| | ~ | | 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. | | | | | |
| | | | | | | |
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| | | | | | | |
| 4b | (Code:) (Expenses \$9, 269, 56 | 8 . including grants of | f\$ 9,269, | 568.) (Reve | nue \$ |) |
| | SEE SCHEDULE O. | | · | | | , |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| 4c | (Code:) (Expenses \$ 5,367,14 | 7 . including grants of | _{f\$} 4,868, | 007.) (Reve | nue \$ |) |
| | SEE SCHEDULE O. | | · | | | , |
| | | | | | | |
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| | | | | | | |
| 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) |

| Form | 990 | (2020) |
|------|-----|--------|
| | 330 | |

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 -: |
| 032003 | 12-23-20 | ⊦orm | 330 | (2020) |

Form **990** (2020)

9

| Form | aan | (2020) |
|--------|-----|--------|
| FUIIII | 990 | (2020) |

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 | |
| 032004 | 4 12-23-20 | Form | 990 | (2020) |

10 2020.05093 SERVEMINNESOTA

| | 990 (2020) SERVEMINNESOTA 41-2010 | 058 | P | age 5 |
|--------|--|-----|-----|--------------|
| 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)

032005 12-23-20

| | | | 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 🕨 | | | |
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| 55402 | | | |
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| 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) |
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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. |
| | | | | | | | | | | |
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| | | - | | | - | - | | | | |
| | | | | | | | | | | |
| 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 |
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| | 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)

08040422 310390 019343-X

| 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 | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
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| Tota | al | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 20

2020.05093 SERVEMINNESOTA

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

41-2010058 Page 2

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 | | |

032022 01-25-21

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 |
| 03202 | 3 01-25-21 | | 22 | 2 | 301 | ieuule A (FO | 11 330 01 330-EZ) 2020 |

2020.05093 SERVEMINNESOTA

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.)

032024 01-25-21

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

08040422 310390 019343-X

2020.05093 SERVEMINNESOTA

| 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

032027 01-25-21

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

| 032028 01-25-2 | 1 | 27 | Schedule A (Form 990 or 990-EZ) 2020 |
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| | 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 |
| | | | | | | |
| | | | | | | |
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| | | | | | | |

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LHA

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 |
|----------|---|
|----------|---|

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

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| 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

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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

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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. | | | | | |
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032054 12-01-20

SERVEMINNESOTA

| Supplemental Information (continued) | |
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| | 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 | - | | | |
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| | | n is registered or licensed to solicit o | contrib | utions | or has been notified | it is | exempt from re | gistration |
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| 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 |
| | | | | | | |

032082 11-25-20

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, |
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| 0320 | 83 11-25-20 Schedule | G (Form | 990 or 990 | -EZ) 2020 |

| raitiv | Supplemental information | (continued) | |
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| | | | 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 |
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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 |
|---------------------------------|---------------------------------|--------------------------|---------------------------------------|---|---------------------------------------|
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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 | |

032111 12-07-20

Schedule J (Form 990) 2020

41-2010058

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) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) (i) | | | | | | | | |
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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.
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|--|--|
| 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 |
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|--|---|
| Name of the organization SERVEMINNESOTA | Employer identification number $41 - 2010058$ |
| | 41 2010050 |
| 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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|--|--|--|--|--|--|--|--|
| 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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| 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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