

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

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2021 calendar year, or tax year beginning **SEP 1, 2021** and ending **AUG 31, 2022**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>SERVEMINNESOTA</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>120 SOUTH 6TH STREET 2260</b> City or town, state or province, country, and ZIP or foreign postal code <b>MINNEAPOLIS, MN 55402</b> <b>F</b> Name and address of principal officer: <b>AUDREY SUKER</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>41-2010058</b> <b>E</b> Telephone number <b>(612) 333-7740</b> <b>G</b> Gross receipts \$ <b>50,764,161.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.SERVEMINNESOTA.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>2000</b>
		<b>M</b> State of legal domicile: <b>MN</b>

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O.</b>		
<b>Activities &amp; Governance</b>	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>25</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>25</b>
	<b>5</b>	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>50</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>65</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 40,474,557.	<b>Current Year</b> 48,884,512.
	<b>9</b>	Program service revenue (Part VIII, line 2g)	2,094,818.	1,874,369.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,716.	4,030.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	400.	1,250.
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	42,573,491.	50,764,161.
	<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	38,016,766.
<b>14</b>		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
<b>15</b>		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,758,091.	3,189,590.
<b>16a</b>		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
<b>b</b>		Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>497,613.</b>		
<b>17</b>		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,459,565.	2,044,246.
<b>Net Assets or Fund Balances</b>	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	42,234,422.	49,203,813.
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	339,069.	1,560,348.
	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 9,195,680.	<b>End of Year</b> 10,786,678.
	<b>21</b>	Total liabilities (Part X, line 26)	3,376,697.	3,407,347.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	5,818,983.	7,379,331.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>AUDREY SUKER, CEO</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>MARC COLIN</b>	Preparer's signature <b>MARC COLIN</b>
	Date <b>03/29/23</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P00560855</b>
	Firm's name ▶ <b>CARPENTER, EVERT &amp; ASSOCIATES, LTD.</b>	Firm's EIN ▶ <b>41-1534805</b>
	Firm's address ▶ <b>7760 FRANCE AVE S, SUITE 940 BLOOMINGTON, MN 55435</b>	Phone no. (952) 831-0085

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
SERVEMINNESOTA IS A CATALYST FOR POSITIVE SOCIAL CHANGE, WORKING WITH AMERICORPS AND COMMUNITY PARTNERS. WE SHARE OUR PROVEN PRACTICIES NATIONALLY.

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

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

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

4a (Code: ) (Expenses \$ 26,191,619. including grants of \$ 25,281,809. ) (Revenue \$ 1,874,369. )
SEE SCHEDULE O.

4b (Code: ) (Expenses \$ 13,066,265. including grants of \$ 13,066,265. ) (Revenue \$ )
SEE SCHEDULE O.

4c (Code: ) (Expenses \$ 6,203,192. including grants of \$ 5,621,903. ) (Revenue \$ )
SEE SCHEDULE O.

4d Other program services (Describe on Schedule O.)
(Expenses \$ 2,325,406. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 47,786,482.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21, with sub-questions a-f for questions 11, 12, and 20. 'X' marks indicate 'Yes' responses for questions 1, 2, 4, 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, 12b, 13, 14a, 14b, 15, 16, 17, 18, 19, 20a, 20b, and 21.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (25); 1b Enter the number of voting members included on line 1a, above, who are independent (25); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MN
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[ ] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
LYNN LEWIS - 612-746-1390
120 SOUTH 6TH STREET, SUITE 2260, MINNEAPOLIS, MN 55402

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) AUDREY SUKER CEO	40.00			X			159,060.	0.	5,771.	
(2) JANET JOHNSON VP OF OPERATIONS	40.00				X		123,916.	0.	19,810.	
(3) DMITRY KONOPATSKI PRINCIPAL SOFTWARE	40.00				X		119,440.	0.	14,174.	
(4) LYNN LEWIS VP OF FINANCE	40.00				X		120,904.	0.	14,672.	
(5) LISA WINKLER VP EXTERNAL RELATIONS	40.00				X		119,019.	0.	18,690.	
(6) DAVID PARKER VP OF RESEARCH & DEVELOPMENT	40.00				X		113,070.	0.	4,274.	
(7) PHILIP RUTHERFORD CHAIR	2.00	X		X			0.	0.	0.	
(8) WILLIAM ARENDT TREASURER	2.00	X		X			0.	0.	0.	
(9) NOMIN ANGARAG DIRECTOR	2.00	X					0.	0.	0.	
(10) DAVE BEAL DIRECTOR	2.00	X					0.	0.	0.	
(11) SARAH CLYNE DIRECTOR	2.00	X					0.	0.	0.	
(12) LOIS DUFFY DIRECTOR	2.00	X					0.	0.	0.	
(13) JOHN ELLENBERGER DIRECTOR	2.00	X					0.	0.	0.	
(14) ELIZABETH EMERSON DIRECTOR	2.00	X					0.	0.	0.	
(15) LINDA GILLIGAN DIRECTOR	2.00	X					0.	0.	0.	
(16) THOMAS HORNER DIRECTOR	2.00	X					0.	0.	0.	
(17) CURTIS JOHNSON DIRECTOR	2.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KATE KELLY DIRECTOR	2.00	X						0.	0.	0.
(19) KAREN LARSON DIRECTOR	2.00	X						0.	0.	0.
(20) SUMEE LEE DIRECTOR	2.00	X						0.	0.	0.
(21) MAURICIO LEON MENDEZ DIRECTOR	2.00	X						0.	0.	0.
(22) JANE LEONARD DIRECTOR	2.00	X						0.	0.	0.
(23) DANIEL MCCONNELL DIRECTOR	2.00	X						0.	0.	0.
(24) STEPHANIE MONCADA DIRECTOR	2.00	X						0.	0.	0.
(25) NATHAN PROUTY DIRECTOR	2.00	X						0.	0.	0.
(26) MARY QUIRK DIRECTOR	2.00	X						0.	0.	0.
<b>1b Subtotal</b>								755,409.	0.	77,391.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								755,409.	0.	77,391.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **6**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
COHERENT SOLUTIONS, INC., 1600 UTICA AVENUE SOUTH, ST. LOUIS PARK, MN 55416	DATA MANAGEMENT SYSTEM DESIGN & MAIN	212,560.
BENJAMIN SWIFT 71 GARNHAM CLOSE, LONDON, UNITED KINGDOM	IT & DATA SYSTEMS PROJECT MANAGEMENT	110,986.

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

SEE PART VII, SECTION A CONTINUATION SHEETS



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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (checkboxes for Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entries for Robert Rumpza and Noya Woodrich.

Total to Part VII, Section A, line 1c

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns	<b>1a</b>				
	<b>b</b>	Membership dues	<b>1b</b>				
	<b>c</b>	Fundraising events	<b>1c</b>	24,851.			
	<b>d</b>	Related organizations	<b>1d</b>				
	<b>e</b>	Government grants (contributions)	<b>1e</b>	45,513,850.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	3,345,811.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f		48,884,512.			
Program Service Revenue	<b>2 a</b>	PROGRAM SERVICE FEES	<b>Business Code</b>	900099	1,874,369.	1,874,369.	
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f		1,874,369.			
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		4,030.		4,030.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties					
	<b>6 a</b>	Gross rents	(i) Real				
			(ii) Personal				
	<b>b</b>	Less: rental expenses	<b>6b</b>				
	<b>c</b>	Rental income or (loss)	<b>6c</b>				
	<b>d</b>	Net rental income or (loss)					
	<b>7 a</b>	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	<b>b</b>	Less: cost or other basis and sales expenses	<b>7b</b>				
	<b>c</b>	Gain or (loss)	<b>7c</b>				
<b>d</b>	Net gain or (loss)						
<b>8 a</b>	Gross income from fundraising events (not including \$ 24,851. of contributions reported on line 1c). See Part IV, line 18		0.				
			0.				
			0.				
<b>b</b>	Less: direct expenses	<b>8b</b>					
<b>c</b>	Net income or (loss) from fundraising events						
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19						
<b>b</b>	Less: direct expenses	<b>9b</b>					
<b>c</b>	Net income or (loss) from gaming activities						
<b>10 a</b>	Gross sales of inventory, less returns and allowances						
<b>b</b>	Less: cost of goods sold	<b>10b</b>					
<b>c</b>	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	<b>11 a</b>	OTHER INCOME	<b>Business Code</b>	900099	1,250.	1,250.	
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d		1,250.			
<b>12</b>	<b>Total revenue.</b> See instructions		50,764,161.	1,874,369.	0.	5,280.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	43,969,977.	43,969,977.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	832,800.	615,463.	122,134.	95,203.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	1,869,502.	1,385,330.	269,522.	214,650.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	284,736.	204,908.	48,667.	31,161.
<b>10</b> Payroll taxes	202,552.	145,765.	34,620.	22,167.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting				
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,504,138.	1,283,735.	101,687.	118,716.
<b>12</b> Advertising and promotion	72,053.	68,486.	3,567.	
<b>13</b> Office expenses	42,633.	35,569.	5,433.	1,631.
<b>14</b> Information technology	39,863.	12,653.	24,762.	2,448.
<b>15</b> Royalties				
<b>16</b> Occupancy	226,558.		226,558.	
<b>17</b> Travel	5,913.	4,232.	831.	850.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	35,989.	23,439.	11,330.	1,220.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	5,385.	3,879.	784.	722.
<b>23</b> Insurance	30,042.	2,142.	26,580.	1,320.
<b>24</b> 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 O.)				
<b>a</b> <b>EQUIPMENT</b>	55,535.	28,778.	21,968.	4,789.
<b>b</b> <b>DUES &amp; MEMBERSHIPS</b>	14,180.	1,385.	12,515.	280.
<b>c</b> <b>OTHER EXPENSE</b>	5,392.	358.	4,096.	938.
<b>d</b> <b>PRINTING</b>	4,782.	151.	3,386.	1,245.
<b>e</b> All other expenses	1,783.	232.	1,278.	273.
<b>25</b> Total functional expenses. Add lines 1 through 24e	49,203,813.	47,786,482.	919,718.	497,613.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	5,108,782.	<b>1</b>	6,009,340.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	3,416,176.	<b>3</b>	4,370,533.
	<b>4</b> Accounts receivable, net .....	579,462.	<b>4</b>	306,100.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	70,794.	<b>9</b>	85,624.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 53,117.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 47,128.	<b>10c</b>	5,989.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	9,092.	<b>15</b>	9,092.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	9,195,680.	<b>16</b>	10,786,678.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	306,230.	<b>17</b>	255,000.
	<b>18</b> Grants payable .....	3,070,467.	<b>18</b>	3,152,347.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	3,376,697.	<b>26</b>	3,407,347.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	597,364.	<b>27</b>	929,162.
	<b>28</b> Net assets with donor restrictions .....	5,221,619.	<b>28</b>	6,450,169.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	5,818,983.	<b>32</b>	7,379,331.
	<b>33</b> Total liabilities and net assets/fund balances .....	9,195,680.	<b>33</b>	10,786,678.

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	50,764,161.
2	Total expenses (must equal Part IX, column (A), line 25)	2	49,203,813.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,560,348.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,818,983.
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	7,379,331.

**Part XII Financial Statements and Reporting**

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

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

	Yes	No
1		
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2021)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Name of the organization **SERVEMINNESOTA** Employer identification number **41-2010058**

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	32068342.	31230908.	31054764.	40474557.	48884512.	183713083
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	32068342.	31230908.	31054764.	40474557.	48884512.	183713083
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						183713083

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	32068342.	31230908.	31054764.	40474557.	48884512.	183713083
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	7,350.	21,627.	9,569.	3,716.	4,030.	46,292.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	1734475.	2077852.	1780877.	2095218.	1875619.	9564041.
<b>11 Total support.</b> Add lines 7 through 10						193323416
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	95.03 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	94.41 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2021.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	

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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here.

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here.

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



**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 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**

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described on 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

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

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

**Part VI**

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

Horizontal lines for supplemental information input.

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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.**  
 ▶ **Go to [www.irs.gov/Form990](http://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.

Name of organization <b>SERVEMINNESOTA</b>	Employer identification number <b>41-2010058</b>
---	---

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

**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).
- B Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	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 \$500,000.	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.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
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 \$500,000.													
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.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> 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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**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)).**

	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	X		67,500.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?		X	
<b>j</b> Total. Add lines 1c through 1i			67,500.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
<b>3</b> 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 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	2a	
<b>b</b> Carryover from last year	2b	
<b>c</b> Total	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
<b>4</b> 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?	4	
<b>5</b> 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.



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization SERVE MINNESOTA Employer identification number 41-2010058

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

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

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

Form for Part II Conservation Easements. Includes checkboxes for purposes (land, habitat, open space, historic area, structure), a table for lines 2a-2d (Total number, acreage, historic structures, National Register), and questions 3-9 regarding monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a, 1b, and 2 regarding reporting requirements and amounts for art and historical treasures.

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

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

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

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

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		21,032.	18,578.	2,454.
d Equipment		32,085.	28,550.	3,535.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				5,989.

Part VII Investments - Other Securities.

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

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely held equity interests, (3) Other (A-H), and a Total row.

Part VIII Investments - Program Related.

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

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows (1) through (9) and a Total row.

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Rows (1) through (9) and a Total row.

Part X Other Liabilities.

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

Table with 2 columns: (a) Description of liability, (b) Book value. Section 1 includes rows (1) Federal income taxes through (9). Section 2 is for liability for uncertain tax positions.

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 ... [X]

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

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

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

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

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

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

**Part XIII Supplemental Information.**

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

**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.

**Part XIII** Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.



**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-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		AMETHYST EVENT FOR RE (event type)	(event type)	NONE (total number)		
Revenue	1	Gross receipts	24,851.		24,851.	
	2	Less: Contributions	24,851.		24,851.	
	3	Gross income (line 1 minus line 2)				
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
	11	Net income summary. Subtract line 10 from line 3, column (d)				

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_







**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization **SERVEMINNESOTA** Employer identification number **41-2010058**

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

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
DULUTH AREA FAMILY YMCA 302 W 1ST STREET DULUTH, MN 55802	41-0693931		471,841.	0.			AMERICORPS PROGRAM
MINNEAPOLIS PUBLIC SCHOOLS 1250 WEST BROADWAY AVE MINNEAPOLIS, MN 55411	41-0851980		353,316.	0.			AMERICORPS PROGRAM
MN ALLIANCE WITH YOUTH-PROMISE FELLOWS - 2233 UNIVERSITY AVE WEST - ST. PAUL, MN 55114	45-3774063		2,547,697.	0.			AMERICORPS PROGRAM
MN CONSERVATION CORPS 60 PLATO BOULEVARD #210 ST. PAUL, MN 55107	41-1881102		380,908.	0.			AMERICORPS PROGRAM
SOUTHERN MN INITIATIVE FOUNDATION 525 FLORENCE AVENUE OWATONNA, MN 55060	36-3454285		153,515.	0.			AMERICORPS PROGRAM
ST. PAUL NEIGHBORHOOD NETWORK 375 JACKSON ST ST. PAUL, MN 55101	41-1500773		400,878.	0.			AMERICORPS PROGRAM

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ \_\_\_\_\_
- 3** Enter total number of other organizations listed in the line 1 table ▶ \_\_\_\_\_

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

**Schedule I (Form 990) 2021**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TWIN CITIES HABITAT FOR HUMANITY 3001 4TH STREET SE MINNEAPOLIS, MN 55414	36-3363171		210,709.	0.			AMERICORPS PROGRAM
MN POLLUTION CONTROL AGENCY 520 LAFAYETTE ROAD N ST PAUL, MN 55155	41-6007162		635,311.	0.			AMERICORPS PROGRAM
COLLEGE POSSIBLE 540 N FAIRVIEW AVE, STE 304 ST. PAUL, MN 55104	41-1968798		1,493,415.	0.			AMERICORPS PROGRAM
MN ALLIANCE FOR VOLUNTEER ADVANCEMENT - 970 RAYMOND AVE, STE G-70 - ST PAUL, MN 55104	41-1463366		246,108.	0.			VOLUNTEER GENERATION FUND GRANT
READING AND MATH INC. 2400 PARK AVENUE MINNEAPOLIS, MN 55404	47-2306902		36,525,539.	0.			AMERICORPS PROGRAM
LEAD FOR AMERICA PO BOX 56 DODGE CITY, KS 67801	83-1839530		511,219.	0.			AMERICORPS PROGRAM
THE SANNEH FOUNDATION 2090 CONWAY STREET ST PAUL, MN 55119	56-2332269		39,521.	0.			AMERICORPS PROGRAM

**Part III** Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

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

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

PART I, LINE 2:

SERVEMINNESOTA HAS AN EXTENSIVE MONITORING SYSTEM OVER GRANTS TO GRANTEEES INCLUDING BOTH FINANCIAL AND PROGRAMMATIC MONITORING SYSTEMS.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization

**SERVEMINNESOTA**

Employer identification number

**41-2010058**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2021

**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-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) AUDREY SUKER CEO	(i)	159,060.	0.	0.	0.	5,771.	164,831.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

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

Lined area for providing supplemental information.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

SERVEMINNESOTA

Employer identification number

41-2010058

**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 IN KINDERGARTEN THROUGH GRADE 3 WHO NEED AN EXTRA BOOST TO CATCH UP TO GRADE LEVEL TARGETS. THE PROGRAM PARTNERS WITH SCHOOL DISTRICTS TO PLACE HIGHLY TRAINED AND PROFESSIONALLY SUPPORTED AMERICORPS MEMBERS IN 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 PROVIDE TAILORED

INTERVENTIONS SO THAT EACH CHILD CAN GAIN THE LITERACY SKILLS THEY NEED



Name of the organization SERVEMINNESOTA	Employer identification number 41-2010058
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AT A RATE TO BECOME SUCCESSFUL READERS BY THE END OF THIRD GRADE.

READING CORPS PROVIDES WHAT READERS NEED INDIVIDUALIZED, DATA-DRIVEN INSTRUCTION; WELL-TRAINED TUTORS; EXPERT COACHING; INTERVENTIONS DELIVERED WITH FIDELITY; AND THE FREQUENCY AND DURATION NECESSARY FOR STUDENT ACHIEVEMENT. THIS MODEL HAS BEEN VALIDATED AS EFFECTIVE AND REPLICABLE THROUGH FOUR RIGOROUS AND INDEPENDENT EVALUATIONS BY NORC AT THE UNIVERSITY OF CHICAGO. THESE STUDIES CONFIRMED THAT READING CORPS IS PROVEN TO WORK AND IS CLOSING THE ACHIEVEMENT GAP. STUDENTS OF COLOR, STUDENTS ELIGIBLE FOR FREE AND REDUCED-PRICE LUNCH AND ENGLISH LEARNERS ARE ACHIEVING OUTCOMES EQUAL TO OR BETTER THAN THEIR PEERS. THOSE WHO STARTED FURTHER BEHIND MADE THE GREATEST GAINS. IN ADDITION, READING CORPS SIGNIFICANTLY INCREASES STUDENT LITERACY OUTCOMES IN ANY SETTING URBAN, SUBURBAN, OR RURAL. FURTHER, RESEARCH CONDUCTED BY THE CENTER FOR LEARNING SOLUTIONS HAS SHOWN THAT READING CORPS PARTICIPANTS ARE THREE TIMES LESS LIKELY TO BE ASSIGNED TO SPECIAL EDUCATION THAN NON-PARTICIPANTS, CREATING A PERMANENT BENEFIT TO CHILDREN AND A SIGNIFICANT ONGOING SAVINGS TO SCHOOLS THAT CAN BE REDIRECTED TO THE CLASSROOM FOR THE BENEFIT OF ALL CHILDREN.

THROUGH THIS PROGRAM, SERVEMINNESOTA DEMONSTRATES THE CAPACITY TO SUCCESSFULLY DESIGN AND IMPLEMENT LARGE-SCALE INITIATIVES. SINCE 2003, MINNESOTA READING CORPS HAS HELPED MORE THAN 303,000 STUDENTS PROGRESS TOWARD READING PROFICIENCY BY THE END OF THIRD GRADE. LAST YEAR, NEARLY 78% OF K-3 STUDENTS EXCEEDED THEIR GROWTH GOALS, NARROWING OR CLOSING THE GAP BETWEEN THEIR INITIAL SKILL LEVEL AND THEIR GRADE LEVEL TARGET. SCHOOL ADMINISTRATORS AND STAFF APPRECIATE THE ADDED SUPPORT FOR THEIR STUDENTS. A YEAR END SURVEY SHOWS 98% OF ADMINISTRATORS BELIEVE THE PROGRAM HAS A POSITIVE IMPACT ON THEIR SITE AND STUDENTS. TEACHERS AGREE THAT THE PROGRAM HELPS REACH MORE STUDENTS AND 93% BELIEVE

Name of the organization

SERVEMINNESOTA

Employer identification number

41-2010058

READING CORPS HELPED INCREASE 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:

MATH CORPS - MINNESOTA MATH CORPS, AN AMERICORPS PROGRAM MODELED AFTER MINNESOTA READING CORPS, IS DESIGNED TO HELP KINDERGARTEN-8TH GRADERS ACHIEVE PROFICIENCY IN MATH. 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 COMPONENT IN THE GROWING STEM (SCIENCE,

Name of the organization SERVEMINNESOTA	Employer identification number 41-2010058
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TECHNOLOGY, ENGINEERING AND MATH) JOB SECTOR.

MATH CORPS PROVIDES SCHOOLS WITH A TOOL TO BRIDGE THE GAP BETWEEN CURRENT MATH RESEARCH AND THE CAPACITY TO APPLY THAT RESEARCH WITHIN THEIR CLASSROOMS. RIGOROUSLY TRAINED TUTORS SUPPORTED BY MATH EXPERTS NOT ONLY ACHIEVE RESULTS FOR INDIVIDUAL STUDENTS.

MATH CORPS IS PROVIDED FREE OF CHARGE TO STUDENTS DURING THE SCHOOL DAY TO ELIMINATE BARRIERS TO ATTENDANCE. STUDENTS WHO RECEIVE FREE MATH CORPS TUTORING IMPROVE THEIR MATH SKILLS AT NEARLY TWICE THE RATE OF COMPARABLE STUDENTS. PLUS, MATH CORPS STUDENTS BUILD SELF-CONFIDENCE, WHICH DIRECTLY TRANSLATES INTO GREATER INTEREST IN MORE COMPLEX COURSEWORK. IN TURN, THIS HELPS STUDENTS WHO ARE UNDERREPRESENTED IN STEM EDUCATION, INCLUDING LOW-INCOME STUDENTS, GIRLS AND STUDENTS OF COLOR, TO ACCESS THIS GROWING AND IMPORTANT FIELD.

IN 2021-2022, MATH CORPS TUTORS SERVED 4,183 STUDENTS WHO NEEDED HELP REACHING ALGEBRA-READINESS BY 8TH GRADE. MATH CORPS UTILIZES NATIONALLY-RECOGNIZED INSTRUCTIONAL RECOMMENDATIONS FROM THE INSTITUTE OF EDUCATION SCIENCE (IES) FOR STUDENTS IN NEED OF MODERATE TO STRONG SUPPORT. STUDENTS RECEIVE EXPLICIT TARGETED INSTRUCTION, IMMEDIATE FEEDBACK, AND VISUAL SUPPORTS THROUGHOUT EACH LESSON TO BUILD 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 IMPROVEMENTS TO THE MODEL. AN INDEPENDENT EVALUATION FUNDED BY THE LAURA AND JOHN ARNOLD FOUNDATION (NOW ARNOLD VENTURES) FOUND THAT MATH CORPS STUDENTS MADE SIGNIFICANTLY LARGER GAINS IN MATH SKILLS THAN STUDENTS WHO DID NOT RECEIVE MATH CORPS TUTORING. AT THE CONCLUSION OF THE STUDY, MATH CORPS STUDENTS WERE A SEMESTER AHEAD OF THEIR EXPECTED TRAJECTORY AND GETTING

Name of the organization SERVEMINNESOTA	Employer identification number 41-2010058
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ON TRACK FOR THE ACADEMIC AND CAREER SUCCESS ASSOCIATED WITH MATH PROFICIENCY.

STUDENTS WHO RECEIVE MATH CORPS TUTORING ARE CATCHING UP TO THEIR PEERS IN THE CLASSROOM: 95% OF K-3 STUDENTS IMPROVED THEIR SKILLS AND 56% OF STUDENTS IN GRADE 4-8 EXCEEDED THEIR GRADE LEVEL GROWTH EXPECTATIONS, ENCOURAGING RESULTS GIVEN THAT 100% OF MATH CORPS STUDENTS WERE BELOW PROFICIENT PRIOR TO TUTORING. MATH CORPS ALSO OFFERS A YEAR-END SURVEY TO INTERNAL COACHES AND BUILDING ADMINISTRATORS TO BETTER UNDERSTAND THE IMPACT OF THE PROGRAM ON SYSTEMS CHANGE, DATA-BASED DECISION MAKING, AND OVERALL SATISFACTION. THROUGH THAT SURVEY, 80% OF ADMINISTRATORS AGREED THAT PARTICIPATION IN MATH CORPS TUTORS PROVIDED MATH INTERVENTIONS 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 REPLICATED. MATH CORPS HAS HELPED MORE THAN 36,000 MINNESOTA STUDENTS GET ON TRACK FOR ACADEMIC AND ECONOMIC SUCCESS.

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

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 INFLECTING DEVASTATING HARM ON THE NATIONAL ECONOMY. THE CRISIS HAS LEFT THE PUBLIC AND PRIVATE SECTORS WRESTLING WITH AN EFFECTIVE RESPONSE THAT INCLUDES MEDICATION, AN ADDICTION TREATMENT SYSTEM TIED TO EVIDENCED-BASED BEST PRACTICES, AND RECOVERY SUPPORT SERVICES.

MINNESOTA RECOVERY CORPS USES THE POWER OF AMERICORPS TO HELP ADDRESS

Name of the organization

SERVEMINNESOTA

Employer identification number

41-2010058

THIS ALARMING AND PERVASIVE ISSUE. MORE THAN 20 MILLION PEOPLE ARE IN RECOVERY NATIONWIDE, AND SUSTAINED RECOVERY REQUIRES BUILDING A LIFE FILLED WITH PURPOSE, COMMUNITY AND SERVICE. AMERICORPS CAN PROVIDE THOSE KEY TENETS.

MINNESOTA RECOVERY CORPS IS DEDICATED TO HELPING INDIVIDUALS STAY IN RECOVERY. RECOVERY CORPS MEMBERS SUPPORTED MORE THAN 960 PEOPLE LAST YEAR BY PROVIDING ONE-TO-ONE PEER SUPPORT AND HELPING PARTICIPANTS ACCESS A SPECTRUM OF RESOURCES RANGING FROM FAMILY SUPPORT TO HOUSING AND JOB ASSISTANCE. RECOVERY CORPS MEMBERS ARE NOT SPONSORS OR COUNSELORS, BUT PEER MENTORS WHO UNDERSTAND THE JOURNEY OF RECOVERY AND FOCUS ON BUILDING AND SUSTAINING THE GREAT EXPERIENCES THAT A LIFE IN RECOVERY CAN BRING. THROUGH SERVICE IN AMERICORPS, MEMBERS CAN SUPPORT THEIR OWN RECOVERY AND MAINTAIN SOBRIETY. RECOVERY CORPS MEMBERS RECEIVE TRAINING AND TEST PREPARATION TOWARD CERTIFICATION AS A PEER RECOVERY SPECIALIST. THEY COMPLETE SERVICE WITH A YEAR OF HANDS-ON EXPERIENCE AND A NATIONALLY RECOGNIZED CERTIFICATE, BOOSTING THEIR CHANCES OF FINDING A JOB IN THIS GROWING FIELD.

REFUGEE RESPONSE INITIATIVE - IN DECEMBER 2021, THE DEPARTMENT OF HUMAN SERVICES REACHED OUT WITH A REQUEST FOR AMERICORPS MEMBERS TO SUPPORT THE RESETTLEMENT OF HUNDREDS OF AFGHAN EVACUEES IN MINNESOTA. IN EARLY 2022, THESE AMERICORPS MEMBERS THROUGH THE NEWLY FORMED REFUGEE RESPONSE INITIATIVE - JOINED A NETWORK OF ORGANIZATIONS WELCOMING THE INDIVIDUALS AND FAMILIES TO THEIR NEW COMMUNITY. AMERICORPS MEMBERS SET UP TECHNOLOGY IN HOMES, ESCORTED INDIVIDUALS ON PUBLIC TRANSIT, HELPED NAVIGATE SCHOOL ENROLLMENT, AND MORE. AMERICORPS MEMBERS ALSO HELPED CREATE A SENSE OF NORMALCY AND STRUCTURE FOR CHILDREN AT TEMPORARY HOUSING THROUGH THE UNIVERSAL LANGUAGE OF PLAY. THE YOUTH ENVIRONMENT

Name of the organization <b>SERVEMINNESOTA</b>	Employer identification number <b>41-2010058</b>
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NAVIGATORS KEPT CHILDREN ENGAGED AND SAFE WHILE ADULTS COMPLETED LEGAL, EDUCATION, OR HOUSING PAPERWORK. OVER THE COURSE OF 16 WEEKS, AMERICORPS MEMBERS HELPED 500 EVACUEES TRANSITION TO PERMANENT HOUSING AND PROVIDED COMMUNITY INTRODUCTION SUPPORT TO THESE AND OTHER IMMIGRANTS.

CLIMATE IMPACT CORPS CLIMATE IMPACT CORPS IS AN AMERICORPS PROGRAM LAUNCHED IN 2020 TO HELP MITIGATE CLIMATE CHANGE. THE PROGRAM APPROACHES CLIMATE RESILIENCY FROM MULTIPLE ANGLES THROUGH THE COMMUNITY FORESTRY INITIATIVE, HOME ENERGY INITIATIVE, AND COMMUNITY RESILIENCE INITIATIVE.

IN THE COMMUNITY FORESTRY INITIATIVE, AMERICORPS MEMBERS 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. LAST YEAR, MEMBERS PLANTED MORE THAN 4,300 TREES AND ENGAGED 985 VOLUNTEERS IN PLANTING, INVENTORYING, OR EDUCATIONAL EVENTS.

THROUGH THE HOME ENERGY INITIATIVE, AMERICORPS MEMBERS SUPPORT THE STATE'S WEATHERIZATION PROGRAM. MEMBERS ASSESS INDIVIDUAL HOMES TO IDENTIFY AREAS OF CHANGE AND THEN HELP HOMEOWNERS AND RENTERS TO IMPLEMENT CHANGES THAT WILL IMPROVE THEIR ENERGY EFFICIENCY. THROUGH THIS, AMERICORPS MEMBERS HAVE AN OPPORTUNITY TO EARN A BPI BUILDING ANALYST CERTIFICATION FOR FREE WHICH CAN HELP THEM SECURE FULL-TIME EMPLOYMENT IN A GROWING FIELD WITH A LIVING WAGE.

AMERICORPS MEMBERS ALSO COMPLETE CLIMATE RESILIENCY PROJECTS IN COOPERATION WITH LOCAL GOVERNMENT OR NONPROFIT ORGANIZATIONS. THESE

Name of the organization SERVEMINNESOTA	Employer identification number 41-2010058
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VARY FROM SITE TO SITE. MEMBERS ENCOURAGE LOCAL ENVIRONMENTAL ACTION AND PROVIDE EDUCATION TO HELP HOUSEHOLDS AND ORGANIZATIONS MAKE SUSTAINABLE CHOICES.

HEADING HOME CORPS DURING THE SUMMER OF 2020, SERVEMINNESOTA LAUNCHED THE EMERGENCY RESPONSE INITIATIVE TO SUPPORT INCREASED COMMUNITY NEED AT THE START OF THE PANDEMIC. OUR PARTNERSHIP WITH HENNEPIN AND RAMSEY COUNTIES LED TO THE CREATION OF HEADING HOME CORPS IN 2021.

HEADING HOME CORPS IS DESIGNED TO ACTIVATE THE PEOPLE POWER OF AMERICORPS MEMBERS TO SERVE AS RESOURCE NAVIGATORS IN SHELTERS AND OTHER COMMUNITY ORGANIZATIONS SERVING INDIVIDUALS EXPERIENCING HOUSING INSECURITY. THESE TRAINED NAVIGATORS CONNECT PEOPLE TO DIRECT HOUSING SUPPORT AND WRAPAROUND RESOURCES, LIKE EMPLOYMENT, HEALTH, MENTAL HEALTH, AND SUBSTANCE USE DISORDER SUPPORT. NAVIGATORS WORK WITH INDIVIDUALS AND FAMILIES TO IDENTIFY NEEDS, SET GOALS, AND ACCESS RESOURCES WITHIN A BROADER PLAN TO HELP SECURE HOUSING.

EXISTING RESEARCH IDENTIFIES PERSONALIZED CASE MANAGEMENT AS A POWERFUL TOOL TO ASSIST THOSE EXPERIENCING HOMELESSNESS. DRAWING FROM THE EXPERIENCE AND PERSPECTIVE OF OUR COMMUNITY PARTNERS, AS WELL AS TRAUMA-INFORMED TRAINING, OUR MEMBERS ARE PREPARED TO PROVIDE EMOTIONALLY INTELLIGENT, CULTURALLY RESPONSIVE, AND EMPATHETIC SUPPORT TO BUILD EFFECTIVE RELATIONSHIPS WITH THE INDIVIDUALS AND FAMILIES THEY SERVE. IN ITS FIRST YEAR, HEADING HOME CORPS SERVED MORE THAN 1,100 INDIVIDUALS.

EARLY LEARNING CORPS EARLY LEARNING CORPS IS AN AMERICORPS PROGRAM THAT DELIVERS READING, MATH, AND SOCIAL EMOTIONAL SUPPORT IN PRESCHOOL CLASSROOMS. FORMERLY KNOWN AS PREK READING CORPS, THE PROGRAM NAME NOW

Name of the organization SERVEMINNESOTA	Employer identification number 41-2010058
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RECOGNIZES THE IMPORTANCE OF INTEGRATING MATH AND LITERACY TO ACCELERATE ACADEMIC ACHIEVEMENT FOR OUR YOUNGEST LEARNERS. A TRAINED AMERICORPS MEMBER IS PLACED IN EACH CLASSROOM TO PROVIDE ADDITIONAL SUPPORTS TO THE TEACHER. ALL CHILDREN PARTICIPATE IN A LITERACY AND MATH RICH SCHEDULE FEATURING EVIDENCE-BASED INSTRUCTION. AMERICORPS MEMBERS PROVIDE STUDENTS WHO NEED AN EXTRA BOOST WITH ONE-ON-ONE OR SMALL GROUP TUTORING TAILORED TO THEIR LEARNING NEEDS. THE STRATEGIES USED ARE BASED IN THE SCIENCE OF LITERACY AND NUMERACY AND HAVE BEEN VALIDATED IN RANDOMIZED CONTROL TRIALS CONDUCTED BY NORC AT THE UNIVERSITY OF CHICAGO. THE STUDY WHICH HAS BEEN REPLICATED IN OTHER STATES WITH SIMILAR RESULTS FINDS THAT EARLY LEARNING CORPS IS EFFECTIVE FOR STUDENTS OF COLOR, ENGLISH LEARNERS, AND STUDENTS WHO ARE ELIGIBLE FOR FREE- AND REDUCED-PRICE LUNCH. IT WORKS REGARDLESS OF WHERE STUDENTS LIVE IN RURAL, SUBURBAN, OR URBAN SETTINGS. SINCE LAUNCHING IN FOUR HEAD START CENTERS IN 2003, EARLY LEARNING CORPS HAS EXPANDED TO 120 SITES ACROSS MINNESOTA. STUDENTS ARE BENEFITTING: 58% OF PREK STUDENTS MET THE SPRING TARGET FOR EARLY LITERACY AND LANGUAGE SKILLS AND 80% MET THE TARGET FOR EARLY NUMERACY SKILLS. LAST YEAR, EARLY LEARNING CORPS HELPED 6,263 CHILDREN AGES 3-5 GAIN THE FOUNDATIONAL SKILLS THEY NEED TO BE READY FOR LEARNING AND GROWING IN KINDERGARTEN.

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 EARLY LEARNING CORPS, MINNESOTA READING CORPS, MINNESOTA MATH CORPS, OR MINNESOTA RECOVERY CORPS MODEL. SERVEMINNESOTA PROVIDES OVERSIGHT AND CONSULTATION TO ENSURE THE MODEL IS DELIVERED WITH



Name of the organization

SERVEMINNESOTA

Employer identification number

41-2010058

FIDELITY IN REPLICATION STATES, AND 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 \$ 2,325,406. 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.

