			EXT	ENDED	то	MAY 15	5,2	023				
	n	00	Return of Org	yaniza	ation	Exem	ıpt F	From	Inco	me Tax	OMB No. 1545-0047	—
Form 990			Under section 501(c), 527, or		-			-			^(s) 2021	
Dena	rtment c	of the Treasury	Do not enter so		-			-	-	-	Open to Public	;
Intern	al Reve	nue Service	Go to www.irs								Inspection	
<u>A F</u>	or the		ar year, or tax year beginning	JUL	1, 2	2021	and	ending		30, 2022		
В с а	heck if oplicabl	e: C Name of	forganization						D En	nployer identific	cation number	
X	Addre chang Name	e GOFU	NDME.ORG						_	01 00505		
	chang	e Doing bi	usiness as							81-22797		
	Final return	8605	and street (or P.0. box if mail is I SANTA MONICA BI		d to stree	t address)		Room/su #886 3		lephone number 408-384-		
	termir ated	1-	own, state or province, country	, and ZIP c	or foreigr	n postal coc	de		G Gro	oss receipts \$	66,498,733	3.
	Amen return	MEDI	HOLLYWOOD, CA						H(a)	ls this a group re	turn	
	Applic tion		nd address of principal officer:]	3ATYR	JORA	AYEV			1	for subordinates	? Yes 🔀 N	٩٩
	pendii	SAME	AS C ABOVE						H(b) /	Are all subordinates in	cluded? Yes N	No
		empt status:)◀ (insert no.	.) 4947	7(a)(1)	or 5	27 1	lf "No," attach a	list. See instructions	
			GOFUNDME.ORG							Group exemption		
			X Corporation Trust	Associa	ition	Other 🕨		LYe	ear of forma	ation: 2016 N	State of legal domicile: C	CA
Ра	rt I	Summary										
e,			e the organization's mission or									
Governance			TO VICTIMS OF DI									
ern		Check this bo	F 5								ets.	F
Š			ting members of the governing l			,						<u>C</u>
			lependent voting members of th									4
ies			of individuals employed in caler									0
Activities &			of volunteers (estimate if neces									0
Act			d business revenue from Part V).).
	b	Net unrelated	business taxable income from I	-orm 990-	I, Part I,	line 11		<u></u>				<u>.</u>
	•	O sectority of sector						F		ior Year 280,142.	<u>Current Year</u> 65,491,089	<u> </u>
e	8								тэ,	<u>200,142</u> . 0.		<u>).</u>
evenue		•								379.	-36,705	
Be			come (Part VIII, column (A), lines							0.		<u>).</u>
			e (Part VIII, column (A), lines 5, 6						15	280,521.	65,454,384	
			<u>- add lines 8 through 11 (must e</u> nilar amounts paid (Part IX, colu							457,359.	56,960,284	
			to or for members (Part IX, colu		- 1)				• , •	0.		<u>.</u>
	4-	<u> </u>		(), (), (), (), (), (), (), (), (), (),		n (A) lines	E 4 0)			0.		<u>.</u>
ses	162	Professional fi	indraising fees (Part IX, column	(Δ) line 1	1 ₀)	iii (-), iiies	5-10)			0.	().
Expenses	h	Total fundraisi	r compensation, employee bene undraising fees (Part IX, column ing expenses (Part IX, column (I	(-), iii e i)) line 25)	••)	41	5.2	52.				_
Ä			es (Part IX, column (A), lines 11a						•	704,206.	780,386	5.
		-	s. Add lines 13-17 (must equal l							161,565.	57,740,670	
			expenses. Subtract line 18 from							118,956.	7,713,714	
۲ Sa						<u></u>				of Current Year	End of Year	<u> </u>
t Assets or d Balances	20	Total assets (F	Part X line 16)						10.	664,900.	16,501,631	ī.
Ass I Bal	21									248,499.	1,761	
Net			fund balances. Subtract line 21							416,401.	16,499,870	
_	rt II	Signature										
Unde	er pena	alties of perjury,	I declare that I have examined this r	eturn, inclu	ding acco	mpanying sc	chedules	s and state	ements, and	d to the best of my	knowledge and belief, it is	s
			. Declaration of preparer (other than		-					-	, , , , , , , , , , , , , , , , , , ,	
		and the second se	orony						,	j		
Sigr	ı	Signature	e of officer							Date		
Here		BATY	R JORAYEV, TREAS	URER						05/0	1/2023	

	Type or print name and title											
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN							
Paid	KRISTEN SIMPSON	KRISTEN SIMPSON	01/16/23	if self-employed	P01268482	2						
Preparer	Firm's name 🕒 CARR, RIGGS & IN	s EIN ▶ 72	-1396621									
Use Only	Firm's address TWO RIVERWAY , 15											
	HOUSTON, TX 7705	e no.713-	621-8090									
May the IRS discuss this return with the preparer shown above? See instructions												
132001 12.0	132001 12:09:21 LHA For Panerwork Reduction Act Notice see the senarate instructions											

12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form **990** (2021)

	1990 (2021) GOFUNDME . ORG	81-2279757	Page 2
Pa	rt 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		P
	HURRICANE HARVEY. WHILE THE FUND'S SPECIFIC CHARITABLE A		
	DEVELOP OVER TIME IN RESPONSE TO THE PRIORITIES SELECTED		
	OF DIRECTORS IT HAS MADE ITS INITIAL FOCUS TO RAISE FUND		
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	XNo
	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	XNo
	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	• •	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s, the total expenses, an	nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 53,785,728. including grants of \$ 53,772,384.) (Reven GOFUNDME.ORG CREATED CAMPAIGNS SPECIFICALLY FOR VARIOUS)
	INCLUDING, BUT NOT LIMITED TO SUPPORTING STAND FOR UKRAI		<u>พ</u> ษ
	REFUGEES. GRANTS WERE MADE TO BOTH CHARITABLE ORGANIZATI		
	CHARITABLE CLASS VICTIMS.		
	2 100 601 2 107 000		
4b	(Code:) (Expenses \$3,188,691. including grants of \$3,187,900.) (Reven GOFUNDME.ORG CREATED CAMPAIGNS SPECIFICALLY FOR VARIOUS)
	INCLUDING, BUT NOT LIMITED TO, ANIMAL CAUSES, VETERAN CA		
	CHANGEMAKERS, ENVIRONMENTAL CAUSES, MENTAL HEALTH CAUSES		
	CLASSROOM CAUSES, JUSTICE AND EQUALITY AND GIRLS OPPORTU		Ε.
	GRANTS WERE MADE TO BOTH CHARITABLE ORGANIZATIONS AND CH		
	VICTIMS.		
4c	(Code:) (Expenses \$ including grants of \$) (Reven	ue\$)
4d	Other program services (Describe on Schedule O.)	`	
4e	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 56,974,419.)	
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Form	990	(2021)	
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Form 990 (2021) GOFUNDME . ORG
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		37
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
•	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
	or in quasi endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	10		
11	as applicable.			
~	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a		11a		х
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	110		
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ū	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a		14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		_X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u> </u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		000
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 Form 990 (2021)
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 Part IV
 Checklist of Required Schedules (continued)

	continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	0.51		x
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		- 23
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
~~	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		- 23
34	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		_	
D -	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	-		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
С	(gambling) winnings to prize winners?	10		
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	990 (2021) GOFUNDME.ORG 81-2279	757	P	_{age} 5						
Par	TV Statements Regarding Other IRS Filings and Tax Compliance (continued)		Vaa	Na						
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		Yes	No						
20	filed for the calendar year ending with or within the year covered by this return 2a 0									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b								
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.									
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X						
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		L						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X						
b	If "Yes," enter the name of the foreign country									
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v						
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>						
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>						
6a		6a		x						
h	any contributions that were not tax deductible as charitable contributions?			<u> </u>						
5	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7c		X						
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X X						
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?									
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	<u> </u>						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
	sponsoring organization have excess business holdings at any time during the year?									
9	Sponsoring organizations maintaining donor advised funds.			v						
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X						
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b								
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a									
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-								
11	Section 501(c)(12) organizations. Enter:	-								
	Gross income from members or shareholders N/A									
	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		<u> </u>						
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans	-								
	Enter the amount of reserves on hand			v						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		x						
	excess parachute payment(s) during the year?	15		<u>л</u>						
16		16		x						
10	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?									
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any									
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17								
_	If "Yes," complete Form 6069.									
132005	5 12-09-21 5	Form	990	(2021)						

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Pa	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 to				a "No" i	respor	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O	. See ins	tructions	-			_
_	Check if Schedule O contains a response or note to any line in this Part VI			<u></u>			X
Sec	tion A. Governing Body and Management						
		1.1		ſ		Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>			5		
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	· · · · · ·			4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with an	y other				
	officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the						Ι_
	of officers, directors, trustees, or key employees to a management company or other person?				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9				4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?			5		2
6	Did the organization have members or stockholders?				6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap						
	more members of the governing body?				7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockhold	ers, or				
	persons other than the governing body?				7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the f	ollowing:				
а	The governing body?				8a	Х	
b	Each committee with authority to act on behalf of the governing body?				8b		Z
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched at t	he				
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			<u></u>	9		Σ
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue C	ode.)				
						Yes	
10a	Did the organization have local chapters, branches, or affiliates?				10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters, a	affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y before ⁻	filing the	form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflic	ts?		12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? /f ")	/es," des	cribe				
	on Schedule O how this was done				12c	Х	
13	Did the organization have a written whistleblower policy?				13		Σ
14	Did the organization have a written document retention and destruction policy?				14		Σ
15	Did the process for determining compensation of the following persons include a review and approva	l by inde	pendent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official				15a		2
	Other officers or key employees of the organization				15b		Σ
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent with	na				
	taxable entity during the year?				16a		2
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	-				
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure				1.00		1
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright CA						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990-T	(section	501(c)(3)s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.		(0000000		,e e j ,		
	X Own website X Another's website X Upon request Other (explain	on Sch	adula ()				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	olicy ar	nd finan	rial	
15	statements available to the public during the tax year.		interest p	oncy, ar		Jiai	
20	State the name, address, and telephone number of the person who possesses the organization's boo	ke and r	acorda				
_0	BATYR JORAYEV - 408-384-9359	no anu i	COIUS	-			
	8605 SANTA MONICA BLVD #88639, WEST HOLLYWOOD, CA	9006	9-41	09			
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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 Comple	te this table for all persons required to be listed. Report compensation for the calendar year ending v	vith or within the organization?	s tax year.							

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average	(C) Position				ı		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	box	, unle	ss pe	rson i	than o is both pr/trus	n an	compensation	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) KIM WILFORD BOARD CHAIR	1.00	x						0.	0.	0
(2) CHRISTINE DEMETRUIS	1.00	^				+		0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
(3) MICHAEL B. FISHER	1.00									
BOARD MEMBER		х						0.	0.	0.
(4) ROB SOLOMON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(5) MIA MOSHER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(6) YOSHIKO INOUE	15.00	_								
EXECUTIVE DIRECTOR	11 20			X				0.	0.	0.
(7) FRANCES N. CALZADA TREASURER	11.38							0.	0	0
(8) ANGELA JONES	22.50			X		\vdash		0.	0.	0.
CFO	22.50			x				0.	0.	0.
						-				
		<u> </u>				<u> </u>				
132007 12-09-21										Form 990 (2021)

Form 990 (2021)

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Par	t VII Section A. Officers, Directors, Trust		oloye	ees,	and (C		ghes	t C			<u> </u>			
	(A) Name and title	(B) Average hours per week	rage (do not box, uni				s both	n an	(D) Reportable compensation from	(E) Reportable compensatio from related	n	an	(F) timate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	s SC/	com fr orga and	pensa om the anizat d relate	e ion ed
		,	IL	<u> </u>	0	Ÿ	Ξē	E						
											\square			
											\dashv			
с	Subtotal Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A							0.		0.0.			0. 0. 0.
2	Total number of individuals (including but no compensation from the organization							o re		000 of reportable				0
3	Did the organization list any former officer,	-		-	•			Ŭ		•	ſ	-	Yes	No
4	line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i> For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportable	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization		3		x x
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i>	ccrue compen	satio	on fr	om	any	unre	elate	ed organization or individ	dual for services		5		x
	tion B. Independent Contractors													
1	Complete this table for your five highest con the organization. Report compensation for t	•	•							•	bensat	ion fro	m	
	(A) Name and business			ONE					(B) Description of s		C	(C omper		n
								_						
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	nitec	d to t	thos (ted	above) who received mo	ore than				
-	,	F									_			

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Form	n 990		UNDME.ORG				81-2279	757 Page 9
Pa	rt VI	I Statement of Rev	enue					
		Check if Schedule O co	ontains a respons	e or note to any line	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ល្អ	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b		1b					
	с	Fundraising events						
	d	Related organizations						
	е	Government grants (contrib	outions) 1e					
	f	All other contributions, gifts, gi						
		similar amounts not included a		65,491,089.				
	g	Noncash contributions included in lin		594,169.	65 401 000			
<u>o</u> e	h	Total. Add lines 1a-1f		Business Code	65,491,089.			
				Business Code				
Program Service Revenue	2 a b							
Ser	c							
am (d							
ogra	е							
Pre	f	All other program service re	evenue					
	g							
	3	Investment income (includir						
		other similar amounts)			933.			933.
	4	Income from investment of	-	·				
	5	Royalties	(i) Real	► (ii) Personal				
	6 -	Orean renta		(ii) Feisonai				
	o a b		6a 6b					
	c	· · · · ·	6c					
	d	· · · · · · · · · · · · · · · · · · ·						
	7 a	Gross amount from sales of	(i) Securities					
venue		assets other than inventory	7a 1,006,711	•				
	b	Less: cost or other basis						
			7b 1,044,349					
ever		. ,	7c -37,638	_				
r Re		Net gain or (loss)		····· ►	-37,638.			-37,638.
Other	8 a	Gross income from fundraising	•					
0		including \$ contributions reported on li						
		Part IV, line 18		a				
	b	Less: direct expenses		b				
		Net income or (loss) from fu		►				
		Gross income from gaming	· · ·					
		Part IV, line 19		a				
		Less: direct expenses		b				
		Net income or (loss) from g	-	····· ►				
	10 a	Gross sales of inventory, les						
		and allowances						
		Less: cost of goods sold Net income or (loss) from sa)b				
			ales of inventory	Business Code				
snc	11 a							
iscellaneous Revenue	b							
ella eve	с							
Misc R(d	All other revenue						
2		Total. Add lines 11a-11d		►				
	12	Total revenue. See instruction	18	►	65,454,384.	0.	0.	-36,705.
13200	9 12-09	9-21						Form 990 (2021)

GOFUNDME.ORG 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).

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							
	not include amounts reported on lines 6b,	(A) Total expenses	(B)	(C)	(D)		
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses		
1	Grants and other assistance to domestic organizations						
	and domestic governments. See Part IV, line 21	55,437,920.	55,437,920.				
2	Grants and other assistance to domestic						
	individuals. See Part IV, line 22	689,437.	689,437.				
3	Grants and other assistance to foreign						
	organizations, foreign governments, and foreign						
	individuals. See Part IV, lines 15 and 16	832,927.	832,927.				
4	Benefits paid to or for members	•					
5	Compensation of current officers, directors,						
-	trustees, and key employees						
6	Compensation not included above to disqualified						
Ŭ	persons (as defined under section 4958(f)(1)) and						
	persons described in section 4958(c)(3)(B)						
7							
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	10 000		10 000			
b	Legal	12,232.		12,232.			
с	Accounting	174,943.		174,943.			
d	Lobbying						
е	Professional fundraising services. See Part IV, line 17	0.6 4 7 0		0.6 480			
f	Investment management fees	26,470.		26,470.			
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	2,714.		2,714.			
13	Office expenses						
14	Information technology	84,983.		84,983.			
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	2,583.		2,583.			
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 0.)						
а	CREDIT CARD PROCESSING	414,502.			414,502		
b	ADMINISTRATION EXPENSE	35,686.		35,686.	,002		
с С	BANK FEES	14,446.	12,625.	1,821.			
d	SUBSCRIPTIONS	6,156.	644.	5,512.			
		5,671.	866.	4,055.	750		
-	All other expenses Total functional expenses. Add lines 1 through 24e	57,740,670.	56,974,419.	350,999.	415,252		
<u>25</u>		51,140,010.	50,514,413.				
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 Lif following SOP 98-2 (ASC 958-720)				Form 990 (202		

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Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 1 Cash - non-interest bearing 10,521,713.1 1 5,011,53 2 Savings and temporary cash investments 2 2 5 3 Pledges and grants receivable, net 94,618.3 567,05 4 Accounts receivable, net 94,618.3 567,05 5 Loans and other receivable, net on ther disqualified persons (as defined under section 4958(/)1), and persons described in section 4958(c)(3)(B) 6 0 6 Loans and other receivables from other disqualified persons (as defined under section 4958(c)(1), and persons described in section 4958(c)(3)(B) 6 0 7 Notes and loans receivable, net 7 7 9 Prepaid expenses and deferred charges 0, 11 10, 921, 75 10 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10a 10 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10a 11 Investments - program-related. See Part IV, line 11 13 11 <th></th>	
2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 94,618.3 567,08 4 Accounts receivable, net 94,618.3 567,08 5 Leans 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 Leans 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 Investments is complete Part V of Schedule D 10a 9 Prepaid expenses and deferred charges 2,162.9 1,26 10a 10b 10c 10c 101 11 Investments - publicly traded securities 0.111 10,921,75 12 Investments - publicly traded securities 0.111 10,921,75 13 Investments - publicly traded securities 11 12 14 Intargible assets 11 13 15 Tother assets. See Part IV, line 11 13 14 16 Totatassets. Add lines 1 through 15 (must equal	30.
2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 94,618.3 567,08 4 Accounts receivable, net 466,407.4 4 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 7 9 Prepaid expenses and deferred charges 2,162.9 1,26 10a Land, buildings, and equipment: cost or other basis. Complete Part Vi of Schedule D 10a 10c 11 Investments - publicly traded securities 0.11 10,921,75 12 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 11 12 15 Total assets. Acd lines 1 through 15 (must equal line 33) 10,664,900.16 16,501,63 16 Total assets. Acd lines 1 through 15 (must equal line 33) 10,664,900.16 <	<u>30.</u> 0.
3 Pledges and grants receivable, net 94,618.3 567,05 4 Accounts 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 46,407.4 4 6 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 receivable, net 7 8 reversion 358(r)(1), and persons described in section 4958(r)(3)(B) 6 9 Prepaid expenses and deferred charges 2,162.9 1,26 10a 10b 10c 10c b Less: accumulated depreciation 10b 10c 11 Investments - other securities. See Part IV, line 11 12 11 13 Investments - program-related. See Part IV, line 11 13 10 10,664,900.16 16,501,63 16 Total assets. See Part IV, line 11 13 10,664,900.16 16,501,63 17 Accounts payable and accrued expenses 17 12 18 Grants payable 22 24 20 21	<u>30.</u> 0.
4 Accounts receivable, net 46,407.4 5 Laars 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 Laars and other receivables from other disqualified persons (as defined under section 4956(0)(3)(B) 6 7 Notes and loars receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 2,162.9 10a 10b 10c b Less: accumulated depreciation 10b 11 Investments - publicly traded securities. 0.11 10,921,75 12 Investments - program-related. See Part IV, line 11 13 14 15 Other assets. See Part IV, line 11 13 14 16 Total assets. Add lines 1 through 15 (must equal line 33) 10,664,900.16 16,501,63 17 Accounts payable and accrued expenses 17 18 248,499.18 1,76 19 Defered revenue 20 21 22 23 23 248,499.18 1,76 19 Defered revenue	0.
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gg 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(h(1)), and persons described in section 4958(h(3)(B) 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 2,162.9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10a 11 Investments - publicly traded securities. 0.111 10,921,75 12 Investments - publicly traded securities. 0.111 10,921,75 13 Investments - program-related. See Part IV, line 11 13 14 14 13 10,664,900.16 16,501,63 16 Total assets. See Part IV, line 11 13 10,664,900.16 16,501,63 18 Grants payable and accrued expenses 17 20 20 21 20 Tax-exempt bond liabilities 20 20 21 20 21	
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9 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 2,162. 9 1,26 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b 10c b Less: accumulated depreciation 10b 10c 10c 101 11 Investments - publicly traded securities 0. 11 10., 921, 75 12 Investments - other securities. See Part IV, line 11 13 11 14 Intargible assets 114 116 15 15 Other assets. See Part IV, line 11 13 11 16 50 16 Total assets. Add lines 1 through 15 (must equal line 33) 10,664,900. 16 16,501,63 17 Accounts payable and accrued expenses 17 17 10 18 Grants payable and accrued expenses 20 21 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, trustee,	
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of Schedule D 25	
26 Total liabilities. Add lines 17 through 25 248, 499. 26 1, 76	
	51.
Organizations that follow FASB ASC 958, check here X	
27 Net assets without donor restrictions 2,545,801. 27 807,21	L7.
28 Net assets with donor restrictions 7,870,600. 28 15,692,65	
Organizations that do not follow FASB ASC 958, check here	
and complete lines 29 through 33.	
29 Capital stock or trust principal, or current funds	
30 Paid-in or capital surplus, or land, building, or equipment fund	
31 Retained earnings, endowment, accumulated income, or other funds 31	
32 Total net assets or fund balances 10,416,401. 32 16,499,87	70.
33 Total liabilities and net assets/fund balances 10,664,900.33 16,501,63	

Form 990 (2021)

Form 990 (2021)
Part X Balance Sheet

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GOFUNDME.ORG

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) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 10, 416, 401. 5 -1, 630, 245. 6 6 7 7 7 10, 416, 401. 5 -1, 630, 245. 6 6 7 10, 416, 401. 6 -1, 630, 245. 6 6 7 10 10 44, 404. 8 -0 9 0. 9 0. 10 16, 499, 870. 20 16, 499, 870. 20 16, 499, 870. 20 16, 499, 870. 20 16, 499, 870. 21 Accounting method used to prepare the Form 990: Cash 22 Accounting method used to prepare the Form 990: Cash Accrual 11 Accounting method used to prepare the Form 990: Cash Accrual	Form	1 990 (2021) GOFUNDME . ORG	81-	<u>22797</u>	57	Pag	_{ge} 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 65, 454, 384. 2 Total expenses (must equal Part IX, column (A), line 25) 2 57, 740, 670. 3 7, 713, 714. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 10, 416, 401. 5 Net unrealized gains (losses) on investments 5 -1, 630, 245. 6 6 7 8 Prior period adjustments 6 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)) 16, 499, 870. Part XII Financial Statements and Reporting X Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 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, or both: 2a X Separate basis, consolidated basis Both consolidated and separate basis, consolidated basis Both conso	Pa	rt XI Reconciliation of Net Assets					
2 Total expenses (must equal Part IX, column (A), line 25) 2 57,740,670. 3 Revenue less expenses. Subtract line 2 from line 1 3 7,713,714. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 10,416,401. 5 -1,630,245. 6 -1,630,245. 6 7 1 investment expenses 7 - 8 9 0. 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 16,499,870. 9 0. 10 16,499,870. 10 16,499,870. 10 16,499,870. 10 16,499,870. 10 16,499,870. 9 0. 10 16,499,870. 10 16,499,870. 10 16,499,870. 10 16,499,870. 10 16,499,870. 10 16,499,870. 10 16,499,870. 10 16,499,870. 10 16,499,870. 10 16,499,870. 10 16,499,870. 10 16,499,870. 10 16,499,870. 10 16,499,870. 10		Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
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If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 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: 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: 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?				_		Yes	No
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2b X Separate basis Consolidated basis Both consolidated and separate basis 2b X b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a X 3a X	1	Accounting method used to prepare the Form 990: Cash X Accrual Other		- 1			
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: Image: 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? Image: Consolidated basis, or both: 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: Image: Consolidated basis Image: Consol		If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.				
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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: Image: Consolidated basis Image:		Separate basis Consolidated basis Both consolidated and separate basis					
consolidated basis, or both: Image: Consolidated basis Both consolidated and separate basis Image: Consolidated 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? Image: Consolidated basis Image:	b	Were the organization's financial statements audited by an independent accountant?		L	2b	X	
X Separate basis Consolidated basis Both consolidated and separate basis Image: Consolidated basis		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a 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? 							
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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 3a X Act and OMB Circular A-133? 3a X		review, or compilation of its financial statements and selection of an independent accountant?					
Act and OMB Circular A-133?							
	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audi	t			1
		Act and OMB Circular A-133?		L	3a		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audi	t			1
or audits, explain why on Schedule O and describe any steps taken to undergo such audits		or audits, explain why on Schedule O and describe any steps taken to undergo such audits					

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

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
2021
Open to Public Inspection

Nan	ame of the organization Employer identification n						identification number		
GOFUNDME.ORG								1-2279757	
Pa	rt I	Reason for Public Charity Status. (All organizations must complete this part.) See instructions.							
The	organ	anization is not a private foundation because it is: (For lines 1 through 12, check only one box.)							
1		A church, convention of ch	urches, or associatio	on of churches described	l in sectio	n 170(b)(1)(A)(i).		
2		A school described in secti	ion 170(b)(1)(A)(ii).(Attach Schedule E (Forn	า 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in s	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organization						(iii). Enter	the hospital's name,
		city, and state:							
5	\square	An organization operated for	or the benefit of a co	llege or university owned	l or operate	ed by a go	vernmental ur	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6	\square	A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	-					e general r	public described in
		section 170(b)(1)(A)(vi). (C	-		5			5	
8	\square	A community trust describe		(1)(A)(vi). (Complete Par	t II.)				
9	\square	An agricultural research org				ed in coniu	nction with a	land-grant	college
		or university or a non-land-g				-		-	-
		university:	,			·····, ··· ,	,		
10	\square	An organization that norma	Ilv receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	s. membersh	ip fees, and	d aross receipts from
		activities related to its exem							
		income and unrelated busir		-					-
		See section 509(a)(2). (Cor					, ,		,
11	\square	An organization organized a		ivelv to test for public sa	fetv. See	section 50)9(a)(4).		
12	\square	An organization organized a						rv out the	purposes of one or
		more publicly supported or	-	-	-			•	
		lines 12a through 12d that	-						
а		Type I. A supporting orga	• •					-	aivina
		the supported organization		-	• • •	-			
		organization. You must c		• • • •	indjointy o				pporting
b		Type II. A supporting org			tion with its	s sunnorte	d organization	h(s) by hav	ina
Ň	L	control or management o	-				-		-
		organization(s). You mus					inter of manag		
с		Type III functionally inte	-		in connect	tion with	and functional	lv integrate	d with
Ŭ	L	its supported organization						ly integrate	a with,
d		Type III non-functionally	. , .	· ·	-		-	ted organiz	ration(s)
ŭ		that is not functionally int						-	
		•			•		-	anattentiv	01033
е	requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III								
C	functionally integrated, or Type III non-functionally integrated supporting organization.								
f									
	f Enter the number of supported organizations g Provide the following information about the supported organization(s).								
9		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
				above (see instructions))					

Schedule A (Form 990) 2021

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

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

Sec	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	34877486.	2389442.	30818096.	15280142.	65491089.	148856255			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge \dots									
4	Total. Add lines 1 through 3	34877486.	2389442.	30818096.	15280142.	65491089.	148856255			
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)						8827676.			
6	Public support. Subtract line 5 from line 4.						140028579			
Sec	tion B. Total Support						•			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
	Amounts from line 4	34877486.		30818096.	15280142.	65491089.				
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						148857154			
	Gross receipts from related activities.	etc. (see instructio	uns)			12				
	First 5 years. If the Form 990 is for the	, ,	,	fourth, or fifth tax	vear as a section 5					
	organization, check this box and sto									
Sec	ction C. Computation of Publ									
	Public support percentage for 2021 (column (f))		14	94.07 %			
			•			15	%			
	5 Public support percentage from 2020 Schedule A, Part II, line 14 15 6a 33 1/3% support test - 2021. 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									
b	b 33 1/3% support test - 2020. 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									
17a	10% -facts-and-circumstances test									
	and if the organization meets the fact									
	meets the facts-and-circumstances te			-	-	-				
h	10% -facts-and-circumstances test	•	•		•	17a and line 15 is				
L.	more, and if the organization meets t	-								
	organization meets the facts-and-circ									
18	Private foundation. If the organization		•		•					
10	i mate roundation. Il the organization			u, 100, 17a, 01 17k	, oncon this box a		/Eorm 990) 2021			

Schedule A (Form 990) 2021

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	Schedule A	Form 990) 202
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Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support				1				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that are not an unrelated trade or bus-								
	iness under section 513								
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5								
	Amounts included on lines 1, 2, and								
b	3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
c	Add lines 7a and 7b								
	Public support. (Subtract line 7c from line 6.)								
	ction B. Total Support								
Cale	Calendar year (or fiscal year beginning in) ► (a) 2017 (b) 2018 (c) 2019 (d) 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								
	Net income from unrelated business activities not included on 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.)	L							
14	First 5 years. If the Form 990 is for th	e organization's fi	irst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organi	zation,		
_							>		
Sec	ction C. Computation of Publi	<u>c Support Per</u>	rcentage						
15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))						15	%		
Sec	Section D. Computation of Investment Income Percentage								
17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))						17	%		
	Investment income percentage from 2					18	%		
19a	33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and lir	ne 17 is not		
	more than 33 1/3%, check this box an	id stop here. The	organization qual	ifies as a publicly	supported organiza	ation			
b	33 1/3% support tests - 2020. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is mo	ore 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 organizatio	<u>n did not check a</u>	box on line 14, 19	a, or 19b, check t	his box and see ins		>		
13202	23 01-04-22					Schedu	ule A (Form 990) 2021		

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Yes No

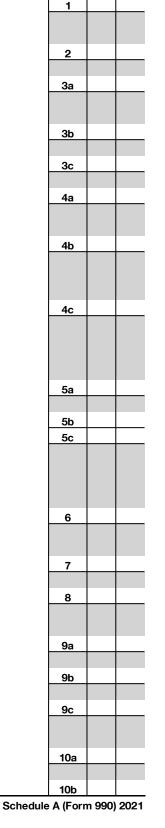
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A			GOFUNDME.ORG
Part IV	Suppor	ting O	rganizations (continued)

1

2

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i>			

	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
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated

Supervi	sea. or cor	<i>illolled the s</i>	upportine	i organiza	
Section C.	. Týpe II	Supporti	ng Orga	anizatio	ons

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

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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method t	hat the organization used to satisf	v the Integral Part Test durin	a the year (see instructions).
•		nal line organization used to satisi	, וווכ ווווכקומו ז מונ ז ככו טעוווי	

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

c [The organization supported a governmental entity.	Describe in Part VI how	you supported a governm	nental entity (see instruction <u>s).</u>
------------	--	---	-------------------------	-------------------------	---

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

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

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

Yes No 2a 2b 3a 3b Schedule A (Form 990) 2021

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Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	Type III supporting orga	nization (see

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instructions).

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021

	dule A (Form 990) 2021 GOFUNDME • ORG			8	1-2279757	Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continu}	ied)		
Secti	on D - Distributions				Current Yea	ar
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	IS	(iii) Distributabl Amount for 20	
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
а	From 2016					
b	From 2017					
с	From 2018					
	From 2019					
	From 2020					
f	Total of lines 3a through 3e					
	Applied to underdistributions of prior years					
	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see instructions)					
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
	Applied to 2021 distributable amount					
	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, if					
Ū	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2021. Subtract lines 3h					
U	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7						
7	Excess distributions carryover to 2022. Add lines 3j and 4c.					
	Breakdown of line 7:					
8						
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
е	Excess from 2021					

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Schedule A (I	Form 990) 2021	GOFUNDME.ORG		81-2279757 _{Page}
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1: Part IV. Section D.	mation. Provide the explana I, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b lines 2 and 3: Part IV. Section I	tions required by Part II, line 10; Part II, b, 9c, 11a, 11b, and 11c; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, lir 2, 5, and 6. Also complete this part for a	line 17a or 17b; Part III, line 12; n B, lines 1 and 2; Part IV, Section C, ne 1: Part V, Section B, line 1e: Part V.
	(See instructions.)			
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Identification of Excess Contributions Included on Part II, Line 5

2021

** Do Not File ** *** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
APPLE	5,000,000.	2,022,857.
DST GLOBAL	3,500,000.	522,857.
GOLDMAN SACHS DAF - EMERSON COLLECTIVE	5,000,000.	2,022,857.
LARRY ELLISON	5,000,000.	2,022,857.
MAINE FUND	5,000,000.	2,022,857.
MILA KUNIS AND ASHTON KUTCHER	3,000,000.	22,857.
SHAPIRO FOUNDATION	3,167,677.	190,534.
Total Excess Contributions to Schedule A. Part II. Line 5		8,827,676.

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

GOFUNDME.ORG	81-2279757
Organization type (check one):	

Section:			
\fbox 501(c)(3) (enter number) organization			
4947(a)(1) nonexempt charitable trust not treated as a private foundation			
527 political organization			
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), 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 $\dots \longrightarrow$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Schedule B (Form 990) (2021)

Name of organization

GOFUNDME.ORG

Employer identification number

81-2279757

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AFGHAN EMERGENCY RESETTLEMENT FUND 126 HIGH ST BOSTON, MA 02110	\$ <u>1,500,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.			(d) Type of contribution
2	BREAKTHROUGH FOUNDATION 8605 SANTA MONICA BLVD #88639 WEST HOLLYWOOD, CA 90069	\$ <u>2,000,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	CALIFORNIA COMMUNITY FOUNDATION 221 S FIGUEROA ST SUITE 400 LOS ANGELES, CA 90012	\$ <u>2,000,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	DST GLOBAL 8605 SANTA MONICA BLVD #88639 WEST HOLLYWOOD, CA 90069	\$ <u>3,500,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	GOFUNDME, INC PO BOX 23357, 3223 GREYLING DR. SAN DIEGO, CA 92123	\$ <u>2,700,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u> 123452 11-11	GOLDMAN SACHS 100 COLISEUM DRIVE COHOES, NY 12047	\$ <u>1,500,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

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81-2279757

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
7	KAUFER FAMILY FUND 95 DUDLEY RD NEWTON CENTER, MA 02459	\$ <u>2,500,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	LARRY ELLISON 101 YGNACIO VALLEY RD WALNUT CREEK, CA 94596	\$ <u>5,000,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	MAINE FUND 8605 SANTA MONICA BLVD #88639 WEST HOLLYWOOD, CA 90069	\$ <u>5,000,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	MILA KUNIS AND ASHTON KUTCHER 8605 SANTA MONICA BLVD #88639 WEST HOLLYWOOD, CA 90069	\$ <u>3,000,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	ONE8 FOUNDATION 177 HUNTINGTON AVE, STE 1500 BOSTON, MA 02115	\$ <u>2,500,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>12</u> 123452 11-11	RON CONWAY 8605 SANTA MONICA BLVD #88639 WEST HOLLYWOOD, CA 90069	\$ 1,600,025.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization

GOFUNDME.ORG

Employer identification number

81-2279757

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>13</u>	SHAPIRO FOUNDATION 339 CHESTNUT ST NEEDHAM, MA 02492	\$ <u>3,167,677.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	THE SCHMIDT FAMILY FOUNDATION 555 BRYANT ST, STE 370 PALO ALTO, CA 94301	\$1,500,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
123452 11-1		\$	Person Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization			Employer identification number	
GOFUNI	DME.ORG		81-2279757	
Part II	Noncash Property (see instructions). Use duplicate copies of Par	rt II if additional space is needed		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		
		\$		

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Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of o	rganization		Employer identification number				
GOFUN	DME.ORG		81-2279757				
Part III			ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year				
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or le	ess for the year. (Enter this info. once.) 🕨 \$				
(a) No. from	Use duplicate copies of Part III if additional	space is needed.					
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, a	ind ZIP + 4	Relationship of transferor to transferee				
			······				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
		e) Transfer of gift					
		(e) mansier of gift					
	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee				
		[
(a) No							
(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						
-			Relationship of transferor to transferee				
		[
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I	(b) Purpose of gift	(c) Use of gift	(a) Description of now girt is neid				
	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee				
		[
123454 11-11	1-21		Schedule B (Form 990) (2021)				

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Supplemental Financial Statements



(Form 990)		Part IV, line 6, 7, 8, 9, 10,	anization answered "Yes" on Form 990, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		2021
			Attach to Form 990. 90 for instructions and the latest informatio	n.	Open to Public Inspection
Name of the organization GOFUNDME • ORG				Employer	identification number 1-2279757
Pa	rt I Organiza		d Funds or Other Similar Funds or <i>I</i>		
	organizatio	n answered "Yes" on Form 990, Part IV, line	e 6.		
			(a) Donor advised funds	(b) Funds an	d other accounts
1	Total number at er	nd of year	1		
2		of contributions to (during year)	2,700,000.		
3		of grants from (during year)	0.		
4		t end of year	2,772,696.		
5			vriting that the assets held in donor advised fu	inds	
	are the organization	on's property, subject to the organization's e	exclusive legal control?		X Yes No
6	Did the organization	on inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used	l only	
	for charitable purp	poses and not for the benefit of the donor or	r donor advisor, or for any other purpose conf	erring	
	impermissible priv				X Yes No
Pa	rt II Conserv	ation Easements. Complete if the org	anization answered "Yes" on Form 990, Part	IV, line 7.	
1	Purpose(s) of cons	servation easements held by the organization	on (check all that apply).		
	Preservation	n of land for public use (for example, recreat	tion or education) Preservation of a hi	storically impo	tant land area
	Protection c	of natural habitat	Preservation of a ce	ertified historic	structure
	Preservation	n of open space			
2			ied conservation contribution in the form of a		
	day of the tax yea	r.		Held	at the End of the Tax Year
а	Total number of co	onservation easements		2a	
b	-				
С	Number of conser	vation easements on a certified historic stru	ucture included in (a)	. 2c	
d			fter 7/25/06, and not on a historic structure		
	listed in the Natior	nal Register		2d	
3	Number of conser	vation easements modified, transferred, rele	eased, extinguished, or terminated by the orga	anization during	g the tax
	year 🕨				
4	Number of states	where property subject to conservation eas	ement is located		
5	Does the organiza	tion have a written policy regarding the peri	iodic monitoring, inspection, handling of		
	,	forcement of the conservation easements it			
6	Staff and voluntee	er hours devoted to monitoring, inspecting, I	handling of violations, and enforcing conserva	tion easements	s during the year
	►				
7		ses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	easements dur	ing 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				Yes No
9		•	on easements in its revenue and expense state		
			ote to the organization's financial statements	that describes	the
Der		counting for conservation easements.	Art Historical Tracquires or Other		oto
Fdl		-	Art, Historical Treasures, or Other	Similar AS	ひてしう.
<u> </u>		f the organization answered "Yes" on Form			
1a	If the organization	elected, as permitted under FASB ASC 958	not to report in its revenue statement and b	alance sheet w	Orks

1a If the 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. . If the anization alacted . . . at works of normitted under FACD ACC 059 to concert in ite a statement and bal

b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance s	sheet	t works of	
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	of pu	blic service	؛,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1		\$	

	(<i>y</i>) ····································	
	(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:	
а	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.
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Schedule D (Form 990) 2021

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Sche	dule D (Form 990) 2021 GOFUNDM							81-22			age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, or	Othe	r Simila	r Assets	contii	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the	following that	make s	ignificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	d	ı 🛄 ı	Loan or exc	change progra	ım					
b	Scholarly research	е	. [] (Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ellections and explair	how the	ey further t	he organizatio	n's exer	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, his	storical trea	sures, or othe	r similar	assets		_		_
_	to be sold to raise funds rather than to be ma				ollection?				Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the	organizatio	on answered "	Yes" on	Form 990), Part IV,	ine 9, or		
	reported an amount on Form 990, Par	· ·									
1a	Is the organization an agent, trustee, custodi								-		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing ta	able:						<u> </u>	
									Amoun	τ	
	Beginning balance										
	Additions during the year										
-	Distributions during the year										
f	Ending balance								7		
	Did the organization include an amount on Fo							L	Yes		_ No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i								<u></u>		
		(a) Current year		rior year	(c) Two year			years back	(e) Fou	r vears	back
1a	Beginning of year balance	(u) can one your	(~).	ner jeu.	(0)	o suon	()	jouro suori	(0) + 00	jouro	Such
b	Contributions										
c c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
Ū	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent vear end balance	e (line 1a	ı. column (a	a)) held as:						
а	Board designated or quasi-endowment		%								
	Permanent endowment										
		%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
3a	Are there endowment funds not in the posse		ation that	t are held a	nd administer	ed for th	e organiz	ation			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on So	chedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment fu	unds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990), Part IV	, line 11a. S	See Form 990,	, Part X,	line 10.				
	Description of property	(a) Cost or o basis (investn		.,	t or other (other)	• •	ccumulate preciation		(d) Boo	k valu	e
1a	Land										
b	Buildings										
с	Leasehold improvements										
d	Equipment										
	Other										
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part .	X <u>,</u> colum	n <u> (B), line</u> 1	10c.)				_		0.
								Cabady		~ ^^^	0004

Schedule D (Form 990) 2021

132052 10-28-21

Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-vear market value
		(c) Method of Valdation. Cost of Cha	or year market value
 Financial derivatives Closely held equity interests 			
Closely held equity interests Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(≍) (H)			
otal. (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 1	1c. 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)			
otal. (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 1	1d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		
(9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	9 15.)		
otal. (Column (b) must equal Form 990, Part X, col. (B) line			
Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability			(b) Book value
Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability			(b) Book value
Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability			(b) Book value
Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes			(b) Book value
Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)			(b) Book value
Datal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3)			(b) Book value
Ottal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)			(b) Book value
Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)			(b) Book value
Datal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)			(b) Book value
Ottal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)			(b) Book value

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

Schedule D (Form 990) 2021

132053 10-28-21

X

Sche				81-	2279757	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	nts Wit	h Revenue per Re	turn.		
	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	64,237,4	431.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	. 2a	-1,630,245.			
b	Donated services and use of facilities	2b	439,762.			
с	Recoveries of prior year grants	. 2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	-1,190,4	
3	Subtract line 2e from line 1			3	65,427,9	914.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	26,470.			
b	Other (Describe in Part XIII.)	. 4b				
с	Add lines 4a and 4b			4c	26,4 65,454,3	470.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	65,454,3	384.
Pa	rt XII Doconciliation of Exponence per Audited Einancial Statem	onte Wi	th Evnonsos nor l	つんもいど		
	rt XII Reconciliation of Expenses per Audited Financial Statem			heiur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a					
1					n. 58,153,9	962.
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:					962.
-	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements					962.
2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a				962.
2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b				962.
2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c			58,153,9	
2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	439,762.	_1 _2e	<u>58,153,9</u> 439,5	762.
2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	439,762.	1	58,153,9	762.
2 a b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	439,762.	1 2e 3	<u>58,153,9</u> 439,5	762.
2 a b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	439,762.	1 2e 3	<u>58,153,9</u> 439,5	762.
2 a b c d e 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	439,762.	1 2e 3	58,153,9 439,5 57,714,2	762. 200.
2 a b c d e 3 4 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a 2b 2c 2d 4a 4b	439,762.	1 2e 3	58,153,9 439,7 57,714,2 26,4	7 <u>62.</u> 200.
2 a b c d e 3 4 a b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	439,762.	1 2e 3	58,153,9 439,5 57,714,2	7 <u>62.</u> 200.

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, 2022 AND 2021.

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

31

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

132054 10-28-21

Schedule D (Form 990) 2021 GOFUNDME.ORG Part XIII Supplemental Information (continued)	81-2279757 Page 5
Part XIII Supplemental Information (continued)	
INTERIM PERIODS, DISCLOSURE AND TRANSITION. AS OF JUNE 30,	2022 AND 2021,
THE ORGANIZATION HAS NO UNCERTAIN TAX PROVISIONS THAT QUALI	FY FOR
RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE	ORGANIZATION
BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS	FOR YEARS
PRIOR TO 2018.	
	Schedule D (Form 990) 2021

08190501 794202 94-08281.001

132071 12-20-21

Statement of Activities Outside the United States

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.

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?

United States.		-	procedures for monitoring the use of its	-	
(1) (1) (1) (1) (3) Activities per Region. (1)	ne following Part (b) Number of offices in the region		 an be duplicated if additional space is n (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) 	eeded.) (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
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	FUNDRAISING ACTIVITIES	STAND WITH UKRAINE	0.
NORTH AMERICA	0	0	FUNDRAISING ACTIVITIES	WELCOME FROM CGI	0.
SUB-SAHARAN AFRICA	0	0	GRANTS TO ORGANIZATIONS	OPRAH WINFREY CHARITABLE FOUNDATION AND GIRL'S OPPORTUNITY ALLIANCE	414,900.
RUSSIA AND NEIGHBORING STATES	0	0	GRANTS TO ORGANIZATIONS	UKRAINIAN ORPHANS NEED YOUR HELP	11,300.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS TO ORGANIZATIONS	ESEA CAMPAIGN AND AFGHANISTAN BUZZFEED	109,641.
SOUTH ASIA	0	0	GRANTS TO ORGANIZATIONS	GIRL'S OPPORTUNITY ALLIANCE	251,876.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS TO ORGANIZATIONS	GIRL'S OPPORTUNITY ALLIANCE	99,566.
3 a Subtotal b Total from continuation sheets to Part I	0	0			887,283.
c Totals (add lines 3a and 3b)	0	0			887,283.

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

Schedule F (Form 990) 2021



Employer identification number

.....X Yes 🗌 No

Department of the Treasury Internal Revenue Service

SCHEDULE F (Form 990)

Name of the organization

GOFUNDME.ORG Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

Form 990, Part IV, line 14b.

81-2279757

GOFUNDME.ORG

Page 2

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)
			OPRAH WINFREY					
		SOUTH AFRICA	CHARITABLE FOUNDATION	10,000.	WIRE	0.		FMV
			GIRL'S OPPORTUNITY ALLIANCE	404,900.	WIRE	0.		FMV
		UKRAINE	UKRAINIAN ORPHANS NEED YOUR HELP	11,300.	MIDE	0.		FMV
		ORRAINE	NEED TOOK HELF	11,500.	WIKE			r HV
		UNITED KINGDOM	AFGHANISTAN BUZZFEED	5,251.	WIRE	0.		FMV
			GIRL'S OPPORTUNITY					
		SOUTH ASIA	ALLIANCE	251,876.	WIRE	0.		FMV
		CENTRAL AMERICA	GIRL'S OPPORTUNITY					
			ALLIANCE	99,655.	WIRE	0.		FMV
		UNITED KINGDOM	ESEA CAMPAIGN	104,120.	WIRE	0.		FMV
			recognized as charities by the f or counsel has provided a sect					
3 Enter total number of			or counsel has provided a sect		invalency letter			

Schedule F (Form 990) 2021

Schedule F (Form 990) 2021

GOFUNDME.ORG

Part III can be duplicated if additional space is needed.

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.

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

81-2279757

Schedule F (Form 990) 2021

Page 3

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	X 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	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X 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? <i>If</i> "Yes," <i>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)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2021

Schedule F (Form 990) 2021	GOFUNDME.ORG
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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.

132075 12-20-21	Schedule F (Form 990) 2021

SCHEDULE I	G	rants and Oth	er Assistan	ce to Orgar	nizations.		OMB No. 1545-0047
(Form 990)	Gov	vernments, and the organization	nd Individual	s in the Ŭn	ited States		2021
Department of the Treasury	Comple	ite in the organization	Attach to For				Open to Public
Internal Revenue Service		Go to www.ir	s.gov/Form990 fo		nation.		Inspection
Name of the organization GOFUNDME •	ORG						Employer identification number 81-2279757
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	/ for the grants or assis	stance, and the selection	on
criteria used to award the grants or assis	stance?						X Yes No
2 Describe in Part IV the organization's pro	ocedures for monito	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to recipient that received more than	•				anization answered "Y	′es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ASIAN PACIFIC AMERICAN NETWORK OF OREGON – 2788 SE 82ND AVE SUITE 203 – PORTLAND , OR 97266	80-0252850		25,000.	0.	сазн		SUPPORT AAPI
100 CLUB 875 N MICHIGAN AVE SUITE 1351 CHICAGO, IL 60611	36-6158087		8,073.	0.	CASH		COVID 19: SWEET HOME CHICAGO
ACC SENIOR SERVICES OF SACRAMENTO 7334 PARK CITY DRIVE SACARMENTO, CA 95831	94-2271380		25,000.	0.	CASH		SUPPORT AAPI
ACCESS CALIFORNIA SERVICES 631 S. BROOKHURST ST SUITE 107 ANAHEIM, CA 92804	33-0826205		25,000.	0.	CASH		SUPPORT AAPI
ACTION OPPORTUNITY FUND 111 W ST JOHN ST #800 SAN JOSE, CA 95113	11-3518842		118,208.	0.	CASH		COVID 19 SMALL BUSINESSES
AFGHAN AMERICAN ALLIANCE OF GEORGIA - 375 RUBY FOREST PK WAY - SUWANEE, GA 30024	87-2734726		15,000.	0.	Cash		WELCOME FUND:AFGHANISTAN WELCOME.US
2 Enter total number of section 501(c)(3) a	nd government org	anizations listed in the	e line 1 table				•
3 Enter total number of other organization	s listed in the line 1	table					

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AFGHAN AMERICAN MUSLIM OUTREACH							
P O BOX 7331 ORANGE							WELCOME FUND:AFGHANISTAN
ORANGE, CA 92863	30-0394343		30,000.	0	CASH		WELCOME.US
,,			,				
AFGHAN COALITION							
39155 LIBERTY ST SUITE D-460							WELCOME FUND:AFGHANISTAN
FREMONT, CA 94538	94-3398311		75,000.	0.	CASH		WELCOME.US
							· · · · · · · · · · · · · · · · · · ·
AFGHAN HOME USA							
45808 MOUNTAIN PINE SQ							WELCOME FUND:AFGHANISTAN
STERLING, VA 20166	86-2810594		30,000.	0.	CASH		WELCOME.US
AFGHAN REFUGEE RELIEF (FISCAL							
AGENT AFGHAN LITERACY FOUNDATION)							
- 27 LOOKING GLASS - IRVINE, CA							WELCOME FUND:AFGHANISTAN
92620	80-0376335		75,000.	٥.	CASH		WELCOME.US
AFGHAN REFUGEES ASSISTANCE PROGRAM							
OF THE ISLAMIC ASSOCIATION OF							
TEXAS - 132 N GLENVILLE DRIVE -							WELCOME FUND:AFGHANISTAN
RICHARDSON, TX 75081	85-1011093		50,000.	0.	CASH		WELCOME.US
AFGHAN-AMERICAN FOUNDATION							
301 BROADWAY SUITE M100-F							WELCOME FUND:AFGHANISTAN
BETHLEHEM, PA 18015	46-4779591		75,000.	0.	CASH		WELCOME.US
ARGUAN AMERICAN MONEN'S							
AFGHAN-AMERICAN WOMEN'S							
ASSOCIATION - 7502 GAMBRILL RD -	26.2621220		75 000	•			WELCOME FUND:AFGHANISTAN
SPRINGFIELD, VA 22153	26-2631220		75,000.	0.	CASH		WELCOME.US
AFGHANISTAN YOUTH RELIEF							
FOUNDATION - 4425 BROOKFIELD CORP							WELCOME FUND:AFGHANISTAN
DR SUITE 600 - CHANTILLY, VA 20151	85-0676014		50,000.	0	CASH		WELCOME.US
2. Solid 000 Charlend, VA 20151	00,0014		50,000.	0.			
AFGHANS FOR A BETTER TOMORROW							
4089 FAIRMOUNT AVE							WELCOME FUND:AFGHANISTAN
SAN DIEGO, CA 92105	47-5299457		75,000.	0	CASH		WELCOME.US

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Schedule I (Form 990) GOFUNDME . (1-2279757 Page
Part II Continuation of Grants and Other A	Assistance to Dom (b) EIN	(c) IRC section	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
AID							
5011 TECUMSEH ST							
COLLEGE PARK , MD 20740	04-3652609		5,356.	0.	САЅН		COVID 19- INDIA FUND
AIRBNB.ORG							
888 BRANNAN ST.							UKRAINE:STAND WITH
SAN FRANCISCO, CA 94103	83-3135259		18,942,357.	0.	CASH		UKRAINE
ALIGHT							
1325 QUINCY ST NE SUITE A1							WELCOME FUND:AFGHANISTAN
MINNEAPOLIS, MN 55413	36-3241033		50,000.	0.	CASH		WELCOME.US
ALL DULLES AREA MUSLIM SOCIETY							
(ADAMS) CENTER - 46903 SUGARLAND							WELCOME FUND:AFGHANISTAN
RD - STERLING, VA 20164	31-1262759		30,000.	0.	CASH		WELCOME.US
ALL HANDS AND HEARTS							
6 COUNTY ROAD SUITE 6							HURRICANE RELIEF FUND
MATTAPOISETT, MA 02739	20-3414952		7,256.	0.	CASH		2021
ALLIANCE FOR REFUGEE YOUTH SUPPORT							
AND EDUCATION, INC 5422 BROAD							WELCOME FUND:AFGHANISTAN
STREET - PITTSBURGH, PA 15224	46-1802136		10,000.	0.	CASH		WELCOME.US
ALLIANCE OF FILIPINOS FOR			,				
IMMIGRANT RIGHTS AND EMPOWERMENT -							
4300 N CALIFORNIA AVE - CHICAGO,							
IL 60618	26-3305351		25,000.	٥.	CASH		SUPPORT AAPI
AMAANAH REFUGEE SERVICES							
11807 WESTHEIMER STREET SUITE 550 P							WELCOME FUND:AFGHANISTAN
HOUSTON, TX 77077	26-3047598		30,000.	n	CASH		WELCOME.US
	20 001/000						
AMERICAN MUSLIM ADVISORY COUNCIL							
2195 NOLENSVILLE RD	26 4720454		20.000	_	63 GU		WELCOME FUND:AFGHANISTAN
NASHVILLE , TN 37211	36-4720454		30,000.	0.	CASH		WELCOME.US

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(2) =	if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
AMERICAN MUSLIM WOMEN'S							
ASSOCIATION OF ARIZONA - PO BOX							WELCOME FUND:AFGHANISTAN
7505 - CHANDLER, AZ 85246	86-0892998		30,000.	0.	CASH		WELCOME.US
AMERICAN PUBLIC HUMAN SERVICES			,				
ASSOCIATION - 1300 17TH STREET							
NORTH NO 340 - ARLINGTON , VA							WELCOME FUND:AFGHANISTAN
22209	36-2166948		80,000.	0.	CASH		WELCOME.US
AN NISA HOPE CENTER							
7211 REGENCY SQUARE BLVD STE 101							WELCOME FUND:AFGHANISTAN
HOUSTON, TX 77036	27-0621815		50,000.	0.	CASH		WELCOME.US
ANSAAR OF WORCESTER, INC.							l
334 BOSTON TURNPIKE							WELCOME FUND:AFGHANISTAN
SHREWSBURY, MA 01545	82-1371776		30,000.	0.	CASH		WELCOME.US
ANTIRECIDIVISM COALITION							POUSSEY WASHINGTON
1320 E. 7TH ST. STE. 260							FUND: POUSSEY WASHINGTON
LOS ANGELES, CA 90021	46-2140915		6,730.	0	CASH		GFM PLATFORM
IOS ANGELES, CA 90021	40-2140915		0,750.	0.	CASh		GFM FLAIFORM
APIAVOTE MICHIGAN							
111 E KIRBY ST							
DETROIT, MI 48202	26-4514751		25,000.	0.	CASH		SUPPORT AAPI
ARKANSAS COALITION OF MARSHALLESE							
(ACOM) - 614 E EMMA AVE STE 113 -							
SPRINGDALE, AR 72764	35-2416698		25,000.	0.	CASH		SUPPORT AAPI
ASIAN AMERICAN JOURNALISTS							
ASSOCIATION - 1301 K ST NW STE							
300W # 443 - WASHINGTON , DC 20005	95-3755203		25,000.	0.	CASH		SUPPORT AAPI
ACTAN AMEDICAN LEGAL DEERNGE AND							
ASIAN AMERICAN LEGAL DEFENSE AND							
EDUCATION FUND - 99 HUDSON ST 12TH	12 2055641			•	G 3 G 1		
FL – NEW YORK, NY 10013	13-2855641		25,000.	U.	CASH		SUPPORT AAPI

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(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
ASIAN AMERICAN ORGANIZING PROJECT							
713 MINNEHAHA AVE E, STE 313							
T PAUL, MN 55106	38-3777419		25,000.	0.	CASH		SUPPORT AAPI
ASIAN AMERICAN PSYCHOLOGIAL							
SSOCIATION - 325 W WASHINGTON ST,							
SUITE 2 #3009 - SAN DIEGO, CA							
2103	93-1103996		25,000.	0.	CASH		SUPPORT AAPI
ASIAN AMERICAN RESOURCE WORKSHOP							
42 CHARLES STREET, SUITE D							
OORCHESTER, MA 22122	04-2707980		25,000.	0.	CASH		SUPPORT AAPI
ASIAN AMERICANS FOR COMMUNITY							
NVOLVEMENT - 2400 MOORPARK AVE							
SUITE 300 - SAN JOSE, CA 95128	94-2292491		25,000.	0.	CASH		SUPPORT AAPI
ASIAN AMERICANS FOR COMMUNITY							
INVOLVEMENT OF SANTA CLARA COUNTY							
- 2400 MOORPARK AVE SUITE 300 -							WELCOME FUND:AFGHANISTA
SAN JOSE, CA 95128	94-2292491		15,000.	0.	CASH		WELCOME.US
ASIAN AMERICANS UNITED							
1023 CALLOWHILL STREET							
PHILIDELPHIA , PA 19123	22-2981076		25,000.	0.	CASH		SUPPORT AAPI
ASIAN ASSOCIATION OF UTAH							
55 SOUTH 300 WEST STE 101	87-0333555		25 000	0	CASH		SUPPORT AAPI
GALT LAKE CITY, UT 84101	07-0333555		25,000.	υ.	САБН		SUPPORT AAPI
ASIAN COMMUNITY DEVELOPMENT							
COUNCIL (ACDC) - 1027 S RAINBOW							
BLVD # 253 - LAS VEGAS, NV 89145	47-2438087		25,000.	0	CASH		SUPPORT AAPI
TAP TAP TAP TAP TAP TAP	-1 2-10007		23,000.	0.			DUITONI AATI
SIAN COUNSELING AND REFERRAL							
SERVICES - 3639 MARTIN LUTHER KING							
IR WAY S - SEATTLE , WA 98144	91-0916176		25,000.	0	CASH		SUPPORT AAPI

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASIAN FIGHTING INJUSTICE STOP							
ASIAN HATE NYC FUND - 33 IRVING							
PLACE SUITE 9037 - NEW YORK, NY							
10003	87-1046857		5,000.	0.	CASH		SUPPORT AAPI:TAAF/AAPI
ASIAN HUMAN SERVICES							
2838 WEST PETERSON AVENUE							
CHICAGO, IL 60659	36-3005889		25,000.	0.	CASH		SUPPORT AAPI
ACTAN LAW ALL TANCE							
ASIAN LAW ALLIANCE							
991 WEST HEDDING STREET, SUITE 202	04 0420501		25.000				
SAN JOSE, CA 95126	94-2439581		25,000.	0.	CASH		SUPPORT AAPI
ASIAN PACIFIC COMMUNITY IN ACTION							
326 E. CORONADO RD. STE 200	75-3040117		25,000.	0	CASH		SUPPORT AAPI
PHOENIX, AZ 85004 ASIAN PACIFIC COUNSELING AND	75-2040117		23,000.	0.	САБП		SUFFORT AAFT
TREATMENT CENTERS A DIVIISION OF							
SPECIAL SERVICES F - 905 E 8TH							
	95-1716914		25,000.	0	CASH		SUPPORT AAPI
STREET - LOS ANGELES, CA 90014	33-1710314		25,000.	0.	САЗП		SUFFORT ART
ASIAN WOMEN FOR HEALTH							
83 WALLACE ST							
SOMERVILLE, MA 02144	32-0390494		25,000.	0.	CASH		SUPPORT AAPI
ASSET INDIA FOUNDATION							
1840 E. INNOVATION PARK DR. #100							
ORO VALLEY, AZ 85155	20-5139364		5,356.	0.	CASH		COVID 19- INDIA FUND
ASYLEE WOMEN ENTERPRISE, INC.							
(BALTIMORE, MD) - 4500 FRANKFORD							WELCOME FUND:AFGHANISTAN
AVE - BALTIMORE, MD 21206	45-3769025		15,000.	0.	CASH		WELCOME.US
ASYLUMWORKS							
2121 DECATUR PL NW STE 4							WELCOME FUND:AFGHANISTAN
WASHINGTON , DC 20008	81-3205931		50,000.	0.	CASH		WELCOME.US

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

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADAVEN INC							
AWAKEN, INC PO BOX 40635							WELCOME FUND:AFGHANISTAN
RENO, NV 89504	38-3843380		15,000.	0	CASH		WELCOME.US
KENO, NV 05504	50 5045500		15,000.	0.	CASH		WEICOME.05
BABY2BABY							
5830 W JEFFERSON BLVD SUITE 200							GFM.ORG CAUSES:BASIC
LOS ANGELES, CA 90016	46-4503539		5,000.	0.	CASH		NECESSITIES CAUSE
HUMAN MILK BANKING							
4455 CAMP BOWIE BLD							GFM.ORG CAUSES:BASIC
FORT WORTH, TX 76107	23-2533784		5,000.	0	CASH		NECESSITIES CAUSE
				·			
BHUTANESE COMMUNITY OF CENTRAL							
OHIO. – 4646 TAMARACK BLVD –							
COLUMBUS, OH 43229	27-3514427		25,000.	0.	CASH		SUPPORT AAPI
			,				
BIG BROTHERS BIG SISTERS							
1709 WALNUT ST,							
, KANSAS CITY, MO 64108	43-1827386		850,865.	0.	CASH		EXPRESS BBBS
BLUE STAR FAMILIES							
441 SAXONY RD., THE HIVE / BARN 2							WELCOME FUND:AFGHANISTAN
ENCINITAS, CA 92024	80-0369895		50,000.	0.	CASH		WELCOME.US
,			,				
BRAVE TRAILS							
2717 S ROBERTSON BLVD.UNIT C							PATTIEGONIA :
LOS ANGELES, CA 90034	46-4530883		99,903.	0.	CASH		PATTIEGONIA 2021
1			,				
BRAVE TRAILS							
2717 S ROBERTSON BLVD.UNIT C							PATTIEGONIA :
LOS ANGELES, CA 90034	46-4530883		149.	0 -	CASH		PATTIEGONIA 2020
BUILDING PEACEFUL BRIDGES							
1520 FOREST DRIVE							WELCOME FUND:AFGHANISTAN
DRIVEGLENVIEW, IL 60025	83-2282738		15,000.	0	CASH		WELCOME.US

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Part II Continuation of Grants and Other							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAF AMERICA							
225 REINEKERS LANE SUITE 375							UKRAINE:STAND WITH
ALEXANDRIA, VA 22314	43-1634280		16,493,948.	0.	CASH		UKRAINE
CALIFORNIA HEALTHY NAIL SALON							
COALITION - 818 WEBSTER STREET -							
OAKLAND, CA 94607	94-2235908		25,000.	0	CASH		SUPPORT AAPI
	51 220000		23,000.				
CAMBODIAN FAMILY							
1626 EAST 4TH ST							
SANTA ANA, CA 92701	95-3854831		25,000.	0.	CASH		SUPPORT AAPI
· · · ·			, , , , , , , , , , , , , , , , , , , ,				
CAMBODIAN MUTUAL ASSISTANCE							
ASSOCIATION OF LOWELL - 465 SCHOOL							
ST - LOWELL, MA 01851-1844	22-2553560		25,000.	0.	CASH		SUPPORT AAPI
CARE							
1749 KENILWOOD WAY				_			
BOWLING GREEN, KY 42104	87-2173508		10,000.	0.	CASH		AFGHANISTAN
CARE US							
151 ELLIS STREET NE							UKRAINE:UKRAINE
ATLANTA , GA 30303	13-1685039		200,000.	0	CASH		HUMANITARIAN
	10 1000000		200,000.	.			
CENTER FOR EMPOWERING REFUGEES AND							
IMMIGRANTS - 544 INTERNATIONAL							WELCOME FUND:AFGHANISTAN
BLVD - OAKLAND, CA 94606	76-0822958		30,000.	0.	CASH		WELCOME.US
,			, ,				
CENTER FOR REFUGEE SERVICES							
8703 WURZBACH RD							WELCOME FUND:AFGHANISTAN
SAN ANTONIO, TX 78240	27-2787747		15,000.	0.	CASH		WELCOME.US
CENTER FOR SOUTHEAST ASIANS							
270 ELMWOOD AVE							
PROVIDENCE, RI 02907	22-2914654		25,000.	0.	CASH		SUPPORT AAPI

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Part II Continuation of Grants and Other	Assistance to Don	nestic Organization	s and Domestic Go	vernments (Sch	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHARLES B WANG HEALTH CLINIC 268 CANAL ST							
	13-2739694		25,000.	0	CASH		SUPPORT AAPI
NEW YORK, NY 10013	13-2739094		25,000.	0.	САЗП		SUPPORT ARPI
CHINATOWN COMMUNITY DEVELOPMENT							
CENTER - 1525 GRANT AVENUE - SAN							
FRANCISCO, CA 94133	94-2514053		25,000.	0.	CASH		SUPPORT AAPI
			,	- •			
CHINESE AMERICAN SERVICE LEAGUE							
2141 S TAN CT							
CHICAGO, IL 60616	36-2984043		25,000.	0.	CASH		SUPPORT AAPI
			,				
CHINESE PROGRESSIVE ASSOCIATION							
(CPA-BOSTON) - 1042 GRANT AVE							
SUITE 5 - SAN FRANCISCO, CA 94133	23-7404756		25,000.	0.	CASH		SUPPORT AAPI
CHURCH WORLD SERVICES							
PO BOX 968							WELCOME FUND:AFGHANISTAN
ELKHART, IN 46515	13-4080201		267,000.	0.	CASH		WELCOME.US
COLLEGE AND CONMINIEW							DOLLGGEN WAGUTNOTON
COLLEGE AND COMMUNITY 475 RIVERSIDE DR. STE.1626							POUSSEY WASHINGTON FUND:POUSSEY WASHINGTON
NEW YORK, NY 10115	31-1720017		6,730.	0	CASH		GFM PLATFORM
	51-1720017		0,750.	0.	CASh		GFM FURIFORM
COMBINED ARMS							
2929 MCKINNEY STREET							WELCOME FUND:AFGHANISTAN
HOUSTON, TX 77003	47-5648923		50,000.	0.	CASH		WELCOME.US
COMMUNITY AGENDA FOR REGAINED							
EMPOWERMENT - 1749 KENILWOOD WAY -							WELCOME FUND:AFGHANISTAN
BOWLING GREEN, KY 42104	87-2173508		15,000.	0.	CASH		WELCOME.US
COMMUNITY FOUNDATION BOULDER							
COUNTY - 1123 SPRUCE ST - BOULDER,							
CO 80302	84-1171836		14,755.	0.	CASH		WILDFIRES CO 2021

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HELPERS USA							
48291 INVERARAY RD							WELCOME FUND:AFGHANISTAN
CANTON, MI 48188	82-1468373		30,000.	0	CASH		WELCOME.US
	02 11000/0			•••			
COMMUNITY OUTREACH AND RESOURCE							
FOR EXCELLENCE - 14381 KERRY ST -							WELCOME FUND:AFGHANISTAN
GARDEN GROVE, CA 92844	47-3291071		15,000.	0	CASH		WELCOME.US
				••			
COMMUNITY SPONSORSHIP HUB							
369 LEXINGTON AVE SUITE 325							WELCOME FUND:AFGHANISTAN
NEW YORK, NY 10017	13-3615533		1,400,800.	0.	CASH		WELCOME.US
COMMUNITY YOUTH CENTER OF SF							
1038 POST STREET							
SAN FRANCISCO, CA 94109	94-1728818		25,000.	0.	CASH		SUPPORT AAPI
CONFERENCE ON ASIAN PACIFIC			,				
AMERICAN LEADERSHIP - 1100 15TH							
ST. NW, # 4-170 - WASHINGTON , DC							
20005	52-1739376		25,000.	0.	CASH		SUPPORT AAPI
				••			
CORNERSTONE MARRIAGE & FAMILY							
INTERVENTION - 25 WINDING WAY -							WELCOME FUND:AFGHANISTAN
PRINCETON, NJ 08540	82-1945817		50,000.	0.	CASH		WELCOME.US
COUNCIL FOR NATIVE HAWAIIAN			,				
ADVANCEMENT (CNHA) - 91-1270							
KINOIKI STREET, BUILDING 1 -							
KAPOLEI, HI 96707	91-0313383		25,000.	0 -	CASH		SUPPORT AAPI
COUNCIL ON AMERICAN-ISLAMIC				- •	-		
RELATIONS, OKLAHOMA INC 3000							
UNITED FOUNDERS BLVD STE 226 -							WELCOME FUND:AFGHANISTAN
OKLAHOMA CITY, OK 73112	87-0764660		50,000.	0	CASH		WELCOME.US
	2. 2,01000			0.			
CULTURE OF HEALTH-ADVANCING							
TOGETHER - 6711 HORNWOOD #245 -							WELCOME FUND:AFGHANISTAN
HOUSTON, TX 77074	47-3990099		15,000.	0	CASH		WELCOME.US

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

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CULTURINGUA 8920 JOHN BARRETT DR							WELCOME FUND:AFGHANISTAN
	84-1940407		50 000	0	CASH		
SAN ANTONIO, TX 78240	04-1940407		50,000.	0.	САБП		WELCOME.US
DIRECT RELIEF							
6100 WALLACE BECKNELL ROAD							UKRAINE:UKRAINE
SANTA BARBARA , CA 93117	95-1831116		200,000.	0	CASH		HUMANITARIAN
	55 1051110		200,000.				
DIRECT RELIEF							
6100 WALLACE BECKNELL ROAD							
SANTA BARBARA , CA 93117	95-1831116		12,660.	0.	CASH		WILDFIRES 2020
,							
DOCTORS WITHOUT BORDERS							
40 RECTOR STREET, 16TH FLOOR							UKRAINE: UKRAINE
NEW YORK, NY 10006	13-3433452		200,000.	0.	CASH		HUMANITARIAN
,			,				
EAGLE ONLINE ACADEMY							
6564 LOISDALE COURT UNIT #600							WELCOME FUND:AFGHANISTAN
SPRINGFIELD, VA 22150	84-3786980		30,000.	0.	CASH		WELCOME.US
EAST BAY ALLIANCE FOR A			, .				
SUSTAINABLE ECONOMY (EBASE) - 360							
14TH STREET, 4TH FLOOR EAST BAY							
ALLIANCE FOR A SUSTAINABLE ECONOMY	94-3314108		25,000.	0.	CASH		SUPPORT AAPI
EASTERN SIERRA CONSERVATION CORP							
192 LAUREL MOUNTAIN ROAD							PATTIEGONIA :
MAMMOTH LAKES, CA 93456	81-2456264		99,903.	0.	CASH		PATTIEGONIA 2021
,			,				
ELENA'S LIGHT INC							
58 FOUNTAIN ST							WELCOME FUND:AFGHANISTAN
NEW HAVEN, CT 06515-1933	83-1478461		15,000.	0.	CASH		WELCOME.US
,			, ,				
ENABLED CHILDREN'S INITIATIVE							
9730 BRIARCLIFFE LANE							
ELLICOTT CITY, MD 21042	81-1532920		5,251.	0.	CASH		AFGHANISTAN BUZZFEED

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EPISCOPAL MIGRATION MINISTRIES							
EMM							WELCOME FUND:AFGHANISTAN
CHICAGO, IL 60007	36-3674503		100,000.	0.	CASH		WELCOME.US
EQUALITY FLORIDA							
P.O. BOX 13184							
PETERSBURG, FL 33733	59-3435235		10,175.	0.	CASH		THE SAY GAY FUND
ETHAAR							
5615 MEMORIAL DR							WELCOME FUND:AFGHANISTAN
ROSWELL, GA 30075	85-1831193		30,000.	0	CASH		WELCOME.US
				` .			
ETHIOPIAN COMMUNITY DEVELOPMENT							
COUNCIL - 901 S HIGHLAND STREET -							WELCOME FUND:AFGHANISTAN
ARLINGTON , VA 22204	52-1308986		468,750.	0.	CASH		WELCOME.US
EVERY CAMPUS A REFUGE							
4803 TARA DR							WELCOME FUND:AFGHANISTAN
GREENSBORO, NC 27410	82-2731512		50,000.	٥.	CASH		WELCOME.US
FAMIL							WELCOME FUND, A FOUND CHANT
47628 WATKINS ISLAND SQ	87-2243748		50.000	0	CASH		WELCOME FUND:AFGHANISTAN
STERLING, VA 20165	07-2243740		50,000.	0.	CASH		WELCOME.US
FEEDING AMERICA							
35 E. WACKER DR. STE. 2000							COVID 19:COVID 19
CHICAGO, IL 60601	36-3673599		11,616.	0.	CASH		AMERICA'S FOOD FUND
FOR CHARLOTTE INC							
117 B SADIE DRIVE							WELCOME FUND:AFGHANISTAN
MATTHEWS, NC 28105	20-1984841		30,000.	0.	CASH		WELCOME.US
FOUNDATION FOR INDEPENDENT ARTISTS							
75 BROAD STREET							
NEW YORK, NY 10004	13-3082845		35,903.	n	CASH		GAYCITIES
	13 3002043			U.			

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

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRED T. KOREMATSU INSTITUTE							
P.O. BOX 29627							
SAN FRANCISCO, CA 94129	81-3400947		25,000.	0	CASH		SUPPORT AAPI
bin inmerses, en 94125	01 3400347		23,000.		CADI		
FRESH START REFUGEE ASSISTANCE							
CENTER - 7714 GLENISTER DR -							WELCOME FUND:AFGHANISTAN
SPRINGFIELD, VA 22152	82-1079316		75,000.	0.	CASH		WELCOME.US
,				•			•
FRESNO INTERDENOMINATIONAL REFUGEE							
MINISTRIES - 1940 N FRESNO ST -							
FRESNO, CA 93703	77-0357297		25,000.	0.	CASH		SUPPORT AAPI
GEORGIA ASYLUM & IMMIGRATION							
NETWORK, INC PO BOX 78425 -							WELCOME FUND:AFGHANISTAN
ATLANTA , GA 30357	26-1733523		50,000.	0.	CASH		WELCOME.US
GIRLS LEADERSHIP							
1675 7TH STREET							
OAKLAND, CA 94615	33-1207431		125,000.	0.	CASH		BARBIE DREAM GAP
GIRLS MAKE BEATS							
999 BRICKELL AVE STE. 840							
MIAMI, FL 33131	46-3360600		50,000.	0.	CASH		BARBIE DREAM GAP
GIRLS WRITE NOW							
247 WEST 37TH STREET							
NEW YORK, NY 10018	54-2115054		25,000.	0.	CASH		BARBIE DREAM GAP
CITYE AN HOUR							
GIVE AN HOUR							VIEL COME FILME ARCHINE COM
P.O. BOX 5918	61 1402270		E0 000	•			WELCOME FUND:AFGHANISTAN
BETHESDA, MD 20824	61-1493378		50,000.	0.	CASH		WELCOME.US
GLOBAL EMERGENCY RESPONSE AND							
ASSISTANCE - 119 GENESSEE AVE -							WELCOME FUND:AFGHANISTAN
PATERSON, NJ 07503	81-1413069				CASH	1	TELECOME FOND, AFGINNISIAN

Part II Continuation of Grants and Other A				K			
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GLOBAL EMPOWERMENT MISSION							
245 NE 37 ST							UKRAINE: UKRAINE
MIAMI, FL 33132	45-3782061		50,000.	0.	CASH		HUMANITARIAN
GLOBAL GIVING							UKRAINE: UKRAINE
1 THOMAS CIRCLE NW, SUITE 800	30-0108263		601 256	0	CACH		
WASHINGTON , DC 20005	30-0108283		601,356.	0.	CASH		HUMANITARIAN
GLOCALLY CONNECTED, INC.							
2287 KNOW HILL DRIVE							WELCOME FUND:AFGHANISTAN
RIVERSIDE, CA 92506	47-5282110		15,000.	0.	CASH		WELCOME.US
,			, ,				
GRAVES HS							
3565 LONE OAK RD							
PADUCAH, KY 42003	26-3609053		70,000.	0.	CASH		MAYFIELD KENTUCKY
GREATER BOSTON CHINESE GOLDEN AGE							
CENTER INC - 75 KNEELAND ST, SUITE	23-7181452		25.000	0	CASH		
204 - BOSTON, MA 02111	23-7181452		25,000.	0.	CASH		SUPPORT AAPI
н4н но							
438 N COVE BLVD							
PANAMA CITY, FL 32401	46-1649879		44,264.	0.	CASH		WILDFIRES CO 2021
HAMILTON MADISON							
253 SOUTH ST							
NEW YORK, NY 10002	13-5562412		25,000.	0.	CASH		SUPPORT AAPI
HANA CENTER							
4300 N CALIFORNIA AVE	26 2746460		25 000	•	C A CIU		
CHICAGO, IL 60618	36-2746468		25,000.	0.	CASH		SUPPORT AAPI
HAZARA AMERICAN ASSOCIATION INC							
13608 PINE VIEW LN							WELCOME FUND:AFGHANISTAN
ROCKVILLE, MD 20850	81-4615709		30,000.	0.	CASH		WELCOME.US

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTHY HOUSE WITHIN A MATCH							
COALITION - 301 W. 18TH STREET,							
STE. 101 - MERCED, CA 95340	77-0568168		25,000.	0.	CASH		SUPPORT AAPI
HEART OF DINNER							
13 ESSEX ST APT 11							
NEW YORK, NY 10002	85-2676806		25,000.	0.	CASH		SUPPORT AAPI
HEARTS AND HOMES FOR REFUGEES							
PO BOX 8558							WELCOME FUND:AFGHANISTAN
PELHAM, NY 10803	81-3361872		50,000.	0.	CASH		WELCOME.US
HEBREW IMMIGRANT AID SOCIETY							WELCOME EUND ABOUANT COM
6587 HAMILTON AVE SUITE 1E PITTSBURGH, PA 15206	82-3695047		250,500.	0	CASH		WELCOME FUND:AFGHANISTAN WELCOME.US
11115bokon, 14 15200	02 3093047		230,300.	0.	CADI		MELCOME.05
HELLO NEIGHBOR							
6587 HAMILTON AVE SUITE 1E							WELCOME FUND:AFGHANISTAN
PITTSBURGH, PA 15206	82-3695047		30,000.	0.	CASH		WELCOME.US
HMONG AMERICAN WOMEN'S ASSOCIATION							
3030 W. HIGHLAND BLVD MILWAUKEE, WI 53208	39-1791168		25,000.	0	CASH		SUPPORT AAPI
MILWROREE, WI 55200	33 1731100		23,000.	0.	CADI		
HMONG INNOVATING POLITICS							
4625 44TH ST							
SACRAMENTO, CA 95820	94-2161304		25,000.	0.	CASH		SUPPORT AAPI
HOME FOR REFUGEES USA							
26682 AVENIDA ARIVACA							WELCOME FUND:AFGHANISTAN
MISSION VIEJO, CA 92691	82-1274285		150,000.	0.	CASH		WELCOME.US
· · · · ·							
HOME IS HERE NOLA							
217 N PRIEUR ST	22 11 (7 41 -		15 000	_			WELCOME FUND:AFGHANISTAN
NEW ORLEANS, LA 70112	33-1167415		15,000.	0.	CASH		WELCOME.US

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HOMES NOT BORDERS							
4318 HAMILTON STREET							WELCOME FUND:AFGHANISTAN
HYATTSVILLE, MD 20781	83-4634632		50,000.	0.	CASH		WELCOME.US
HONOR THE PROMISE							
3789 SHANNONS GREEN WAY							WELCOME FUND:AFGHANISTAN
ALEXANDRIA, VA 22309	87-2578321		30,000.	0.	CASH		WELCOME.US
HOPKINS COUNTY LONG TERM RECOVERY GROUP - 43 S DAVES ST -							
MADISONVILLE, KY 42431	20-4499208		86,882.	0.	CASH		KY STRONG
HOUSTON IMMIGRATION LEGAL SERVICES							
COLLABORATIVE - 515 POST OAK BLVD							WELCOME FUND:AFGHANISTAN
STE 1000 - HOUSTON, TX 77027	30-0098254		30,000.	0.	CASH		WELCOME.US
HOWARD BROWN HEALTH CENTER							
4025 NORTH SHERIDAN ROAD							COVID 19: SWEET HOME
CHICAGO, IL 60613	36-2894128		8,073.	0.	CASH		CHICAGO
HUSAYN FOR HUMANITY							
8605 PIN OAK DR							WELCOME FUND:AFGHANISTAN
SPRINGFIELD, VA 22153	85-3736860		75,000.	0.	CASH		WELCOME.US
IAVA							
85 BROAD STREET, 16TH FLOOR							WELCOME FUND:AFGHANISTAN
NEW YORK, NY 10004	20-1664531		50,000.	0.	CASH		WELCOME.US
			,				
ICNA RELIEF USA NATIONAL							
1529 JERICHO TURNPIKE							WELCOME FUND:AFGHANISTAN
NEW HYDE PARK, NY 11040	04-3810161		100,000.	0.	CASH		WELCOME.US
ILLINOIS MUSLIM CIVIC COALITION							
2425 W 22ND ST							
OAK BROOK, IL 60523	83-2647003		25,000.	0.	CASH		SUPPORT AAPI

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IMMIGRANT & REFUGEE OUTREACH							
CENTER - 951 BELLVIEW ROAD -							WELCOME FUND:AFGHANISTAN
MCLEAN, VA 22102	84-2802566		50,000.	0	CASH		WELCOME.US
IMMIGRANT ADVOCATES RESPONSE							
COLLABORATIVE INC 150 STATE							
STREET 4TH FLOOR - ALBANY, NY							WELCOME FUND:AFGHANISTAN
11207	85-0595592		50,000.	0.	CASH		WELCOME.US
IMMIGRANT DEFENDERS LAW							POUSSEY WASHINGTON
634 S. SPRING ST. 10TH FL	47 4472210		6 720	0			FUND: POUSSEY WASHINGTON
LOS ANGELES, CA 90014	47-4473312		6,730.	0.	CASH		GFM PLATFORM
IMMIGRANT WOMEN'S COMMUNITY CENTER							
PO BOX 6564							WELCOME FUND:AFGHANISTAN
BELLEVUE, WA 98008	85-2676180		30,000.	0.	CASH		WELCOME.US
INDIA HOME							
178-36 WEXFORD TERRACE #2C							
JAMAICA ESTATES, NY 11432	20-8747291		25,000.	0.	CASH		SUPPORT AAPI
INTERNATIONAL RESCUE COMMITTEE							
122 EAST 42ND STREET							
NEW YORK, NY 10168	13-5660870		440,001.	0	CASH		AFGHANISTAN BUZZFEED
	13 3000070		440,001.		CADII		
IOWAASIANALLIANCE							
6919 VISTA DR WEST							
DES MOINES, LA 50266	20-0557881		25,000.	0.	CASH		SUPPORT AAPI
			, ,				
IRC-CEO REVOLVING CREDIT FOR							
ACCESS TO HOUSING - PO BOX 1252188							WELCOME FUND:AFGHANISTAN
- SAN DIEGO, CA 92195	45-3686069		500,000.	0.	CASH		WELCOME.US
ISLAMIC ASSOCIATION OF RALEIGH							
(RESEARCH TRIANGLE) - 3020 LIGON	EQ 1047122		15 000	_			WELCOME FUND:AFGHANISTAN
ST - RALEIGH, NC 27607	58-1847133		15,000.	0.	CASH	1	WELCOME.US

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ISLAMIC CENTER OF BOISE							
3077 N CHRISTINE ST							WELCOME FUND:AFGHANISTAN
BOISE, IN 83704	82-0521453		15,000.	0.	CASH		WELCOME.US
ISLAMIC RELIEF USA							
P.O. BOX 22250							WELCOME FUND:AFGHANISTAN
ALEXANDRIA, VA 22304	95-4453134		250,000.	0.	CASH		WELCOME.US
ISLAND LIAISON							
4119 E MONTE VISTA RD	47-1507140		F0 000	0	CASH		SUPPORT AAPI
PHOENIX, AZ 85008	47-1507140		50,000.	0.	CASH		SUPPORT AAPI
JAPANESE AMERICAN CITIZENS LEAGUE							
1765 SUTTER ST							
SAN FRANCISCO, CA 94115	94-1245885		25,000.	0.	CASH		SUPPORT AAPI
,			, ,				
JAPANESE BOSTONIAN SUPPORT LINE							
99 MASSACHUSETTS AVE #6							
ARLINGTON , MA 02474	45-5213299		25,000.	0.	CASH		SUPPORT AAPI
JAPANESE COMMUNITY YOUTH COUNCIL							
2012 PINE STREET	23-7092514		25,000.	0	CASH		SUPPORT AAPI
SAN FRANCISCO, CA 94115 JEWISH COMMUNITY RELATIONS COUNCIL	23-7092514		25,000.	0.	САБП		SUPPORT AAPT
OF GREATER WASHINGTON - 6101							
EXECUTIVE BLVD STE 300 - BETHESDA,							WELCOME FUND:AFGHANISTAN
MD 20852	52-0214465		30,000.	0.	CASH		WELCOME.US
	01 0111100			· ·			
KA HALE POMAIKAI							
KA HALE POMAIKAI PO BOX 1895 KAUNAK							
MOLOKA'I, HI 96748	91-2147045		25,000.	0.	CASH		SUPPORT AAPI
KAN-WIN							
1440 RENAISSANCE DR STE 460	36-3752338		25 000	•	CACH		CUDDODE AADT
PARK RIDGE, IL 60068	30-3/52338		25,000.	υ.	CASH		SUPPORT AAPI

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

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KC FOR REFUGEES							
824 WEST 53 STREET							WELCOME FUND:AFGHANISTAN
KANSAS CITY, MO 64112	82-1576842		50,000.	0	CASH		WELCOME US
			,				
KEEPING OUR PROMISE, INC.							
, 888 PITTSFORD MENDON CENTER RD							WELCOME FUND:AFGHANISTAN
PITTSFORD, NY 14534	85-1918996		30,000.	0.	CASH		WELCOME.US
KIND, INC							
1201 L ST NW 2ND FLOOR							WELCOME FUND:AFGHANISTAN
WASHINGTON , DC 20005	26-2763038		50,000.	0.	CASH		WELCOME.US
KOREA TOWN SENIOR AND COMMUNITY CENTER - 965 S NORMANDIE AVE STE							
200 - LOS ANGELES, CA 90006	20-2761167		25,000.	0	CASH		SUPPORT AAPI
	20 2701107		23,000.		CADII		
KOREAN AMERICAN COALITION (KAC)							
3727 W 6TH STREET							
LOS ANGELES, CA 90020	95-3823437		25,000.	0.	CASH		SUPPORT AAPI
,			, -				
KOREAN AMERICAN FAMILY SERVICE							
CENTER-LA - 3727 W 6TH STREET							
SUITE 320 - LOS ANGELES, CA 90020	95-2899329		25,000.	0.	CASH		SUPPORT AAPI
KOREAN COMMUNITY SERVICES OF METROPOLITAN NEW YORK - 203-05							
32ND AVE - BAYSIDE, NY 11361	23-7348989		25,000.	0.	CASH		SUPPORT AAPI
KOREAN QUEER & TRANS NATIONAL NETWORK – 233 FIFTH AVENUE SUITE							
4A - NEW YORK, NY 10016	27-2114866		25,000.	0.	CASH		SUPPORT AAPI
KUTTURAN CHAMORU FOUNDATION 3307 OREGON AVE							
LONG BEACH, CA 90806	26-4564957		25,000.	0.	CASH		SUPPORT AAPI

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Part II Continuation of Grants and Other A	Assistance to Don	nestic Organizations	s and Domestic Go	vernments (Sch	edule I (Form 990), Pa I	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LANAI COMMUNITY HEALTH CENTER 333 SIXTH STREET							
LANAI CITY, HI 96763	20-2509287		25,000.	0	CASH		SUPPORT AAPI
	20 2305207		23,000.	0.	CABII		
LATINITAS							
1023 SPRINGDALE ROAD SUITE 9E							
AUSTIN, TX 78721	77-0603754		25,000.	0.	CASH		BARBIE DREAM GAP
· · ·							
LICENSE TO FREEDOM							
131 AVOCADO AVE							WELCOME FUND:AFGHANISTAN
EL CAJON, CA 92020	20-1057775		15,000.	0.	CASH		WELCOME.US
LITTLE TOKYO COMMUNITY COUNCIL							
106 1/2 JUDGE JOHN AISO STREET, SUI							
LOS ANGELES, CA 90012	20-0258503		25,000.	0.	CASH		SUPPORT AAPI
LITTLE TOKYO SERVICE CENTER							
231 E. 3RD ST. STE. G106	05 4444100		25 000	0			
LOS ANGELES, CA 90013	95-4444102		25,000.	0.	CASH		SUPPORT AAPI
LOAVES & FISHES FOOD PANTRY, INC.							
PO BOX 533							WELCOME FUND:AFGHANISTAN
PANA, IL 62557	26-0748568		30,000.	0	CASH		WELCOME.US
				· ··			
LOCAL INITIATIVES SUPPORT							
CORPORATION - 28 LIBERTY STREET							COVID 19 SMALL
34TH FLOOR - NEW YORK, NY 10005	13-3030229		82,500.	0.	CASH		BUSINESSES
,							
LUMINUS NETWORK, INC							
5999 HARPERS FARM RD, SUITE E-200							WELCOME FUND:AFGHANISTAN
COLUMBIA, MD 21044	52-1397480		50,000.	0.	CASH		WELCOME.US
LUTHERAN IMMIGRATION AND REFUGEE							
SERVICE - 700 LIGHT STREE -							WELCOME FUND:AFGHANISTAN
BALTIMORE, MD 21230	13-2574854		403,000.	0.	CASH		WELCOME.US

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(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(a) Description of	(b) Durpage of grant
(a) Name and address of organization or government	(b) EIN	if applicable	cash grant	noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAYFIELD INDEPENDENT SCHOOLS							
914 E COLLEGE ST							
MAYFIELD, KY 42066	61-6001423		70,000.	0.	CASH		MAYFIELD KENTUCKY
MERCED LAO FAMILY COMMUNITY							
1275 K STREET NW NO 800							
WASHINGTON , DC 20005	77-0268241		25,000.	0.	CASH		SUPPORT AAPI
MIGRATION POLICY INSTITUTE							
3629 LAUREL ST							WELCOME FUND:AFGHANISTAN
NEW ORLEANS, LA 70115	52-2279789		80,000.	٥.	CASH		WELCOME.US
MILES4MIGRANTS							
1445 NORTH 24TH STREET							WELCOME FUND:AFGHANISTAN
MILWAUKEE, WI 53205	81-3844393		1,100,000.	0	CASH		WELCOME US
,			_,,				
MILWAUKEE CONSORTIUM FOR HMONG							
HEALTH - 5235 S 27TH ST -							
MILWAUKEE, WI 53221	39-1953251		25,000.	٥.	CASH		SUPPORT AAPI
MILWAUKEE MUSLIM WOMEN'S COALITION							
133-29 41ST AVENUE, SUITE 202							WELCOME FUND:AFGHANISTAN
FLUSHING, NY 11355	27-2805324		30,000.	0.	CASH		WELCOME.US
/			, .				
MINKWON CENTER FOR COMMUNITY							
ACTION - 23564 CALABASAS RD, STE							
201 - CALABASAS, CA 91302	11-2710506		25,000.	0.	CASH		SUPPORT AAPI
MIRY'S LIST							
2820 ROOSEVELT RD 200							WELCOME FUND:AFGHANISTAN
SAN DIEGO, CA 92106	81-5406929		30,000.	0.	CASH		WELCOME.US
MISSION EDGE SAN DIEGO							
201 BLEECKER STREET							WELCOME FUND:AFGHANISTAN
UTICA, NY 13501	27-2938491		15,000.	n	CASH		WELCOME.US

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Schedule I (Form 990) GOFUNDME .							1-2279757 Page
Part II Continuation of Grants and Other	Assistance to Dom	nestic Organizations	and Domestic Go	overnments (Sch	iedule I (Form 990), Pa T	urt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOHAWK VALLEY RESOURCE CENTER FOR REFUGEES - P.O. BOX 10135, 490							WELCOME FUND:AFGHANISTAN
LAKE PARK AVE - OAKLAND, CA 94610	16-1158764		15,000.	0	CASH		WELCOME .US
	10 1150/04		15,000.		CHDH		
MONSOON ASIANS AND PACIFIC							
ISLANDERS IN SOLIDARITY - 2051							
THOREAU CT - STERLING, VA 20164	35-2297207		25,000.	0.	CASH		SUPPORT AAPI
MOZAIC							
3820 AUBURN BLVD # 83							WELCOME FUND:AFGHANISTAN
SACRAMENTO, CA 95821	81-2309467		15,000.	٥.	CASH		WELCOME.US
MUSLIM AMERICAN SOCIETY - SOCIAL							
SERVICES FOUNDATION - 16307 NE							
83RD ST., SUITE 102 - REDMOND, WA							WELCOME FUND:AFGHANISTAN
98052	36-4571903		75,000.	0.	CASH		WELCOME.US
MUSLIM ASSOCIATION OF PUGET SOUND							
5404 HOADLY RD							WELCOME FUND:AFGHANISTAN
MANASSAS, VA 20112	20-4423661		30,000.	0	CASH		WELCOME.US
	10 1120001			.			
MUSLIM ASSOCIATION OF VIRGINIA							
PO BOX 7836							WELCOME FUND:AFGHANISTAN
BLOOMFIELD HILLS, MI 48302	54-1523749		50,000.	٥.	CASH		WELCOME.US
MUSLIM FOSTER CARE ASSOCIATION							
2828 W DEVON AVE.							WELCOME FUND:AFGHANISTAN
CHICAGO, IL 60659	81-3658772		15,000.	0.	CASH		WELCOME.US
MUSLIM WOMEN RESOURCE CENTER							HELOONE EINE ARCHANT
1880 GOLDEN EAGLE CT	68-0489248		30,000.	_	CASH		WELCOME FUND:AFGHANISTAN WELCOME.US
BROOMFIELD, CO 80020	00-0409248		30,000.	U.	САЭП		METCOME'02
MUSLIM YOUTH FOR POSITIVE IMPACT							
3275 SULLIVANT AVE							WELCOME FUND:AFGHANISTAN
COLUMBUS, OH 43204	83-0998674		50,000.	0.	CASH		WELCOME.US

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(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
MY PROJECT USA							
4300 N. CALIFORNIA AVE, CHICAGO, IL							WELCOME FUND:AFGHANISTAN
CHICAGO, IL 60618	47-2398195		50,000.	0.	CASH		WELCOME.US
NAKASEC							
1322 18TH ST NW							
WASHINGTON , DC 20036	11-3303986		25,000.	0.	CASH		SUPPORT AAPI
NATIONAL FEDERATION OF FILIPINO							
AMERICAN ASSOCIATIONS - 4425 PIXIE							
AVE - LAKEWOOD, CA 90712	52-2063531		25,000.	0.	CASH		SUPPORT AAPI
· · · ·			,				
NATIONAL PACIFIC ISLANDERS							
EDUCATORS NETWORK - 1805 S ASHLAND							
AVE - CHICAGO, IL 60608	92-0179408		25,000.	٥.	CASH		SUPPORT AAPI
NATIONAL PARTNERSHIP FOR NEW							
AMERICANS - PO BOX 1277 OLD							
CHELSEA STATION - NEW YORK, NY							WELCOME FUND:AFGHANISTAN
10113	45-3419142		225,000.	0.	CASH		WELCOME.US
NATIONAL QUEER ASIAN PACIFIC							
ISLANDER ALLIANCE - 805 LINCOLNWAY	07 0114066		05.000				
WEST - SOUTH BEND , IN 46616	27-2114866		25,000.	0.	CASH		SUPPORT AAPI
NEIGHBOR TO NEIGHBOR							
PO BOX 416							WELCOME FUND:AFGHANISTAN
LARCHMONT, NY 10538	82-3646124		15,000.	0.	CASH		WELCOME.US
NEIGHBORS FOR REFUGEES, INC.							
330 LYNNWAY, SUITE 302							WELCOME FUND:AFGHANISTAN
LYNN, MA 01901	82-1778726		30,000.	0.	CASH		WELCOME US
,				.			
NEW AMERICAN ASSOCIATION OF							
MASSACHUSETTS INC. (NAAM) - PO BOX							WELCOME FUND:AFGHANISTAN
1812 - PORTLAND, ME 04104	04-3102943		30,000.	0.	CASH		WELCOME.US

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW ENGLAND ARAB AMERICAN							
ORGANIZATION - 245 W 107TH ST.,							WELCOME FUND:AFGHANISTAN
APT 3D, - NEW YORK, NY 10025	47-5574330		30,000.	0.	CASH		WELCOME.US
NEW NEIGHBORS PARTNERSHIP							
ASSOCIATION - 2929 MCKINNEY STREET							WELCOME FUND:AFGHANISTAN
- HOUSTON, TX 77003	85-3192882		15,000.	0.	CASH		WELCOME.US
NEXTOP, INC. (HOUSTON TX)							
1030 15TH ST. NW STE. 1100 W							WELCOME FUND:AFGHANISTAN
WASHINGTON , DC 20005	47-1429344		30,000.	0.	CASH		WELCOME.US
NO KID HUNGRY							
PO BOX 3641							COVID 19:COVID 19
MERRIFIELD, VA 22116	52-1367538		11,616.	0.	CASH		AMERICA'S FOOD FUND
NO ONE LEFT BEHIND INC							
4035 TREAT BLVD							WELCOME FUND:AFGHANISTAN
CONCORD, CA 94518	47-1251659		50,000.	٥.	CASH		WELCOME.US
NOOR ISLAMIC AND CULTURAL							
COMMUNITY CENTER - 1831 S EL	27 2242047		15 000				WELCOME FUND:AFGHANISTAN
CAMINO REAL - ENCINITAS, CA 92024	27-3342947		15,000.	0.	CASH		WELCOME.US
NORTH COAST CHRISTIAN MINISTRIES DBA HOPE FOR SAN DIEGO - 6215							
ROLLING RD, WEST - SPRINGFIELD,							WELCOME FUND:AFGHANISTAN
VA 22152	77-0605178		15,000.	0	CASH		WELCOME US
NOVA RESETTLING AFGHAN FAMILIES	,, 0003170		13,000.	0.			
TOGETHER, MESSIAH UNITED METHODIST							
CHURCH - 11222 RICHMOND AVE. # 160							WELCOME FUND:AFGHANISTAN
- HOUSTON, TX 77082	23-7395477		30,000.	0.	CASH		WELCOME.US
,			, , , ,				
OLIVE BRANCH MUSLIM FAMILY							
SERVICES - 2911 ROUTE 88 SUITE 7 -							WELCOME FUND:AFGHANISTAN
PLEASANT, NJ 08742	83-1490408		30,000.	0.	CASH		WELCOME.US

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

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ONE WORLD ONE LOVE NJ							
1 FEDERATION WAY NO 210							WELCOME FUND:AFGHANISTAN
	82-0903326		30,000.	0	CASH		WELCOME FUND AFGHANISTAN
IRVINE, CA 92603	82-0903320		30,000.	0.	САБП		WELCOME.US
ORANGE COUNTY JEWISH COALITION FOR							
REFUGEES - 5275 MARKET STREET							WELCOME FUND:AFGHANISTAN
SUITE 21 - SAN DIEGO, CA 92114	95-2407026		10,000.	0	CASH		WELCOME US
5011E 21 - SAN DIEGO, CA 92114	95-2407020		10,000.	0.	САБП		WEDCOME.03
OUTDOOR OUTREACH							
226 CAUSEWAY STREET 5TH FLOOR							PATTIEGONIA :
BOSTON, MA 02114	33-0860449		99,903.	0	CASH		PATTIEGONIA 2021
BOSTON, MA 02114	55 0000445		55,503.	0.	CADI		FATTIEGONIA 2021
DXFAM							
PO BOX 1383							
MENLO PARK, CA 94026	20-1971032		5,356.	0	CASH		COVID 19- INDIA FUND
MINIO TMAR, CA 94020	20 19/1032		5,550.		endii		
PARS EQUALITY CENTER, LOS ANGELES							
4954 VAN NUYS BLVD 207							WELCOME FUND:AFGHANISTAN
LOS ANGELES, CA 91403	27-2969900		30,000.	0	CASH		WELCOME.US
LOS ANGELES, CA 91403	27 2505500		50,000.		CADI		MELCOME.05
PARS EQUALITY CENTER, SANTA CLARA							
6440 HILLCROFT ST							WELCOME FUND:AFGHANISTAN
HOUSTON, TX 77081	27-2969900		30,000.	0	CASH		WELCOME.US
PARTNERSHIP FOR THE ADVANCEMENT	27 2505500						
AND IMMERSION OF REFUGEES - 3300							
CHIMNEY ROCK RD., STE 105 -							WELCOME FUND:AFGHANISTAN
	75-3239990		20.000	0	CASH		
HOUSTON, TX 77056	75-3239990		30,000.	0.	CASH		WELCOME.US
PARTNERSHIP FOR THE ADVANCEMENT OF							
NEW AMERICANS - 2201 WESTLAKE AVE.							WELCOME FUND:AFGHANISTAN
	75-3239990		E0 000	_	CASH		
STE. 200 - SEATTLE , WA 98121	12-3239990		50,000.	0.	САБИ		WELCOME.US
РАТН							
12651 SAN PABLO AVE	01 1157107		E 250	^	CACH		CONTR 10 THREE FUEL
RICHMOND, CA 94805	91-1157127		5,356.	U. U.	CASH		COVID 19- INDIA FUND

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PATTIEGONIA WILDERNESS EXPEDITIONS							
VIA SOCIAL GOOD FUND - 10175 SW							
BARBUR BLVD STE 102B - PORTLAND,							PATTIEGONIA :
OR 97219	46-1323531		99,903.	0.	CASH		PATTIEGONIA 2021
PORTLAND REFUGEE SUPPORT GROUP							
391 SUTTER ST STE 500							WELCOME FUND:AFGHANISTAN
SAN FRANCISCO, CA 94108	82-1924164		15,000.	0.	CASH		WELCOME.US
PROJECT ANAR PANGEA LEGAL							
SERVICES - 1220 19TH STREET NW							WELCOME FUND:AFGHANISTAN
SUITE 800 - WASHINGTON , DC 20036	36-4748424		50,000.	0.	CASH		WELCOME.US
PROJECT HOPE							
94 GOLDEN RUN RD							UKRAINE: UKRAINE
BOSTON, MA 01740	53-0242962		200,000.	0.	CASH		HUMANITARIAN
PROJECT M25, INC - DBA WELCOMENST							
1609 HAVANA ST							WELCOME FUND:AFGHANISTAN
AURORA, CO 80010	85-1674143		50,000.	0	CASH		WELCOME US
	03 1074143		50,000.	••	CADII		WELCOME.05
PROJECT WORTHMORE							
PO BOX 81052							WELCOME FUND:AFGHANISTAN
WELLESLEY, MA 02481	45-0933835		50,000.	0.	CASH		WELCOME.US
RAZIAS RAY OF HOPE							
140 2ND AVE., SUITE 305							
NEW YORK, NY 10003	26-2008030		10,000.	0.	CASH		AFGHANISTAN
			, ,				
RAZOM							
8637 CURTIS AVE							
ALEXANDRIA, VA 22309	46-4604398		8,925.	0.	CASH		UKRAINE:BUZZFEED UKRAINE
REACT DC							
124 N SCOTT ST							WELCOME FUND:AFGHANISTAN
MADISONVILLE, KY 42431	87-2697692		100,000.	0.	CASH		WELCOME.US

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REFUGEE & IMMIGRANT TRANSITIONS							
1825 PONCE DE LEON BOULEVARD 145							WELCOME FUND:AFGHANISTAN
CORAL GABLES, FL 33134	94-3112099		105,000.	0.	CASH		WELCOME.US
REFUGEE ASSISTANCE ALLIANCE							
PO BOX 736							WELCOME FUND:AFGHANISTAN
PLAINS, NJ 07076	82-3429406		50,000.	0.	CASH		WELCOME.US
REFUGEE ASSISTANCE PARTNERS NJ							
600 W. MAPLE ST. SUITE A							WELCOME FUND:AFGHANISTAN
LANDING, MI 48906	82-1634333		15,000.	0.	CASH		WELCOME.US
REFUGEE DEVELOPMENT CENTER							l
743 N TAYLOR AVE	06 0006050						WELCOME FUND:AFGHANISTAN
OAK PARK, IL 60302	26-3936253		30,000.	0.	CASH		WELCOME.US
REFUGEE EDUCATION AND ADVENTURE							
CHALLENGE (REACH) - 2919 FULTON							WELCOME FUND:AFGHANISTAN
AVE - SACRAMENTO, CA 95821	81-2174635		15,000.	0.	CASH		WELCOME.US
REFUGEE ENRICHMENT AND DEVELOPMENT ASSOCIATION - 4008 MARTIN LUTHER							WELCOME FUND:AFGHANISTAN
KING JR WAY S - SEATTLE , WA 98108	82-2023971		15,000.	0	CASH		WELCOME.US
	02 2023371		13,000.				
REFUGEE WOMEN'S ALLIANCE							
2900 CHAMBLEE TUCKER RD BLDG 3							WELCOME FUND:AFGHANISTAN
ATLANTA , GA 30341	91-1296964		50,000.	0.	CASH		WELCOME.US
REFUGEE WOMEN'S NETWORK							
575 GRAND STREET E1507							WELCOME FUND:AFGHANISTAN
NEW YORK, NY 10002	58-2369796		30,000.	0.	Cash		WELCOME.US
RESTAURANT WORKERS COMMUNITY							
FOUNDATION - 4355 GEARY BLVD - SAN							COVID 19 SMALL
FRANCISCO, CA 94118	82-2737963		75,000.		CASH		BUSINESSES

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(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	noncash assistance	(b) Method of valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
RICHMOND AREA MULTI-SERVICES							
552 RIVERVIEW DRIVE APARTMENT B							
COLUMBUS, OH 43202	23-7389436		25,000.	0.	CASH		SUPPORT AAPI
RIVERVIEW INTERNATIONAL CENTER							
1887 BUSINESS CENTER DR STE 3A							WELCOME FUND:AFGHANISTAN
SAN BERNARDINO, CA 92408	47-5455666		15,000.	0.	CASH		WELCOME.US
SAHABA INITIATIVE INC							
2721 MAGAZINE LN							WELCOME FUND:AFGHANISTAN
TRACY, CA 95377	45-2488503		15,000.	0.	CASH		WELCOME.US
SAHAR FOUNDATION							
P.O. BOX 3000							
BOONE, NC 28607	47-5209331		5,251.	0.	CASH		AFGHANISTAN BUZZFEED
· · ·			,				
SAMARITANS PURSE							
10606 CAMINO RUIZ NO 8							WELCOME FUND:AFGHANISTAN
SAN DIEGO, CA 92126	58-1437002		200,000.	0.	CASH		WELCOME.US
SAN DIEGO AFGHAN REFUGEES AID							
GROUP - 2232 CAMINO RAMON - SAN							WELCOME FUND:AFGHANISTAN
RAMON, CA 94583	26-4465056		75,000.	0.	CASH		WELCOME.US
SAN RAMON VALLEY ISLAMIC CENTER							
2348 WATERBURY AVE. 1ST FLOOR							WELCOME FUND:AFGHANISTAN
BRONX, NY 10462	94-3248916		50,000.	0.	CASH		WELCOME.US
,							
SAPNA NYC							
501 KINGS HIGHWAY E. STE. 400							
FAIRFIELD, CT 06825	26-3124969		25,000.	0.	CASH		SUPPORT AAPI
SAVE THE CHILDREN							
3645 TOULOUSE STREET							COVID 19:COVID 19
NEW ORLEANS, LA 70119	06-0726487		228,213.	0.	CASH		AMERICA'S FOOD FUND

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SBP							
1 PENN PLAZA 6139							
NEW YORK, NY 10119	26-2189665		55,000.	0	CASH		TORNADO RELIEF
SEFA WINDWARD URBAN FOOD SCHOOL							
ALLIANCE - 731 SANSOME STREET,							
SUITE 100 - SAN FRANCISCO, CA							COVID 19:COVID 19
, 94111	46-5754490		11,616.	0.	CASH		AMERICA'S FOOD FUND
			, -				
SELF HELP FOR ELDERLY							
730 POLK STREET, 4TH FLOOR							
SAN FRANCISCO, CA 94109	94-1750717		25,000.	0.	CASH		SUPPORT AAPI
,			,				
SF COMMUNITY HEALTH CENTER							
1050 CONN AVE NW SUITE 500							
WASHINGTON , DC 20036	94-3096109		25,000.	٥.	CASH		SUPPORT AAPI
SIKH AMERICAN LEGAL DEFENSE AND							
EDUCATION FUND - 2895 NE LOOP 410,							
SUITE 107 - SAN ANTONIO, TX 78218	04-3382840		25,000.	٥.	CASH		SUPPORT AAPI
· · · · · · · · · · · · · · · · · · ·							
SOLDIERS' ANGELS							
4423 LEHIGH RD, BOX 458							WELCOME FUND:AFGHANIST
COLLEGE PARK , MD 20740	20-0583415		50,000.	0.	CASH		WELCOME.US
SOLUTIONS IN HOMETOWN CONNECTIONS							
CORP 4749 UNIVERSITY AVE - SAN							WELCOME FUND:AFGHANIST
DIEGO, CA 92105	82-1942936		30,000.	0.	CASH		WELCOME.US
SOMALI BANTU ASSOCIATION OF							
AMERICA - PO BOX 15833 - SAN							WELCOME FUND:AFGHANIST
DIEGO, CA 92175	27-3390797		15,000.	0.	CASH		WELCOME.US
SOMALI FAMILY SERVICE OF SAN DIEGO							
2425 E THOMAS RD STE 11							WELCOME FUND:AFGHANIST
PHOENIX, AZ 85016	91-2065038		30,000.	0.	CASH		WELCOME.US

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Part II Continuation of Grants and Other A	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	51-22/9/5/ Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOMALI-AMERICAN UNITED COUNCIL OF							
ARIZONA - 8403 COLESVILLE ROAD,							
SUITE 1100 - SILVER SPRING, MD	01 0076016		15 000				WELCOME FUND:AFGHANISTAN
20910	01-0876916		15,000.	0.	CASH		WELCOME.US
SOUTH ASIAN AMERICANS LEADING							
TOGETHER - 14306 45 AVE -							
FLUSHING, NY 11355	52-2216665		25,000.	0.	CASH		SUPPORT AAPI
SOUTH ASIAN COUNCIL FOR SOCIAL							
SERVICES - 18173 PIONEER BLVD	44 262222						
SUITE I - ARTESIA, CA 90701	11-3632920		25,000.	0.	CASH		SUPPORT AAPI
SOUTH ASIAN NETWORK							
1628 16TH STREET, NW							
WASHINGTON , DC 20009	33-0608166		25,000.	0.	CASH		SUPPORT AAPI
SOUTHEAST ASIA RESOURCE ACTION							
CENTER - 5625 24TH STREET -							
SACRAMENTO, CA 95822	52-1161473		25,000.	0.	CASH		SUPPORT AAPI
SOUTHEAST ASIAN ASSISTANCE CTR 166 EDDY ST							
SAN FRANCISCO, CA 94102	68-0227882		25,000.	0.	CASH		SUPPORT AAPI
SOUTHEAST ASIAN DEVELOPMENT CENTER 9862 CHAPMAN AVE.							
GARDEN GROVE, CA 92841	94-2532304		25,000.	0.	CASH		SUPPORT AAPI
,			1				
SOUTHLAND INTEGRATED SERVICES							
149 NORTH IOWA STREET							
DODGEVILLE, WI 53533	95-3403526		25,000.	0.	CASH		SUPPORT AAPI
SOUTHWESTERN WI COMMUNITY ACTION							
PROGRAM - 1373 GRANT ST							WELCOME FUND:AFGHANISTAN
DENVER, CO 80203	39-1053511		30,000.	0.	CASH		WELCOME.US

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Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	s and Domestic Go	vernments (Sch	edule I (Form 990), Pa	irt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPRING INSTITUTE FOR INTERCULTURAL							
LEARNING - 2901 SW 7 STREET -							WELCOME FUND:AFGHANISTAN
MIAMI, FL 33135	84-0788093		15,000.	0.	CASH		WELCOME.US
SUPPORT CHRISTINA IN ADVOCATING							
FOR PUBLIC SAFETY - 138 CIRCLE							
RIDGE DR - BURR RIDGE, IL 60527	81-5119219		5,000.	0.	CASH		SUPPORT AAPI:TAAF/AAPI
SYRIAN COMMUNITY NETWORK							
(CHICAGOLAND) - 6400 ARLINGTON							
BLVD. STE. 400 - FALLS CHURCH, VA							WELCOME FUND:AFGHANISTAN
22042	47-3105667		30,000.	0.	CASH		WELCOME.US
TAHIRIH JUSTICE CENTER							
40 ROYAL OAK CT							WELCOME FUND:AFGHANISTAN
MOUNTAIN VIEW, CA 94040	54-1858176		50,000.	0.	CASH		WELCOME.US
TARJIMLY							
500 MERO STREET, 218 NC							WELCOME FUND:AFGHANISTAN
FRANNKFORT, KY 40601	83-1030107		125,000.	0.	CASH		WELCOME.US
TEAM WESTERN KENTUCKY RELIEF FUND							
2195 NOLENSVILLE PIKE							
NASHVILLE , TN 37211	APPLIED FOR		70,000.	0.	CASH		KY STRONG
,			, ,				
TENNESSEE JUSTICE FOR OUR							
NEIGHBORS - 2355 ALTERAS DRIVE -							WELCOME FUND:AFGHANISTAN
NASHVILLE , TN 37211	46-0872616		15,000.	0.	CASH		WELCOME.US
TENNESSEE RESETTLEMENT AID							
205 DE ANZA BLVD. #53							WELCOME FUND:AFGHANISTAN
SAN MATEO, CA 94402	87-4290544		30,000.	0.	CASH		WELCOME.US
THE BRIDGING TECH CHARITABLE FUND							
946 NORTH MILLS AVE							THE BRIDGING TECH
ORLANDO, FL 32803	85-1031712		5,000.	0.	CASH		CHARITABLE FUND

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(a) Name and address of		(a) IDC agation	(d) Amount of	(a) Amount of	(f) Mathad of	(a) Description of	(h) Durpage of grant
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CENTER ORLANDO							
P.O. BOX 8066							
CHANDLER, AZ 85246	59-1884445		10,175.	0.	CASH		THE SAY GAY FUND
THE CHILDREN'S HOME PROJECT							
PO BOX 12761							PATTIEGONIA :
RALEIGH, NC 27605	46-1065421		99,903.	0.	CASH		PATTIEGONIA 2021
THE CHILDREN'S HOME PROJECT							
PO BOX 12761							PATTIEGONIA :
RALEIGH, NC 27605	46-1065421		149.	٥.	CASH		PATTIEGONIA 2020
THE GREEN CHAIR 8349 ARROWRIDGE BLVD SUITE R							WELCOME FUND:AFGHANISTAN
CHARLOTTE , NC 28273	27-2323103		50,000.	0	CASH		WELCOME FUND:AFGHANISTAF
emilleriti , ne 20275	27 2323103		50,000.		enon		
THE INDEPENDENCE FUND							
8200 AMELIA DR							WELCOME FUND:AFGHANISTAN
JENISON, MI 49428	26-0322088		15,000.	0.	CASH		WELCOME.US
THE REFUGEE EDUCATION CENTER							
4115 BRIDGE AVE							WELCOME FUND:AFGHANISTAN
CLEVELAND, OH 44113	06-1770896		50,000.	٥.	CASH		WELCOME.US
THE REFUGEE RESPONSE							
PO BOX 2243	20.0504051		15 000				WELCOME FUND:AFGHANISTAN
OKLAHOMA CITY, OK 73101	30-0594051		15,000.	U.	CASH		WELCOME.US
THE SPERO PROJECT							
200 DOWMAN DRIVE B. JONES CNETER,	2						WELCOME FUND:AFGHANISTAN
ATLANTA , GA 30322	26-4035530		50,000.	0.	CASH		WELCOME.US
THE WELCOME CO-OP							
1711 W UNIVERSITY DR STE 158							WELCOME FUND:AFGHANISTAN
TEMPE, AZ 85281	84-4412789		50,000.	0.	CASH		WELCOME.US

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(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	noncash assistance	(b) Method of valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
THE WELCOME TO AMERICA PROJECT							
16000 VENTURA BLVD NO 900							WELCOME FUND:AFGHANISTAN
ENCINO, CA 91436	80-0038343		50,000.	0.	CASH		WELCOME.US
TIMES UP PAYABLE							
221 S NOGALES AVE							
TULSA, OK 74127	82-4526736		100,000.	0.	CASH		TIME'S UP FUND
TULSA METROPOLITAN MINISTRY							
1031 25TH STREET							WELCOME FUND:AFGHANISTAN
SAN DIEGO, CA 92102	73-0666866		40,000.	0.	CASH		WELCOME.US
JNION OF PAN ASIAN COMMUNITIES							
(UPAC) - PO BOX 951 - LINWOOD, PA							
19061	23-7279074		25,000.	0.	CASH		SUPPORT AAPI
UNITED STATES CONFERENCE OF							
CATHOLIC BISHOPS - 1750							
PENNSYLVANIA AVE NW - WASHINGTON ,							WELCOME FUND:AFGHANISTAN
DC 20006	53-0196617		450,000.	0.	CASH		WELCOME.US
UNOCHA (UNITED NATIONS FOUNDATION							
INC) - 8014 OLSON MEMORIAL HWY 55							
	58-2368165		200,000.	0	CASH		UKRAINE:UKRAINE HUMANITARIAN
#153 - MINNEAPOLIS, MN 55427	56-2508105		200,000.	0.	CASh		HOMANITARIAN
UNPRISON PROJECT							POUSSEY WASHINGTON
505 8TH AVENUE, SUITE 1100							FUND: POUSSEY WASHINGTON
NEW YORK, NY 10018	45-3455691		6,730.	0.	CASH		GFM PLATFORM
				- •			
UPWARDLY GLOBAL							
2231 CRYSTAL DRIVE SUITE 350							WELCOME FUND:AFGHANISTAN
ARLINGTON , VA 22202	94-3346127		75,000.	0.	CASH		WELCOME.US
US COMMITTEE FOR REFUGEES AND							
IMMIGRANTS - P.O. BOX 15167 -							WELCOME FUND:AFGHANISTAN
PORTLAND, OR 97293	13-1878704		349,000.	0	CASH		WELCOME.US

 Schedule I (Form 990)
 GOFUNDME . ORG

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

81-2279757 Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
USAHELLO							
44 W BROADWAY APT 908							WELCOME FUND:AFGHANISTAN
SALT LAKE CITY, UT 84101	45-3789421		50,000.	0.	CASH		WELCOME.US
			,	- •			
UTAH MUSLIM CIVIC LEAGUE							
2028 E BEN WHITE BLVD 240-4899							WELCOME FUND:AFGHANISTAN
AUSTIN, TX 78741	83-1137897		50,000.	0.	CASH		WELCOME.US
i							
VECINA							
515 MADISON AVE							WELCOME FUND:AFGHANISTAN
NEW YORK, NY 10022	84-2758709		50,000.	0.	CASH		WELCOME.US
VERITUS LLC							
5260 PARKWAY PLAZA BOULEVARD SUITE							COVID 19: THE VERITUS HOPE
CHARLOTTE , NC 28217	13-2877912		10,700.	0.	CASH		FUND
VETERANS BRIDGE HOME							
1122 E PIKE ST, #1021				_			WELCOME FUND:AFGHANISTAN
SEATTLE , WA 98122	45-2350728		50,000.	0.	CASH		WELCOME.US
VIETS FOR AFGHANS							
7220 N. LINDBERGH BLVD, SUITE 270							WELCOME FUND:AFGHANISTAN
HAZELWOOD, MO 63042	26-3438991		15,000.	0	CASH		WELCOME FUND AFGHANISTAN
MAZELWOOD, HO 03042	20-5450991		15,000.	0.	CASh		WELCOME.05
VITENDO 4 AFRICA							
20 ARCO DRIVE							WELCOME FUND:AFGHANISTAN
TOLDEO, OH 43607	45-1267554		45,000.	0.	CASH		WELCOME.US
WATER FOR ISHMAEL							
2600 KENNEDY BLVD							WELCOME FUND:AFGHANISTAN
JERSEY CITY, NJ 07306	20-5908359		15,000.	0.	CASH		WELCOME.US
·							
WELCOME HOME JERSEY CITY							
1049 RIDGEWAY MEADOW DR							WELCOME FUND:AFGHANISTAN
DRELLISVILLE, MO 63021	83-2428682		30,000.	0.	CASH		WELCOME.US

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(a) Amount of	(f) Mathad of	(a) Description of	(h) Durpage of grant
(a) Name and address of organization or government	(b) EIN	if applicable	cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WELCOME NEIGHBOR STL (START INC)							
158-24 73RD AVE							WELCOME FUND:AFGHANISTAN
FRESH MEADOWS, NY 11366	83-1211260		40,000.	0.	CASH		WELCOME.US
WOMEN FOR AFGHAN WOMEN							
1342 FLORIDA AVE. NW							WELCOME FUND:AFGHANISTAN
WASHINGTON , DC 20009	02-0539734		50,000.	٥.	CASH		WELCOME.US
WORLD CENTRAL KITCHEN							
1725 I STREET NW NO 510							COVID 19:COVID 19
WASHINGTON , DC 20006	27-3521132		11,616.	0.	CASH		AMERICA'S FOOD FUND
· · · · ·							
WORLD CENTRAL KITCHEN							
1725 I STREET NW NO 510							
WASHINGTON , DC 20006	27-3521132		15,000.	0.	CASH		TORNADO RELIEF
WORLD CENTRAL KITCHEN							
1725 I STREET NW NO 510							UKRAINE: UKRAINE
WASHINGTON , DC 20006	27-3521132		25,000.	0.	CASH		HUMANITARIAN
WARLA ROOT PROGRAM							
WORLD FOOD PROGRAM PO BOX 676							
	13-3843435		100,000.	0	CASH		UKRAINE:UKRAINE HUMANITARIAN
BRATTLEBORO, VT 05302	13-3643435		100,000.	0.	CASh		HOMANITARIAN
WORLD LEARNING INC							
7 EAST BALTIMORE STREET							WELCOME FUND:AFGHANISTAN
BALTIMORE, MD 21202	03-0179592		15,000.	0.	CASH		WELCOME.US
WORLD RELIEF CORPORATION							
911 NORTH MILLS AVENUE							WELCOME FUND:AFGHANISTAN
ORLANDO, FL 32803	23-6393344		102,000.	٥.	CASH		WELCOME.US
KA HALE POMAIKA'I							
KA HALE POMAIKAI PO BOX 1895							
MOLOKAL, HI 96748	91-2147045		25,000.	0	CASH		SUPPORT AAPI

Schedule I (Form 990)	GOFUNDME.ORG
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c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance 0.	(f) Method of valuation (book, FMV, appraisal, other) CASH	(g) Description of non-cash assistance	(h) Purpose of grant or assistance MAYFIELD KENTUCKY
	105,000.	0.	Cash		MAYFIELD KENTUCKY
	105,000.	0.	CASH		MAYFIELD KENTUCKY
	105,000.	0.	CASH		MAYFIELD KENTUCKY
_					

GOFUNDME.ORG

81-2279757 Page 2

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III 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		
TORNADO RELIEF FUND	272	162,656.	0.				
WILDFIRES	406	203,212.	0.				
COVID 19 GENERAL	1	200.	0.				
HURRICANE RELIEF	161	81,144.	0.				
BASIC NEEDS	340	67,536.					
Part IV Supplemental Information. Provide the information red	quired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.			
PART I, LINE 2:							
GRANTS MADE TO QUALIFIED 501(C)(3)	CHARITIE	S ARE VETI	ED BY MANA	GEMENT TO			
ENSURE THAT A) THEY ARE IN GOOD ST	ANDING AS	A QUALIFI	ED CHARITY	; B) THEY			
HAVE A MISSION THAT MEETS THE PARAMETERS OF THE ASSOCIATED CAMPAIGN; C)							
THEY REGULARLY ASSIST CHARITABLE C	LASS INDI	VIDUALS WH	IO HAVE BEE	N IMPACTED			
BY THE DISASTERS ASSOCIATED WITH T	HE CAMPAI	GN. ONCE V	/ETTED, MAN	AGEMENT ' S			
RECOMMENDATIONS ARE FORWARDED TO T	HE BOARD	FOR APPROV	/AL.				

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

Schedule I (Form 990) GOFUNDME . ORG	81-2279757 Page				
Part III Continuation of Grants and Other Assistance to Dor	mestic Individuals	(Schedule I (Form 99	90), Part III.)	1	
(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	4.	1,980.	0.		
K-12 CAUSE	83.	22,825.	0.		
TAAF/AAPI	9.	60,000.	0.		
CHANGEMAKERS	21.	15,162.	0.		
ENVIRONMENTAL CAUSES	78.	46,722.	0.		
					Sabadula I (Form 000)

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 I (Form 990)

132291 04-01-21

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

1

2

3

4 5

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12 13

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23

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

2021 Open to Public Inspection

Name of the	organization
-------------	--------------

Employer	identi	fication	number
0	1 0	07071	

E GOFUNDME.ORG 81-2279757 Part I Types of Property (a) (b) (c) (d) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures Art - Fractional interests Books and publications Clothing and household goods Cars and other vehicles Boats and planes Intellectual property 594,169. Х 1 Securities - Publicly traded Securities - Closely held stock Securities - Partnership, LLC, or trust interests Securities - Miscellaneous Qualified conservation contribution -Historic structures Qualified conservation contribution - Other Real estate - Residential Real estate - Commercial Real estate - Other Collectibles Food inventory Drugs and medical supplies Taxidermy Historical artifacts

24	Archeological a	artifacts									
25	Other 🕨 ()								
26	Other 🕨 ()								
27	Other 🕨 ()								
28	Other 🕨 ()								
29	Number of Form	ms 8283 received by	y the organiz	ation during	g the tax year for c	ontributions					
	for which the o	rganization complet	ed Form 828	33, Part V, D	onee Acknowledg	gement	29				
										Yes	No
30a	During the year	r, did the organizatio	on receive by	contributio	n any property rep	oorted in Part I, Iir	nes 1 thi	ough 28, that it			
	must hold for a	t least three years fi	rom the date	of the initia	I contribution, and	d which isn't requi	ired to b	e used for			
	exempt purpos	ses for the entire hol	ding period?			· · · · ·			30a		Х
b	lf "Yes," descri	be the arrangement	in Part II.								
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?					31		Х			
32a	a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash										
	contributions?				-				00-		Х
	COntributions?								32a		

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33 describe in Part II.

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

Schedule M (Form 990) 2021

132141 11-17-21

Scientific specimens

Schedule M (Form 990) 2021 (GOFUNDME.ORG
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Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

132142 11-17-21	Schedule M (Form 990) 2021

08190501 794202 94-08281.001

SCHEDULE O (Form 990) Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

EX 2021 Open to Public Inspection Employer identification number

81-2279757

OMB No. 1545-0047

GOFUNDME.ORG

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 III, LINE 2:

IN FISCAL YEAR 2022 WE ADDED FUNDRAISERS FOR REFUGEES SUPPORT (WELCOME

AFGHANISTAN AND WELCOME ALL) UKRAINE RELIEF EFFORTS (STAND WITH

UKRAINE, UKRAINE HUMANITARIAN, PLAY YOUR PART UKRAINE, UKRAINIAN

ORPHANS NEED YOUR HELP).

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

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2021

 132211 11-11-21

Name of the organization

GOFUNDME.ORG

Page 2 Employer identification number 81-2279757

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:

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.

132212 11-11-21