	~		Return of Org	anizatio	n Exempt	From I	ncome Tax	OMB No. 1545-0047
For	тy	90	Under section 501(c), 527, or					s) 2020
			Do not enter soc	Open to Public				
Depa Inter	artment o nal Reve	of the Treasury enue Service	Go to www.irs	-		-		Inspection
A	For th	e 2020 calenda	ar year, or tax year beginning	SEP 1,		nd ending A		
	Check if applicab	le: C Name of	organization				D Employer identific	ation number
	Addre		EMINNESOTA					
	Name		usiness as				41-201005	58
	Initial		and street (or P.O. box if mail is n	ot delivered to str	eet address)	Room/suite	E Telephone number	
	 Final return	120	SOUTH 6TH STREET		,	2260	(612) 333	8-7740
	termir ated	^	own, state or province, country,	and ZIP or forei	ign postal code		G Gross receipts \$	42,573,491.
	Amen return	ided MT NTNT	EAPOLIS, MN 554				H(a) Is this a group re	turn
	Applie tion		nd address of principal officer: P	UDREY SU	JKER		for subordinates'	
	pendi		AS C ABOVE				H(b) Are all subordinates in	cluded? Yes No
		empt status: [) 🗲 (insert i	no.) 🗌 4947(a)(*	1) or 📃 527	If "No," attach a	ist. See instructions
<u>ل</u> ا	Websi	ite: 🕨 WWW 🗤	SERVEMINNESOTA.O	RG			H(c) Group exemption	n number 🕨
		f organization: [X Corporation 🗌 Trust 🗌	Association	📃 Other ►	L Year	of formation: 2000 N	State of legal domicile: MN
Pa	art I	Summary						
Ø	1	Briefly describe	e the organization's mission or I	most significant	activities: SEE	SCHEDU	LE O.	
- Duc								
Governance	2		if the organization of			osed of more	than 25% of its net ass	
Ň	3		ing members of the governing b					25
			ependent voting members of th					25
es	5		of individuals employed in calen		Part V, line 2a)			37
Activities &	6		of volunteers (estimate if necess					65
Act	7a		business revenue from Part VI					0.
	b	Net unrelated I	business taxable income from F	orm 990-1, Part	I, line 11			
		Contributions	and aronta (Dart)/III line 1h)				Prior Year 31,054,764.	<u>Current Year</u> 40,474,557.
Ine	8		-				1,780,877.	2,094,818.
Revenue	10	•	come (Part VIII, column (A), lines				9,569.	3,716.
Re	11		(Part VIII, column (A), lines 5, 6				1,250.	400.
	12		add lines 8 through 11 (must e				32,846,460.	42,573,491.
	13		nilar amounts paid (Part IX, colu				28,490,290.	38,016,766.
	14		o or for members (Part IX, colur	(•) ·· · ·	"		0.	0.
	45	•	compensation, employee bene				2,736,385.	2,758,091.
Ises			Indraising fees (Part IX, column				0.	0.
Expense	. ь		ng expenses (Part IX, column (D), line 25) 🕨	450,	743.		
ñ	17		es (Part IX, column (A), lines 11a				1,700,434.	1,459,565.
	18		s. Add lines 13-17 (must equal F				32,927,109.	42,234,422.
	19	Revenue less e	expenses. Subtract line 18 from	line 12			-80,649.	339,069.
Net Assets or	9					Be	ginning of Current Year	End of Year
sets	20	Total assets (P	Part X, line 16)				8,655,787.	9,195,680.
tAs	21	Total liabilities	(Part X, line 26)				3,175,873.	3,376,697.
_			und balances. Subtract line 21	from line 20			5,479,914.	5,818,983.
	art II	Signature						
			declare that I have examined this re					knowledge and belief, it is
true	, corre	ct, and complete.	Declaration of preparer (other than	officer) is based of	on all information of	which preparer	nas any knowledge.	
<u>o</u> .		Signature	of officer				Date	
Sig	n						Duit	
Her			EY SUKER, CEO					

		,								
	Paid	Print/Type preparer's name MARC COLIN	Preparer's signature MARC COLIN	Date 0 4 / 2 2 /		TIN 0560855				
	Preparer	Firm's name 🕒 CARPENTER, E	VERT & ASSOCIATES, I	LTD.	Firm's EIN ▶ 41-15	534805				
	Use Only	Firm's address 7760 FRANCE .	AVE S, SUITE 940							
		BLOOMINGTON,	MN 55435		Phone no. (952) 8	331-0085				
	May the IF	RS discuss this return with the preparer sho	own above? See instructions		X	Yes No				
	032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.									
	S	EE SCHEDULE O FOR ORG	ANIZATION MISSION SI	CATEMENT CO	NTINUATION					
080	40422	310390 019343-X	2020.05093	SERVEMINNES	SOTA	01934				

	m 990 (2020) SERVEMINNESOT art III Statement of Program Service Acc				41-2010058	Page 2
Ра		•	D			
1	Check if Schedule O contains a response or n	ote to any line in this	s Part III			X
1	Briefly describe the organization's mission: SERVEMINNESOTA IS A CATALY	ST FOR POS	TTTVE SOCTAL	CHANGE	WORKING WT	гн
	AMERICORPS AND COMMUNITY P		WE SHARE OUR			
	NATIONALLY.			11000	11010110110	
2	Did the organization undertake any significant progr	am services during t	he vear which were not	listed on the		
	prior Form 990 or 990-EZ?				Ye	s X No
	If "Yes," describe these new services on Schedule (
3	Did the organization cease conducting, or make sign		ow it conducts, any pro	gram services?	Ye	s X No
	If "Yes," describe these changes on Schedule O.	C		-		
4	Describe the organization's program service accom	lishments for each o	of its three largest progr	am services, as	measured by expenses	i.
	Section 501(c)(3) and 501(c)(4) organizations are rec	uired to report the a	mount of grants and allo	ocations to othe	ers, the total expenses,	and
	revenue, if any, for each program service reported.					
4a		8. including grants of	r\$ 23,879,2	191.) (Reve	nue \$ 2,095	<u>,218.</u>)
	SEE SCHEDULE O.					
4b	(Code:) (Expenses \$9, 269, 56	8 . including grants of	f\$ 9,269,	568.) (Reve	nue \$)
	SEE SCHEDULE O.		·			,
4c	(Code:) (Expenses \$ 5,367,14	7 . including grants of	_{f\$} 4,868,	007.) (Reve	nue \$)
	SEE SCHEDULE O.		·			,
4.4	Other program services (Describe on Schedule O.)					
	(Expenses \$ 1,592,411. including gram	te of \$) (Revenue	¢	١	
4d		(3 U I Ø	, revenu	ψ)	
		960 564				
40 4e	Total program service expenses ► 40,	960,564.			Earm	990 (2020)
4e	Total program service expenses ► 40,	960,564.				990 (2020)
4e	Total program service expenses ► 40	960,564.	O FOR CONTIN	UATION(990 (2020)

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Form 990 (2020) SERVEMINNESOTA
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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		X
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, VII, 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	Х	
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		X
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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
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		X
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		X
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	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		77	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X 000	 /06.5 -:
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Form 990 (2020) SERVEMINNESOTA
Part IV Checklist of Required Schedules (continued)

Pai	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	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes." complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current		[[
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			1
	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% controlle	ed		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III			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			X
	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			X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M			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			
	Schedule N, Part II			X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	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)?			X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? 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		X
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 990 filers are required to complete Schedule O	38	Х	
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	30		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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Par	TV 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 37			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	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 O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		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 Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
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 contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a L	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
44				
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a			
a b	Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against			
D				
12a	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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			
с	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
-	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.	_		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
-	If "Yes," complete Form 4720, Schedule O.	_		
			000	_

SERVEMINNESOTA

Form **990** (2020)

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			X
<u>1a</u>			
	<u> </u>	Yes	s No
1b	25		
1b			
1b			
	25		
p with any other			
	. 2		X
e direct supervision			
	3		X
990 was filed?	4		X
sets?	5		X
			X
ppoint one or			
	7a		X
tockholders, or			
	7b		X
ar by the following:			
	. 8a	Х	
		Х	
ached at the			
	9		X
evenue Code.)			
		Yes	s No
	10a		X
hapters, affiliates,			
	10b	,	
ly before filing the form?	····		
, 0			
	12a	X	
e to conflicts?			
Yes," describe			
	12c	x	
	13	Х	
		Х	
al by independent			
,			
	15a	X	
			1
ment with a			
	16a		X
te its participation			
nization's			
	16b		
nd 990-T (Section 501(c	:)(3)s only	/) avail	able
	//(C)C Chiry)	Juvun	abic
n on Schedule O)			
n on Schedule O) onflict of interest policy,	and finan	ncial	
miller of interest policy,	and mall	.0.01	
oks and records 🕨			
55402			

Form 990 (2	020) SERVEMINNESOTA	41-2010058	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, High	est 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 Complet	te this table for all persons required to be listed. Report compensation for the calendar year	ending with or within the organization's	s tax year.
 List al 	l of the organization's current officers, directors, trustees (whether individuals or organization	ons), regardless of amount of compens	ation.

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.

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

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one				ne	Reportable	Reportable	Estimated
	hours per	box	box, unless pe officer and a c			s both	n an	compensation	compensation	amount of
	week				recio	i/irus	lee)	from	from related	other
	(list any hours for	irecto						the	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	Institutional trustee Officer Kay employee Highest compensated Eortmer			organization (W-2/1099-MISC)	(1099-10130)	organization		
	organizations	truste	al trus		yee	mper		(11 2) 1000 11100)		and related
	below	Individual trustee or director	In stit utio nal tru stee	ž	Key employee	est co oyee	er			organizations
	line)	Indivi	Instit	Officer	Key e	Highe	Former			.
(1) AUDREY SUKER	40.00									
CEO				Х				152,875.	0.	5,906.
(2) JANET JOHNSON	40.00									
VP OF OPERATIONS						Х		121,735.	0.	19,005.
(3) SHAYLA STERN	40.00									
VP OF CONTENT MARKETING						X		118,983.	0.	13,237.
(4) DMITRY KONOPATSKI	40.00									
PRINCIPAL SOFTWARE						Х		118,145.	0.	12,891.
(5) LYNN LEWIS	40.00									
VP OF FINANCE						X		117,919.	0.	13,921.
(6) LISA WINKLER	40.00									
VP EXTERNAL RELATIONS						X		115,093.	0.	17,615.
(7) KATE KELLY	2.00									
BOARD CHAIR		Х		Х				0.	0.	0.
(8) WILLIAM ARENDT	2.00									-
TREASURER		Х		Х				0.	0.	0.
(9) DAVE BEAL	2.00									
DIRECTOR		Х						0.	0.	0.
(10) SAWYER BOYLES	2.00									•
DIRECTOR		X						0.	0.	0.
(11) SARAH CLYNE	2.00								•	•
DIRECTOR	0.00	Х						0.	0.	0.
(12) LOIS DUFFY	2.00							0	0	0
DIRECTOR	2 00	Х						0.	0.	0.
(13) JOHN ELLENBERGER	2.00	37						0	0	0
DIRECTOR (14) ELIZABETH EMERSON	2.00	Х						0.	0.	0.
(14) ELIZABETH EMERSON DIRECTOR	2.00	х						0.	0.	0.
	2.00	Λ						0.	0.	0.
(15) LINDA GILLIGAN	2.00	х						0.	0.	0.
DIRECTOR (16) THOMAS HORNER	2.00	Λ				-		0.	0.	0.
(16) THOMAS HORNER DIRECTOR	4.00	х						0.	0.	0.
(17) CURTIS JOHNSON	2.00	^			-			0.	0.	<u> </u>
DIRECTOR	2.00	x						0.	0.	0.
	1	Λ			L	I	I	J 0.	0.	Form 990 (2020)
032007 12-23-20				-	1 2					rom 330 (2020)

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Form 990 (2020) SERVEMINN	IESOTA								41-20	0100)58	Pa	ge 8
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	ploy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	(do		Pos heck		ר than o	one	Reportable	Reportable		Est	imated	ł
	hours per	box	, unles	ss pei	rson i	is both or/trus	n an	compensation	compensatio	I		ount o	f
	week			uau			iee)	- from	from related	I		other	
	(list any hours for	irecto						the	organization			pensati	on
	related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	sC)		om the	
	organizations	rustee	l trus		ee	npen		(00-2/1099-00130)			•	nizatic relate	
	below	dual t	itiona		nploy	st cor	-					nizatio	
	line)	In dividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former						
(18) MARTHA JONES SICHKO	2.00				-								
DIRECTOR		Х						0.		0.			0.
(19) KAREN LARSON	2.00												
DIRECTOR		Х						0.		0.			0.
(20) SUMEE LEE	2.00												
DIRECTOR		Х						0.		0.			0.
(21) JANE LEONARD	2.00												
DIRECTOR		Х						0.		0.			0.
(22) STEPHANIE MONCADA	2.00												
DIRECTOR		Х						0.		0.			0.
(23) NATHAN PROUTY	2.00												
DIRECTOR		Х						0.		0.			0.
(24) MARY QUIRK	2.00												
DIRECTOR		Х						0.		0.			0.
(25) ABERDEEN RODRIGUEZ	2.00												
DIRECTOR		Х						0.		0.			0.
(26) ROBERT RUMPZA	2.00												
DIRECTOR		Х						0.		0.			0.
1b Subtotal								744,750.		0.	82	2,57	5.
c Total from continuation sheets to Part VI	, Section A							0.		0.			0.
d Total (add lines 1b and 1c)								744,750.	0. 82,575.				
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	oove	e) wh	o re	eceived more than \$100,	000 of reportable	Э			
compensation from the organization													7
												Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	key e	empl	loye	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for su											3	_	X
4 For any individual listed on line 1a, is the su	m of reportabl	le co	mpe	ensa	tion	and	oth	ner compensation from t	he organization				
and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	for such individual			4	X	
5 Did any person listed on line 1a receive or a	ccrue comper	nsati	on fr	om	any	unre	elate	ed organization or individ	dual for services				
rendered to the organization? If "Yes," com	plete Schedule	e J fo	or sı	ich i	oers	son					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest cor	-									oensat	ion fro	m	
the organization. Report compensation for t	he calendar ye	ear e	endir	ig w	vith o	or wi	thin	the organization's tax y	ear.				
(A)	addraaa							(B)		0	(C)		
Name and business			~ 7				_	Description of s			ompen	sation	
COHERENT SOLUTIONS, INC.,								DATA MANAGEM					~
AVENUE SOUTH, ST. LOUIS P		5	54	10				SYSTEM DESIG	N & MAIN		332	2,40	0.
REVELATION CONSULTING, LL		~	T 7		~ 77						1 7 5		-
703 S. WESTERN ROAD, STIL	LWATER,	0	ĸ	/4	07	4	_	LEGAL SERVIC			135	5,41	/•
BENJAMIN SWIFT			T 3 T	<u> </u>	~16			IT & DATA SY			10-	1	2
71 GARNHAM CLOSE, LONDON,	UNTTED	ĸ	TIN	GD	OM			PROJECT MANA	GEMEN.I.		123	8,51	<u> </u>
							_						
2 Total number of independent contractors (in		ot 1:	nitor	1 + ~ .	the		+~~ ¹	abova) who received	aro than				
 Total number of independent contractors (ir \$100,000 of compensation from the organiz 	0		mec	1 10		se iis 3	red	above, who received mo					
SEE PART VII, SECTION		ידא	ΔTT	ͲΤ			ਸਸ	ETS			Form S	990 (0)	020)
		N	54		014		نىك ك م						J20)

032008 12-23-20

Form 990 SERVEMIN	NESOTA								41-201	0058
Part VII Section A. Officers, Directors, Tru	nplo	yee			ligh	est (
(A)	(B)	(B) (C) (D)					(E)	(F)		
Name and title	Average		Position (check all that apply)					Reportable	Reportable	Estimated
	hours	(cl	heck	(all i	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week (list any	or				loyee		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direct				d em p		(W-2/1099-MISC)	(00-2/1099-00150)	organization
	related	e or	stee			Isate		(** 2/1000 10100)		and related
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee				organizations
	below	ridual	tution	er	Key employee	est co	ıer			Ū
	line)	Indiv	Insti	Officer	Key	High	Former			
(27) PHILIP RUTHERFORD	2.00									
DIRECTOR		х						0.	0.	0.
(28) NOYA WOODRICH	2.00									
DIRECTOR		Х						0.	0.	0.
		\vdash		-	\vdash	-				
		_								
		<u> </u>			<u> </u>					
		-			\vdash					
		-			-	-				
Total to Part VII, Section A, line 1c										
								1		

032201 04-01-20

					MINNES	OT	A			41-2010	058 Page 9
Par	t V	III	Statement of Re	ven	lue						
			Check if Schedule O	conta	ains a respor	nse	or note to any line			(0)	
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
υŅ	1 :	а	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues								
ΩĒ			Fundraising events				31,316.				
iifts ar A			Related organizations								
s, G			Government grants (contr				38,953,543.				
r Si	1	f	All other contributions, gifts,	gran	ts, and						
the			similar amounts not included	d abov	ve 1f		1,489,698.				
d t	9	g	Noncash contributions included in	lines [·]	1a-1f 1g \$						
<u> </u>	l	h	Total. Add lines 1a-1f				····· 🕨	40,474,557.			
							Business Code				
e	2 8	а	PROGRAM SERVICE FEE	S			900099	2,094,818.	2,094,818.		
er v		b									
n S /en		с									
grai Re	0	d									
Program Service Revenue		e ₄	All other program service	r01/0	P U0						
-			Total. Add lines 2a-2f					2,094,818.			
	3	y	Investment income (includ					_,			
	Ŭ		other similar amounts)	-				3,716.			3,716.
	4		Income from investment of								, , , , , , , , , , , , , , , , , , , ,
	5		Royalties		-	-	1				
					(i) Real		(ii) Personal				
	6 8	а	Gross rents	6a							
	I	b	Less: rental expenses	6b							
		с	Rental income or (loss)	6c							
		d	Net rental income or (loss	s) <u></u>			►				
	7 :	а	Gross amount from sales of		(i) Securiti	es	(ii) Other				
			assets other than inventory	7a							
	I	b	Less: cost or other basis								
nue			and sales expenses	7b							
evenue			Gain or (loss)	7c							
č			Net gain or (loss)			<u></u>	▶				
Other	8		Gross income from fundraisi								
0			including \$ contributions reported on								
			Part IV, line 18		,	8a	ο.				
	1	b	Less: direct expenses			8b					
			Net income or (loss) from					0.			
			Gross income from gamin								
			Part IV, line 19	-		9a					
	I	b	Less: direct expenses			9b					
			Net income or (loss) from				►				
	10 ;	а	Gross sales of inventory,	less	returns						
			and allowances			10a					
	I	b	Less: cost of goods sold			10b					
		с	Net income or (loss) from	sale	s of inventor	у					
s							Business Code				
eou	11 :	а	OTHER INCOME				900099	400.	400.		
enu	I	b				_					
Miscellaneous Revenue		с									
Si <u>N</u>			All other revenue					400			
		e	Total. Add lines 11a-11d					400. 42,573,491.	2.005.010		3 716
	12		Total revenue. See instruction	ons				42,5/3,491.	2,095,218.	0.	3,716.

032009 12-23-20

Form **990** (2020)

Form 990 (2020) SERVEMINNESOTA
Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respor				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	29 016 766	29 016 766		
_	and domestic governments. See Part IV, line 21	38,016,766.	38,016,766.		
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	939,699.	696,914.	146,322.	96,463
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,406,507.	1,044,242.	217,068.	145,197
8	Pension plan accruals and contributions (include				
9	section 401(k) and 403(b) employer contributions) Other employee benefits	238,638.	173,622.	42,887.	22,129
9		173,247.	128,599.	26,842.	17,806
1	Payroll taxes Fees for services (nonemployees):	1/3/24/*	120,355.	20,012.	17,000
a	-				
	Management Legal				
	Accounting				
d					
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
3	column (A) amount, list line 11g expenses on Sch O.)	1,070,237.	834,100.	81,834.	154,303
2	Advertising and promotion	11,827.	11,204.	623.	•
13	Office expenses	4,658.	3,059.	1,418.	181
4	Information technology	40,051.	11,831.	26,329.	1,891
15	Royalties		-		
6	Occupancy	215,580.		215,580.	
7	Travel	492.	478.	14.	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	20,618.	11,059.	8,147.	1,412
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,385.	3,947.	834.	604
3	Insurance	26,713.	2,238.	23,155.	1,320
4	Other expenses. Itemize expenses not covered 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.)				
а	EQUIPMENT	38,377.	19,793.	14,386.	4,198
b	DUES & MEMBERSHIPS	13,348.	1,998.	9,749.	1,601
с	PRINTING	6,241.	327.	4,501.	1,413
d	OTHER EXPENSE	5,008.	220.	2,826.	1,962
е	All other expenses	1,030.	167.	600.	263
25	Total functional expenses. Add lines 1 through 24e	42,234,422.	40,960,564.	823,115.	450,743
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

032010 12-23-20

Check here

educational campaign and fundraising solicitation.

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

Form 990 (2020)

SERVEMINNESOTA

	n 990 (/ rt X	2020) SERVEMINNESOTA				41-	2010058 Page 11
Pa			a ta anvilin	a in this Dart V			
		Check if Schedule O contains a response or not	e to any in		(A)	T 1	(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			4,452,712.	1	5,108,782.
	2	Savings and temporary cash investments			1,102,,1220	2	0,200,,020
	3	Pledges and grants receivable, net			3,736,558.	3	3,416,176.
	4	Accounts receivable, net			362,893.	4	579,462
	5	Loans and other receivables from any current or					0,0,101
	J	trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disgualit	•				
	ľ	under section 4958(f)(1)), and persons described	•	` I		6	
~	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use				8	
Ass	9	B		77,773.	9	70,794.	
		Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	53,117.			
	b	Less: accumulated depreciation		53,117.	16,759.	10c	11,374.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	9,092.	15	9,092,		
	16	Total assets. Add lines 1 through 15 (must equ			8,655,787.	16	9,092. 9,195,680.
	17	Accounts payable and accrued expenses	231,015.	17	306,230		
	18	Grants payable		2,944,858.	18	3,070,467.	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete I				21	
s	22	Loans and other payables to any current or form	er officer, o	director,			
itie		trustee, key employee, creator or founder, subst	antial cont	ributor, or 35%			
Liabilities		controlled entity or family member of any of thes	e persons			22	
Ë	23	Secured mortgages and notes payable to unrela	ted third p	arties		23	
	24	Unsecured notes and loans payable to unrelated	I third parti	es		24	
	25	Other liabilities (including federal income tax, pa	yables to re	elated third			
		parties, and other liabilities not included on lines	17-24). Co	omplete Part X			
		of Schedule D		25			
	26	Total liabilities. Add lines 17 through 25			3,175,873.	26	3,376,697.
		Organizations that follow FASB ASC 958, che	ck here 🕨	► X			
ces		and complete lines 27, 28, 32, and 33.					
aŭ	27	Net assets without donor restrictions			657,157.		597,364. 5,221,619.
Ba	28	Net assets with donor restrictions	4,822,757.	28	5,221,619.		
pur		Organizations that do not follow FASB ASC 9	58, check	here 🕨 🗌			
Ĕ.		and complete lines 29 through 33.					
0 N	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ec				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in				31	
Nei	32	Total net assets or fund balances	5,479,914.	32	5,818,983.		
	33	Total liabilities and net assets/fund balances			8,655,787.	33	9,195,680.

Form 990 (2020)

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Form	990 (2020) SERVEMINNESOTA	41-	2010058	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	42,573		
2	Total expenses (must equal Part IX, column (A), line 25)	2	42,234		
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>69.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,479	9,9	14.
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			
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	5,818	3,9	<u>83.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis X 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			37	
	review, or compilation of its financial statements and selection of an independent accountant?			Х	
_	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Aud		v	1
_	Act and OMB Circular A-133?		<u>3a</u>	X	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi			v	1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			X	L

Form **990** (2020)

032012 12-23-20

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
2020
Open to Public Inspection

Nan	ne of t	the organization							identification number				
Do			EMINNESOTA						1-2010058				
	rt I			(All organizations must c			ee instruction	S.					
	organ	ization is not a private found											
1		A church, convention of ch	,			• • •	I)(A)(i).						
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)											
3	3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).												
4		A medical research organiz city, and state:	ation operated in co	onjunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,				
5			or the benefit of a co	ollege or university owned	l or operat	ed by a oc	vernmental u	nit describe	ed in				
Ū		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)											
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	X	An organization that norma	Ily receives a subst	antial part of its support fi	om a gove	ernmental	unit or from th	e general	public described in				
		section 170(b)(1)(A)(vi). (C	omplete Part II.)										
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)								
9		An agricultural research org	-		-	ed in coniu	nction with a	land-grant	college				
		or university or a non-land-											
		university:	j.a conogo or agri				, and clare e.						
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its supr	ort from c	ontribution	ne membereb	in fees an	d gross receipts from				
10		activities related to its exen	• • • •					-	-				
		income and unrelated busin		-					-				
						ses acqui	red by the org	anization a	arter June 30, 1975.				
		See section 509(a)(2). (Co											
11		An organization organized											
12		An organization organized	•	•	•		-	•					
		more publicly supported or							Check the box in				
		lines 12a through 12d that				-		-					
а		Type I. A supporting orga	anization operated,	supervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving				
		the supported organization	on(s) the power to re	egularly appoint or elect a	majority c	of the direc	tors or trustee	es of the su	upporting				
		organization. You must o	complete Part IV, S	Sections A and B.									
b		Type II. A supporting org	anization supervise	d or controlled in connect	ion with its	s supporte	ed organization	n(s), by hav	/ing				
		control or management o	of the supporting or	ganization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported				
		organization(s). You mus	t complete Part IV	, Sections A and C.									
с		Type III functionally inte	grated. A supporti	ng organization operated	in connect	tion with, a	and functional	ly integrate	ed with,				
		its supported organizatio	n(s) (see instruction	s). You must complete I	Part IV. Se	ections A.	D. and E.	, ,					
d		¬ ··· •		porting organization oper				ted organi;	zation(s)				
				ization generally must sat			••	Ũ					
		-		mplete Part IV, Sections	-		-	anatoni					
		_ ' `	,	written determination fro	,								
e		functionally integrated, or					турет, турет	i, iype iii					
	F ints	, ,		, , , , , , , , , , , , , , , , , , , ,	0 0								
		er the number of supported o	•										
g		vide the following information i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	monetary	(vi) Amount of other				
	``	organization	(,	(described on lines 1-10	in your governi Yes		support (see ir	-	support (see instructions)				
		•		above (see instructions))	165	No							
Tota	al												

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Schedule A (Form 990 or 990-EZ) 2020 SERVEMINNESOTA

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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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	30236425.	32068342.	31230908.	31054764.	40474557.	165064996		
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						1		
	Total. Add lines 1 through 3	30236425.	32068342.	31230908.	31054764.	40474557.	165064996		
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)						165064006		
	Public support. Subtract line 5 from line 4.						165064996		
		(-) 0010	(1-) 0017	(-) 0010	(-1) 0010	(-) 0000	(f) Tabal		
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019 31054764.	(e) 2020	(f) Total		
	Amounts from line 4	50250425.	52000542.	51250900.	51054704.	404/455/.	103004990		
0	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties, and income from similar sources	4,898.	7,350.	21,627.	9,569.	3,716.	47,160.		
9	Net income from unrelated business	4,050.	7,550.	21,027.	5,505.	5,710.	47,1001		
9									
	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.)	2041010.	1734475.	2077852.	1780877.	2095218.	9729432.		
11	Total support. Add lines 7 through 10						174841588		
	Gross receipts from related activities,	etc. (see instruction	ns)			12			
	First 5 years. If the Form 990 is for th	,	,						
	organization, check this box and sto	Ũ		, , , , , , , , , , , , , , , , , , , ,	<i>,</i>	()()			
Sec	ction C. Computation of Publi								
	Public support percentage for 2020 (I			column (f))		14	94.41 %		
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	94.58 %		
16a	33 1/3% support test - 2020. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and		
	stop here. The organization qualifies	as a publicly supp	orted organization				► X		
b	33 1/3% support test - 2019. If the	organization did no	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	is box		
	and stop here. The organization qua	lifies as a publicly s	supported organization	ation					
17a	17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,								
	and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization								
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported o	rganization		▶□		
b	10% -facts-and-circumstances test	t - 2019. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or		
	more, and if the organization meets the	he facts-and-circun	nstances test, che	ck this box and s t	top here. Explain i	n Part VI how the			
	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization								
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b					
					Sche	edule A (Form 990	or 990-EZ) 2020		

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Schedule A (Form 990 or 990-EZ) 2020 SERVEMINNESOTA 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 202	0 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513				_		
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	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						
8 Sec	Public support. (Subtract line 7c from line 6.) Ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 202	0 (f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	L					
14	First 5 years. If the Form 990 is for the						nization,
0	check this box and stop here	- 0				<u></u>	
	ction C. Computation of Publi					1 1	
	Public support percentage for 2020 (I			column (f))		15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20			ine 13, column (f))		17	%
	Investment income percentage from						%
19a	33 1/3% support tests - 2020. If the						
1 -	more than 33 1/3%, check this box ar	-	-				►
b	33 1/3% support tests - 2019. If the						
20	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	T UIU HOL CHECK A		a, or 190, check t			m 990 or 990-EZ) 2020
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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2020

Ра	rt IV 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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> <i>effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i> <i>organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			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 Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			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).
- 3 By reason of the relationship described in line 2, above, 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. Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a ____ 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 su	pported a governr	nental entity. I	Describe in Part	VI how	you supported a	governmental entity	(see instructions	;).
---	--	---------------------	-------------------	------------------	------------------	---------------	-----------------	---------------------	-------------------	-----

24

- 2 Activities Test. Answer lines 2a and 2b below.
- a 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 **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a 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? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

Schedule A (Form 990 or 990-EZ) 2020

2

3

2a

2b

3a

3b

Yes No

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1	Check here if the organization satisfied the Integral Part Test as a qualifyi All other Type III non-functionally integrated supporting organizations must		•	Part VI). See instructions.
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):			
a	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 0.015 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 0.035.	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 0.85 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		1

Schedule A (Form 990 or 990-EZ) 2020 SERVEMINNESOTA

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

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

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	Schedule A (Form 990 or 990-EZ) 2020	SERVEMINNESOTA
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Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continue	ed)	
Secti	on D - Distributions				Current Year
1	1 Amounts paid to supported organizations to accomplish exempt purposes 1				
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	3	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which th	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	s	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2016				
b	Excess from 2017				
C	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 SERVEMINNESOTA

032028 01-25-2	1	27	Schedule A (Form 990 or 990-EZ) 2020
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 5, 6, and 8; and Part V, Section E, lines 2, 5 (See instructions.)	, and 6. Also complete this part for	any additional information.
Part VI	Supplemental Information. Provide the explanation Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c line 1: Part IV. Section D. lines 2 and 3: Part IV. Section E. lin	c. 11a. 11b. and 11c: Part IV. Secti	on B. lines 1 and 2: Part IV. Section C.

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

2020 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

• Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.

Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.

• Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Nan	ne of organization	សារាជឲ្យបារ			Emplo	41-2010058
Pa		anization is exempt under	r section 501(c) o	r is a section 52	7 ora	
1 2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ration's direct and indirect political ures	campaign activities in	Part IV.	▶\$	
De	rt I-B Complete if the org	janization is exempt under	$c_{\text{contion}} = 501(a)(2)$	1		
	Enter the amount of any excise tax			-	▶ \$	
	Enter the amount of any excise tax					
	If the organization incurred a sectio				-	
	Was a correction made?					
	If "Yes," describe in Part IV.					
Pa	art I-C Complete if the org	anization is exempt under	r section 501(c), e	except section 5	01(c)	(3).
1	Enter the amount directly expended	d by the filing organization for secti	on 527 exempt function	on activities	►\$	
2	Enter the amount of the filing organ		0			
	exempt function activities				▶\$	
3	Total exempt function expenditures					
	line 17b				▶\$.	
4	Did the filing organization file Form					
5	Enter the names, addresses and en		-	-		
	made payments. For each organizar contributions received that were pro- political action committee (PAC). If	omptly and directly delivered to a s	separate political organ	nization, such as a se		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fr filing organization funds. If none, ente	n's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

032041 12-02-20

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

Schedule C (Form 990 or 990-EZ) 2020

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 [election under section 501(h)). A Check If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). (a) Filing organization checked box A and "imided control" provisions apply. B Check If the filing organization checked box A and "imided control" provisions apply. (b) Affiliated group totals I a Total lobbying expenditures to influence public opinion (grassroots lobbying) (b) Affiliated group totals (c) Affiliated group totals I a Total lobbying expenditures to influence public opinion (grassroots lobbying) (c) Affiliated group totals (c) Affiliated group totals I a Total lobbying expenditures (add lines 1a and 1b) (c) Affiliated group totals (c) Affiliated group totals I total accempt purpose expenditures (add lines 1a and 1b) (c) Affiliated group totals (c) Affiliated group totals If the amount on line 16, 000,000 20% of the amount on line 16, 000,000 (c) Affiliated group totals (c) Affiliated group totals If the amount on line 16, 000,000 20% of the amount on line 16, 000,000 (c) Affiliated group totals (c) Affiliated group totals If the amount on line 16, 000,000 210,000,000,000 210,000,000,000,000 (c) Affiliated group totals	Schedule C (Form 990 or 990-EZ) 2020	SERVE	MINNES	ОТА		41-2	2010058 Page 2
A Check If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). B Check If the filing organization checked box A and "limited control" provisions apply. Limits on Lobbying Expenditures (a) Filing organization checked box A and "limited control" provisions apply. 1a Total lobbying expenditures to influence public opinion (grassroots lobbying) (b) Affiliated group totals b Total lobbying expenditures to influence a legislative body (direct lobbying) (c) Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) (c) Total exempt purpose expenditures (add lines 1c and 1c) f Lobbying ontaxable amount. Enter the amount from the following table in both columns. (c) Total exempt purpose expenditures (add lines 1c and 1c) f Lobbying ontaxable amount (from the following table in both columns. (c) Pore \$10,000,000 Lut not over \$1,000,000 \$100,000 Lut 95% of the excess over \$1,000,000. Over \$10,000,000 Lut not over \$1,000,000 \$11,000,001 Lut 95% of the excess over \$1,000,000. (c) ex \$17,000,000 Lut not over \$1,000,000 Lut 95% of the excess over \$1,000,000. g Grassroots nontaxable amount (enter 25% of line 11) h subtract line 11 fom line 1a. If zero or less, enter -0. (c) Ever \$100,000 Lut not over \$1,000,000 \$1,000,001. g Grassroots nontaxable amount thert tha result on son line 10 Line 10 or hine 10 t	Part II-A Complete if the org	anizatio	on is exen	npt under sectior	n 501(c)(3) and file	d Form 5768 (ele	ection under
B Check Great General Gen							
B Check ▶ If the filing organization checked box A and "limited control" provisions apply. Limits on Lobbying Expenditures (a) Filing organization's totals (b) Affiliated group totals 1a Total lobbying expenditures to influence public ophion (grassroots lobbying) (b) b Total lobbying expenditures to influence a legislative body (direct lobbying) (c) c Total lobbying expenditures (add lines 1a and 1b) (c) d Other exempt purpose expenditures (c) total exempt purpose expenditures (add lines 1c and 1c) (c) (c) 1 Lobbying nontaxable amount. Enter the amount from the following table in both columns. (c) If the amount on line 1c, column (a) or (b) is: The lobbying nontaxable amount is: (c) Not over \$1,000,000 \$100,000 plus 15% of the excess over \$1,000,000. (c) ever \$1,500,000. (c) ever \$1,500,000. Over \$1,000,000 but not over \$1,500,000. \$175,000 plus 15% of the excess over \$1,500,000. (c) ever \$1,500,000. (c) ever \$1,500,000. Garssroots nontaxable amount (enter 25% of line 1f) (c) (c) (c) (c) g Grassroots nontaxable amount (enter 25% of line 1f) (c) (c) (c) g Grassr	A Check 🕨 📃 if the filing organiza	tion belon	gs to an affi	liated group (and list ir	Part IV each affiliated	group member's nam	e, address, EIN,
Limits on Lobbying Expenditures (a) Filing organization's totals (b) Affiliated group totals 1a Total lobbying expenditures to influence public opinion (grassroots lobbying)	expenses, and shar	e of exces	s lobbying e	expenditures).			
Inter on Lobbying Expenditures Iterm organization's totals totals 1a Total lobbying expenditures to influence a legislative body (direct lobbying)	B Check ► if the filing organiza	tion check	ked box A ar	nd "limited control" pro	ovisions apply.		
b Total lobbying expenditures (add lines 1a and 1b)						organization's	.,
b Total lobbying expenditures (add lines 1a and 1b)	1a Total lobbying expenditures to influ	lence pub	lic opinion (grassroots lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)							
d Other exempt purpose expenditures							
e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nortaxable amount. Enter the amount from the following table in both columns. If the amount on line 1s, column (a) or (b) is: The lobbying nortaxable amount is: Not over \$500,000 20% of the amount on line 1e. Over \$500,000 but not over \$1,000,000 \$110,000 plus 15% of the excess over \$1,000,000. Over \$1,500,000 but not over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000. Over \$1,000,000 but not over \$1,000,000 \$125,000 plus 15% of the excess over \$1,500,000. Over \$1,000,000 but not over \$1,000,000 \$125,000 plus 5% of the excess over \$1,500,000. Over \$1,000,000 but not over \$1,000,000 Yes No Over \$1,000,000 \$125,000 plus 5% of the excess over \$1,500,000. Over \$1,000,000 \$112 exo or less, enter -0. I Subtract line 1 from line 1.1 fare or less, enter -0. I Subtract line 1 from line 1.4 fare or less, enter -0. I there is an amount other than zero or elfker line 11, did the organization file Form 4720 Yes reporting section 4911 tax for this year? Yes 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2t.)							
f Lobbying nontaxable amount. Enter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount (s: Not over \$500,000 20% of the amount on line 1e. Over \$1,000,000 but not over \$1,000,000 \$175,000 plus 15% of the excess over \$1,000,000. Over \$1,500,000 but not over \$1,000,000 \$175,000 plus 15% of the excess over \$1,000,000. Over \$1,7000,000 \$175,000 plus 15% of the excess over \$1,000,000. Over \$1,7000,000 \$10,000,000. Grassroots nontaxable amount (enter 25% of line 1f)				A			
If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount on line 1e. Not over \$500,000 20% of the amount on line 1e. Over \$500,000 but not over \$1,000,000 \$175,000 plus 15% of the excess over \$1,000,000. Over \$1,000,000 but not over \$1,000,000 \$225,000 plus 5% of the excess over \$1,000,000. Over \$1,000,000 but not over \$1,000,000 \$225,000 plus 5% of the excess over \$1,000,000. Over \$1,000,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,000,000. Over \$1,000,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,000,000. Over \$1,000,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,000,000. Over \$1,000,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,000,000. Over \$1,000,000 \$100,000. Image: the amount (enter 25% of line 11) htere is a mount other than zero on either line 1 nor line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes No 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2t.) Calendar year (e) Total Calendar year (a) 2017 (b) 2018 (c) 2019		•		· ·····			
Not over \$500,000 20% of the amount on line 1e. Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$1,000,000. Over \$1,000,000 but not over \$1,500,000 \$125,000 plus 15% of the excess over \$1,000,000. Over \$1,000,000 but not over \$1,700,000 \$225,000 plus 5% of the excess over \$1,500,000. Over \$1,000,000 \$100,000.000. g Grassroots nontaxable amount (enter 25% of line 11)							
Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000. Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 5% of the excess over \$1,000,000. Over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000. Over \$17,000,000 \$1,000,000 g Grassroots nontaxable amount (enter 25% of line 1f)		1 (0) 10.					
Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000 g Grassroots nontaxable amount (enter 25% of line 1)		000			ess over \$500.000		
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000. Over \$17,000,000 \$1,000,000. g Grassroots nontaxable amount (enter 25% of line 1f)							
Over \$17,000,000 \$1,000,000. g Grassroots nontaxable amount (enter 25% of line 1f)	· · · · · · · · · · · · · · · · · · ·						
g Grassroots nontaxable amount (enter 25% of line 1f)		000,000					
h Subtract line 1g from line 1a. If zero or less, enter -0- i Subtract line 1f from line 1c. If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (a) 2017 (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (c) 2019 (d) 2020 (e) Total b Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots ceiling amount (150% of line 2d, column (e))	Over \$17,000,000		φ1,000,	000.			
h Subtract line 1g from line 1a. If zero or less, enter -0- i Subtract line 1f from line 1c. If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (a) 2017 (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (c) 2019 (d) 2020 (e) Total b Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots ceiling amount (150% of line 2d, column (e))	a Cressrests pontovable amount (on	tor 25% of	fling 1fl				
i Subtract line 1f from line 1c. If zero or less, enter -0	•						
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	C C	-					
reporting section 4911 tax for this year? Yes No 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) Total 2a Lobbying ceiling amount (150% of line 2a, column(e))							
4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) Total 2a Lobbying nontaxable amount b Lobbying ceiling amount c Total lobbying expenditures d Grassroots nontaxable amount d Grassroots ceiling amount e Grassroots ceiling amount (150% of line 2d, column (e))	•						
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) Total 2a Lobbying nontaxable amount (150% of line 2a, column(e)) b Lobbying expenditures	reporting section 4911 tax for this	year?					Yes NO
Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) Total 2a Lobbying nontaxable amount (150% of line 2a, column(e))	(Some organizations th		a section 5	01(h) election do not	have to complete all o	f the five columns b	elow.
(or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 10tal 2a Lobbying nontaxable amount		Lob	bying Expe	nditures During 4-Yea	ar Averaging Period		
b Lobbying ceiling amount (150% of line 2a, column(e)) Image: Column(e) c Total lobbying expenditures Image: Column(e) d Grassroots nontaxable amount (150% of line 2d, column (e)) Image: Column(e)	2	(a)	2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
(150% of line 2a, column(e))	2a Lobbying nontaxable amount						
c Total lobbying expenditures							
d Grassroots nontaxable amount e Grassroots ceiling amount (150% of line 2d, column (e))	(150% of line 2a, column(e))						
e Grassroots ceiling amount (150% of line 2d, column (e))	c Total lobbying expenditures						
e Grassroots ceiling amount (150% of line 2d, column (e))							
(150% of line 2d, column (e))	d Grassroots nontaxable amount						
	e Grassroots ceiling amount						
	(150% of line 2d, column (e))						
r Grassroots lobbying expenditures	f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2020

032042 12-02-20

Schedule C (Form 990 or 990-EZ) 2020 SERVEMINNESOTA

41-2010058 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(b)
of the Johnving estivity	nount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	
a Volunteers?	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? X	
c Media advertisements?	
d Mailings to members, legislators, or the public?	
e Publications, or published or broadcast statements?	
f Grants to other organizations for lobbying purposes?	
	0,000.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? X i Other activities? X	
	0,000.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	
b If "Yes," enter the amount of any tax incurred under section 4912	
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912	
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	
501(c)(6). Yes 1 Were substantially all (90% or more) dues received nondeductible by members?	No
1 Were substantially all (90% or more) dues received nondeductible by members? 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2	
 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3 	+
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line answered "Yes."	e 3, is
1 Dues, assessments and similar amounts from members	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	
expenses for which the section 527(f) tax was paid).	
a Current year 2a	
b Carryover from last year 2b	
c Total 2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political	
expenditure next year?	
5 Taxable amount of lobbying and political expenditures (See instructions) 5 Part IV Supplemental Information	
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.	
PART II-B, LINE 1, LOBBYING ACTIVITIES:	

WE CONTRACT WITH LOBBYISTS TO DO DIRECT LOBBYING AROUND STATE FUNDING.

032043 12-02-20

Schedule C (Form 990 or 990-EZ) 2020

SCHEDULE	D
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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.

Allach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.



Name of the organization

Employer identification number

41	-20	100	58

	SERVEMINNESOTA		41-2010058
Par	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds or A	ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 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 v	vriting that the assets held in donor advised fur	nds
-	are the organization's property, subject to the organization's	0	
6	Did the organization inform all grantees, donors, and donor ad		
-	for charitable purposes and not for the benefit of the donor or		-
			°
Par		anization answered "Yes" on Form 990 Part IV	/ line 7
1	Purpose(s) of conservation easements held by the organization		,
•	Preservation of land for public use (for example, recreat		torically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ind conservation contribution in the form of a c	opsorvation assemant on the last
2	day of the tax year.		Held at the End of the Tax Year
-			2a
	Total number of conservation easements		
b		ante una incoluziona di incolo	
c	Number of conservation easements on a certified historic structure of conservation easements included in (c) easemined and the structure of th		2c
d	Number of conservation easements included in (c) acquired a	-	
~	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the organ	nization during the tax
	year ▶	encent is leasted N	
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the peri		
~	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, I	nandling of violations, and enforcing conservation	ion easements during the year
-			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation e	asements during the year
~			
8	Does each conservation easement reported on line 2(d) above	• • • • • • • • • • • • • • • • • • • •	
~	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	•	
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statements ti	nat describes the
Dai	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical Treasures or Other	Similar Assots
T ai	Complete if the organization answered "Yes" on Form		Similar Assets.
18	If the organization elected, as permitted under FASB ASC 956	· ·	
	of art, historical treasures, or other similar assets held for pub		ance of public
	service, provide in Part XIII the text of the footnote to its finan		
b	If the organization elected, as permitted under FASB ASC 956		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtherand	ce of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical trea		, provide
	the following amounts required to be reported under FASB AS	-	
а	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2020

032051 12-01-20

31 2020.05093 SERVEMINNESOTA

Sche		NNESOTA						41-20			age 2
Par	t III Organizations Maintaining C	Collections of Ar	t, Histo	orical Tre	easures, o	r Othe	r Simila	r Assets	(contin	ued)	
3	Using the organization's acquisition, access	ion, and other record	s, check	any of the	following that	t make s	ignificant ι	use of its	·	,	
	collection items (check all that apply):										
а	Public exhibition	c	1 🗌 L	oan or exc	hange progra	am					
b	Scholarly research	e	, 🗌 (Other							
с	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explair	n how the	ey further th	ne organizatio	on's exer	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, his	torical trea	sures, or othe	er similar	assets		_		_
_	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	on answered	"Yes" on	Form 990), Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod		•						-		1
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing ta	ıble:							
									Amount		
С	Beginning balance										
d	Additions during the year										
e	Distributions during the year										
T Oo	Ending balance Did the organization include an amount on F								Yes		
	If "Yes," explain the arrangement in Part XIII.							∟	lites		∣No ∣
Par							10	· · · · · · · · · · · · · · · · · · ·	<u></u>		1
	Complete	(a) Current year		rior year	(c) Two yea		(d) Three y	ears hack	(e) Four	vears	hack
1a	Beginning of year balance	(a) ourrent year		loi yeai	(C) 1 WO you	13 DUCK				yours	JUON
b	Contributions										
c	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 cur	rent year end balance	e (line 1g	, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiza	ation that	are held a	nd administer	red for th	ne organiza	ation	ſ		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment fu	inds.							
Fai				line 11e C		Dort V	line 10				
	Complete if the organization answere										
	Description of property	(a) Cost or o basis (investr		.,	t or other (other)	• • •	ccumulate preciation	a	(d) Bool	< value	3
1a	Land										
b	Buildings										
с	Leasehold improvements				1,032.		14,3	72.		5,66	
d	Equipment			3	2,085.		27,3	71.	4	1,71	14.
	Other										
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	<u>X. colum</u>	<u>n (B), line 1</u>	0c.)				11	L,37	/4.

Schedule D (Form 990) 2020

032052 12-01-20

08040422 310390 019343-X

Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or enc	-or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.			
Complete if the organization answered "Yes" o	Description	TId. See Form 990, Part X, line 15.	(b) Book value
	Description		(b) BOOK value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) 			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<u>15.)</u>		
		110 or 11f Son Form 000 Doct V line 05	
Complete if the organization answered "Yes" of (a) Description of liability	on Form 990, Fart IV, line	TTE 01 TTI: See F0111 990, Fait A, IIIle 23.	(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line		-	

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

Schedule D (Form 990) 2020

032053 12-01-20

X

Sche	dule D (Form 990) 2020 SERVEMINNESOTA		41-2010058 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Reven	ue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	.)	
Pa	rt XII Reconciliation of Expenses per Audited Financial St	atements With Exper	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1		
Pa	rt XIII Supplemental Information.		

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

PART X, LINE 2:

THE ORGANIZATION HAS A TAX-EXEMPT STATUS UNDER SECTION 501(C)(3) OF THE					
INTERNAL REVENUE CODE AND HAS ADOPTED ACCOUNTING FOR UNCERTAINTY IN INCOME					
TAXES, ASC 740-10. THE ORGANIZATION'S POLICY IS TO EVALUATE UNCERTAIN TAX					
POSITIONS, AT LEAST ANNUALLY, FOR THE POTENTIAL FOR INCOME TAX EXPOSURE					
FROM UNRELATED BUSINESS INCOME OR FROM LOSS OF NONPROFIT STATUS. THE					
ORGANIZATION CONTINUES TO OPERATE CONSISTENT WITH ITS ORIGINAL EXEMPTION					
APPLICATION AND EACH YEAR TAKES THE NECESSARY ACTIONS TO MAINTAIN ITS					
EXEMPT STATUS. IT HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A					
PRIVATE FOUNDATION UNDER THE INTERNAL REVENUE CODE AND CHARITABLE					
CONTRIBUTIONS BY DONORS ARE TAX DEDUCTIBLE.					

032054 12-01-20

SERVEMINNESOTA

Supplemental Information (continued)	
	Schedule D (Form 990) 2020

032055 12-01-20

SCHEDULE G	Supplemental Information Regarding Fundraising or Gaming Activities							OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if the	or if the	2020					
Department of the Treasury			Open to Public					
Internal Revenue Service		to www.irs.gov/Form990 for instru	uction	s and	the latest information	on.		Inspection
Name of the organizatior	SERVEMI	NNESOTA					Employer ide	ntification number 058
	complete this part	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
 Indicate whether the a Mail solicitat Mail solicitat Internet and Phone solicitat In-person so a Did the organization key employees list 	e organization rais ions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv	ed funds through any of the followin e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover aising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and addres or entity (func		(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No	-			
			1	`				
		n is registered or licensed to solicit o	contrib	utions	or has been notified	it is	exempt from re	gistration
LHA For Paperwork Re	eduction Act Noti	ce, see the Instructions for Form 9	990 or	990-E	Z. S	Sche	dule G (Form 9	990 or 990-EZ) 2020

032081 11-25-20

Schedule G (Form 990 or 990-EZ) 2020 SERVEMINNESOTA

41-2010058 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990.FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro	oss income on Form 990	EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1 AMETHYST EVENT FOR RE	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
anu				(event type)	(total humber)	
Revenue	1	Gross receipts	31,316.			31,316.
	2	Less: Contributions	31,316.			31,316.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct E	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through	9 in column (d)		►	
D -	11	Net income summary. Subtract line 10 from li				
Pa	ırt I		answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.		(h) Dull tobo/instant		(a) Total caming (add
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Ê	1	Gross revenue				
es	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		· · · · · · · · · · · · · · · · · · ·	Yes %	☐ Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	15 in column (d)		►	
	_					
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
•	Ent	ter the state(s) in which the organization condu	ete gaming activitios:			
		he organization licensed to conduct gaming ac				Yes No
		No," explain:				
~	•••					
		ere any of the organization's gaming licenses re Yes," explain:			ear?	Yes No

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Schedule G (Form 990 or 990-EZ) 2020

Sch	edule G (Form 990 or 990-EZ) 2020 SERVEMINNESOTA	41-2	010058	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No No
13	Indicate the percentage of gaming activity conducted in:			
a	I The organization's facility		13a	%
k	An outside facility		13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	ls:		
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No No
Ł	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶\$	ount		
c	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	🗌 No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent i			
	organization's own exempt activities during the tax year 🕨 \$			
Pa	Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v) 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	and Part	III, lines 9,	9b, 10b,
0320	83 11-25-20 Schedule	G (Form	990 or 990	-EZ) 2020

raitiv	Supplemental information	(continued)	
			Schedule G (Form 990 or 990-EZ)

032084 04-01-20

SCHEDULE I		rants and Oth					OMB No. 1545-0047
(Form 990)		vernments, ar ete if the organizatio					2020
Department of the Treasury	Comple		Attach to For		(IV, III e 2 I 0I 22.		Open to Public
Internal Revenue Service		Go to www.ir	rs.gov/Form990 fo	r the latest inform	nation.		Inspection
Name of the organization SERVEMIN	INESOTA						Employer identification number 41-2010058
Part I General Information on Grant	s and Assistance						
1 Does the organization maintain record criteria used to award the grants or as	ssistance?	-			-		
2 Describe in Part IV the organization's	procedures for monito	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance	_				anization answered "Y	es" on Form 990, Par	t IV, line 21, for any
recipient that received more that					(f) Method of		
1 (a) Name and address of organization or government	n (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
DULUTH AREA FAMILY YMCA							
302 W 1ST STREET							
DULUTH, MN 55802	41-0693931		428,112.	0.			AMERICORPS PROGRAM
MINNEAPOLIS PUBLIC SCHOOLS							
1250 WEST BROADWAY AVE							
MINNEAPOLIS, MN 55411	41-0851980		450,512.	0.			AMERICORPS PROGRAM
MN ALLIANCE WITH YOUTH-PROMISE							
FELLOWS - 2233 UNIVERSITY AVE WES	т						
- ST. PAUL, MN 55114	45-3774063		2,658,653.	0.			AMERICORPS PROGRAM
MN CONSERVATION CORPS							
60 PLATO BOULEVARD #210							
ST. PAUL, MN 55107	41-1881102		445,075.	0.			AMERICORPS PROGRAM
SOUTHERN MN INITIATIVE FOUNDATION							
525 FLORENCE AVENUE							
OWATONNA, MN 55060	36-3454285		189,397.	٥.			AMERICORPS PROGRAM
ST. PAUL NEIGHBORHOOD NETWORK							
375 JACKSON ST							
ST. PAUL, MN 55101	41-1500773		434,461.	0.			AMERICORPS PROGRAM
2 Enter total number of section 501(c)(3	and government org	anizations listed in th	e line 1 table				
3 Enter total number of other organizati	ons listed in the line 1	table					
LHA For Paperwork Reduction Act Noti	ce, see the Instruction	ons for Form 990.					Schedule I (Form 990) 2020

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

	Schedu

		Cashgrant	assistance	(book, FMV, appraisal, other)	
TWIN CITIES HABITAT FOR HUMANITY					
3001 4TH STREET SE					
MINNEAPOLIS, MN 55414	36-3363171	347,005.	0.		AMERICORPS PROGRAM
MN POLLUTION CONTROL AGENCY					
520 LAFAYETTE ROAD N					
ST PAUL, MN 55155	41-6007162	451,193.	0.		AMERICORPS PROGRAM
COLLEGE POSSIBLE					
540 N FAIRVIEW AVE, STE 304					
ST. PAUL, MN 55104	41-1968798	808,138.	0.		AMERICORPS PROGRAM
51. FROI, MN 55104	41-1900790	000,130.	0.		AMERICORFS FROGRAM
MN ALLIANCE FOR VOLUNTEER					
ADVANCEMENT - 970 RAYMOND AVE, STE					VOLUNTEER GENERATION FUND
G-70 - ST PAUL, MN 55104	41-1463366	181,861.	0.		GRANT
READING AND MATH INC.					
2400 PARK AVENUE	47-2306902	21 065 401	0.		AMERICORPS PROGRAM
MINNEAPOLIS, MN 55404	47-2308902	31,065,401.	0.		AMERICORPS PROGRAM
CITY OF ST. PAUL					
367 GROVE STREET					
ST. PAUL, MN 55101	41-6005521	263,940.	٥.		AMERICORPS PROGRAM
LEAD FOR AMERICA					
PO BOX 56					
DODGE CITY, KS 67801	83-1839530	293,018.	0.		AMERICORPS PROGRAM
			·		

41

(d) Amount of

cash grant

(e) Amount of

non-cash

(f) Method of

valuation

(g) Description of

non-cash assistance

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(c) IRC section

if applicable

(b) EIN

(a) Name and address of

organization or government

(h) Purpose of grant

or assistance

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

SERVEMINNESOTA

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

SERVEMINNESOTA HAS AN EXTENSIVE MONITORING SYSTEM OVER GRANTS TO GRANTEES

INCLUDING BOTH FINANCIAL AND PROGRAMMATIC MONITORING SYSTEMS.

Page 2

Part III

SC	SCHEDULE J Compensation Information		1	OMB No. 1	545-004	47		
(Fo	rm 990)	For certain Officers, Directors, Trustees			20	ົງດ	•	
		Compensated Em Complete if the organization answered "Ye			20	ZU	J	
Depar	tment of the Treasury	Attach to Form			Open to Public			
Intern	al Revenue Service	Go to www.irs.gov/Form990 for instruct	tions and the latest information.		Inspection			
Nam	e of the organization			Employer id			nber	
		SERVEMINNESOTA		41-2	01005	8		
Ра	rt I Question	Regarding Compensation						
	o	,				Yes	No	
1a		ate box(es) if the organization provided any of the following	•	990,				
	·	ine 1a. Complete Part III to provide any relevant informat						
	First-class or c		ng allowance or residence for person					
	Travel for com		ents for business use of personal res					
			or social club dues or initiation fees					
		pending account Person	nal services (such as maid, chauffeu	r, chet)				
h	If any of the haves	n line to are shocked did the experimation follows with	on policy recording poyment or					
D		on line 1a are checked, did the organization follow a writt	. , , , , , ,		46			
0		rovision of all of the expenses described above? If "No,"			<u>1b</u>			
2		require substantiation prior to reimbursing or allowing e			2	Х		
	trustees, and onice	s, including the CEO/Executive Director, regarding the it			🔼	Λ		
3	Indicate which if a	y, of the following the organization used to establish the	compensation of the organization's					
5		ctor. Check all that apply. Do not check any boxes for m		n to				
		tion of the CEO/Executive Director, but explain in Part III	, ,					
	Compensation		n employment contract					
	·		ensation survey or study					
	·		val by the board or compensation c	ommittee				
			value to and of compensation of	Jiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii				
4	During the year, did	any person listed on Form 990, Part VII, Section A, line	a, with respect to the filing					
•	organization or a re	•••						
а	-	-			4a		x	
b		eive payment from a supplemental nonqualified retiremer					x	
С	•	eive payment from an equity-based compensation arrang					X	
-	-	es 4a-c, list the persons and provide the applicable amou						
	,							
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must comp	olete lines 5-9.					
5		n Form 990, Part VII, Section A, line 1a, did the organiza		n				
	contingent on the r							
а	•				. 5a		X	
b	Any related organiz	ation?					X	
		r 5b, describe in Part III.						
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organiza	tion pay or accrue any compensatio	n				
	contingent on the r	et earnings of:						
а	a The organization?						X	
		ation?					X	
		r 6b, describe in Part III.						
7	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organiza	tion provide any nonfixed payments					
	not described on lir	es 5 and 6? If "Yes," describe in Part III			7		X	
8		eported on Form 990, Part VII, paid or accrued pursuant						
	initial contract exce	otion described in Regulations section 53.4958-4(a)(3)? If	"Yes," describe in Part III		8		X	
9	If "Yes" on line 8, d	d the organization also follow the rebuttable presumption	n procedure described in					
	Regulations section	53.4958-6(c)?			9			
LHA		eduction Act Notice, see the Instructions for Form 990			ule J (Forn	n 990)	2020	

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Schedule J (Form 990) 2020

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Page 2

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.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and (D) Nontaxable (E) Tota		(E) Total of columns	umns (F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) AUDREY SUKER	(i)	152,875.	0.	0.	0.	5,906.	158,781.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(ii) (ii)								
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	(i)								
	(i) (ii)								
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	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2020

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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.



SERVEMINNESOTA

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

SERVEMINNESOTA IS A CATALYST FOR POSITIVE SOCIAL CHANGE, WORKING WITH

AMERICORPS AND COMMUNITY PARTNERS. WE SHARE OUR PROVEN PRACTICIES

NATIONALLY.

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

READING CORPS MINNESOTA READING CORPS IS A STATEWIDE LITERACY PROGRAM

THAT IS INCREASING THE NUMBER OF MINNESOTA CHILDREN WHO ARE PROFICIENT

READERS BY THE END OF THIRD GRADE. RESEARCH SHOWS THIS BENCHMARK IS

CRITICAL TO LATER SUCCESS IN SCHOOL AND IN LIFE: AFTER THIRD GRADE,

STUDENTS APPLY THEIR READING SKILLS TO LEARN THE INCREASINGLY COMPLEX,

MULTIDISCIPLINARY INFORMATION INTRODUCED IN FOURTH GRADE AND BEYOND.

THOSE WHO READ PROFICIENTLY BY THIRD GRADE ARE FOUR TIMES MORE LIKELY

TO GRADUATE FROM HIGH SCHOOL THAN THOSE WHO DO NOT.

MINNESOTA READING CORPS TRAINS AND DEPLOYS AMERICORPS MEMBERS TO

PROVIDE TUTORING TO STUDENTS AGE 3 TO GRADE 3 WHO NEED AN EXTRA BOOST

TO CATCH UP TO GRADE LEVEL TARGETS. THE PROGRAM PARTNERS WITH SCHOOL

DISTRICTS AND PRESCHOOL AGENCIES TO PLACE HIGHLY TRAINED AND

PROFESSIONALLY SUPPORTED AMERICORPS MEMBERS IN EARLY CHILDHOOD

EDUCATION PROGRAMS, HEAD START CENTERS AND ELEMENTARY SCHOOLS. READING

CORPS TUTORS ARE TRAINED IN SPECIFIC EVIDENCE-BASED LITERACY

INTERVENTIONS, AND ARE SUPPORTED BY BOTH SITE-BASED EDUCATIONAL STAFF

AS WELL AS COACHING SPECIALISTS WHO ARE AMONG MINNESOTA'S TOP LITERACY

EXPERTS. WITH ACCESS TO THE LATEST RESEARCH ON READING INTERVENTION

STRATEGIES, THESE TRAINED AMERICORPS TUTORS WORK ONE-ON-ONE WITH

STUDENTS, AS WELL AS IN SMALL GROUP AND LARGE GROUP SETTINGS. THEY

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) 2020

 032211
 11-20-20

Schedule O (Form 990 or 990-EZ) 2020 Name of the organization	Page 2 Employer identification number
SERVEMINNESOTA	41-2010058
PROVIDE TAILORED INTERVENTIONS SO THAT EACH CHILD CAN GAIN	THE LITERACY
SKILLS THEY NEED AT A RATE TO BECOME SUCCESSFUL READERS BY	THE END OF
THIRD GRADE.	
READING CORPS PROVIDES WHAT STRUGGLING READERS NEED INDIV	IDUALIZED,
DATA-DRIVEN INSTRUCTION; WELL-TRAINED TUTORS; EXPERT COACH	ING;
INTERVENTIONS DELIVERED WITH FIDELITY; AND THE FREQUENCY A	ND DURATION
NECESSARY FOR STUDENT ACHIEVEMENT. THIS MODEL HAS BEEN VAL	IDATED AS
EFFECTIVE AND REPLICABLE THROUGH FOUR RIGOROUS AND INDEPEN	DENT
EVALUATIONS BY NORC AT THE UNIVERSITY OF CHICAGO. THESE ST	UDIES
CONFIRMED THAT READING CORPS IS PROVEN TO WORK AND IS CLOS	ING THE
ACHIEVEMENT GAP. STUDENTS OF COLOR, STUDENTS ELIGIBLE FOR	FREE AND
REDUCED-PRICE LUNCH AND ENGLISH LEARNERS ARE ACHIEVING OUT	COMES EQUAL
TO OR BETTER THAN THEIR PEERS. THOSE WHO STARTED FURTHER B	EHIND MADE
THE GREATEST GAINS. IN ADDITION, READING CORPS SIGNIFICANT	LY INCREASES
STUDENT LITERACY OUTCOMES IN ANY SETTING URBAN, SUBURBAN	OR RURAL.
FURTHER, RESEARCH CONDUCTED BY THE CENTER FOR LEARNING SOL	UTIONS HAS
SHOWN THAT READING CORPS PARTICIPANTS ARE THREE TIMES LESS	LIKELY TO BE
ASSIGNED TO SPECIAL EDUCATION THAN NON-PARTICIPANTS, CREAT	ING A
PERMANENT BENEFIT TO CHILDREN AND A SIGNIFICANT ONGOING SA	VINGS TO
SCHOOLS THAT CAN BE REDIRECTED TO THE CLASSROOM FOR THE BE	NEFIT OF ALL
CHILDREN.	
THROUGH THIS PROGRAM, SERVEMINNESOTA DEMONSTRATES THE CAPA	CITY TO
SUCCESSFULLY DESIGN AND IMPLEMENT LARGE-SCALE INITIATIVES.	SINCE 2003,
MINNESOTA READING CORPS HAS HELPED MORE THAN 300,000 STRUG	GLING
STUDENTS PROGRESS TOWARD READING PROFICIENCY BY THE END OF	THIRD GRADE.
LAST YEAR, 89% OF PRESCHOOL READING CORPS PARTICIPANTS SHO	WED GROWTH ON
AT LEAST 3 OF 5 KEY EARLY LITERACY SKILLS, INDICATING THEI	R READINESS
FOR KINDERGARTEN. MORE THAN 75% OF K-3 STUDENTS EXCEEDED T	HEIR GROWTH
032212 11-20-20 Sche 47	edule O (Form 990 or 990-EZ) 2020

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Name of the organization SERVEMINNESOTA	Employer identification number $41 - 2010058$
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GOALS, NARROWING OR CLOSING THE GAP BETWEEN THEIR INITIAL	SKILL LEVEL
AND THEIR GRADE LEVEL TARGET. SCHOOL ADMINISTRATORS AND ST	AFF
APPRECIATE THE ADDED SUPPORT FOR THEIR STUDENTS. A YEAR EN	D SURVEY
SHOWS 98% OF ADMINISTRATORS BELIEVE THE PROGRAM HAS A POSI	TIVE IMPACT
ON THEIR SITE AND STUDENTS. TEACHERS AGREE THAT THE PROGRA	M HELPS REACH
MORE STUDENTS AND 93% BELIEVE READING CORPS HELPED INCREAS	E THEIR
STUDENTS' CONFIDENCE IN READING.	

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

AMERICORPS AMERICORPS, ALSO REFERRED TO AS THE DOMESTIC PEACE CORPS, PROVIDES OPPORTUNITIES FOR CITIZENS TO SERVE THEIR COMMUNITIES AND COUNTRY EACH YEAR. PEOPLE WHO JOIN AMERICORPS COMMIT TO A THREE TO 12 MONTH TERM OF SERVICE IN EXCHANGE FOR A MODEST LIVING ALLOWANCE AND AN EDUCATION AWARD THAT CAN BE APPLIED TO PAST OR FUTURE SCHOOLING. AMERICORPS IS REAL-LIFE EDUCATION AND WORK EXPERIENCE WRAPPED INTO ONE. THE AMERICORPS MOTTO IS "GET THINGS DONE" AND MEMBERS ACCOMPLISH THIS THROUGH A WIDE RANGE OF SERVICE OPPORTUNITIES. AMERICORPS MEMBERS TUTOR AND MENTOR CHILDREN AND YOUTH, BUILD AFFORDABLE HOUSING, TEACH COMPUTER SKILLS, CLEAN PARKS AND STREAMS, PROVIDE SUPPORT TO AFTER-SCHOOL PROGRAMS, HELP COMMUNITIES RESPOND TO DISASTERS, AND BUILD THE CAPACITY OF NONPROFIT GROUPS TO BECOME SELF-SUSTAINING. THEY ALSO RECRUIT, TRAIN AND SUPERVISE COMMUNITY VOLUNTEERS TO EXTEND AND COMPLEMENT THEIR COMMUNITY EFFORTS. SINCE ITS CREATION IN 1994, SERVEMINNESOTA HAS MOBILIZED 25,000 AMERICORPS MEMBERS WHO HAVE TRAINED AND SUPPORTED MORE THAN 491,000 VOLUNTEERS.

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

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Name of the organization SERVEMINNESOTA	Employer identification number $41 - 2010058$							
MATH CORPS - MINNESOTA MATH CORPS, AN AMERICORPS PROGRAM MODELED AFTER								
MINNESOTA READING CORPS, IS DESIGNED TO HELP 4TH-8TH GRADERS ACHIEVE								
PROFICIENCY IN MATH, A CRITICAL GATEWAY SKILL FOR HIGH SCHOOL								
GRADUATION, COLLEGE ADMISSION AND COLLEGE COMPLETION. GAPS	GRADUATION, COLLEGE ADMISSION AND COLLEGE COMPLETION. GAPS IN MATH							
KNOWLEDGE BEGIN AS EARLY AS ELEMENTARY SCHOOL AND INCREASE	OVER TIME.							
MATH CORPS HELPS FILL THOSE GAPS AND PREPARES STUDENTS FOR	HIGH SCHOOL							
ALGEBRA, A PREREQUISITE FOR COLLEGE AND A FOUNDATIONAL COM	PONENT IN THE							
GROWING STEM (SCIENCE, TECHNOLOGY, ENGINEERING AND MATH) J	OB SECTOR.							
MATH CORPS PROVIDES SCHOOLS WITH A TOOL TO BRIDGE THE GAP	BETWEEN							
CURRENT MATH RESEARCH AND THE CAPACITY TO APPLY THAT RESEA	RCH WITHIN							
THEIR CLASSROOMS. RIGOROUSLY TRAINED TUTORS SUPPORTED BY M	ATH EXPERTS							
NOT ONLY ACHIEVE RESULTS FOR INDIVIDUAL STUDENTS, BUT ALSO	SERVE AS A							
START-UP TEAM FOR SCHOOL SITES THAT WANT AND NEED SUPPORT	TO IMPLEMENT							
A DATA-BASED PROBLEM SOLVING MODEL OF MATH INSTRUCTION.								
MATH CORPS IS PROVIDED FREE OF CHARGE TO STUDENTS DURING T	HE SCHOOL DAY							
TO ELIMINATE BARRIERS TO ATTENDANCE. STUDENTS WHO RECEIVE	FREE MATH							
CORPS TUTORING IMPROVE THEIR MATH SKILLS AT NEARLY TWICE T	HE RATE OF							
COMPARABLE STUDENTS. PLUS, MATH CORPS STUDENTS BUILD SELF-	CONFIDENCE,							
WHICH DIRECTLY TRANSLATES INTO GREATER INTEREST IN MORE CO	MPLEX							
COURSEWORK. IN TURN, THIS HELPS STUDENTS WHO ARE UNDERREPR	ESENTED IN							
STEM EDUCATION, INCLUDING LOW-INCOME STUDENTS, GIRLS AND S	TUDENTS OF							
COLOR, TO ACCESS THIS GROWING AND IMPORTANT FIELD.								
IN 2019-2020, MATH CORPS TUTORS SERVED 3,145 STUDENTS WHO	NEEDED HELP							
REACHING ALGEBRA-READINESS BY 8TH GRADE. MATH CORPS UTILIZ	ES							
NATIONALLY-RECOGNIZED INSTRUCTIONAL RECOMMENDATIONS FROM T	HE INSTITUTE							

OF EDUCATION SCIENCE (IES) FOR STUDENTS IN NEED OF MODERATE TO STRONG

SUPPORT. STUDENTS RECEIVE EXPLICIT TARGETED INSTRUCTION, IMMEDIATE
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Schedule O (Form 990 or 990-EZ) 2020 Name of the organization SERVEMINNESOTA	Page 2 Employer identification number 41-2010058						
FEEDBACK, AND VISUAL SUPPORTS THROUGHOUT EACH LESSON TO BU	ILD THE						
STRONG FOUNDATION NEEDED FOR SOLVING PROGRESSIVELY MORE CHALLENGING							
LESSONS.							
MATH CORPS UNDERGOES A ROBUST STATEWIDE PROGRAM EVALUATION	ANNUALLY TO						
UNDERSTAND PROGRAM IMPACT AND DRIVE CONTINUOUS IMPROVEMENT	'S TO THE						
MODEL. AN INDEPENDENT EVALUATION FUNDED BY THE LAURA AND J	OHN ARNOLD						
FOUNDATION (NOW ARNOLD VENTURES) FOUND THAT MATH CORPS STU	DENTS MADE						
SIGNIFICANTLY LARGER GAINS IN MATH SKILLS THAN STUDENTS WH	O DID NOT						
RECEIVE MATH CORPS TUTORING. AT THE CONCLUSION OF THE STUD	Y, MATH CORPS						
STUDENTS WERE A SEMESTER AHEAD OF THEIR EXPECTED TRAJECTOR	Y AND GETTING						
ON TRACK FOR THE ACADEMIC AND CAREER SUCCESS ASSOCIATED WI	ТН МАТН						
PROFICIENCY.							
STUDENTS WHO RECEIVE MATH CORPS TUTORING ARE CATCHING UP T	O THEIR PEERS						
IN THE CLASSROOM: 53% OF STUDENTS SERVED EXCEEDED THEIR GR	ADE-LEVEL						
GROWTH EXPECTATIONS, ENCOURAGING RESULTS GIVEN THAT 100% C	F MATH CORPS						
STUDENTS WERE AT RISK FOR NOT ACHIEVING PROFICIENCY PRIOR	TO TUTORING.						
MATH CORPS ALSO OFFERS A YEAR-END SURVEY TO INTERNAL COACH	IES AND						
BUILDING ADMINISTRATORS TO BETTER UNDERSTAND THE IMPACT OF	THE PROGRAM						
ON SYSTEMS CHANGE, DATA-BASED DECISION MAKING, AND OVERALL	ı						
SATISFACTION. THROUGH THAT SURVEY, 80% OF ADMINISTRATORS A	GREED THAT						
PARTICIPATION IN MATH CORPS TUTORS PROVIDED MATH INTERVENT	IONS TO						
STUDENTS WHO WOULD NOT HAVE RECEIVED THAT SUPPORT WITHOUT	MATH CORPS.						
SINCE LAUNCHING IN 2008 IN ONE MINNESOTA SCHOOL DISTRICT,	MATH CORPS						
HAS GROWN TO SERVE SCHOOLS STATEWIDE AND IS NATIONALLY REP	LICATED. MATH						
CORPS HAS HELPED MORE THAN31,000 MINNESOTA STUDENTS GET ON	TRACK FOR						
ACADEMIC AND ECONOMIC SUCCESS.							

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

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Name of the organization SERVEMINNESOTA	Employer identification number $41 - 2010058$							
RECOVERY CORPS MINNESOTA RECOVERY CORPS LAUNCHED IN 2017 TO ADDRESS								
THE OPIOID EPIDEMIC. THE MISUSE OF AND ADDICTION TO OPIOIDS IS A								
NATIONAL HEALTH CRISIS AND ONE THAT IS OF GREAT CONCERN IN MINNESOTA.								
BEYOND THE PERSONAL TRAGEDIES OF LOSS, HOWEVER, THE OPIOID	CRISIS IS							
INFLICTING DEVASTATING HARM ON THE NATIONAL ECONOMY. THE C	RISIS HAS							
LEFT THE PUBLIC AND PRIVATE SECTORS WRESTLING WITH AN EFFE	CTIVE							
RESPONSE THAT INCLUDES MEDICATION, AN ADDICTION TREATMENT	SYSTEM TIED							
TO EVIDENCED-BASED BEST PRACTICES, AND RECOVERY SUPPORT SE	RVICES.							
MINNESOTA RECOVERY CORPS USES THE POWER OF AMERICORPS TO H	ELP ADDRESS							
THIS ALARMING AND PERVASIVE ISSUE. MORE THAN 20 MILLION PE	OPLE ARE IN							
RECOVERY NATIONWIDE, AND SUSTAINED RECOVERY REQUIRES BUILD	ING A LIFE							
FILLED WITH PURPOSE, COMMUNITY AND SERVICE. AMERICORPS CAN	PROVIDE							
THOSE KEY TENETS.								
MINNESOTA RECOVERY CORPS IS DEDICATED TO HELPING INDIVIDUA								
RECOVERY. RECOVERY CORPS MEMBERS SUPPORTED MORE THAN 700 P								
YEAR BY PROVIDING ONE-TO-ONE PEER SUPPORT AND HELPING PART								
ACCESS A SPECTRUM OF RESOURCES RANGING FROM FAMILY SUPPORT								
AND JOB ASSISTANCE. RECOVERY CORPS MEMBERS ARE NOT SPONSOR COUNSELORS, BUT PEER MENTORS WHO UNDERSTAND THE JOURNEY OF								
FOCUS ON BUILDING AND SUSTAINING THE GREAT EXPERIENCES THA								
RECOVERY CAN BRING. THROUGH SERVICE IN AMERICORPS, MEMBERS								
THEIR OWN RECOVERY AND MAINTAIN SOBRIETY. RECOVERY CORPS M								
RECEIVE TRAINING AND TEST PREPARATION TOWARD CERTIFICATION								
RECOVERY SPECIALIST. THEY COMPLETE SERVICE WITH A YEAR OF								
EXPERIENCE AND A NATIONALLY RECOGNIZED CERTIFICATE, BOOSTI								
CHANCES OF FINDING A JOB IN THIS GROWING FIELD.								

IN THE SP	RING	OF	2020,	SERVEMINNESOTA	LAUNCHED	AN	AMERICORPS	EMERGENCY
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Name of the organization SERVEMINNESOTA	Employer identification number $41 - 2010058$
RESPONSE INITIATIVE TO HELP MINNESOTANS AFFECTED BY COVID-	19. THE
PROGRAM RENEWED IN SUMMER 2021 WITH TWICE AS MANY PEOPLE ABOUT 600 -	
STEPPING UP TO DELIVER CRITICALLY NEEDED SUPPORT TO INDIVIDUALS AND	
FAMILIES. AMERICORPS MEMBERS SERVED IN COMMUNITIES ACROSS THE STATE,	
TACKLING FOOD INSECURITY, HOMELESSNESS, DISTANCE LEARNING, AND MORE.	
FROM PACKING AND DISTRIBUTING FOOD FOR HUNDREDS OF THOUSANDS OF MEALS	
TO TUTORING STUDENTS AFTER A YEAR OF DISTANCE LEARNING, TO HELPING	
PERSONS EXPERIENCING HOMELESSNESS ACCESS COMMUNITY RESOURCES,	
AMERICORPS MEMBERS WERE ABLE TO MAKE AN IMMEDIATE IMPACT ON THOSE WHO	
LIVES WERE COMPLETELY UPENDED BY COVID-19.	
COMMUNITY FORESTRY CORPS IS AN AMERICORPS PROGRAM LAUNCHED IN 2020 TO	
HELP MITIGATE CLIMATE CHANGE. THE CORE GOAL FOR THIS PROGRAM IS TO	
BUILD ENVIRONMENTAL RESILIENCY BY INCREASING COMMUNITY TREE CANOPY	
THROUGH PLANTING, INVENTORYING, AND MANAGING TREE RESOURCES. THE	
PROGRAM ALSO STRENGTHENS COMMUNITY INVOLVEMENT BY ENCOURAGING	
CONSERVATION AMONG LOCAL HOMEOWNERS AND RENTERS THROUGH ROBUST	
ENGAGEMENT AND VOLUNTEERISM. IN THE FIRST YEAR OF IMPLEMENTATION,	
COMMUNITY FORESTRY CORPS MEMBERS PLANTED MORE THAN 3,500 TREES ON	

PUBLIC LANDS IN 17 MINNESOTA COMMUNITIES. MORE THAN 600 VOLUNTEERS

PARTICIPATED IN PLANTING, INVENTORYING, OR EDUCATIONAL EVENTS.

NATIONAL REPLICATION SERVEMINNESOTA PROVIDES TECHNICAL ASSISTANCE,

TRAINING AND EVALUATION TO OTHER STATES THAT ARE EITHER IN A PLANNING

OR IMPLEMENTATION PHASE OF REPLICATING THE PROVEN AND EFFECTIVE

MINNESOTA READING CORPS, MINNESOTA MATH CORPS, OR MINNESOTA RECOVERY

CORPS MODEL. SERVEMINNESOTA PROVIDES OVERSIGHT AND CONSULTATION TO

 ENSURE THE MODEL IS DELIVERED WITH FIDELITY IN REPLICATION STATES, AND

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Name of the organization

SERVEMINNESOTA

PROVIDES DATA MANAGEMENT AND EVALUATION SERVICES.

PROGRAM SUPPORT SERVEMINNESOTA PROVIDES TECHNICAL ASSISTANCE,

TRAINING, PROGRAM DEVELOPMENT, MONITORING, AND GENERAL PROGRAM

COMPLIANCE SUPPORT TO MINNESOTA AMERICORPS PROGRAMS.

TRAINING SERVEMINNESOTA PROVIDES LEADERSHIP DEVELOPMENT, TRAINING AND

TECHNICAL ASSISTANCE ACTIVITIES TO ENHANCE EFFECTIVENESS OF AMERICORPS

PROGRAMS, RESEARCH ACTIVITIES AND PROGRAM EVALUATION.

EXPENSES \$ 1,592,411. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

LINE 11B EXPLANATION - BOARD TREASURER WILL REVIEW 990 FIRST, THEN BOARD

WILL REVIEW AND VOTE TO APPROVE.

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

ON AN ANNUAL BASIS THE BOARD MEMBERS SIGN A CONFLICT OF INTEREST STATEMENT.

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

COMPENSATION SURVEY COMPLETED THIS YEAR. SALARIES ARE APPROVED BY THE

EXECUTIVE COMMITTEE.

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

UPON REQUEST.

FORM 990, PART XII, LINE 2C

NO CHANGE FROM PRIOR YEAR.

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