACKERMAN	5.00								•	•
BOARD MEMBER	F 00	Х						0.	0.	0.
(2) SHARON BRACKETT	5.00	,,								•
BOARD MEMBER	F 00	Х						0.	0.	0.
(3) BRIAN BRANTON BOARD MEMBER	5.00	x						0.	0.	0.
(4) MARK BRAUN	5.00	^						0.	0.	<u></u>
BOARD MEMBER	J.00	X						0.	0.	0.
(5) CLAUDIA CAINE	5.00					\vdash		0.	0.	
BOARD MEMBER	3.00	Х						0.	0.	0.
(6) MITCH DRAIZIN	5.00								•	
BOARD MEMBER		x						0.	0.	0.
(7) RON FALCON, M.D.	5.00								<u> </u>	
BOARD MEMBER		х						0.	0.	0.
(8) SHELLEY FISCHEL	5.00									
BOARD MEMBER		Х						0.	0.	0.
(9) LOUIS GARY	5.00									
BOARD MEMBER		Х						0.	0.	0.
(10) ALAN GUNO	5.00									
BOARD MEMBER		Х						0.	0.	0.
(11) KIM HACKFORD-PEER	5.00									
BOARD MEMBER		Х						0.	0.	0.
(12) ASHLAND JOHNSON	5.00							_	_	_
BOARD MEMBER		Х						0.	0.	0.
(13) RYAN MILLER	5.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(14) ANDY ORTIZ	5.00									
BOARD MEMBER		Х						0.	0.	0.
(15) CALEN OUELLETTE	5.00	١								•
BOARD MEMBER	F 00	Х						0.	0.	0.
(16) JAMES PATTON III	5.00	\								_
BOARD MEMBER	F 00	Х				_	_	0.	0.	0.
(17) JOHN PENCE	5.00								_	^
BOARD MEMBER		Х						0.	0.	0.

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(A) Name and title	(B) Average	(do	not c	Posi	c) ition	1 than	one	(D) Reportable	(E) Reportable			(F)	
	hours per week (list any hours for related organizations	tee or director		ess pe	irecto		tee)	compensation from the organization (W-2/1099-MISC)	compensation from related organization (W-2/1099-MIS	d is	com fr org	nount of other pensariom the anization of the anization o	tion e ion
	below line)	Individua	Institution	Office r	Key employee	Highest c employee	Former				orga	anizatio	ons
(18) CLAY PETRE	5.00	Ţ.						0		^			_
BOARD MEMBER (19) GAUTAM RAGHAVAN	5.00	Х		\vdash				0.		0.			0.
BOARD MEMBER	3.00	x						0.		0.			0.
(20) RON RUDOLPH	5.00	1								••			<u> </u>
BOARD MEMBER		x						0.		0.			0.
(21) CASEY RYAN	5.00	Ħ											
BOARD MEMBER		Х						0.		0.			0.
(22) KELLI SMITH-BAILEY	5.00												
BOARD MEMBER		Х						0.		0.			0.
(23) KYLE SPAINHOUR	5.00												
BOARD MEMBER		Х						0.		0.			0.
(24) DAN STIFFLER	5.00	ļ								•			_
BOARD MEMBER	F 00	Х						0.		0.			0.
(25) KEN THAXTON	5.00	X						0.		0.			0.
BOARD MEMBER (26) JONAH TROUT	5.00	₽		\vdash		-		0.		0.			<u> </u>
BOARD MEMBER	3.00	x						0.		0.			0.
41- 0-1-1-1-1			<u> </u>		<u> </u>	<u> </u>		0.		0.			0.
c Total from continuation sheets to Part V								665,971.		0.	4	7,1	
d Total (add lines 1b and 1c)								665,971.		0.		7,1	
2 Total number of individuals (including but n							no r	eceived more than \$100	,000 of reportab	le		_	
compensation from the organization									•				4
												Yes	No
3 Did the organization list any former officer,	•			•	•	•	-	•					х
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the su								her compensation from			3		
and related organizations greater than \$15	-		-					·			4	Х	
5 Did any person listed on line 1a receive or a							elat	ted organization or indiv	dual for services	3			
rendered to the organization? If "Yes," com	plete Schedul	e J f	or s	uch	pers	son .					5		X
Section B. Independent Contractors													
 Complete this table for your five highest co the organization. Report compensation for 	-	-								npens	ation 1	rom	
(A)	•							(B)			((;)	
Name and business	address	NC	INC	<u> </u>			_	Description of s	ervices		ompe	nsatior	1
							\dashv						
							\dashv						
2 Total number of independent contractors (i \$100,000 of compensation from the organi	-	ıot liı	mite	d to	tho (se li: 0	stec	d above) who received m	nore than				

SEE PART VII, SECTION A CONTINUATION SHEETS

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Form 990 POINT FOUNDATION 84-1582086

1 01111 000	POINT FO	ONDATIO	N							84-158	2086
Part VII Section A. Officers	s, Directors, Tru	ıstees, Key Eı	nplo	yee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)	
(A)	•	(B)				C)			(D)	(E)	(F)
Name and title		Average			Pos	ition	1		Reportable	Reportable	Estimated
		hours	(c	neck	all t	that	арр	ly)	compensation	compensation	amount of
		per							from	from related	other
		week					loyee		the	organizations	compensation
		(list any hours for	director				demp		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		related	9e or (stee			nsate		(***2/1099*****100)		and related
		organizations	ndividual trustee or	Institutional trustee		yee	Highest compensated employee				organizations
		below	vidual	tutior	Je.	Key employee	nest c	ner			
		line)	ınd	Insti	Officer	Key	High	Former			
(27) JAMES WILLIAMS		5.00									
BOARD MEMBER			Х						0.	0.	0.
(28) JOHN WOLFARTH		5.00							_	_	_
BOARD MEMBER			Х						0.	0.	0.
(29) CHRIS BAKER		10.00							_	_	_
BOARD MEMBER			Х						0.	0.	0.
(30) CHRIS BOYLE		10.00							_		
BOARD MEMBER			Х						0.	0.	0.
(31) SHELLEY FREEMAN		10.00									
BOARD MEMBER		15.00	Х						0.	0.	0.
(32) RICHARD ZIEGELASCH		15.00			l					•	•
CO-CHAIR		15 00	Х		Х				0.	0.	0.
(33) KEVIN CHASE		15.00			l						•
CO-CHAIR		10.00	Х		Х				0.	0.	0.
(34) JAMES CUMMINGS		10.00	,,		,,					0	0
VICE CHAIR		10 00	Х		Х				0.	0.	0.
(35) JENNIFER BARBETTA		10.00	Ι.,		\ \				0.	0.	0
TREASURER		10.00	Х		Х				0.	0.	0.
(36) CALEN OUELLETTE SECRETARY		10.00	Х		x				0.	0.	0.
(37) JORGE VALENCIA		65.00	^		_				0.	0.	0.
EXECUTIVE DIRECTOR & CEO		03.00			x				298,500.	0.	16,166.
(38) SCOTT ARNESON		50.00			<u> </u>				250,500.	0.	10,100.
CFO		30.00			х				126,237.	0.	16,273.
(39) NANCI GLOGAUER		55.00			 				120,257	•	10,275
CHIEF OF STAFF		33,00					x		129,594.	0.	4,416.
(40) HECTOR D GARZA		50.00							223,3320		
DEVELOPMENT DIRECTOR - EA	AST						x		111,640.	0.	10,292.
Total to Part VII, Section A, line 1	с								665,971.		47,147.

		Check if Schedule O conta	ains a response o	or note to any lin	e in this Part VIII			
			ин о и гороноо		(A)	(B)	(C)	(D)
					Total revenue	Related or	Unrelated	Revenuè éxcluded from tax under
						exempt function revenue	business revenue	sections 512 - 514
yy	4.	- Foderated compaigns	140			10101140	Tovorido	312-314
ant		Federated campaigns						
P G		Membership dues		621 000				
fts,		Fundraising events		631,009.				
ia ii		Related organizations						
ns,		e Government grants (contributi						
er S	f	All other contributions, gifts, grant	ts, and					
ğ ğ		similar amounts not included abov	ve 1f	5,699,398.				
Contributions, Gifts, Grants and Other Similar Amounts	ç	Noncash contributions included in lines	1a-1f: \$	762,384.				
a C	h	Total. Add lines 1a-1f			6,330,407.			
				Business Code				
ġ.	2 a	1	Ī					
اه ک	b	<u> </u>						
Program Service Revenue	c							
a a	c							
Pg	6							
Prc		All other program service reve						
			•	•				
	3	Total. Add lines 2a-2f						
	3				272,952.			272 052
		other similar amounts)			212,932.			272,952.
	4	Income from investment of tax						
	5	Royalties						
		_	(i) Real	(ii) Personal				
	6 a							
		Less: rental expenses						
		Rental income or (loss)						
	c	Net rental income or (loss)		>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	2,501,048.					
	b	Less: cost or other basis						
		and sales expenses	2,199,132.					
	c	Gain or (loss)	301,916.					
	c	Net gain or (loss)			301,916.			301,916.
Ð		Gross income from fundraising	ī					
		including \$ 631	,009. of					
eve		contributions reported on line	1c). See					
r R		Part IV, line 18	<i>'</i>	559,454.				
Other Reven	b	Less: direct expenses	ī	559,454.				
0		Net income or (loss) from fund	I)	0.			
		Gross income from gaming ac	ī					
		Part IV, line 19						
		Less: direct expenses	ī					
		Net income or (loss) from gam		•				
	10 6	Gross sales of inventory, less						
		and allowances	T T					
		Less: cost of goods sold	•					
		Net income or (loss) from sales						
		Miscellaneous Revenue	e	Business Code				
	11 a							
	b							
	c							
	c							
	€	Total. Add lines 11a-11d						
1000	12	Total revenue. See instructions.			6,905,275.	0.	0.	574,868.
43200 11-07	9 ·14							Form 990 (2014)

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

Dr.	Check if Schedule O contains a respon	(A)		(C)	(D)
7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	803,364.	803,364.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	435,291.	279,743.	59,858.	95,690
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,163,094.	747,472.	159,938.	255,684
8	Pension plan accruals and contributions (include				· · · · · · · · · · · · · · · · · · ·
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	135,296.	86,949.	18,605.	29,742
10	Payroll taxes	119,589.	76,855.	16,445.	26,289
11	Fees for services (non-employees):				
а	Management				
b	Legal	774.		774.	
С	Accounting	30,451.	17,766.	12,685.	
d	Lobbying				
	Professional fundraising services. See Part IV, line 17	42,104.			42,104
f	Investment management fees	11,871.		11,871.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	65,942.	65,942.		
12	Advertising and promotion				
13	Office expenses	305,263.	197,060.	65,059.	43,144
14	Information technology	2,651.	2,651.		
15	Royalties				
16	Occupancy	115,374.	85,377.	12,287.	17,710
17	Travel	181,028.	126,003.	14,376.	40,649
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,949.		6,949.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	79,454.	58,796.	8,462.	12,196
23	Insurance	20,459.	15,139.	2,179.	3,141
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	LEADERSHIP/ALUMNI CONF.	392,456.	392,456.		
h	PUBLIC AWARENESS/PROMO.	163,386.	122,634.	2,717.	38,035
C	OTHER SCHOLARSHIP EXP.	96,128.	96,128.	= , . = . 3	,
d	LEADERSHIP TRAINING EXP	18,925.	9,463.		9,462
	All other expenses	61,417.	3,731.	57,686.	2,202
25	Total functional expenses. Add lines 1 through 24e	4,251,266.	3,187,529.	449,891.	613,846
25 26	Joint costs. Complete this line only if the organization	_,,	2,20.,323.	,	220,010
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Earm 990 (2014

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Pa	πλ	Balance Sneet					
		Check if Schedule O contains a response or not	te to any	line in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			433,868.	1	744,638.
	2	Savings and temporary cash investments			1,517,580.	2	980,476.
	3	Pledges and grants receivable, net		1,274,027.	3	3,130,714.	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated emp	oloyees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied pers	ons (as defined under			
		section 4958(f)(1)), persons described in section	1 4958(c)	(3)(B), and contributing			
		employers and sponsoring organizations of sect	tion 501(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr).	Comple	te Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
Ä	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			107,547.	9	39,665.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	368,140.			
	b	Less: accumulated depreciation		217,923.	137,135.	10c	150,217.
	11	Investments - publicly traded securities			4,902,862.	11	5,463,627.
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			81,841.	15	54,271.
	16	Total assets. Add lines 1 through 15 (must equ			8,454,860.	16	10,563,608.
	17	Accounts payable and accrued expenses	345,459.	17	308,042.		
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV o	f Schedule D		21	
es	22	Loans and other payables to current and former	r officers	, directors, trustees,			
≝		key employees, highest compensated employee	es, and d	lisqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate	d third p	arties		24	
	25	Other liabilities (including federal income tax, pa	,				
		parties, and other liabilities not included on lines	3 17-24).	Complete Part X of			
		Schedule D		······ <u> </u>	245 450	25	200 042
	26			. 77	345,459.	26	308,042.
		Organizations that follow SFAS 117 (ASC 958		here LA and			
Ses		complete lines 27 through 29, and lines 33 an			2 165 002		2 705 225
<u>a</u>	27	Unrestricted net assets			3,165,802. 2,932,766.	27	3,795,335.
Ba	28	Temporarily restricted net assets		·····	2,934,700.	28	4,142,744.
Fund Balances	29				2,010,833.	29	2,317,487.
Ę		Organizations that do not follow SFAS 117 (A	SC 958)	, check here ▶∟□			
S		and complete lines 30 through 34.				00	
set	30	Capital stock or trust principal, or current funds				30	
Net Assets or	31	Paid-in or capital surplus, or land, building, or ed		_		31	
Net	32	Retained earnings, endowment, accumulated in			8,109,401.	32	10,255,566.
_	33	Total net assets or fund balances				33	
	34	Total liabilities and net assets/fund balances			8,454,860.	34	10,563,608.

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Ра	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,90		
2	Total expenses (must equal Part IX, column (A), line 25)	2		, 25		
3	Revenue less expenses. Subtract line 2 from line 1	3				09.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		,10		
5	Net unrealized gains (losses) on investments	5	-	-44	7,8	<u>44.</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-6	0,0	00.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	10	, 25	5,5	66.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
	· · · · · · · · · · · · · · · · · · ·				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	• O.	_			
2a				2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separar					
	consolidated basis, or both:	,				
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit.				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si					
	Act and OMB Circular A-133?	J. 2		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit	·····			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		
	, 1 /					

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

POINT FOUNDATION

Employer identification number 84-1582086

Pa	rt I	Reason for Public	Charity Status (All organizations must co	omplete th	is part.) Se	ee instructions.	
The	organ	ization is not a private found	lation because it is: ((For lines 1 through 11, o	check only	one box.)		
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)						
3		A hospital or a cooperative		•	ection 170	(b)(1)(A)(ii	i).	
4		A medical research organiz					-	the hospital's name
		city, and state:	a operatea ee					and noophal o name,
5		An organization operated for	or the benefit of a co	allege or university owne	d or opera	ted by a gr	overnmental unit describ	ned in
5		section 170(b)(1)(A)(iv). (C		mege of difficulty owne	a or opera	ica by a go	overnmental unit descrit	JCG II1
6			· · · · · · · · · · · · · · · · · · ·	nantal unit described in	cootion 17	70/6\/4\/4\/	(v)	
	X	A federal, state, or local go	-				•	nublic described in
7	21	An organization that norma	•	initial part of its support	iroin a gov	emmentai	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C	•	(d)(A)(ni) (Commisto Don	.			
8	H	A community trust describe						
9		An organization that norma	*	-	-			•
		activities related to its exen	•	•			· · · · · · · · · · · · · · · · · · ·	•
		income and unrelated busin		(less section 511 tax) fr	om busine	sses acqu	ired by the organization	aπer June 30, 1975.
40		See section 509(a)(2). (Con		:	datu Caa	ti FC	00(a)(4)	
10	H	An organization organized	·		•			
11	ш	An organization organized	·	•	-		· · · · · · · · · · · · · · · · · · ·	
		more publicly supported or	~					neck the box in
_		lines 11a through 11d that	* *			•		. mission m
а		Type I. A supporting orga	· · · · · · · · · · · · · · · · · · ·	· ·	•			
		the supported organization		• • • •	a majority	or the alrec	ctors or trustees of the s	supporting
		organization. You must o	- ·				- d	
b		☐ Type II. A supporting org	-					-
		control or management o			same perso	ons that co	ntroi or manage the sup	pported
_		organization(s). You mus			in connoc	tion with a	and functionally integrat	ad with
C		☐ Type III functionally inte	- :				· ·	ea with,
-1		its supported organizatio		•				:ti(-)
d								• •
		that is not functionally int	-		•			iveriess
_		requirement (see instruct	•	-				
е		 Check this box if the orga functionally integrated, or 					гтурет, турет, туретт	
	Ento	er the number of supported of	* *					
,		ride the following information						
9		i) Name of supported	(ii) EIN		(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of
	•	organization		(described on lines 1-9	listed i	n your	support (see	other support (see
				above or IRC section (see instructions))	Yes	No	Instructions)	Instructions)
				(see instructions))				
Гotа	ıl							l

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

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.)

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	3463769.	4300933.	3358063.	3604916.	6330407.	21058088.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	3463769.	4300933.	3358063.	3604916.	6330407.	21058088.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)						3841957.	
_6	Public support. Subtract line 5 from line 4.						17216131.	
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
7	Amounts from line 4	3463769.	4300933.	3358063.	3604916.	6330407.	21058088.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources	61,082.	65,385.	97,396.	191,083.	272,952.	687,898.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10						21745986.	
12	Gross receipts from related activities,						,115,000.	
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)		
<u>C</u>	organization, check this box and stop						>	
	ction C. Computation of Publ		<u> </u>				79.17 %	
	Public support percentage for 2014 (I					14	0.4.00	
15	Public support percentage from 2013					15		
16a	33 1/3% support test - 2014. If the c	•		•		•		
	stop here. The organization qualifies							
D	33 1/3% support test - 2013. If the c							
170	and stop here. The organization qual							
17 a	10% -facts-and-circumstances tes	_						
	and if the organization meets the "fact meets the "facts-and-circumstances"					-		
h								
O	10% -facts-and-circumstances tes more, and if the organization meets the	_						
	organization meets the "facts-and-circ		•					
10								
10	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

Schedule A (Form 990 or 990-EZ) 2014

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

(Complete only if you checked the box on line 9 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.)

Se	ction A. Public Support		,				
Cale	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
(Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
	ction B. Total Support		1	1	<u></u>	T	1
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	<u> </u>	<u> </u>	1.6		504(.)(2)	<u> </u>
14	First five years. If the Form 990 is for	_			-		
<u>Sa</u>	check this box and stop here ction C. Computation of Publ						<u> </u>
	Public support percentage for 2014 (l			column (f))		15	%
	Public support percentage from 2013					16	
	ction D. Computation of Inves					1 10 1	70
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	
	a 33 1/3% support tests - 2014. If the						
	more than 33 1/3%, check this box a						
Ł	33 1/3% support tests - 2013. If the						
	line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation If the organization						

Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI. including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in

Part VI.

- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	O.L.		
	9b		
	9с		
	10a		
	10b		
. 0		0 E7\	0044

Pa	rt IV Supporting Organizations (continued)			
	, e e (continuos)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	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?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			·
	71 11 0 0		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			110
-	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			<u> </u>
	and or type it cupper unity or gain-autono		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	110
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	etion D. Type III Supporting Organizations	<u> </u>		<u> </u>
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
•	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	·		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	_		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. <i>Complete line 3</i> below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	structions	3).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			1
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard.	3b		

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations					
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All							
	other Type III non-functionally integrated supporting organizations must complete Sections A through E.							
Cont	Section A - Adjusted Net Income (B) Current Year							
Seci	ion A - Adjusted Net Income		(A) Prior rear	(optional)				
1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
3	Other gross income (see instructions)	3						
4	Add lines 1 through 3	4						
_5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or							
	collection of gross income or for management, conservation, or							
	maintenance of property held for production of income (see instructions)	6						
7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8						
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see							
	instructions for short tax year or assets held for part of year):							
a	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
c	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	Discount claimed for blockage or other							
	factors (explain in detail in Part VI):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d	3						
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,							
	see instructions).	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by .035	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Sect	ion C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1						
2	Enter 85% of line 1	2						
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3						
4	Enter greater of line 2 or line 3	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to							
	emergency temporary reduction (see instructions)	6						
7	Check here if the current year is the organization's first as a non-functionall	y-integra	ated Type III supporting org	ganization (see				
	instructions).							

Schedule A (Form 990 or 990-EZ) 2014

Par	TV │ Type III Non-Functionally Integrated 509	9(a)(3) Supporting Org	anizations _(continued)	
Secti	ion D - Distributions		<u> </u>	Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsive	Э	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Sacti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
Jecu	on E - Distribution Anocations (see instructions)		Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
_	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
<u>а</u>				
b				
<u> </u>	5 (0010			
	Excess from 2013			
е	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

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.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 ·

OMB No. 1545-0047

Name of the organization

Employer identification number

POINT FOUNDATION 84-1582086

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 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					
	ion is covered by the General Rule or a Special Rule .					
Note. Only a section 50	01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
	ration filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections 509(any one contr	tation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 libutor, 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, 0-EZ, line 1. Complete Parts I and II.					
year, total cor	ration described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the attributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for of cruelty to children or animals. Complete Parts I, II, and III.					
year, contribu is checked, er purpose. Do n	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 <i>exclusively</i> 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 <i>exclusively</i> religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year \ \rightarrow \frac{1}{2}					
Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization Employer identification number

POINT FOUNDATION 84-1582086

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b)	(c) Total contributions	(d)
4 4	Name, address, and ZIP + 4	\$ 478,701.	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

POINT FOUNDATION

84-1582086

Part II	Noncash Property (see instructions). Use duplicate copies of Par	t 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
	STOCK DONATION		
3			
		\$ 506,315.	06/01/15
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	STOCK DONATION		
4		 \$\$_208,642.	03/03/15
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
423453 11-0			990. 990-EZ. or 990-PF) (2014)

Name of org	panization				Employer identification number			
POINT	FOUNDATION				84-1582086			
Part III	Exclusively religious, charitable, etc., continue the year from any one contributor. Complete	tributions to organizations d	escribed in secti	on 501(c)(7), (8), or				
	completing Part III, enter the total of exclusively religiou	ıs, charitable, etc., contributions o	of \$1,000 or less for t	the year. (Enter this info. once.	→ \$			
(a) No.	Use duplicate copies of Part III if addition	al space is needed.						
`from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Desc	ription of how gift is held			
Γ		(e) Transf	er of gift					
	Transferse's name address of	nd 7 ID + 4	ь	elationship of tra-	referente transferes			
-	Transferee's name, address, a	110 ZIP + 4	<u>n</u>	leiationship of trai	nsferor to transferee			
(a) No. from	(b) Down and of with	(2) 1122 25	:a	(d) Dagg	windian of have side in hald			
Part I	(b) Purpose of gift	(c) Use of g	μπτ	(d) Desc	ription of how gift is held			
-								
	(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tran	nsferor to transferee			
(a) No. from	(b) Purpose of gift	(c) Use of g	ift	(d) Desc	ription of how gift is held			
Part I								
T		(e) Transf	er of gift	<u>I</u>				
			_					
H	Transferee's name, address, a	nd ZIP + 4	R	elationship of tran	nsferor to transferee			
(a) No.		<u> </u>						
from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Desc	ription of how gift is held			
			_					
		(e) Transf	er of gift					
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tran	nsferor to transferee			
T	,,							

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

OMB No. 1545-0047

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

Open to Public Inspection

Name of the organization

POINT FOUNDATION

Employer identification number 84-1582086

Pai	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds of	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6	S.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wr	iting that the assets held in donor advised	d funds
	are the organization's property, subject to the organization's ex	_	
6	Did the organization inform all grantees, donors, and donor adv		
	for charitable purposes and not for the benefit of the donor or o		
Pai			
1	Purpose(s) of conservation easements held by the organization	(check all that apply).	
	Preservation of land for public use (e.g., recreation or edu		cally important land area
	Protection of natural habitat	Preservation of a certific	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifier	d conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		
	,		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic struc		
d	Number of conservation easements included in (c) acquired aft		
	listed in the National Register		
3	Number of conservation easements modified, transferred, release		
	year >		
4	Number of states where property subject to conservation ease	ment is located	
5	Does the organization have a written policy regarding the perio		
	violations, and enforcement of the conservation easements it h		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ar		
7	Amount of expenses incurred in monitoring, inspecting, and en		
8	Does each conservation easement reported on line 2(d) above		<u> </u>
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	easements in its revenue and expense s	tatement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizatio	n's financial statements that describes the	e organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections of A	Art, Historical Treasures, or Oth	ner Similar Assets.
	Complete if the organization answered "Yes" to Form 99	90, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue stateme	nt and balance sheet works of art,
	historical treasures, or other similar assets held for public exhib	ition, education, or research in furtheranc	e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe	es these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue statement a	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edu	cation, or research in furtherance of publi	c service, provide the following amounts
	relating to these items:		
	(i) Revenue included in Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical treas		
	the following amounts required to be reported under SFAS 116	(ASC 958) relating to these items:	
а	Revenue included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		

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

Schedule D (Form 990) 2014

Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Oth	er Similar	Assets(co	ntinued)		
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that are a	significant us	e of its collec	ction iten	ns	
	(check all that apply):								
а	Public exhibition	d	Loan or excl	nange programs					
b									
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explair	n how they further th	ne organization's ex	empt purpos	e in Part XIII.			
5	During the year, did the organization solicit or	r receive donations o	of art, historical treas	sures, or other simil	ar assets				
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	llection?		Ye	s L	No	
Par	t IV Escrow and Custodial Arrang	gements. Comple	te if the organization	n answered "Yes" to	o Form 990, F	Part IV, line 9	, or		
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contribution	s or other assets no	t included		_	_	
	on Form 990, Part X?					L Ye	s L	_ No	
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:						
						Amo	ount		
С	Beginning balance				1c				
d	Additions during the year				1d				
е	Distributions during the year				1e				
f	Ending balance				1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or cu	istodial account liab	oility?	L Ye	s <u>L</u>	∐ No	
	If "Yes," explain the arrangement in Part XIII.						<u> L</u>		
Par	t V Endowment Funds. Complete if	the organization an	swered "Yes" to Fo	m 990, Part IV, line	10.				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three yea	ırs back (e) l	our years	s back	
1a	Beginning of year balance	5,377,161.	4,759,759.	3,820,101.	3,25	5,334.	2,610	,112.	
b	Contributions	306,005.	2,455.	630,215.	638	638,060. 129			
С	Net investment earnings, gains, and losses	125,329.	697,141.	402,604.	-!	5,842.	515	,562.	
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	106,276.	82,194.	93,161.	6'	7,451.			
f	Administrative expenses								
g	End of year balance	5,702,219.	5,377,161.	4,759,759.	3,820	0,101.	3,255	,334.	
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g, column (a)) held as:					
а	Board designated or quasi-endowment	47.00	_%						
	Permanent endowment ► 40.00	%							
С	Temporarily restricted endowment ▶1	3.00 <u>%</u>							
	The percentages in lines 2a, 2b, and 2c should								
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered for	the organizat	tion			
	by:						Yes		
	(i) unrelated organizations					3a	ı(i)	X	
	(ii) related organizations					3a	(ii)	X	
b	If "Yes" to 3a(ii), are the related organizations	listed as required or	n Schedule R?			3	b		
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.						
Par	t VI Land, Buildings, and Equipm	ent.							
	Complete if the organization answered	d "Yes" to Form 990,	, Part IV, line 11a. S	ee Form 990, Part X	, line 10.				
	Description of property	(a) Cost or ot basis (investm		, ,	Accumulated epreciation	(d) E	Book valu	ıe	
1a	Land								
	Buildings								
	Leasehold improvements			7,167.	3,49		23,6		
d	Equipment		34	0,973.	214,42	8. 1	L26,5	45.	
е	Other								
	. Add lines 1a through 1e. (Column (d) must ed		X, column (B), line 1	0c.)]	1	L50,2	217.	

Schedule D (Form 990) 2014

chedule D (Form 990) 2014 POINT FOUND. Part VII Investments - Other Securities.	<u> </u>		84-1582086 F
Complete if the organization answered "Yes"	to Form 900 Part IV line	a 11b. Soo Form 900. Part V. line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost of	or end-of-vear market valu
	(a) Book value	(e) meaned of valuation.	or or your market vale
Financial derivatives		+	
Closely-held equity interests			
Other			
(A) (B)			
(C)			
(D) (E)			
()			
(F)			
(G)			
(H) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
	to Form 000 Dort IV line	a 11 a Caa Farm 000 Part V lina 12	
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost of	or end-of-vear market valu
	(b) Book value	(c) Welfied of Valuation. Cost of	or crid or year market vale
(1)		+	
(2)		+	
(3)		+	
(4)		+	
(5)		+	
(6)		+	
(7)		+	
(8)			
(9)			
htal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Complete if the organization answered "Yes"	to Form 000 Port IV line	a 11d Soc Form 000 Port V line 15	
	Description	e Tru. See Form 990, Part A, line 15.	(b) Book value
	<u> </u>		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	- 15 \		
otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.			
Complete if the organization answered "Vec"	to Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, lin	e 25.
		(b) Book value	
(a) Description of liability			
(a) Description of liability (1) Federal income taxes			
(a) Description of liability (1) Federal income taxes (2)			
(a) Description of liability (1) Federal income taxes (2) (3)			
(a) Description of liability (1) Federal income taxes (2) (3) (4)			
(a) Description of liability (1) Federal income taxes (2) (3)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ightharpoons2. 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

Schedule D (Form 990) 2014

(8)

	edule D (Form 990) 2014 FOINT FOODATION				1302000 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With	n Revenue per R	eturr	1.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	ì.			
1	Total revenue, gains, and other support per audited financial statements			1	6,596,654.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-447,844.		
b	Donated services and use of facilities	2b	199,223.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	-248,621.
3	Subtract line 2e from line 1			3	6,845,275.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	60,000.		
С	Add lines 4a and 4b			4c	60,000.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	6,905,275.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stater		h Expenses per	Retu	rn.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	4,450,489.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	199,223.		
b					
	Prior year adjustments	··			
С	-	2b			
c		2b 2c	•		
d	Other losses	2b 2c 2d		2e	199,223.
d	Other losses Other (Describe in Part XIII.)	2b 2c 2d		2e 3	199,223. 4,251,266.
d e	Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2b 2c 2d		-	
d e 3	Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2b 2c 2d 4a		-	
d e 3 4	Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2b 2c 2d 4a		-	4,251,266.
d e 3 4 a b	Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2b 2c 2d 2d		-	4,251,266.
d e 3 4 a b c	Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2b 2c 2d 2d		3	4,251,266.

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

PART V, LINE 4:

THE PRIMARY LONG-TERM FINANCIAL OBJECTIVE FOR POINT'S ENDOWMENT IS TO PRESERVE THE REAL (INFLATION-ADJUSTED) PURCHASING POWER OF ENDOWMENT ASSETS. BOARD-DESIGNATED FUNDS HAVE BEEN ESTABLISHED FOR: (1) A SCHOLARSHIP FUND WHOSE INCOME WILL BE USED TO ESTABLISH A RESERVE FOR FUNDING FUTURE SCHOLARSHIPS OR POSSIBLE MID-YEAR INCREASES IN SCHOLARSHIP AWARDS, AND (2) AN ADMINISTRATIVE RESERVE USED FOR COVERING POSSIBLE UNAVOIDABLE OPERATING DEFICITS. THE BOARD OF DIRECTORS (AFTER CONSIDERATION OF A RECOMMENDATION OF POINT'S FINANCE COMMITTEE) WILL GENERALLY CONSIDER A TARGET SPENDING POLICY EQUAL TO APPROXIMATELY 5% OF THE ENDOWMENT'S AVERAGE THREE-YEAR PORTFOLIO VALUE. DISTRIBUTIONS FROM THE ENDOWMENT ARE MADE AT THE DISCRETION OF POINT'S BOARD OF DIRECTORS,

Schedule D (Form 990) 2014

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

POINT FOUNDATION

Employer identification number 84-1582086

101111	0011211111011				01 1302				
Part I Fundraising Activities required to complete this par	Complete if the organization answert.	ered "Y	es" to	Form 990, Part IV, li	ine 17. Form 990-EZ	filers are not			
Indicate whether the organization raised funds through any of the following activities. Check all that apply. a X Mail solicitations b X Internet and email solicitations f Solicitation of government grants c X Phone solicitations g X Special fundraising events d X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.									
(i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts from activity fundraiser listed in col. (i) (vi) Amount paid to (or retained by) fundraiser listed in col. (i)									
LAUTMAN MASKA NEILL & CO - 1730 RHODE ISLAND AVE NW	DIRECT MAIL CAMPAIGN	Yes	No X	173,036.	51,000.	122,036.			
Fotal 3 List all states in which the organization	nn is registered or licensed to solicit	contrib	▶	173,036.	51,000.	122,036.			
or licensing. AL, AK, AZ, AR, CA, CO, CT, NH, NJ, NM, NY, NC, ND, OH,	DE, FL, GA, HI, ID, IA,	KY,	LA,	ME,MD,MA,M	I,MN,MS,MO	,MT,NE,NV			
, 110 , 1111 , 110 , 110 , On ,	ON, ON, IA, NI, BC, BD,	111,	±4X ,	OI, VI, VA, W		,10,111,111			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990 or 990-EZ) 2014

432081 08-28-14 Schedule G (Form 990 or 990 EZ) 2014 POINT FOUNDATION 84-1582086 Page 2 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events NY HONORS LA VOICES ON (add col. (a) through 5 POINT THE ARTS col. (c)) (event type) (total number) (event type) 1,190,463. 545,235 395,618. 249,610. 1 Gross receipts 324,470 213,702. 92,837. 631,009. 2 Less: Contributions 220,765 181,916. 156,773. 559,454. Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expense 34,425. 11,200. 31,587. 77,212. 6 Rent/facility costs 77,658. 92,442. 39,616. 209,716. 7 Food and beverages 53,399 41,247. 53,976 148,622. 8 Entertainment 55,283. 123,904. 9 Other direct expenses 37,027. 31,594. 559,454. 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue .. 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states?

Schedule G (Form 990 or 990-EZ) 2014 432082 08-28-14

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "No," explain:

b If "Yes," explain:

Sch	nedule G (Form 990 or 990-EZ) 2014 POINT FOUNDATION 84	4-1582	2086	Page 3
	Does the organization conduct gaming activities with nonmembers?	_	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	_	Yes	□ No
13	Indicate the percentage of gaming activity conducted in:			
	a The organization's facility	13a	1	%
	b An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			_
	Name			
	Address ▶			
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
ı	b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount			
	of gaming revenue retained by the third party >\$			
(c If "Yes," enter name and address of the third party:			
	Name			
	Address ▶			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
•	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		1	
	retain the state gaming license?	L	Yes	└── No
	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in torganization's own exempt activities during the tax year > \$	ne		
Pá	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part	III. lines 9	9b. 10)b. 15b.
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).			
sc	CHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRALS	SERS:		
(]) NAME OF FUNDRAISER: LAUTMAN MASKA NEILL & CO			
(]	I) ADDRESS OF FUNDRAISER:			
<u>17</u>	730 RHODE ISLAND AVE NW #301, WASHINGTON, DC 20036			

Schedule G (Form 990 or 990-EZ) POINT FOUNDATION Part IV Supplemental Information (continued)	84-1582086 Page 4
Part IV Supplemental Information (continued)	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

POINT FOU	NDATION						84-1582086
Part I General Information on Grants	and Assistance					•	
1 Does the organization maintain records	to substantiate the	e amount of the grants	s or assistance, the	e grantees' eligibilit	ty for the grants or ass	sistance, and the selecti	on
criteria used to award the grants or ass	stance?						X Yes No
2 Describe in Part IV the organization's pr	ocedures for moni	toring the use of grant	t funds in the Unite	ed States.			
Part II Grants and Other Assistance to	Domestic Organi	zations and Domesti	ic Governments.	Complete if the org	anization answered "\	es" to Form 990, Part I	/, line 21, for any
recipient that received more than	\$5,000. Part II can	be duplicated if addit	tional space is nee	ded.	(6) 14 11 1		
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
2 Enter total number of section 501(c)(3) a	and government or	ganizations listed in th	ne line 1 table	1	1	1	•
3 Enter total number of other organization							

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.								
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance			
SCHOLARSHIP/STIPEND	103	803,364.	0.		N/A			
Part IV Supplemental Information. Provide the information req	uired in Part I, lir	ne 2, Part III, column	(b), and any other a	dditional information.				
PART I, LINE 2:								
APPLICANTS MUST COMPLETE AN ONLINE	APPLICA	TION BY TH	E ANNOUNCE	D DEADLINE.				
THE APPLICATION INCLUDES SECTIONS FOR GENERAL, FAMILY AND CITIZENSHIP								
INFORMATION, ACADEMIC RECORD AND STANDARDIZED TEST SCORES, LEADERSHIP								
EXPERIENCE, LGBT COMMUNITY EXPERIENCE, FINANCIAL NEED, AND ESSAYS. EACH								
APPLICATION IS READ AND SCORED BY 2 TO 3 POINT FOUNDATION DIRECTORS, STAFF								
AND/OR PRE-QUALIFIED/APPROVED VOLUNTEERS. SCORES ARE BASED UPON RUBRICS								
DEVELOPED FOR THAT PURPOSE, AND READERS ARE TRAINED IN THEIR USE. THE								
APPLICANT POOL IS NARROWED DOWN TO A GROUP OF SEMI-FINALISTS WHO ARE ASKED								

Tare iv Cappionoman mornadon
TO SUBMIT ADDITIONAL SUPPLEMENTAL MATERIAL, INCLUDING LETTERS OF
RECOMMENDATION AND OFFICIAL SCHOOL TRANSCRIPTS. THE PRE-SELECTIONS
COMMITTEE MEETS TO REVIEW THE STRONGEST SEMI-FINALISTS AND RANK THE
APPLICANTS. CANDIDATES SELECTED FOR FURTHER REVIEW ARE INTERVIEWED BY
TELEPHONE, FROM WHICH PROCESS A POOL OF FINALISTS IS SELECTED. THOSE
FINALISTS ARE THEN BROUGHT TO A FINAL SELECTION WEEKEND WHERE THEY ARE
INTERVIEWED IN PERSON BY PANELS OF POINT DIRECTORS, TRUSTEES, VOLUNTEERS
AND STAFF.
ALL SCHOLARSHIP RECIPIENTS MUST SHOW PROOF OF ENROLLMENT IN AN ACCREDITED
U.S. COLLEGE OR UNIVERSITY. TUITION AND CAMPUS HOUSING PAYMENTS ARE SENT
DIRECTLY TO THE SCHOOL UPON SUBMISSION OF A TUITION INVOICE. A COPY OF THE
LEASE MUST BE SUBMITTED BEFORE ANY OFF-CAMPUS RENT PAYMENTS ARE PROCESSED.
RECEIPTS AND A CHECK REQUEST ARE REQUIRED FOR OTHER SCHOLARSHIP
REIMBURSEMENTS, WHICH ARE REVIEWED AND APPROVED BY POINT'S CFO BEFORE
REIMBURSEMENT.

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

POINT FOUNDATION

Employer identification number 84-1582086

Pa	art I Questions Regarding Compensation					
			Yes	No		
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,					
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or charter travel Housing allowance or residence for personal use					
	Travel for companions Payments for business use of personal residence					
	Tax indemnification and gross-up payments Health or social club dues or initiation fees					
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)					
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or					
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b				
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2				
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's					
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to					
	establish compensation of the CEO/Executive Director, but explain in Part III.					
	Compensation committee					
	Independent compensation consultant					
	X Approval by the board or compensation committee					
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a related organization:					
а	Receive a severance payment or change-of-control payment?	4a		Х		
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х		
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
	contingent on the revenues of:	_		v		
a	The organization?	5a		X		
b	Any related organization?	5b				
_	If "Yes" to line 5a or 5b, describe in Part III.					
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
	contingent on the net earnings of:			х		
a	The organization?	6a		X		
b	Any related organization?	6b		_^		
_	If "Yes" to line 6a or 6b, describe in Part III.					
7		_	v			
_	not described in lines 5 and 6? If "Yes," describe in Part III	7	Х			
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v		
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	_				
	Regulations section 53.4958-6(c)?	9		I		

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

Schedule J (Form 990) 2014

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		compensation incentive re		(iii) Other reportable compensation	compensation	Derients	(6)(1)-(0)	reported as deferred in prior Form 990	
(1) JORGE VALENCIA	(i)	228,500.	70,000.	0.	0.	16,166.	314,666.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
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	(i)								
	(ii)								
	(i)								
	(ii)								

Page 2

Schedule J (Form 990) 2014

Part III Supplemental Information						
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.						
PART I, LINE 7:						
THE CEO RECEIVED A BONUS IN THE CURRENT YEAR. BONUSES ARE DETERMINED BY THE						
BOARD OF DIRECTORS AND ARE BASED UPON COMPLETION OF GOALS AND OVERALL						
PERFORMANCE DUING THE YEAR.						
THE CEO ALSO RECEIVED A SIGNING BONUS FOR RENEWING HIS EMPLOYMENT CONTRACT						
FOR AN ADDITIONAL THREE YEARS.						

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Noncash Contributions

OMB No. 1545-0047

Open To Public

Name of the organization

POINT FOUNDATION

► Attach to Form 990.

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

Employer identification number 84-1582086

Pai	rt I Types of Property								
		(a)	(b)	(c)		(d)			
		Check if	Number of contributions or	Noncash contr amounts repor		Method of de		_	
		applicable		Form 990, Part VI		noncash contrib	ution ai	mount	S
1	Art - Works of art				, .				
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	X	6	762,	384.	FMV			
	Securities - Closely held stock			, 02 /	3010				
10	Securities - Closely field stock Securities - Partnership, LLC, or								
11									
40	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ()								
26	Other ()								
27	Other • ()								
28	Other ()								
29	Number of Forms 8283 received by the organiz	zation durin	g the tax year for c	contributions					
	for which the organization completed Form 828	83, Part IV,	Donee Acknowled	gement	29				
								Yes	No
30a	During the year, did the organization receive by	y contributio	on any property rep	oorted in Part I, line	es 1 throu	gh 28, that it			
	must hold for at least three years from the date	e of the initia	al contribution, and	d which is not requ	ired to be	used for			
	exempt purposes for the entire holding period?	?					30a		X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance	oolicy that r	equires the review	of any non-standa	ırd contrib	utions?	31		Х
32a	Does the organization hire or use third parties								
	contributions?						32a		Х
b	If "Yes," describe in Part II.								
33	If the organization did not report an amount in	column (c) t	for a type of prope	rty for which colun	nn (a) is ch	ecked,			
	describe in Part II.	. ,		-		•			
ΙНΔ		the Instruc	tions for Form 00	0		Schedule M	(Eorm	990) (2014)

Schedule M (Form 990) (2014)

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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.

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

► Attach to Form 990 or 990-EZ.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

POINT FOUNDATION

Employer identification number 84-1582086

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: ENCOURAGEMENT TO SCHOLARS NEAR THE END OF EACH SEMESTER TO HELP THEM THROUGH FINAL EXAMS. THE CFO WORKED WITH THE SCHOLARS TO PLAN OUT HOW AND WHEN THEY WOULD ACCESS THEIR POINT AWARD DURING THE ACADEMIC YEAR. POINT SCHOLARS CAN REQUEST ADDITIONAL FUNDING FOR TUTORING, IF NEEDED. SCHOLARS WHO WERE PLACED ON ACADEMIC PROBATION (GPA DROP BELOW THE 3.3 POINT REQUIREMENT) RECEIVED ADDITIONAL SUPPORT THROUGH REGULARLY SCHEDULED CHECK-IN CALLS AND WORKSHEETS DESIGNED TO HELP THEM REFLECT AND PLAN HOW TO IMPROVE THEIR ACADEMIC PERFORMANCE.

WORKING WITH THE ACADEMIC & PROJECT PROGRAM MANAGER, AND THEIR POINT MENTOR, POINT SCHOLARS DESIGNED, COORDINATED AND EXECUTED AN ANNUAL COMMUNITY SERVICE PROJECT BENEFITING THE LGBTO COMMUNITY. 74 COMMUNITY SERVICE PROJECTS WERE COMPLETED IN THE SPRING OF 2015. POINT PROVIDES FINANCIAL SUPPORT BY FACILITATING MENTOR/SCHOLAR MATCHINGS' MEETINGS THROUGHOUT THE YEAR, PROVIDING TRAVEL TO VARIOUS CONFERENCES AND HELP PRODUCING THE COMPLETED COMMUNITY SERVICE REPORT. THREE EXAMPLES OF THIS YEAR'S PROJECTS INCLUDED (1) A DOCUMENTARY ABOUT SEVEN YOUNG LGBTQ YOUNG ADULTS, DISCUSSING THEIR LIVES, HOPES, DREAMS, AND CHALLENGES WHILE LIVING IN NEW YORK CITY; (2) THE DEVELOPMENT OF A PHYSICIAN AND PATIENT GUIDE TO PREP (PRE-EXPOSURE PROPHYLAXIS) FOR USE AT THE UCSF GENERAL MEDICINE CLINIC; (3) A SEXUAL EDUCATION PROGRAM TAUGHT BY COLLEGE STUDENTS FOR COLLEGE STUDENTS THAT USES A SOCIAL JUSTICE FRAMEWORK TO DISCUSS ISSUES RELATED TO SEX AND INTIMACY THAT ARE OFTEN NEGLECTED IN TRADITIONAL SEX EDUCATION SETTINGS.

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

Name of the organization **Employer identification number** POINT FOUNDATION 84-1582086

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: SCHOLARS AND ALUMNI TO PRESENT THEIR COMMUNITY SERVICE PROJECTS COMPLETED IN THE PRIOR YEAR OR THEIR ACADEMIC RESEARCH IN THE CASE OF PHD SCHOLARS. SCHOLARS ALSO SPEARHEADED THE PLANNING AND PRESENTATION OF A SPECIAL SESSION ON INTERSECTIONALITY AND IDENTITY.

POINT HELD REGIONAL LEADERSHIP FORUMS (RLFS) IN FOUR OF THE POINT TRUSTEE REGIONS: CHICAGO, BOSTON, WASHINGTON, DC, AND SAN FRANCISCO. CHICAGO ATTENDEES SPENT THE DAY IN ON A DESIGN THINKING EXERCISE TO HELP AN AREA NONPROFIT DEVELOP GROWTH STRATEGIES. ALL OTHER CITIES STUDIED A "COMPASSION IN ACTION" CURRICULUM DEVELOPED BY DALAI LAMA FELLOWS. BEYOND THE SPECIFIC ACTIVITIES, EACH ONE-DAY RLF FOCUSED ON INTERGENERATIONAL MENTORING AS WELL AS LEADERSHIP AND SERVICE WITHIN THE LGBTQ COMMUNITY.

POINT LAUNCHED A NEW CONFERENCE SERIES IN MARCH 2015, THE LEADERSHIP EDUCATION & AFFINITIES DEVELOPMENT (LEAD) CONSORTIUM. EACH CONSORTIUM IS FOCUSED ON A SPECIFIC CAREER FIELD TO PROVIDE A MORE IN-DEPTH AND PERSONALIZED PROFESSIONAL DEVELOPMENT EXPERIENCE TO POINT SCHOLARS AND ALUMNI. THE FIRST LEAD FOCUSED ON ARTS, COMMUNICATIONS & ENTERTAINMENT. APPROXIMATELY 50 SCHOLARS, ALUMS, BOARD MEMBERS, MENTORS, AND STAFF ATTENDED THE LOS ANGELES LEAD. PARTICIPANTS WERE MATCHED ONE-ON-ONE WITH PROFESSIONALS FOR A DAY-LONG JOB SHADOW EXPERIENCE. OTHER SESSIONS COVERED AT THE TWO-DAY EVENT INCLUDED NETWORKING, SEEKING ALTERNATIVE FUNDING IN THE ARTS, AND REMARKS FROM ENTERTAINMENTTONIGHT.COM EDITOR AND POINT MENTOR SHANA NAOMI KROCHMAL AND NATIONAL ALLIANCE FOR MEDIA ARTS AND CULTURE EXECUTIVE DIRECTOR WENDY LEVY. SIX L.A. AREA STUDENTS

Schedule O (Form 990 or 990-EZ) (2014)

9508 1

Name of the organization POINT FOUNDATION

Employer identification number 84-1582086

WERE RECRUITED FROM LAUSD AND THE LOS ANGELES LGBT CENTER TO JOIN THE
LEAD AS COMMUNITY SCHOLARS, MARKING A FIRST STEP IN EXPANDING OUR
LEADERSHIP PROGRAM BEYOND THE TRADITIONAL POINT FAMILY.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

THE NEW SCHOLARS ARE PEOPLE OF COLOR; 47 PERCENT OF THE NEW SCHOLARS

ARE ORIGINALLY FROM THE SOUTH; 28 PERCENT OF THE NEW SCHOLARS ARE THE

FIRST-GENERATION IN THEIR FAMILY TO GO TO COLLEGE; 36 PERCENT OF THE

NEW SCHOLARS IDENTIFY AS EITHER TRANSGENDER OR GENDER NONCONFORMING.

FROM NOVEMBER 2014 TO JANUARY 2015, 1,998 HOPEFUL STUDENTS SUBMITTED

SCHOLARSHIP APPLICATIONS FOR THE 2015/16 ACADEMIC YEAR. AFTER THE FIRST

STAGE OF REVIEWS, THE SELECTIONS COMMITTEE IDENTIFIED 525

SEMIFINALISTS. DURING THE NEXT ROUND OF SELECTIONS, 47 FINALISTS WERE

CHOSEN. ULTIMATELY, 36 NEW SCHOLARS WERE SELECTED TO JOIN 47 CONTINUING

SCHOLARS FOR THE 2015/16 ACADEMIC YEAR.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

SCHOLAR MENTORING: POINT MENTORS WERE SELECTED AND ASSIGNED TO EACH OF

THE 22 NEW SCHOLARS WHO JOINED POINT IN 2014/15. TRAINING AND SUPPORT

FOR MENTORS WAS PROVIDED BY WAY OF TWO OPEN FORUMS - ONE IN THE FALL

AND ONE IN THE SPRING - WHEREBY MENTORS ACROSS THE NATION CONVENED VIA

CONFERENCE CALL TO DISCUSS BEST PRACTICES AND SEEK ADVICE FROM EACH

OTHER ON ANY SPECIFIC SITUATION THEY MAY BE EXPERIENCING WITH THEIR

SCHOLAR. STAFF ALSO CONDUCTED CHECK-IN CALLS AND DISTRIBUTED

"MENTORING MESSENGER", A NEWSLETTER FOR POINT'S MENTOR-SCHOLAR PAIRS.

TO FURTHER EXPAND THEIR NETWORK WITHIN POINT FOUNDATION, ALL POINT

MENTORS WERE INVITED TO ATTEND THE ABOVE MENTIONED RLFS WITH THEIR

MENTEE. LASTLY, AS A REQUIREMENT OF THEIR SCHOLARSHIP AWARD AGREEMENT,

Outroduic O (i

Name of the organization **Employer identification number** POINT FOUNDATION 84-1582086

ALL SCHOLARS INVOLVED THEIR RESPECTIVE MENTORS IN THE PLANNING AND EXECUTION OF THEIR ANNUAL COMMUNITY SERVICE PROJECT.

SCHOLAR INTERNSHIPS: POINT FOUNDATION GREATLY EXPANDED THE SCHOLAR INTERNSHIP WITH THE INTRODUCTION OF THE ELTON JOHN AIDS FOUNDATION (EJAF) INTERNSHIPS. TO PARTICIPATE, SCHOLARS WERE ASKED TO IDENTIFY A NONPROFIT ORGANIZATION OR MEDICAL PROVIDERS FOR A FULL OR PART-TIME INTERNSHIP IN WINTER (JANUARY - APRIL) AND SUMMER TERMS (MAY - AUGUST). WHILE THE SPECIFIC WORK COULD VARY FROM ORGANIZATION TO ORGANIZATION, ALL PROPOSALS NEEDED TO FOCUS ON EITHER THE LACK OF ACCESS TO AFFORDABLE, CULTURALLY COMPETENT CARE OR TO ELIMINATE THE STIGMA THAT SURROUNDS HIV STATUS AND DISCLOSURE. THROUGH THIS WORK, ORGANIZATION WERE SERVED IN SAN FRANCISCO, LOS ANGELES, NEW YORK CITY, MEMPHIS, ATLANTA, PHILADELPHIA, CHICAGO, BIRMINGHAM, ALABAMA AND SOUTH HADLEY, MASSACHUSETTS. FOR THE FIFTH YEAR, POINT FOUNDATION ALSO COLLABORATED WITH A FUNDING FOUNDATION TO OFFER A SUPERVISED LGBT NONPROFIT INTERNSHIP PROGRAM. SCHOLARS SUBMITTED PROPOSALS TO A SUBCOMMITTEE OF POINT'S BOARD, TO BE AWARDED A TEN-WEEK PAID WORK EXPERIENCE IN THE NOT-FOR-PROFIT LGBTQ SECTOR. IN THE SUMMER OF 2015, POINT SCHOLAR AUDREY STEWART SERVED AS AN INTERN IN THE DEVELOPMENT DEPARTMENT AT ATHLETE ALLY IN NEW YORK CITY, WHERE SHE GAINED SKILLS IN GRANT WRITING AND CONTRIBUTED TO DONOR RESEARCH.

ALUMNI: IN THE 2014/2015 PROGRAM POINT CONTINUED TO EXPAND ITS PROGRAMS FOR ALUMNI. AN ACADEMIC WRITING GROUP WAS ESTABLISHED TO SUPPORT SCHOLARS AND ALUMNI WHO ARE WRITING THEIR PHD DISSERTATIONS AND OTHER PUBLICATIONS. ADDITIONALLY, AN ONLINE GRADUATE EDUCATION FORUM WAS

CREATED TO BE USED AS AN INTERNAL TOOL FOR SCHOLARS TO SHARE

EMOTIONAL DIFFICULTIES.

Name of the organization

Employer identification number

POINT FOUNDATION | 84-1582086

INFORMATION WITH EACH OTHER ABOUT GRADUATE PROGRAMS. A VOLUNTEER

SCHOLAR & ALUMNI SPEAKER'S BUREAU WAS ALSO ESTABLISHED TO PROVIDE

OUTSIDE ORGANIZATIONS WITH EXPOSURE TO OUR NETWORK AND REQUEST SPEAKERS

WHO ARE EXPERTS IN FIELDS SUCH AS ACADEMIA, ACTIVISM, BEING LGBTQ IN

THE WORKPLACE, GENDER, RACE, SOCIAL JUSTICE, AND HIV. LASTLY, A

WELLNESS ADVISORY COUNCIL WAS FORMED TO SUPPORT STAFF MEMBERS WHO WORK

WITH SCHOLARS THAT ARE EXPERIENCING ACADEMIC, SOCIAL, MEDICAL OR

OVER THE PAST YEAR, THE ALUMNI RELATIONS SUBCOMMITTEE HAS PRODUCED TWO

FUNDRAISING EVENTS FOR YOUNG PROFESSIONALS IN NEW YORK AND SAN

FRANCISCO. THEY ALSO PILOTED A WOMEN'S EVENT IN NEW YORK IN CONJUNCTION

WITH COLUMBIA UNIVERSITY.

BY JUNE 2015 THE TOTAL NUMBER OF POINT ALUMNI WAS 214.

EXPENSES \$ 442,677. INCLUDING GRANTS OF \$ 45,794. REVENUE \$ 0.

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

THE FIRST DRAFT OF THE FORM 990 IS REVIEWED BY THE CFO. THE 990 IS THEN
FORWARDED TO THE AUDIT COMMITTEE. THE AUDIT COMMITTEE REVIEWS THE 990 AND
SUPPORTING DOCUMENTS AND DISCUSSES THE 990 AND ANNUAL AUDIT WITH THE
INDEPENDENT AUDITORS. THE AUDIT COMMITTEE SUBMITS THE 990 AND THE ANNUAL
AUDITED FINANCIAL STATEMENTS TO THE BOARD OF DIRECTORS (BOD) WITH A
RECOMMENDATION OF ACCEPTING THE FORM 990 OR NOT. AFTER DISCUSSION AT A BOD
MEETING, THE BOD VOTES TO ACCEPT OR REJECT THE 990. ONCE ACCEPTED, THE
FINAL VERSION OF THE 990 IS FILED WITH THE IRS.

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

432212

Name of the organization POINT FOUNDATION

Employer identification number 84-1582086

AT THE BEGINNING OF EACH FISCAL YEAR, DIRECTORS, TRUSTEES AND EMPLOYEES

READ AND SIGN-OFF ON POINT'S CONFLICT OF INTEREST POLICY, STATING THAT THEY

WILL AVOID ACTIVITIES OR OUTSIDE INTERESTS THAT CONFLICT WITH THE BEST

INTERESTS OF POINT FOUNDATION. THE POLICY ALSO REQUIRES THAT THEY FILE A

CONFLICT OF INTEREST STATEMENT WITH THE EXECUTIVE DIRECTOR & CEO OF POINT

EACH YEAR DISCLOSING ANY ANTICIPATED OR POSSIBLE CONFLICT SITUATIONS PRIOR

TO ANY DISCUSSION OR NEGOTIATION OF THE TRANSACTIONS. POINT'S CHIEF OF

STAFF COLLECTS, TRACKS AND REVIEWS THESE SIGNED FORMS. A LIST OF BUSINESSES

AND/OR ORGANIZATIONS GATHERED FROM THE FORMS IS GIVEN TO THE CFO TO TRACK

FINANCIAL DEALINGS THROUGHOUT THE YEAR.

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

THE EMPLOYEE'S COMPENSATION IS NEGOTIATED AT THE BEGINNING OF THE TERM OF
EACH MULTIYEAR CONTRACT RENEWAL; AT THAT TIME, THE BOARD OF DIRECTORS DOES
A FULL REVIEW OF OTHER LIKE ORGANIZATIONS' SALARIES, USING IRS 990S, WHICH
REVIEW INFORMS ITS OFFER AND APPROVAL OF THE EMPLOYMENT AGREEMENT. ANNUAL
INCREASES ARE DETERMINED BY THE TERMS OF THE EMPLOYMENT AGREEMENT; ANNUAL
BONUSES ARE DETERMINED BY A PERFORMANCE REVIEW COMPLETED BY THE BOARD OF
DIRECTORS AT THE END OF EVERY FISCAL YEAR.

THE EXECUTIVE DIRECTOR/CEO, ALONG WITH THE CHIEF OF STAFF, USE COMPARABLE

DATA TO REVIEW AND APPROVE THE COMPENSATION OF OTHER EMPLOYEES. THE OVERALL

COMPENSATION INCREASE IS APPROVED BY THE FINANCE COMMITTEE AND BOARD OF

DIRECTORS AS PART OF THE ANNUAL BUDGET APPROVAL PROCESS.

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

THERE ARE NO OTHER OFFICERS OR KEY EMPLOYEES, THEREFORE THIS QUESTION IS

N/A.

432212

Name of the organization POINT FOUNDATION	Employer identification number 84-1582086					
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:						
CA, AL, AK, AZ, AR, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC						
OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI						
FORM 990, PART VI, SECTION C, LINE 19:						
THE FOLLOWING POLICIES ARE AVAILABLE ON THE ORGANIZATION'	S WEBSITE:					
CONFLICT OF INTEREST POLICY FOR DIRECTORS, TRUSTEES, STAF	F, ALUMNI AND					
SCHOLARS; NON-DISCRIMINATION POLICY; AND PRIVACY POLICY.	THE AUDITED					
FINANCIAL STATEMENTS, FORM 990 AND THE ANNUAL REPORT ARE	ALSO AVAILABLE ON					
THE ORGANIZATION'S WEBSITE.						
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:						
LOSS ON WRITE-OFF OF UNCOLLECTIBLE PLEDGES RECEIVABLE	-60,000.					
FORM 990, PART XII, LINE 2C						
NO CHANGES WERE MADE TO THE OVERSIGHT PROCESS OR SELECTION PROCESS						
DURING THE TAX YEAR, AS COMPARED TO THE PRIOR TAX YEAR.						

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