

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

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 for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

B Check if applicable: <input checked="" 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	C Name of organization GOFUNDME.ORG		D Employer identification number 81-2279757
	Doing business as		E Telephone number 650-260-3436
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 15,290,007.
	171 MAIN ST	505	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
City or town, state or province, country, and ZIP or foreign postal code LOS ALTOS, CA 94022		F Name and address of principal officer: ANGELA MOORE JONES SAME AS C ABOVE	
I 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			
J Website: ▶ WWW.GOFUNDME.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 2016 M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE FAST AND EFFECTIVE RELIEF TO VICTIMS OF DISASTERS AND TO FUND EDUCATIONAL AND OTHER		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	5
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	4
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	3
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 30,818,096.	Current Year 15,280,142.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-25,328.	379.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	30,792,768.	15,280,521.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	30,873,671.	6,457,359.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 253,912.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	635,449.	704,206.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	31,509,120.	7,161,565.	
19 Revenue less expenses. Subtract line 18 from line 12	-716,352.	8,118,956.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 3,296,431.	End of Year 10,664,900.
	21 Total liabilities (Part X, line 26)	1,000,583.	248,499.
	22 Net assets or fund balances. Subtract line 21 from line 20	2,295,848.	10,416,401.

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.

Sign Here	Signature of officer	Date			
	ANGELA MOORE JONES, CFO/SECRETARY Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name KRISTEN SIMPSON	Preparer's signature KRISTEN SIMPSON	Date 04/11/22	Check if self-employed <input type="checkbox"/>	PTIN P01268482
	Firm's name ▶ CARR, RIGGS & INGRAM, LLC	Firm's address ▶ TWO RIVERWAY, 15TH FLOOR HOUSTON, TX 77056	Firm's EIN ▶ 72-1396621	Phone no. 713-621-8090	

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: THE FUND BEGAN ACTIVE OPERATIONS IN LATE AUGUST 2017 IN THE ADVENT OF HURRICANE HARVEY. WHILE THE FUND'S SPECIFIC CHARITABLE ACTIVITIES WILL DEVELOP OVER TIME IN RESPONSE TO THE PRIORITIES SELECTED BY ITS BOARD OF DIRECTORS IT HAS MADE ITS INITIAL FOCUS TO RAISE FUNDS FOR AND

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 \$ 3,809,355. including grants of \$ 3,746,524.) (Revenue \$) GOFUNDME.ORG CREATED CAMPAIGNS SPECIFICALLY FOR VARIOUS URGENT NEEDS INCLUDING, BUT NOT LIMITED TO SUPPORTING VICTIMS OF CALIFORNIA WILDFIRES, AUSTRALIAN WILDFIRES, AND COVID 19 RELATED NEEDS. GRANTS WERE MADE TO BOTH CHARITABLE ORGANIZATIONS AND CHARITABLE CLASS VICTIMS.

4b (Code:) (Expenses \$ 2,756,298. including grants of \$ 2,710,835.) (Revenue \$) GOFUNDME.ORG CREATED CAMPAIGNS SPECIFICALLY FOR VARIOUS CAUSES INCLUDING, BUT NOT LIMITED TO, ANIMAL CAUSES, VETERAN CAUSES, YOUNG CHANGEMAKERS, ENVIRONMENTAL CAUSES, MENTAL HEALTH CAUSES, K-12 CLASSROOM CAUSES, JUSTICE AND EQUALITY AND GIRLS OPPORTUNITY ALLIANCE. GRANTS WERE MADE TO BOTH CHARITABLE ORGANIZATIONS AND CHARITABLE CLASS VICTIMS.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses 6,565,653.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements.

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 1a, 1b, 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 16 regarding employee counts, tax returns, 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; 1b Enter the number of voting members included on line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

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? b 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? b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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 b Other officers or key employees of the organization; 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? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
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
ANGELA MOORE JONES - 650-260-3436
171 MAIN ST #505, LOS ALTOS, CA 94022

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... List all of the organization's current key employees... List the organization's five current highest compensated employees... List all of the organization's former officers, key employees... List all of the organization's former directors or trustees...

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entries for KIM WILFORD, CHRISTINE DEMETRUIS, MICHAEL B. FISHER, ROB SOLOMON, MIA MOSHER, YOSHIKO INOUE, and ANGELA JONES.

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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
1b Subtotal							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							0.	0.	0.	

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 **0**

	Yes	No
3 Did the organization list any former 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
NONE		

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 **0**

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	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	15,280,142.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			15,280,142.			
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		355.			355.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	9,510.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	9,486.				
	c Gain or (loss)	7c	24.				
	d Net gain or (loss)			24.	24.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			15,280,521.	24.	0.	355.	

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	5,403,505.	5,403,505.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	680,481.	680,481.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	373,373.	373,373.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal	9,788.		9,788.	
c Accounting	111,757.		111,757.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses	5,375.		5,375.	
14 Information technology	9,245.		9,245.	
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	2,985.		2,985.	
24 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.)				
a CREDIT CARD PROCESSING	233,912.			233,912.
b BAD DEBT EXPENSE	166,667.		166,667.	
c ADMINISTRATION EXPENSE	138,526.	108,294.	30,232.	
d FUNDRAISING EXPENSE	20,000.			20,000.
e All other expenses	5,951.		5,951.	
25 Total functional expenses. Add lines 1 through 24e	7,161,565.	6,565,653.	342,000.	253,912.
26 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 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
Assets	1 Cash - non-interest-bearing	2,328,305.	1	10,521,713.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	834,061.	3	94,618.
	4 Accounts receivable, net	132,048.	4	46,407.
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	2,017.	9	2,162.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	3,296,431.	16	10,664,900.	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable	1,000,583.	18	248,499.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 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		25	
	26 Total liabilities. Add lines 17 through 25	1,000,583.	26	248,499.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	68,588.	27	2,545,801.
	28 Net assets with donor restrictions	2,227,260.	28	7,870,600.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	2,295,848.	32	10,416,401.
	33 Total liabilities and net assets/fund balances	3,296,431.	33	10,664,900.

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	15,280,521.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,161,565.
3	Revenue less expenses. Subtract line 2 from line 1	3	8,118,956.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,295,848.
5	Net unrealized gains (losses) on investments	5	1,597.
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	10,416,401.

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 in 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
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2020)

SCHEDULE A
(Form 990 or 990-EZ)

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 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization GOFUNDME . ORG	Employer identification number 81-2279757
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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 or 990-EZ).)
- 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 in 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		
Total						

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		34877486.	2389442.	30818096.	15280142.	83365166.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3		34877486.	2389442.	30818096.	15280142.	83365166.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						5665358.
6 Public support. Subtract line 5 from line 4.						77699808.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4		34877486.	2389442.	30818096.	15280142.	83365166.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				544.	355.	899.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						83366065.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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						<input checked="" type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2019. 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 stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. 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 stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. 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

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2019. 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**. The organization qualifies as a publicly supported organization

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
1 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>		
2 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>		
3a 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 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>		
c 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>		
4a 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 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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
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)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
2a		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

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.

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
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 - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 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-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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.)

Multiple horizontal lines for supplemental information.

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization

GOFUNDME . ORG

Employer identification number

81-2279757

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

[] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

[] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ... \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization GOFUNDME .ORG	Employer identification number 81-2279757
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>3,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GOFUNDME .ORG	Employer identification number 81-2279757
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization GOFUNDME .ORG	Employer identification number 81-2279757
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **GOFUNDME . ORG** Employer identification number **81-2279757**

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	1	
2 Aggregate value of contributions to (during year)	140,000.	
3 Aggregate value of grants from (during year)	236,263.	
4 Aggregate value at end of year	72,696.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2020

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?

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?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 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:
(i) Unrelated organizations
(ii) Related organizations
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

Table with 3 columns: Question, Yes, No. Rows: 3a(i) Unrelated organizations, 3a(ii) Related organizations, 3b If "Yes" on line 3a(ii)...

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.

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 0.

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.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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 ...

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.

1	Total revenue, gains, and other support per audited financial statements	1	15,550,235.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	1,597.
b	Donated services and use of facilities	2b	268,117.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	269,714.
3	Subtract line 2e from line 1	3	15,280,521.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	15,280,521.

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.

1	Total expenses and losses per audited financial statements	1	7,429,682.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	268,117.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	268,117.
3	Subtract line 2e from line 1	3	7,161,565.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	7,161,565.

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:

UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, THE ORGANIZATION IS EXEMPT FROM TAXES ON INCOME OTHER THAN UNRELATED BUSINESS INCOME. THERE IS NO UNRELATED BUSINESS INCOME FOR THE YEARS ENDED JUNE 30, 2021 AND 2020.

THE ORGANIZATION UTILIZES THE ACCOUNTING REQUIREMENTS ASSOCIATED WITH UNCERTAINTY IN INCOME TAXES USING THE PROVISIONS OF FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ASC 740, INCOME TAXES. USING THAT GUIDANCE, TAX POSITIONS INITIALLY NEED TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS WHEN IT IS MORE LIKELY THAN NOT THE POSITIONS WILL BE SUSTAINED UPON EXAMINATION BY THE TAX AUTHORITIES. IT ALSO PROVIDES GUIDANCE FOR DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS,

Part XIII Supplemental Information *(continued)*

DISCLOSURE AND TRANSITION. AS OF JUNE 30, 2021 AND 2020, THE ORGANIZATION HAS NO UNCERTAIN TAX PROVISIONS THAT QUALIFY FOR RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE ORGANIZATION BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2017.

Horizontal lines for supplemental information.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2020

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

Open to Public Inspection

Name of the organization

Employer identification number

GOFUNDME.ORG

81-2279757

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
3 a Subtotal	0	0			0.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			0.

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

Schedule F (Form 990) 2020

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AFRICA	OPRAH WINFREY CHARITABLE FOUNDATION	140,000.	WIRE	0.		FMV
		AFRICA	GIRL'S OPPORTUNITY ALLIANCE	119,925.	WIRE	0.		FMV

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____

3 Enter total number of other organizations or entities ▶ _____

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **GOFUNDME . ORG** Employer identification number **81-2279757**

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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
A NEW WAY OF LIFE P.O. BOX 875288 LOS ANGELES, CA 90087	95-4782503		10,627.	0.			POUSSEY WASHINGTON FUND
AAPI WOMEN LEAD C/O MONSOON P.O. BOX 10135, 490 LAKE PARK AVE. OAKLAND, CA 94610	35-2297207		25,000.	0.			SUPPORT AAPI
ADHIKAAR FOR HUMAN RIGHTS AND SOCIAL JUSTICE - 7107 WOODSIDE AVE. - WOODSIDE, NY 11377	20-3384725		25,000.	0.			SUPPORT AAPI
ADVANCING GIRLS EDUCATION IN AFRICA - 921 PENNSYLVANIA AVE SE SUITE #308 - WASHINGTON, DC 20003	27-0143166		5,000.	0.			GIRLS OPPORTUNITY ALLIANCE
ANTIRECIDIVISM COALITION 1320 E. 7TH ST. STE. 260 LOS ANGELES, CA 90021	46-2140915		10,627.	0.			POUSSEY WASHINGTON FUND
APEX FOR YOUTH 120 WALKER ST. 5TH FL. NEW YORK, NY 10013	13-3650718		25,000.	0.			SUPPORT AAPI

- 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) 2020

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASANTE AFRICA FOUNDATION 1334 CARLTON PLACE LIVERMORE, CA 94550	71-1010614		5,000.	0.			GIRL'S OPPORTUNITY ALLIANCE
ASIAN AMERICAN FEDERATION 120 WALL ST. 9TH FL. NEW YORK, NY 10005	13-3572287		25,000.	0.			SUPPORT AAPI
ASIAN AMERICANS ADVANCING JUSTICE-ATLANTA - 5680 OAKBROOK PKWY. STE.148 - NORCROSS, GA 30093	27-2577567		25,000.	0.			SUPPORT AAPI
ASIAN FAMILY SUPPORT SERVICES OF AUSTIN - P.O. BOX 14234 - AUSTIN, TX 78761	74-2675273		25,000.	0.			SUPPORT AAPI
ASIAN HEALTH SERVICES 818 WEBSTER ST. OAKLAND, CA 94607	94-2235908		25,000.	0.			SUPPORT AAPI
ASIAN PACIFIC DEVELOPMENT CENTER 1537 ALTON ST. AURORA, CO 80010	84-0830318		25,000.	0.			SUPPORT AAPI
ASIAN PACIFIC ENVIRONMENTAL NETWORK - 426 17TH ST. STE.500 - OAKLAND, CA 94612	94-3261846		25,000.	0.			SUPPORT AAPI
ASIAN PACIFIC ISLANDER DOMESTIC VIOLENCE RESOURCE PROJECT - P.O. BOX 14268 - WASHINGTON, DC 20044	52-2027991		25,000.	0.			SUPPORT AAPI
ASIAN PRISONER SUPPORT COMMITTEE 17 WALTER U. LUM PLACE SAN FRANCISCO, CA 94108	94-2161304		25,000.	0.			SUPPORT AAPI

Schedule I (Form 990)

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASIAN SERVICES IN ACTION 370 E MARKET ST AKRON, OH 44304	34-1798850		25,000.	0.			SUPPORT AAPI
ASSET INDIA FOUNDATION 1840 E. INNOVATION PARK DR. #100 ORO VALLEY, AZ 85155	20-5139364		13,000.	0.			COVID 19: COVID-19-INDIA FUND
ASSOCIATION FOR COMMUNITY EMPOWERMENT SOLUTIONS WORLD - 1629 K STREET NW SUITE 300 - WASHINGTON, DC 20006	52-2310040		19,892.	0.			GIRL'S OPPORTUNITY ALLIANCE
ASSOCIATION FOR INDIA'S DEVELOPMENT INC - 5011 TECUMSEH ST. - COLLEGE PARK, MD 20740	04-3652609		13,000.	0.			COVID 19: COVID-19-INDIA FUND
BOSTON CHINATOWN NEIGHBORHOOD CENTER - 885 WASHINGTON ST. - BOSTON, MA 02111	23-7209691		25,000.	0.			SUPPORT AAPI
BRAVE TRAILS 2717 S ROBERTSON BLVD. UNIT C LOS ANGELES, CA 90034	46-4530883		25,172.	0.			PATTIEGONIA
CALIFORNIA COMMUNITY FOUNDATION 221 S FIGUEROA ST. STE.400 LOS ANGELES, CA 90012	95-3510055		16,646.	0.			WILDFIRE 2020 FUND
CALIFORNIA FIRE FOUNDATION 1780 CREEKSIDE OAKS DR. SACRAMENTO, CA 95833	68-0118991		39,485.	0.			WILDFIRE 2020 FUND
CAMBODIAN ASSOCIATION OF GREATER PHILADELPHIA - 5412 N. 5TH ST. - PHILADELPHIA, PA 19120	23-2169935		25,000.	0.			SUPPORT AAPI

Schedule I (Form 990)

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMPAIGN FOR FEMALE EDUCATION (CAMPED) - 466 GEARY STREET SUITE 400 - SAN FRANCISCO, CA 94102	54-2033897		5,000.	0.			GIRLS OPPORTUNITY ALLIANCE
CATHOLIC CHARITIES DIOCESE OF CHICAGO - 721 N. LASALLE - CHICAGO, IL 60654	36-2170821		8,073.	0.			COVID 19: SWEET HOME CHICAGO
CENTER FOR ANTI-VIOLENCE EDUCATION P.O. BOX 260488 2273 CHURCH AVE. BROOKLYN, NY 11226	11-2444676		25,000.	0.			SUPPORT AAPI
CENTER FOR MARINE DEBRIS RESEARCH 41-202 KALANIANA'OLE HWY STE.9 WAIMANALO, HI 96795	99-0113930		25,172.	0.			PATTEGONIA
CENTER FOR PAN ASIAN COMMUNITY SERVICES - 3510 SHALLWOFORD RD. NE - ATLANTA, GA 30341	58-1437980		25,000.	0.			SUPPORT AAPI
CENTER FOR THE PACIFIC ASIAN FAMILY - 3424 WILSHIRE BLVD. NO.1000 - LOS ANGELES, CA 90010	95-3532351		25,000.	0.			SUPPORT AAPI
CHINESE FOR AFFIRMATIVE ACTION 17 WALTER U. LUM PL. SAN FRANCISCO, CA 94108	94-2161304		25,000.	0.			SUPPORT AAPI
CHINESE HISTORICAL SOCIETY OF AMERICA - 965 CLAY ST. - SAN FRANCISCO, CA 94108	94-6122446		25,000.	0.			SUPPORT AAPI
CHINESE PROGRESSIVE ASSOCIATION 1042 GRANT AVE. STE.5 SAN FRANCISCO, CA 94133	23-7404756		25,000.	0.			SUPPORT AAPI

Schedule I (Form 990)

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CIA SIAB 1825 SUNSET LANE LA CROSSE, WI 54601	81-3606765		25,000.	0.			SUPPORT AAPI
COALITION OF ASIAN AMERICAN LEADERS - 941 LAFOND AVE. STE. 205 - ST. PAUL, MN 55104	81-0874063		25,000.	0.			SUPPORT AAPI
COLLEGE AND COMMUNITY 475 RIVERSIDE DR. STE. 1626 NEW YORK, NY 10115	31-1720017		10,627.	0.			POUSSEY WASHINGTON FUND
COMMITTEE AGAINST ANTI ASIAN AMERICAN VIOLENCE - 55 HESTER ST. STOREFRONT - NEW YORK, NY 10002	13-3526938		25,000.	0.			SUPPORT AAPI
COOPERATIVE FOR EDUCATION (COED) 2300 MONTANA AVENUE SUITE 401 CINCINNATI, OH 45211	31-1545464		5,000.	0.			GIRL'S OPPORTUNITY ALLIANCE
CREATIVE ACTION INSTITUTE 240 COUNTY ROAD IPSWICH, MA 01938	20-3995543		5,000.	0.			GIRLS OPPORTUNITY ALLIANCE
DESI RISING UP AND MOVING INC 72-18 ROOSEVELT AVE. JACKSON HEIGHTS, NY 11372	38-3652741		25,000.	0.			SUPPORT AAPI
ELLA BAKER CENTER FOR HUMAN RIGHTS 1419 34TH AVE. STE. 202 OAKLAND, CA 94601	94-3252009		25,000.	0.			SUPPORT AAPI
EMPOWERING PACIFIC ISLANDER COMMUNITIES - 1000 N. ALAMEDA ST. STE. 240 - LOS ANGELES, CA 90012	95-4302067		25,000.	0.			SUPPORT AAPI

Schedule I (Form 990)

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY BRIDGES INC 168 11TH ST. OAKLAND, CA 94607	94-1725018		25,000.	0.			SUPPORT AAPI
FEEDING AMERICA 35 E. WACKER DR. STE. 2000 CHICAGO, IL 60601	36-3673599		285,400.	0.			COVID 19: COVID 19 AMERICA'S FOOD FUND
FILIPINO ADVOCATES FOR JUSTICE 310 8TH ST. STE. 309 OAKLAND, CA 94607	94-2218907		25,000.	0.			SUPPORT AAPI
FREEDOM FOR IMMIGRANTS 1322 WEBSTER ST. STE. 300 OAKLAND, CA 94612	80-0875881		10,627.	0.			POUSSEY WASHINGTON FUND
FREEDOM INC 2110 LUANN LN. MADISON, WI 53713	43-2023570		25,000.	0.			SUPPORT AAPI
FRONTLINE WORKERS COUNSELING PROJECT - 450 SUTTER ST. STE.1928 - SAN FRANCISCO, CA 94108	46-5039599		76,080.	0.			COVID 19: FRONTLINE WORKERS COUNSELING
GIRL UP INITIATIVE UGANDA (EMPOWER GIRLS THROUGH EDUCATION) - 5662 CALLE REAL #123 - GOLETA, CA 93117	46-4518762		5,000.	0.			GIRL'S OPPORTUNITY ALLIANCE
GIRLS LEADERSHIP INSTITUTE INC 1675 7TH ST.#24423 OAKLAND, CA 94615	33-1207431		125,000.	0.			BARBIE DREAM GAP
GLOBALGIVING FOUNDATION INC 1110 VERMONT AVE.NW STE.550 WASHINGTON, DC 20005	30-0108263		13,000.	0.			COVID 19: COVID-19-INDIA FUND

Schedule I (Form 990)

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER CHICAGO FOOD DEPOSITORY 4100 W. ANN LURIE PL. CHICAGO, IL 60632	36-2971864		8,073.	0.			COVID 19: SWEET HOME CHICAGO
GREEK ORTHODOX METROPOLIS 555 E BUTTERFIELD RD. STE. 201 LOMBARD, IL 60148	20-4208942		8,073.	0.			COVID 19: SWEET HOME CHICAGO
HABITAT FOR HUMANITY LAKE COUNTY CA - 15312 LAKESHORE DR - CLEARLAKE, CA 95422	68-0459756		10,000.	0.			WILDFIRE 2020 FUND
HABITAT FOR HUMANITY OF BUTTE COUNTY - P.O. BOX 3073 CHICO - CHICO, CA 95927	68-0262142		10,000.	0.			WILDFIRE 2020 FUND
HABITAT FOR HUMANITY OF GREATER LOS ANGELES - 8739 ARTESIA BLVD. - BELLFLOWER, CA 90706	33-0416470		10,000.	0.			WILDFIRE 2020 FUND
HABITAT FOR HUMANITY OF GREATER NEWARK INC. - P.O. BOX 32189 - NEWARK, NJ 07102	22-2762202		5,000.	0.			EXPRESS DREAM BIG PROJECT FUND 1
HABITAT FOR HUMANITY OF SONOMA COUNTY - 1201 PINER RD. STE. 500 - SANTA ROSA, CA 95403	68-0041170		10,000.	0.			WILDFIRE 2020 FUND
HABITAT FOR HUMANITY OF SOUTHERN SANTA BARBARA COUNTY - 6860 CORTONA DR STE A BOX 176 - GOLETA, CA 93117	77-0518264		10,000.	0.			WILDFIRE 2020 FUND
HABITAT FOR HUMANITY ROGUE VALLEY P.O. BOX 688 MEDFORD, OR 97501	93-0971629		12,160.	0.			WILDFIRE 2020 FUND

Schedule I (Form 990)

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HABITAT FOR HUMANITY YUBA SUTTER 202 D STREET MARYSVILLE, CA 95901	68-0301692		10,000.	0.			WILDFIRE 2020 FUND
HABITAT FOR HUMANTIY CALAVERAS P.O. BOX 1469 ANGELS CAMP, CA 95222	68-0288226		10,000.	0.			WILDFIRE 2020 FUND
HALE NA'AU PONO WAI'ANAE COAST COMMUNITY MENTAL HEALTH CENTER - 86-226 FARRINGTON HWY. - WAIANAE, HI 96792	99-0256258		25,000.	0.			SUPPORT AAPI
HBCU'S OUTSIDE INC 171 MAIN STREET SUITE 505 LOS ALTOS, CA 94022	85-2370960		25,157.	0.			PATTEGONIA
HER FUTURE COALITION(EDUCATION NOT EXPLOITATION) - PO BOX 3403 ST. - AUGUSTINE, FL 32085	37-1497985		40,000.	0.			GIRL'S OPPORTUNITY ALLIANCE
IMMIGRANT DEFENDERS LAW 634 S. SPRING ST. 10TH FLOOR LOS ANGELES, CA 90014	47-4473312		10,627.	0.			POUSSEY WASHINGTON FUND
INSTITUTE FOR JUSTICE 901 N. GLEBE RD.STE.900 ARLINGTON, VA 22203	52-1744337		18,500.	0.			JUSTICE AND EQUALITY
JEWISH UNITED FUND 30 S. WELLS ST. CHICAGO, IL 60606	36-2167034		8,073.	0.			COVID 19:SWEET HOME CHICAGO
KAKENYA'S DREAM(KAKENYA CENTER FOR EXCELLENCE) - 4250 NORTH FAIRFAX DRIVE, SUITE 600 - ARLINGTON, VA 22203	26-3658409		5,000.	0.			GIRLS OPPORTUNITY ALLIANCE

Schedule I (Form 990)

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KHMER GIRLS IN ACTION 1085 REDONDO AVE. LONG BEACH, CA 90804	27-3087079		25,000.	0.			SUPPORT AAPI
KIBERA GIRLS SOCCER ACADEMY FOUNDATION (SOCCER FOR SUCCESS) - 1263 OSCEOLA AVENUE - SAINT PAUL, MN 55105	80-0390275		49,740.	0.			GIRL'S OPPORTUNITY ALLIANCE
KOMERA, INC PO BOX 1491 JAMAICA PLAIN, MA 02130	27-1581674		45,000.	0.			GIRL'S OPPORTUNITY ALLIANCE
KOREAN AMERICAN FAMILY SERVICE CENTER - 1870 CROWN DR. STE.1520 - FARMERS BRANCH, TX 75234	83-1023370		25,000.	0.			SUPPORT AAPI
KOREATOWN YOUTH AND COMMUNITY CENTER - 3727 W 6TH ST. #300 - LOS ANGELES, CA 90020	95-3779389		25,000.	0.			SUPPORT AAPI
LA COUNTY FIRE DEPARTMENT FOUNDATION - 1320 N. EASTERN AVE. - LOS ANGELES, CA 90063	27-2007326		30,000.	0.			WILDFIRE 2020 FUND
MEKONG NYC 2471 UNIVERSITY AVE.BSMT BRONX, NY 10468	80-0834777		25,000.	0.			SUPPORT AAPI
METROPOLITAN FAMILY SERVICES ONE NORTH DEARBORN 10TH FLOOR CHICAGO, IL 60602	36-2167940		8,073.	0.			COVID 19: SWEET HOME CHICAGO
MISSION COMPASSION PAW INC 1651 NORTH WHIPPLE ST. CHICAGO, IL 60647	47-4871772		5,000.	0.			EXPRESS DREAMS BIG PROJECT FUND

Schedule I (Form 990)

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
N WILLAMETTE VALLEY HABITAT FOR HUMANITY - P.O. BOX 852 - MT. ANGEL, OR 97362	91-6133006		10,000.	0.			WILDFIRE 2020 FUND
NATIONAL ASIAN PACIFIC AMERICAN WOMEN'S FORUM - P.O. BOX 13255 - CHICAGO, IL 60613	36-4799986		50,000.	0.			SUPPORT AAPI
NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE - 4805 MOUNT HOPE DR. - BALTIMORE, MD 21215	13-1084135		200,614.	0.			JUSTICE AND EQUALITY/EXPRESS-EMPOWERMENT
NATIONAL COUNSEL FOR INCARCERATED AND FORMERLY INCARCERATED - 100R WARREN ST. - ROXBURY, MA 02119	81-3980673		10,627.	0.			POUSSEY WASHINGTON FUND
NEW BREATH FOUNDATION 1999 HARRISON ST. STE. 1800 OAKLAND, CA 94612	81-4166805		25,000.	0.			SUPPORT AAPI
NEW CITY KIDS INC 936 ALPINE AVE. NW GRAND RAPIDS, MI 49504	22-3529691		5,000.	0.			EXPRESS DREAMS BIG PROJECT FUND
NEW MEXICO ASIAN FAMILY CENTER P.O. BOX 37346 ALBUQUERQUE, NM 87176	26-0545877		25,000.	0.			SUPPORT AAPI
NIGHT MINISTRY 4711 N. RAVENSWOOD AVE. CHICAGO, IL 60640	36-3145764		8,073.	0.			COVID 19: SWEET HOME CHICAGO
NO KID HUNGRY 1030 15TH ST. NW STE. 1100 W WASHINGTON, DC 20005	52-1367538		244,400.	0.			COVID 19: COVID 19 AMERICA'S FOOD FUND

Schedule I (Form 990)

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ONE TREE PLANTED INC 145 PINE HAVEN RD. 1000D SHELBURNE, VT 05482	46-4664562		15,000.	0.			WILDFIRE 2020 FUND
ONEHOPE FOUNDATION 1301 E. EL SEGUNDO BLVD. STE.B EL SEGUNDO, CA 90245	27-1530711		15,474.	0.			JAKE'S FUND
OUTDOOR JOURNAL TOUR P.O. BOX 5764 ATLANTA, GA 31107	47-3489622		25,095.	0.			PATTEGONIA
OXFAM AMERICA INC 226 CAUSEWAY ST. 5TH FL. BOSTON, MA 02114	23-7069110		13,000.	0.			COVID 19: COVID-19-INDIA FUND
PACIFIC COMMUNITY VENTURES 1714 FRANKLIN STREET SUITE 100 #347 OAKLAND, CA 94612	77-0485877		500,000.	0.			UNRESTRICTED
PACIFIC LINKS FOUNDATION 534 VALLEY WAY MILPITAS, CA 95035	94-3397768		5,000.	0.			GIRLS OPPORTUNITY ALLIANCE
PATH 2201 WESTLAKE AVE. STE. 200 SEATTLE, WA 98121	49-1115712		13,000.	0.			COVID 19: COVID-19-INDIA FUND
RAZIA'S RAY OF HOPE FOUNDATION P.O. BOX 81052 WELLESLEY, MA 02481	26-2008030		50,000.	0.			GIRL'S OPPORTUNITY ALLIANCE
ROBIN HOOD FOUNDATION 826 BROADWAY 9TH FLOOR NEW YORK, NY 10003	13-3441066		17,007.	0.			COVID 19:COVID 19 HELP HOURLY WORKERS

Schedule I (Form 990)

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROCK-PAPER-SCISSORS CHILDREN'S FUND - 38 ASA POND RD. - WAKEFIELD, RI 02879	45-5475561		5,000.	0.			GIRLS OPPORTUNITY ALLIANCE
SACRED VALLEY PROJECT 315 MONTCLAIR AVE MONTCLAIR, NJ 07042	27-1185258		5,000.	0.			GIRLS OPPORTUNITY ALLIANCE
SALVATION ARMY 5550 PRAIRIE STONE PKWY HOFFMAN ESTATES, IL 60192	36-2167910		8,073.	0.			COVID 19: SWEET HOME CHICAGO
SAVE THE CHILDREN 501 KINGS HIGHWAY E. STE. 400 FAIRFIELD, CT 06825	06-0726487		277,400.	0.			COVID 19: COVID 19 AMERICA'S FOOD FUND
SEFA WINDWARD URBAN FOOD SCHOOL ALLIANCE - 1 PENN PLAZA 6139 - NEW YORK, NY 10119	46-5754490		244,400.	0.			COVID 19: COVID 19 AMERICA'S FOOD FUND
SOUL TRAK OUTDOORS 2628 SHERIDAN RD. SE#101 WASHINGTON, DC 20020	83-2506329		25,095.	0.			PATTEGONIA
SOUTHEAST ASIAN COMMUNITY ALLIANCE 840 N. BROADWAY #203E LOS ANGELES, CA 90012	45-2156435		25,000.	0.			SUPPORT AAPI
SUSTAINABLE COASTLINES HAWAII 2909 WAIALAE AVE. HONOLULU, HI 96826	45-2596726		25,095.	0.			PATTEGONIA
THAI COMMUNITY DEVELOPMENT CENTER 6376 YUCCA ST. STE. B LOS ANGELES, CA 90028	95-4531770		25,000.	0.			SUPPORT AAPI

Schedule I (Form 990)

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE BRIDGING TECH CHARITABLE FUND 205 DE ANZA BLVD. #53 SAN MATEO, CA 94402	85-1031712		43,559.	0.			THE BRIDGING TECH CHARITABLE FUND
THE CHILDREN'S HOME PROJECT P.O. BOX 8066 CHANDLER, AZ 85246	46-1065421		25,172.	0.			PATTIEGONIA
THE OFFERING 5921 METROPOLITAN PLZ. LOS ANGELES, CA 90036	82-1742084		10,314.	0.			THE OFFERING
THE ST BERNARD PARISH PROJECT, INC, DBA SBP INC - 2645 TOULOUSE ST. - NEW ORLEANS, LA 70119	26-2189665		25,140.	0.			TEXAS WINTER STORM
TIME'S UP FOUNDATION 16000 VENTURA BLVD. STE. 900 ENCINO, CA 91436	82-4526736		600,001.	0.			TIME'S UP FUND
TIPPING POINT 220 MONTGOMERY ST. STE. 850 SAN FRANCISCO, CA 94104	20-2121739		17,007.	0.			COVID 19: COVID 19 HELP HOURLY WORKERS
UNITED CAMBODIAN COMMUNITY OF LONG BEACH - 2201 E. ANAHEIM ST. STE. 200 - LONG BEACH, CA 90804	95-3442295		25,000.	0.			SUPPORT AAPI
UNITED WAY 701 N. FAIRFAX ST. ALEXANDRIA, VA 22314	13-1635294		41,000.	0.			COVID 19: COVID 19 GENERAL FUND OLD
UNITED WAY OF METRO CHICAGO- CHICAGO COMMUNITY - 333 SOUTH WABASH AVE. 30TH FLOOR - CHICAGO, IL 60601	30-0200478		8,073.	0.			COVID 19: SWEET HOME CHICAGO

Schedule I (Form 990)

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNPRISON 8014 OLSON MEMORIAL HWY 55 #153 MINNEAPOLIS, MN 55427	45-3455691		10,627.	0.			POUSSEY WASHINGTON FUND
VOICES FOR RACIAL JUSTICE 2525 FRANKLIN AVE. STE.300 MINNEAPOLIS, MN 55406	41-1750116		18,500.	0.			JUSTICE AND EQUALITY
WILD DIVERSITY 5431 NE 20TH AVE. PORTLAND, OR 97211	83-3099383		25,095.	0.			PATTEGONIA
WISER GIRLS INTERNATIONAL P.O. BOX 3186 DURHAM, NC 27715	27-3367993		5,000.	0.			GIRLS OPPORTUNITY ALLIANCE
WOMANKIND 32 BROADWAY 10TH FL. NEW YORK, NY 10004	13-3286250		25,000.	0.			SUPPORT AAPI
WOMEN'S GLOBAL EDUCATION PROJECT 136 N. MARION ST. STE. 201 OAK PARK, IL 60301	32-0082340		5,000.	0.			GIRLS OPPORTUNITY ALLIANCE
WOMEN'S PRISON ASSOCIATION 110 SECOND AVE. NEW YORK, NY 10003	13-5596836		10,627.	0.			POUSSEY WASHINGTON FUND
WORLD CENTRAL KITCHEN 1342 FLORIDA AVE. NW WASHINGTON, NY 20009	27-3521132		244,400.	0.			COVID 19:COVID 19 AMERICA'S FOOD FUND

Schedule I (Form 990)

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
WILDFIRE 2020	472	235,600.	0.		
TEXAS WINTER STORM	81	48,519.	0.		
COVID 19 GENERAL	304	79,596.	0.		
HURRICANE RELIEF	108	64,260.	0.		
BASIC NEEDS	337	76,737.	0.		

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:

GRANTS MADE TO QUALIFIED 501(C)(3) CHARITIES ARE VETTED BY MANAGEMENT TO ENSURE THAT A) THEY ARE IN GOOD STANDING AS A QUALIFIED CHARITY; B) THEY HAVE A MISSION THAT MEETS THE PARAMETERS OF THE ASSOCIATED CAMPAIGN; C) THEY REGULARLY ASSIST CHARITABLE CLASS INDIVIDUALS WHO HAVE BEEN IMPACTED BY THE DISASTERS ASSOCIATED WITH THE CAMPAIGN. ONCE VETTED, MANAGEMENT'S RECOMMENDATIONS ARE FORWARDED TO THE BOARD FOR APPROVAL.

CHARITABLE CLASS VICTIMS ARE ALSO VETTED BY MANAGEMENT TO ENSURE THEY ARE

Part III Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)

(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
PRIDE CAUSE	18.	8,910.	0.		
ANIMAL CAUSES	31.	8,550.	0.		
JUSTICE AND EQUALITY	32.	12,552.	0.		
NORTHERN CALIFORNIA FIRES FUND	11.	10,659.	0.		
K-12 CAUSE	28.	9,795.	0.		
MENTAL HEALTH CAUSE	5.	5,000.	0.		
KIDS HEROES	1.	2,000.	0.		
SOUTHERN CALIFORNIA FIRE RELIEF	11.	4,124.	0.		

Part IV Supplemental Information

INDEED ELIGIBLE CHARITABLE CLASS VICTIMS. ONCE VETTED, MANAGEMENT'S
RECOMMENDATIONS ARE FORWARDED TO THE BOARD FOR APPROVAL.

GOFUNDME.ORG'S PRINCIPAL MISSION IS TO PROVIDE FUNDING ON A DIRECT AND
IMMEDIATE BASIS TO THOSE IMPACTED BY A DISASTER.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

GOFUNDME.ORG

Employer identification number

81-2279757

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

CHARITABLE INITIATIVES.

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

RESPOND TO NATURAL AND MANMADE DISASTERS/CRISIS AND TO HELP FUND
EDUCATION AND OTHER CHARITABLE INITIATIVES. THIS FOCUS MAY BE ADJUSTED
AS THE BOARD EVALUATES AND RESPONDS TO OPPORTUNITIES AND CIRCUMSTANCES
WHERE THE FUND CAN HAVE A POSITIVE CHARITABLE IMPACT. TO ACHIEVE ITS
PURPOSES, THE FUND WILL MAKE GRANTS TO OTHER ORGANIZATIONS AND
INDIVIDUALS.

FORM 990, PART VI, SECTION A, LINE 8B:

THE AUDIT COMMITTEE WAS ESTABLISHED AS OF JANUARY 10, 2019.

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

MANAGEMENT (CFO AND PRESIDENT) REVIEWED THE FORM 990 SUBMITTED BY THE TAX
PREPARING FIRM. UPON SATISFACTION, A COMPLETE COPY OF THE RETURN WAS
PROVIDED TO THE AUDIT COMMITTEE FOR A DETAILED REVIEW. UPON COMPLETION OF
THAT REVIEW, A PUBLIC DISCLOSURE COPY OF THE RETURN WAS PROVIDED TO THE
FULL BOARD PRIOR TO FILING OF THE RETURN.

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

THE ORGANIZATION MONITORS ALL CONFLICTS OF INTEREST. IMMEDIATE NOTIFICATION
IS REQUIRED IF CIRCUMSTANCES CHANGE DURING THE YEAR.

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

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization GOFUNDME.ORG	Employer identification number 81-2279757
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THE ORGANIZATION DOES NOT PAY THE COMPENSATION TO ITS OFFICERS.

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

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, TAX RETURNS AND FINANCIAL STATEMENTS ARE MADE AVAILABLE FOR PUBLIC INSPECTION UPON WRITTEN REQUEST.

FORM 990, PART XII, LINE 2C:

FINANCIAL STATEMENTS AND REPORT:

THE BOARD OF DIRECTORS OVERSEES THE AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OF THE INDEPENDENT ACCOUNTANTS.