### \*\* PUBLIC DISCLOSURE COPY \*\*

(Rev. January 2020) Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

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

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

Open to Public

Inspection

OMB No. 1545-0047

<u>A F</u>	or the	e 2019 calendar year, or tax year beginning 001 1, 2019 and	enaing J	UN 30, 2020	
<b>B</b> (a	Check if pplicabl	C Name of organization		D Employer identific	cation number
	Addre chang				
	Name chang	e Doing business as		27-03740	54
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r
	Final return		515	612-440-	1533
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,144,305.
	Amen			H(a) Is this a group re	eturn
	Application	F Name and address of principal officer: JAKE BLUMBERG		for subordinates	
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	·····= =
<u></u>	ax-ex	empt status: X 501(c)(3) 501(c) ( ) ( insert no.) 4947(a)(1) c	or 527	1	list. (see instructions)
		te: NWW.GIVEMN.ORG	<u></u>	H(c) Group exemptio	
		forganization: X Corporation Trust Association Other	I Year		State of legal domicile: MN
	art I	Summary	<b>L</b> 1001	or formation, = 0 0 0   I	otato or logar dominono, ===+
		Briefly describe the organization's mission or most significant activities: <b>GIVEN</b>	MN WOR	KS TO IGNITE	
Se		GENEROSITY AND GROW GIVING THROUGH GIVEMN			
Jan	ı	Check this box  if the organization discontinued its operations or dispos			
Veri	l	•		3	14
é	I .	Number of independent voting members of the governing body (Part VI, line 1b)			14
∞ಶ		Total number of individuals employed in calendar year 2019 (Part V, line 1a)			5
ije	I .				50
Activities & Governance	I .	Total number of volunteers (estimate if necessary)			0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	D	Net unrelated business taxable income from Form 990-T, line 39			
	١,	Contributions and suggets (Dart VIII line 4 le)		Prior Year 463,092.	Current Year 1,438,301.
ne	1	Contributions and grants (Part VIII, line 1h)		8,661.	705,629.
Je J	ı	Program service revenue (Part VIII, line 2g)		176.	375.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	3/3.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		471,929.	2,144,305.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		54,995.	527,522.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		305,930.	815,096.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ă	b	Total fundraising expenses (Part IX, column (D), line 25)  93,59		100 510	000 220
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		122,712.	282,339.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		483,637.	1,624,957.
		Revenue less expenses. Subtract line 18 from line 12		-11,708.	519,348.
Net Assets or			Ве	ginning of Current Year	End of Year
set	20	Total assets (Part X, line 16)		681,045.	1,391,945.
T.Ag	21	Total liabilities (Part X, line 26)		52,648.	260,245.
		Net assets or fund balances. Subtract line 21 from line 20		628,397.	1,131,700.
	art II	Signature Block			
		lities of perjury, I declare that I have examined this return, including accompanying schedules		•	knowledge and belief, it is
true,	, correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	
		Oireature of officer		Data	
Sig		Signature of officer		Date	
Her	е	JAKE BLUMBERG, EXECUTIVE DIRECTOR			
		Type or print name and title	1.	Ooto I	DTIM
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid		NEAL EVERT NEAL EVERT		.1/04/20 self-employ	
-	arer	· · · · · · · · · · · · · · · · · · ·	TD.	Firm's EIN ▶	41-1534805
Use	Only	Firm's address ▶ 7760 FRANCE AVE S, SUITE 940			<b>5</b> 0\ 004 005=
		BLOOMINGTON, MN 55435		Phone no. (9	
May	the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$

Total program service expenses ▶ 1,312,378.

27-0374054 Page 3

# Form 990 (2019) GIVEMN Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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 I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
'		7		х
	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
8	, ,			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u> X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ч	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			
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	· · · · · · · · · · · · · · · · · · ·	116	21	
'	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446		x
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
_	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			. v
	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 a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			_ <del></del>
19	,	19		х
20-	complete Schedule G, Part III			X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		7.7	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	l

932003 01-20-20

Form	990 (2019) GIVEMN 27-037	4054	P	age '
	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	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				
	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 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			l
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			٠,
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			٦,
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 000 files are required to complete Cabadula O	20	Y	I

# All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance

	Check it 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	2				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0				
С	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming						
	(gambling) winnings to prize winners?			1c			

932004 01-20-20

27-0374054 Page **5** 

Form 990 (2019) GIVEMN

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

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		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)				
3а	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 on Schedule	О		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccour	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 Ac	ccoun	ts (FBAR).			37
	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		_X_
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
ъа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			60		х
h	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions.			6a		
D	and the deducation of		giits	6b		
7	Organizations that may receive deductible contributions under section 170(c).			OD		
' а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices r	provided to the payor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	11000 F	novidud to the payor.	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as rea	uired			
	to file Form 8282?			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	t?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion fi	le a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by th	е			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
	, , , , , , , , , , , , , , , , , , , ,			9b		
10	Section 501(c)(7) organizations. Enter:	مدا	I			
	Initiation fees and capital contributions included on Part VIII, line 12	10a		1		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		-		
11	Section 501(c)(12) organizations. Enter:	140	I			
	Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against	11a		-		
b	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		?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	Ì			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		•	1		
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	Did the organization receive any payments for indoor tanning services during the tax year?			14a		_X_
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	le O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		_X_
	If "Yes," see instructions and file Form 4720, Schedule N.					77
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incor	ne?	16		X
	If "Yes," complete Form 4720, Schedule O.					

27-0374054 Form 990 (2019) GIVEMN

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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	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	14			
	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 on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	14			
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision				
	of officers, directors, trustees, or key employees to a management company or other person?	L :	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	[ 4	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		Х
6	Did the organization have members or stockholders?	[	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or				
	more members of the governing body?	7	'a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or				
	persons other than the governing body?	7	'b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
а	The governing body?	8	Ba	X	
b	Each committee with authority to act on behalf of the governing body?		Bb	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10	0a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10	0b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	· 1	1a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	1	2a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		2b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe				
	in Schedule O how this was done	12	2c	X	
13	Did the organization have a written whistleblower policy?	1	3	Х	
14	Did the organization have a written document retention and destruction policy?	1	4	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official	1	5a	Х	
b	Other officers or key employees of the organization	1	5b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
	taxable entity during the year?	10	6a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
	exempt status with respect to such arrangements?	10	6b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶MN				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(or 501)).	c)(3)s or	าly) ส	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply				
	X Own website Another's website X Upon request Other (explain on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,	and fin	anc	ial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books and records				
	JAKE BLUMBERG - 612-440-1533				
	43 SE MAIN STREET, NO. 515, MINNEAPOLIS, MN 55414				

Form 990 (2019) GIVEMN 27-0374054 Page 7

# 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.

See instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per	box	not cl , unles	Pos heck i ss per	more rson i	than o	n an	(D)  Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) CARLOS ABLER	1.00	.,							0	
DIRECTOR	1 00	Х						0.	0.	0.
(2) DAN CRAMER	1.00	·							_	
DIRECTOR (3) DARLA KASHIAN	1 00	Х						0.	0.	0.
(3) DARLA KASHIAN SECRETARY	1.00	х		х				0.	0.	0.
(4) DAVID NICHOLSON	1.00								<b>U•</b>	· ·
DIRECTOR	1100	х						0.	0.	0.
(5) JACQUI DORSEY	1.00	1							•	•
DIRECTOR		х						0.	0.	0.
(6) JAMIE MILLARD	1.00							-	-	-
DIRECTOR		Х						0.	0.	0.
(7) MEGHAN MCINERNY	1.00									
DIRECTOR		Х						0.	0.	0.
(8) JOHN LARSEN	1.00									
DIRECTOR		Х						0.	0.	0.
(9) MAHTAB REZAI	1.00									
CHAIR		Х		Х				0.	0.	0.
(10) MELISSA PELLAND	1.00	<u> </u>								
DIRECTOR		Х						0.	0.	0.
(11) PEDRO MEDINA	1.00	]						_	_	_
DIRECTOR		Х						0.	0.	0.
(12) SAMI PELTON	1.00	ļ								
VICE CHAIR	1	Х		Х				0.	0.	0.
(13) STEPHANIE DILWORTH	1.00	<b>∤</b>							_	_
TREASURER	1 00	Х		Х	<u> </u>	_	<u> </u>	0.	0.	0.
(14) TRACY FISCHMAN	1.00	٠,,						_	_	_
DIRECTOR	10.00	Х				-		0.	0.	0.
(15) JAKE BLUMBERG	40.00	ł		~				142 722	0.	21 050
EXECUTIVE DIRECTOR				Х				142,722.	U •	21,050.
		1	L	l	I	1	l			Form <b>990</b> (2010)

Form 990 (2019) GIVEMN 27-0374054 Page 8

Par	T VII   Section A. Officers, Directors, Trus	1	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
	(A)	(B)	(C)						(D)	(E)		(F)	
	Name and title	Average	Position (do not check more than one						Reportable	Reportable	- 1	Estimat	
		hours per week	box	, unle	ss per	rson i	s both	an	compensation	compensation	-   -	amount	
		(list any		T			1	.00,	from the	from related organizations		other	
		hours for	Individual trustee or director				,		organization	(W-2/1099-MISC		mpensa from th	
		related	3e or (	stee			nsated		(W-2/1099-MISC)	(W 2/ 1000 WIIOO	′ I	rganiza	
		organizations	truste	Institutional trustee		yee	ım pe		(** =* ** = * * * * * * * * * * * * * *			nd rela	
		below	/idual	tutior	er	Key employee	est co loyee	ner			or	ganizat	ions
		line)	Indi	Insti	Officer	Key	Highest compensated employee	Former					
											_		
			-										
			-										
1b	Subtotal	•				•		<u> </u>	142,722.	(	).	21,0	50.
	Total from continuation sheets to Part VI								0.	(	).		0.
	Total (add lines 1b and 1c)							<b></b>	142,722.	(	).	21,0	50.
2	Total number of individuals (including but n							o re	eceived more than \$100,	000 of reportable			
	compensation from the organization												1
												Yes	No
3	Did the organization list any former officer	, director, trust	ee, k	кеу е	empl	oye	e, or	hig	hest compensated empl	oyee on			
	line 1a? If "Yes," complete Schedule J for s	uch individual									. 3		X
4	For any individual listed on line 1a, is the su												
	and related organizations greater than \$150										4	X	
5	Did any person listed on line 1a receive or a	•				•			•	lual for services			
Saa	rendered to the organization? If "Yes," con	nplete Schedule	e J f	or su	ıch <u>ı</u>	oers	on .			<u></u>	5		X
	tion B. Independent Contractors	man an and a district	la:- :	nad-	<b>a</b> t -				act received as a set that the	100.000	0004:		
1	Complete this table for your five highest co the organization. Report compensation for	•	•							•	เรสเเดก	TOM	
	(A)	trie caleridar ye	ear e	riuii	ig w	IUI C	) WI	11111	(B)	ear.		(C)	
	Name and business	address	NO	ONE	7				Description of s	ervices		ensatic	n
									<u> </u>		•		
								T					
2	Total number of independent contractors (i	ncluding but n	ot lir	nited	d to	thos	e lis	ted	above) who received mo	ore than			
	\$100,000 of compensation from the organi	zation >				C	)						
											Forr	n <b>990</b> (	(2019)

932008 01-20-20

27-0374054 Page **9** 

Form 990 (2019) GIVEMN
Part VIII Statement of Revenue

			Check if Schedule O c	onta	ins a re	sponse (	or note to anv lir	ne in this Part VIII			
								(A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
									function revenue	business revenue	sections 512 - 514
SS	1	_	Federated campaigns			1a					
Contributions, Gifts, Grants and Other Similar Amounts	•		Membership dues			1b		-			
S S			Fundraising events			1c		-			
fts,			Related organizations			1d		-			
ية إق						1e		-			
ons,			Government grants (contri			ie		-			
utic		T	All other contributions, gifts, g			1	438,301.				
ĕ			similar amounts not included				430,301.	-			
ont		-	Noncash contributions included in li		_	1g  \$		1 420 201			
O g		n	Total. Add lines 1a-1f					1,438,301.			
			DOMARTON DDOG		7 7370		Business Code	CEE 70E	CEE 705		
<u>c</u> e	2		DONATION PROC				561499	655,705.			
erv		b	CONTRACTING S	EK۱	1 TCE	<u>S</u>	561499	49,924.	49,924.		
n S		С									
ran 3ev		d									
Program Service Revenue		е									
Ē			All other program service r								
		g	Total. Add lines 2a-2f					705,629.			
	3		Investment income (includ								
			other similar amounts)					375.			375.
	4		Income from investment of	f tax	-exemp	t bond p	roceeds				
	5		Royalties	<u></u>			<b></b>				
					(i) l	Real	(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
		С	Rental income or (loss)	6с							
		d	Net rental income or (loss)								
	7	а	Gross amount from sales of		(i) Sed	curities	(ii) Other				
			assets other than inventory	7a							
		b	Less: cost or other basis								
ē			and sales expenses	7b							
her Revenue		С	Gain or (loss)								
Şe		d	Net gain or (loss)				<b>•</b>				
e	8		Gross income from fundraisin								
됩	_		including \$		-						
			contributions reported on								
			Part IV, line 18		•	I					
		b	Less: direct expenses								
			Net income or (loss) from f				<b></b>				
	9		Gross income from gaming								
	Ū	_	Part IV, line 19	-							
		h	Less: direct expenses					-			
			Net income or (loss) from g								
	10		Gross sales of inventory, le			/ILICS					
	10	u	and allowances			10a					
		h	Less: cost of goods sold					-			
			Net income or (loss) from s								
			THE INCOME OF (1033) ITOM S	Jaics	OTTIVE	intory	Business Code				
sn	11	2									
Miscellaneous Revenue	• •	a b									
la Ven		C									
Sce			All other revenue								
Ξ			All other revenue								
	40		Total Add lines 11a-11d					2,144,305.	705,629.	0.	375.
	12		Total revenue. See instructio	ПŞ	<u></u>		<u> </u>	₽,1±4,0U0•	100,049.	ı •	<u> </u>

932009 01-20-20

# Form 990 (2019) GIVEMN Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	
	Check if Schedule O contains a response			(0)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	527,522.	527,522.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	142,722.	102,276.	26,607.	13,839.
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	530,259.	379,988.	98,853.	51,418.
8	Pension plan accruals and contributions (include	200,200.	2,2,300	20,000.	02,110.
3	section 401(k) and 403(b) employer contributions)				
Ω		94,200.	68,928.	15,542.	9 730
9	Other employee benefits	47,915.	36,554.	6,496.	9,730. 4,865.
10	Payroll taxes	¥1,31J•	30,334.	0,430.	4,003.
11	Fees for services (nonemployees):				
a	Management				
	Legal				
	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	67,777.	22,462.	45,315.	
12	Advertising and promotion	72,962.	72,962.		
13	Office expenses	18,657.	13,472.	3,364.	1,821.
14	Information technology				
15	Royalties				
16	Occupancy	44,512.	32,141.	8,026.	4,345.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	30,570.	22,074.	5,512.	2,984.
20	Interest	,	,	, -	,
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	23,721.	17,129.	4,277.	2,315.
23		7,930.	5,726.	1,430.	774.
23 24	Other expenses. Itemize expenses not covered	. , , , , , ,	5,720	= , 1501	, , ±•
4	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.)	15,433.	11,144.	2,783.	1,506.
a	OTHER EXPENSE	777.	11,1440	777.	1,300.
b	OTHER EVERINGE	111•		111•	
C					
d					
	All other expenses	1 604 055	1 210 250	210 000	02 505
25	Total functional expenses. Add lines 1 through 24e	1,624,957.	1,312,378.	218,982.	93,597.
26	<b>Joint costs.</b> Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

GIVEMN 27-0374054 Page 11 Form 990 (2019)
Part X Balance Sheet

Part A		Balance Sneet					
		Check if Schedule O contains a response or r	ote to an	y line in this Part X	(A)		(B)
					Beginning of year		End of year
1					572,955.	1	1,033,060.
2		Savings and temporary cash investments			24,984.	2	24,997.
3		Pledges and grants receivable, net			17,500.	3	145,694.
4	4	Accounts receivable, net		4	102,438.		
5	5	Loans and other receivables from any current	or former	officer, director,			
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of the	nese perso	ons		5	
6	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ				6	
<u>မှ</u> 7		Notes and loans receivable, net		1		7	
Assets		Inventories for sale or use		8			
9 🏲	9	Prepaid expenses and deferred charges			7,835.	9	6,473.
10	)a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		112,882.			
		Less: accumulated depreciation		33,599.	55,717.	10c	79,283.
11	1	Investments - publicly traded securities				11	
12	2	Investments - other securities. See Part IV, lin			12		
13	3	Investments - program-related. See Part IV, lin			13		
14		Intangible assets		14			
15	5	Other assets. See Part IV, line 11		2,054.	15	0.	
16	6	Total assets. Add lines 1 through 15 (must e	681,045.	16	1,391,945.		
17	7	Accounts payable and accrued expenses		52,648.	17	118,462.	
18	3	Grants payable		18	10,000.		
19	9	Deferred revenue			19		
20	0	Tax-exempt bond liabilities			20		
21	1	Escrow or custodial account liability. Comple	e Part IV	of Schedule D		21	
ဖွ 22	2	Loans and other payables to any current or fo	rmer offic	er, director,			
Liabilities		trustee, key employee, creator or founder, su	ostantial c	contributor, or 35%			
abi		controlled entity or family member of any of the	nese perso	ons		22	
⊐   23	3	Secured mortgages and notes payable to unr		23	103,400.		
24	4	Unsecured notes and loans payable to unrela	ted third p	parties		24	
25	5	Other liabilities (including federal income tax,	payables <sup>·</sup>	to related third			
		parties, and other liabilities not included on lin	nes 17-24)	. Complete Part X			
		of Schedule D			0.	25	28,383.
26	6	Total liabilities. Add lines 17 through 25			52,648.	26	260,245.
.		Organizations that follow FASB ASC 958, o	heck here	e ▶ X			
Se		and complete lines 27, 28, 32, and 33.					
<u>k</u> 27	7	Net assets without donor restrictions			613,397.	27	519,455.
<u>සි</u>   28	3	Net assets with donor restrictions		<u></u>	15,000.	28	612,245.
힡		Organizations that do not follow FASB ASC	958, che	eck here 🕨 🔛			
년		and complete lines 29 through 33.					
ັດ   29	9	Capital stock or trust principal, or current fundamental			29		
ğ   30	0	Paid-in or capital surplus, or land, building, or	equipmer	nt fund		30	
Net Assets or Fund Balances 25 8 26 30 31 32 32 32 33 34 35 35 35 35 35 35 35 35 35 35 35 35 35		Retained earnings, endowment, accumulated				31	
를   32	2	Total net assets or fund balances			628,397.	32	1,131,700.
_ 33		Total liabilities and net assets/fund balances		1	681,045.	33	1,391,945.

27-0374054 Page **12** GIVEMN Form 990 (2019)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,14		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,62	<u>4,9</u>	<u>57.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		9,3	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	62	8,3	97.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	-1	6,0	45.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,13	1,7	00.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				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	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	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	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		
-			Form	990	(2019)

#### **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. ► Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number GIVEMN 27-0374054 Reason for Public Charity Status (All organizations must complete this part.) See instructions.

he	ne organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)								
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organiza	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,	
		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental unit describe	ed in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that normal	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from the general ¡	oublic described in	
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in <b>section 170(b)(</b>	1)(A)(vi). (Complete Part	t II.)				
9		An agricultural research org	anization described	in <b>section 170(b)(1)(A)(</b> i	ix) operate	ed in conju	inction with a land-grant	college	
		or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the i	name, city	, and state of the college	or	
		university:							
10		An organization that normal	lly receives: (1) more	than 33 1/3% of its supp	oort from c	contributio	ns, membership fees, an	d gross receipts from	
		activities related to its exem	npt functions - subjec	ct to certain exceptions,	and (2) no	more than	33 1/3% of its support	from gross investment	
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the organization a	ıfter June 30, 1975.	
		See section 509(a)(2). (Cor	mplete Part III.)						
11	Щ	An organization organized a	and operated exclusi	vely to test for public saf	ety. See	section 50	)9(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	he functio	ns of, or to carry out the	purposes of one or	
		more publicly supported org	ganizations describe	d in <b>section 509(a)(1)</b> o	r <b>section</b> :	509(a)(2).	See <b>section 509(a)(3).</b> (	Check the box in	
		lines 12a through 12d that o	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and 12g.		
а		Type I. A supporting orga	anization operated, su	upervised, or controlled	by its supp	oorted org	anization(s), typically by	giving	
		the supported organization	on(s) the power to rec	gularly appoint or elect a	majority o	of the direc	tors or trustees of the su	pporting	
		organization. You must c	complete Part IV, Se	ections A and B.					
b		Type II. A supporting orga	anization supervised	or controlled in connect	ion with its	s supporte	d organization(s), by have	ring	
		control or management of	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	ported	
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally inte					• •	ed with,	
		its supported organization		·					
d		Type III non-functionally					· · · · · · · · · · · · · · · · · · ·	* *	
		that is not functionally int	-	* .	-		='	/eness	
		requirement (see instructi	·	-					
е		Check this box if the orga					Type I, Type II, Type III		
		functionally integrated, or							
		r the number of supported of	•	-l					
g		ide the following information  Name of supported	(ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of monetary	(vi) Amount of other	
	,	organization	(-,	(described on lines 1-10	Yes	ng document?	support (see instructions)	support (see instructions)	
				above (see instructions))	103	140			
Cot:									

### 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) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			933,512.	463,092.	1438301.	2834905.
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			933,512.	463,092.	1438301.	2834905.
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)						721,314.
6	Public support. Subtract line 5 from line 4.						2113591.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
	Amounts from line 4	(4) = 3 : 3	(2) 23:3	933,512.	463,092.	1438301.	2834905.
	Gross income from interest,						
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources			270.	176.	375.	821.
۵	Net income from unrelated business			2,00	2,00	3,30	- 0221
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						_
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						2835726.
	Gross receipts from related activities,	oto (soo instructio	l nc)			12	89,134.
	First five years. If the Form 990 is for	•	,	rd fourth or fifth ta			03/1311
13	organization, check this box and stor						<b>&gt;</b> X
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2019 (li			column (f))		14	%
	Public support percentage from 2018					15	%
	<b>33 1/3% support test - 2019.</b> If the o						
	<b>stop here.</b> The organization qualifies						
h	33 1/3% support test - 2018. If the o						
~	and <b>stop here.</b> The organization qual	•		•		•	
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	-					
	meets the "facts-and-circumstances"				· · · · · · · · · · · · · · · · · · ·	-	
h	10% -facts-and-circumstances test						
i.	more, and if the organization meets the	-					
	organization meets the "facts-and-circ						, 
10	•		•	•	, ,,		
ΙÖ	Private foundation. If the organization	п иш пот спеск а	box on line 13, 16	oa, 100, 1/a, 0r 1/b	, check this box at	iu see iristructions	· P

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

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ					
	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	ļ					
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-	ļ					
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to	ļ					
	or expended on its behalf	ļ					
5	The value of services or facilities						
	furnished by a governmental unit to	ļ					
	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.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business	ļ					
	activities not included in line 10b, whether or not the business is	ļ					
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiza	ation,
_	check this box and stop here						<b>&gt;</b>
	ction C. Computation of Publi					1 1	
	Public support percentage for 2019 (I			column (f))		15	%
	Public support percentage from 2018					16	<u>%</u>
	ction D. Computation of Inves					<del> </del>	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from					18	%
19a	a 33 1/3% support tests - 2019. If the						7 is not
	more than 33 1/3%, check this box ar						▶□
k	o 33 1/3% support tests - 2018. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	tructions	

# Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

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

	Yes	No
4		
1		
2		
3a		
3b		
3с		
30		
4a		
4b		
4c		
40		
5a		
5b		
5c		
6		
7		
8		
J		
9a		
9b		
9с		
10a		
- 30		
10b		

Par	TIV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	_		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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,			
Sact	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
360	non o. Type ii oupporting organizations		Vaa	Na
4	More a majority of the avantization's divertors by trustees during the tay year along a majority of the divertors		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	71 11 5 5		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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 instruction	າຣ).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	nstructions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
b	that these activities constituted substantially all of its activities.  Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	Za		
D	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	, , ,			
	reasons for the organization's position that its supported organization(s) would have engaged in these	2b		
3	activities but for the organization's involvement.  Parent of Supported Organizations. Answer (a) and (b) below.	2.0		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b>	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
_	of its supported organizations? If IIVon II deposits in Part VI the value placed by the executive in this record	3h		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Organia	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on N	ov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete Sec	tions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	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-functional	lly integrated	d Type III supporting orga	anization (see
	inches (ations)			

Schedule A (Form 990 or 990-EZ) 2019

ı uı	ιv	Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continued)	
Secti	on D -	Distributions			Current Year
1	Amou	nts paid to supported organizations to accomplish exer	npt purposes		
2	Amou	nts paid to perform activity that directly furthers exemp	t purposes of supported		
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied 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	Distrib	outions to attentive supported organizations to which th	e organization is responsive		
	(provi	de details in <b>Part VI</b> ). See instructions.			
9	Distrib	outable amount for 2019 from Section C, line 6			
10	Line 8	amount divided by line 9 amount			
Secti	on E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distrib	outable amount for 2019 from Section C, line 6			
2	Under	rdistributions, if any, for years prior to 2019 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2019			
а	From	2014			
b	From	2015			
С	From	2016			
d	From	2017			
е	From	2018			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2019 distributable amount			
i	Carry	over from 2014 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	outions for 2019 from Section D,			
	line 7:	\$			
а	Applie	ed to underdistributions of prior years			
b	Applie	ed to 2019 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4.			
5	Rema	ining underdistributions for years prior to 2019, if			
	any. S	Subtract lines 3g and 4a from line 2. For result greater			
	than z	zero, explain in <b>Part VI.</b> See instructions.			
6	Rema	ining underdistributions for 2019. Subtract lines 3h			
	and 4	b from line 1. For result greater than zero, explain in			
	Part \	/I. See instructions.			
7	Exces	ss distributions carryover to 2020. Add lines 3j			
	and 4	c.			
8	Break	down of line 7:			
а	Exces	s from 2015			
b	Exces	s from 2016			
С	Exces	s from 2017			
		s from 2018			
		s from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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

# Schedule B

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization	Employer identification number
GIVEMN	27-0374054

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 <b>not</b> 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
Note: Only a section 501(c	is covered by the <b>General Rule</b> or a <b>Special Rule</b> . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.  on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or by one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
sections 509(a)(1) any one contribut	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under ) 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 tor, 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; Z, line 1. Complete Parts I and II.
year, total contrib	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the outions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the elty to children or animals. Complete Parts I, II, and III.
year, contribution is checked, enter purpose. Don't co	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the as exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively ble, etc., contributions totaling \$5,000 or more during the year
but it <b>must</b> answer "No" o	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

 $\label{eq:local_local_local_local} \text{LHA} \quad \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

27-0374054

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$100,000.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 5	Name, address, and ZIP + 4	Total contributions  \$ 53,450.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.

Name of organization

Employer identification number

27-0374054

Part II	<b>Noncash Property</b> (see instructions). Use duplicate copies of P	art 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
		   \$	
(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
(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
<del></del>			
			1

Name of organization **Employer identification number** GIVEMN 27-0374054 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

**Employer identification number** 27-0374054

	GIVEMN		27-0374054
Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	·
		(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	writing that the assets held in donor advis	ed funds
Ū	are the organization's property, subject to the organization's	•	
6	Did the organization inform all grantees, donors, and donor a		
Ū	for charitable purposes and not for the benefit of the donor of		
Pai			
4	22		artiv, mie 7.
'	Purpose(s) of conservation easements held by the organizat		is historically important land area
	Preservation of land for public use (for example, recrea		a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
•	Preservation of open space		of a consequently an account on the last
2	Complete lines 2a through 2d if the organization held a quali	filed conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
a			
b	-		
С	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements is	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(	h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial stateme	ents that describes the
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement a	nd balance sheet works
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education, or research in fu	rtherance of public
	service, provide in Part XIII the text of the footnote to its fina	ncial statements that describes these item	S.
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and b	palance sheet works of
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furth	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
			<b>.</b> .
2	If the organization received or held works of art, historical tre		
_	the following amounts required to be reported under FASB A		· 9-····, p. 6 · · · · · ·
а	Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2019
" (		• • • • • • • • • • • • • • • •	201104410 D (1 01111 000) 20 10

	edule D (Form 990) 2019 GIVEMN								Page 2
Pai	rt III Organizations Maintaining C	ollections of Ar	t, Historic	al Treasure	s, or Othe	er Simila	ar Assets	(continu	ied)
3	Using the organization's acquisition, accession	on, and other record	ls, check any	of the following	g that make	significant	use of its		
	collection items (check all that apply):								
а	Public exhibition		d 🔲 Loai	n or exchange p	orogram				
b	Scholarly research			er					
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explai	n how thev fu	urther the organ	nization's exe	empt purp	ose in Part	XIII.	
5	During the year, did the organization solicit or	· ·	•	_					
	to be sold to raise funds rather than to be ma		•	•				Yes	☐ No
Pai	rt IV Escrow and Custodial Arrang								
	reported an amount on Form 990, Par		.0.0 11 1.110 019	amzaron anow	0,00		· o, i aitiv, i		
12	Is the organization an agent, trustee, custodia		diany for cont	ributions or othe	ar accate not	included			
ıu	on Form 990, Part X?							Yes	No
h	If "Yes," explain the arrangement in Part XIII a							_ 1es	110
b	ii res, explain the arrangement in Fart Alli a	and complete the lo	illowing table				Т	Amount	
_	Decimaling halance					4-	+	Amount	
	Beginning balance						+		
a	Additions during the year						+		
e	Distributions during the year						+		
Ť	Ending balance							7,,	
	Did the organization include an amount on Fo		*					_ Yes	∐ No
Pa	If "Yes," explain the arrangement in Part XIII.								
Га	rt V Endowment Funds. Complete it							T. 15	
_		(a) Current year	(b) Prior	year (c) Iw	o years back	(d) Three	years back	(e) Four y	ears back
1a	Beginning of year balance								
b									
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1g, co	lumn (a)) held a	s:				
а	Board designated or quasi-endowment		%						
b	Permanent endowment	%							
С	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.							
За	Are there endowment funds not in the posses	ssion of the organiza	ation that are	held and admir	nistered for t	he organi	zation	_	
	by:								res No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requi	red on Sched	dule R?				3b	
4	Describe in Part XIII the intended uses of the		wment funds	5.					
Pai	rt VI Land, Buildings, and Equipm	ent.							
	Complete if the organization answered	d "Yes" on Form 990	0, Part IV, line	e 11a. See Forn	n 990, Part X	, line 10.			
	Description of property	(a) Cost or o	other	(b) Cost or othe	er (c)	Accumula	ted	(d) Book	value
		basis (investi	ment)	basis (other)	d	epreciatio	n		
1a	Land								
	Buildings								
	Leasehold improvements			34,39	5.			34	,395.
	Equipment			78,48	7.	33,5	599.	44	,888.
	Other								
Tota	Add lines to through to (0.1 (4)		V /5	1) (' 10)				79	283

Schedule D (Form 990) 2019

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2019

28,383.

(8)(9)

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

GIVEMN

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Schedule I (Form 990) (2019)

Name of the organization							Employer identification number
GIVEMN							27-0374054
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records t							
criteria used to award the grants or assis	stance?						Yes X No
2 Describe in Part IV the organization's pro	cedures for monito	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$		<u> </u>	1 '		(f) Method of	1	T
Name and address of organization or government	( <b>b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
MIGHTYCAUSE CHARITABLE FOUNDATION PO BOX 160							FOR GIVING EVENT AND
MARIANNA, FL 32447	27-2499903		435,525.	0.			RELATED PRIZE GRANTS
CITIZENS LEAGUE 400 N ROBERT ST #1820 SAINT PAUL, MN 55101	41-0722696		10,900.	0.			FOR RAISEMN CAMPAIGN
ROCHESTER SYMPHONY ORCHESTRA AND CHORALE - 1530 GREENVIEW DR SW #120 - ROCHESTER, MN 55902	41-1764434		10,000.	0.			FOR RAISEMN CAMPAIGN INSTITUTE CHALLENGE GRANTS
GIRLS ON THE RUN TWIN CITIES INC 3433 BROADWAY ST NE #430 MINNEAPOLIS, MN 55413	45-2845928		10,000.	0.			FOR RAISEMN CAMPAIGN INSTITUTE CHALLENGE GRANTS
CANNON RIVER WATERSHED PARTNERSHIP 710 DIVISION ST NORTHFIELD, MN 55057	41-1674744		10,000.	0.			FOR RAISEMN CAMPAIGN INSTITUTE CHALLENGE GRANTS
COALITION OF ASIAN AMERICAN LEADERS - 941 LAFOND AVENUE NO 205 - SAINT PAUL, MN 55104	81-0874603		10,000.	0.			FOR RAISEMN CAMPAIGN INSTITUTE CHALLENGE GRANTS
<ul> <li>Enter total number of section 501(c)(3) at</li> <li>Enter total number of other organizations</li> </ul>			e line 1 table				<b>&gt;</b>

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

27-0374054

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)											
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
DAKOTA CHILD AND FAMILY CLINIC 2530 HORIZON DR BURNSVILLE, MN 55337	45-5392245		10,000.	0.			FOR RAISEMN CAMPAIGN INSTITUTE CHALLENGE GRANTS				
PREVENT CHILD ABUSE MINNESOTA 709 UNIVERSITY AVE W SAINT PAUL, MN 55104	41-1354842		10,000.	0.			FOR RAISEMN CAMPAIGN INSTITUTE CHALLENGE GRANTS				
CANINE INSPIRED CHANGE 30 W DEMONT AVE SAINT PAUL, MN 55107	46-0972575		10,000.	0.			FOR RAISEMN CAMPAIGN INSTITUTE CHALLENGE GRANTS				

### SCHEDULE J (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

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.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

GIVEMN

27-0374054 **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 on 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 (such as 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 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 on line 1a? 2 Indicate which, if any, of the following the 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 Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: X a Receive a severance payment or change-of-control payment? 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c 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. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: Х a The organization? 5a X b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 6 contingent on the net earnings of: X a The organization? 6a X **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III X 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the Х initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8

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

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

Schedule J (Form 990) 2019

Regulations section 53.4958-6(c)?

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 on 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 aren't 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		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(6)(1)-(0)	reported as deferred on prior Form 990
(1) JAKE BLUMBERG	(i)	142,722.	0.	0.	0.	21,050.	163,772.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
·	(ii)							
	(i) /							
	(ii)							
	(i) /::\							
	(ii)							
	(i) (ii)							
	(i)							
	(ii) 							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

#### **SCHEDULE L**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

# **Transactions With Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019 Open To Public

Open To Public Inspection

Name of the organization	GIVEMN							-	identif 7405		n nui	mber
		ons (section 5)	01(c)(3	) sect	ion 501(c)(4), and sec	ction 501(c)(29) organ				9 4		
					art IV, line 25a or 25b							
1	(b) F	Relationship bet			ified					(d) (	Corre	cted?
(a) Name of disqualified p	person	person and o	rganiza	ation	(c	c) Description of trans	saction			Ye		No
											_	
										+	4	
										+	+	
										+	+	
											+	
2 Enter the amount of tax	incurred by the o	rganization man	agers	or disc	ualified persons duri	ng the year under					-	
section 4958							▶	\$_				
3 Enter the amount of tax,	if any, on line 2,	above, reimburs	ed by	the or	ganization		▶	\$_				
Part II Loans to and	d/or From Int	orostad Bar	conc									
					Dort V line 20e er F	orm 000 Dort IV line	06. 0"	if the	0.000	i=atio	•	
	organization ansv ount on Form 990				, Part V, line 38a or F	orm 990, Part IV, line	e ∠6, 0r	ii trie	organ	ızatıoı	1	
(a) Name of	(b) Relationship	(c) Purpose	(d) Lo	an to or	(e) Original	(f) Balance due	(g) lr	n (	( <b>h)</b> App by boa	roved	(i) W	ritten
interested person	with organization	of loan		n the zation?	principal amount	.,	defaul	lt?	commi	ttee?	agree	ment?
			То	From			Yes	No	Yes	No	Yes	No
	-							_				
	1							+	_			
			-									
	+							-				
Total					<b> </b>							<u> </u>
	ssistance Ber	efiting Inter	ested	d Per								
Complete if the	organization answ	vered "Yes" on I	Form 9	90, Pa	art IV, line 27.							
(a) Name of interested	person	(b) Relationship			(c) Amount of	(d) Type				Purpo		•
		interested pers		d	assistance	assistano	ce		а	ssista	nce	
		and organiza						+				
								+				
					_							
								_				
					1	i i						

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

Schedule L (Form 990 or 990-EZ) 2019

(a) Name of interested person	ered "Yes" on Form 990, Part IV, line 28a, 28  (b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's		
	person and the organization	transaction	transaction	reven	ues?	
MEGHAN MCINERNY	OFFICER	500.	COACHING SE		Х	
Part V Supplemental Information	AN MCINERNY OFFICER 500. COACHING SE X					
Provide additional information for r	responses to questions on Schedule L (see in	structions).				
SCH L, PART IV, BUSINESS	TRANSACTIONS INVOLVING	G INTEREST	ED PERSONS:			
(A) NAME OF PERSON: MEGH	AN MCINERNY					
(D) DESCRIPTION OF TRANS	ACTION: COACHING SERVI	CES				
(D) BESCRIPTION OF TRANS	ACTION: COACHING BERVI	СПО				

#### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

GIVEMN

**Employer identification number** 27-0374054

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: MARKETPLACE, AND RAISEMN, A FUNDRAISING COACHING AND TRAINING PROGRAM. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 WAS SUBMITTED TO GOVERNANCE FOR REVIEW AND APPROVAL PRIOR TO SUBMISSION TO THE IRS.

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

GIVEMN FOLLOWS THE CODE OF BUSINESS CONDUCT POLICY ADOPTED BY THE BOARD OF DIRECTORS. THIS POLICY COVERS THE AREAS OF CONFIDENTIALITY, CONFLICT OF INTEREST, ETHICS, AND REPORTS OF WRONGDOING. THE FOLLOWING OUTLINES HOW THE POLICY IS IMPLEMENTED:

- STAFF ARE REQUIRED TO SIGN A FORM STATING THAT THEY HAVE READ AND AGREE TO COMPLY WITH THE TERMS OF THE POLICY.
- STAFF, AND COMMITTEE MEMBERS REVIEW THE CONFLICT OF THE BOARD, ANNUALLY, INTEREST POLICY AND ARE REQUIRED TO SIGN AFTER LISTING ANY POTENTIAL CONFLICTS.

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

COMPREHENSIVE REVIEW OF STAFF COMPENSATION USING LOCAL INDUSTRY SURVEY DATA IS GENERALLY CONDUCTED EVERY TWO YEARS. THE OBJECTIVE OF THE COMPREHENSIVE REVIEW IS TO DETERMINE COMPARABLE MARKET PAY FOR INDIVIDUAL POSITIONS.

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

GIVEMN'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19