

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

Do not enter social security numbers on this form as it may be made public.

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

**2022**

Open to Public Inspection

**A** For the 2022 calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>GOFUNDME.ORG</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>8605 SANTA MONICA BLVD #88639</b> City or town, state or province, country, and ZIP or foreign postal code <b>WEST HOLLYWOOD, CA 90069-4109</b>	<b>D</b> Employer identification number <b>81-2279757</b>  <b>E</b> Telephone number <b>408-384-9359</b>
	<b>F</b> Name and address of principal officer: <b>IRINA KRIFUKS</b> <b>SAME AS C ABOVE</b>	<b>G</b> Gross receipts \$ <b>17,558,920.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number
	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
	<b>J</b> Website: <b>WWW.GOFUNDME.ORG</b>	
	<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	<b>L</b> Year of formation: <b>2016</b> <b>M</b> State of legal domicile: <b>CA</b>

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO PROVIDE FAST AND EFFECTIVE RELIEF TO VICTIMS OF DISASTERS AND TO FUND EDUCATIONAL AND OTHER</b>																			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.																			
Activities & Governance	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>																		
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>2</b>																		
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a) .....	<b>0</b>																		
	<b>6</b> Total number of volunteers (estimate if necessary) .....	<b>0</b>																		
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>0.</b>																		
	<b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 .....	<b>0.</b>																		
	Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:30%;"></th> <th style="width:35%;">Prior Year</th> <th style="width:35%;">Current Year</th> </tr> <tr> <td><b>8</b> Contributions and grants (Part VIII, line 1h) .....</td> <td style="text-align: right;">65,491,089.</td> <td style="text-align: right;">6,416,964.</td> </tr> <tr> <td><b>9</b> Program service revenue (Part VIII, line 2g) .....</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....</td> <td style="text-align: right;">-36,705.</td> <td style="text-align: right;">-1,333,332.</td> </tr> <tr> <td><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td><b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....</td> <td style="text-align: right;">65,454,384.</td> <td style="text-align: right;">5,083,632.</td> </tr> </table>		Prior Year	Current Year	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	65,491,089.	6,416,964.	<b>9</b> Program service revenue (Part VIII, line 2g) .....	0.	0.	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	-36,705.	-1,333,332.	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	0.	0.	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	65,454,384.
		Prior Year	Current Year																	
<b>8</b> Contributions and grants (Part VIII, line 1h) .....		65,491,089.	6,416,964.																	
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<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	65,454,384.																			
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	56,960,284.																		
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....	0.																		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	0.																		
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....	0.																		
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) .....	62,829.																		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	780,386.																		
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	57,740,670.																			
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	7,713,714.																			
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16) .....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:30%;"></th> <th style="width:35%;">Beginning of Current Year</th> <th style="width:35%;">End of Year</th> </tr> <tr> <td><b>20</b> Total assets (Part X, line 16) .....</td> <td style="text-align: right;">16,501,631.</td> <td style="text-align: right;">9,528,067.</td> </tr> <tr> <td><b>21</b> Total liabilities (Part X, line 26) .....</td> <td style="text-align: right;">1,761.</td> <td style="text-align: right;">311,178.</td> </tr> <tr> <td><b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....</td> <td style="text-align: right;">16,499,870.</td> <td style="text-align: right;">9,216,889.</td> </tr> </table>		Beginning of Current Year	End of Year	<b>20</b> Total assets (Part X, line 16) .....	16,501,631.	9,528,067.	<b>21</b> Total liabilities (Part X, line 26) .....	1,761.	311,178.	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	16,499,870.	9,216,889.						
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<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	16,499,870.																			

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>IRINA KRIFUKS, CONTROLLER</b> <i>Irina Krifuks</i>	Date <b>05/06/24</b>
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>KRISTEN SIMPSON</b>	Preparer's signature <b>KRISTEN SIMPSON</b>
	Firm's name <b>CARR, RIGGS &amp; INGRAM, LLC</b>	Date <b>05/06/24</b>
	Firm's address <b>TWO RIVERWAY, 15TH FLOOR HOUSTON, TX 77056</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P01268482</b>
		Firm's EIN <b>72-1396621</b>
		Phone no. <b>713-621-8090</b>

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code: ) (Expenses \$ 511,036. including grants of \$ 511,036. ) (Revenue \$ ) GOFUNDME.ORG CREATED CAMPAIGNS SPECIFICALLY FOR VARIOUS URGENT NEEDS INCLUDING, BUT NOT LIMITED TO MAINTAINING UKRAINE HUMANITARIAN SUPPORT, SUPPORT WELCOME REFUGEES AND AAPI COMMUNITY. GRANTS WERE MADE TO BOTH CHARITABLE ORGANIZATIONS AND CHARITABLE CLASS VICTIMS.

4b (Code: ) (Expenses \$ 13,067,204. including grants of \$ 13,033,006. ) (Revenue \$ ) GOFUNDME.ORG MAINTAINED AND CREATED FUNDS SPECIFICALLY FOR VARIOUS ONGOING NEEDS INCLUDING, BUT NOT LIMITED TO HELPING PEOPLE REACH THEIR MOST ESSENTIAL NEEDS, EDUCATION SUPPORT FOR TEACHERS, AND OTHER PARTNER FUNDS SUPPORTING REFUGEE RESETTLEMENT AND OTHER ONGOING CHARITABLE INITIATIVES. GRANTS WERE MADE TO BOTH CHARITABLE ORGANIZATIONS AND CHARITABLE CLASS PEOPLE IN NEED.

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

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

4e Total program service expenses 13,578,240.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21, with sub-questions a-f for questions 11, 12, and 20. 'X' marks indicate 'Yes' responses for questions 1, 2, 6, 11a, 11b, 11c, 11d, 11e, 11f, 12a, 14b, 15, 19, 20a, 20b, and 21.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
IRINA KRIFUKS - 408-384-9359
8605 SANTA MONICA BLVD #88639, WEST HOLLYWOOD, CA 90069-4109

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KIM WILFORD BOARD CHAIR	1.00	X						0.	0.	0.
(2) CHRISTINE DEMETRUIS BOARD MEMBER (FORMER)	1.00	X						0.	0.	0.
(3) MICHAEL B. FISHER BOARD MEMBER (FORMER)	1.00	X						0.	0.	0.
(4) ROB SOLOMON BOARD MEMBER	1.00	X						0.	0.	0.
(5) MIA MOSHER BOARD MEMBER	1.00	X						0.	0.	0.
(6) YOSHIKO INOUE EXECUTIVE DIRECTOR (FORMER)	15.00			X				0.	0.	0.
(7) FRANCES N. CALZADA TREASURER (FORMER)	11.38			X				0.	0.	0.
(8) AMANDA B. LIERMAN EXECUTIVE DIRECTOR	15.00			X				0.	0.	0.
(9) BATYR JORAYEV TREASURER	11.38			X				0.	0.	0.
(10) IRINA KRIFUKS CONTROLLER	22.50			X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Subtotal</b> .....							0.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							0.	0.	0.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns .....	<b>1a</b>				
	<b>b</b>	Membership dues .....	<b>1b</b>				
	<b>c</b>	Fundraising events .....	<b>1c</b>				
	<b>d</b>	Related organizations .....	<b>1d</b>				
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	6,416,964.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		6,416,964.			
Program Service Revenue	<b>2 a</b>	_____	<b>Business Code</b>				
	<b>b</b>	_____					
	<b>c</b>	_____					
	<b>d</b>	_____					
	<b>e</b>	_____					
	<b>f</b>	All other program service revenue .....					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f .....					
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....		57,904.		57,904.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds .....					
	<b>5</b>	Royalties .....					
	<b>6 a</b>	Gross rents .....	<b>6a</b>	(i) Real			
				(ii) Personal			
	<b>b</b>	Less: rental expenses ...	<b>6b</b>				
	<b>c</b>	Rental income or (loss)	<b>6c</b>				
	<b>d</b>	Net rental income or (loss) .....					
	<b>7 a</b>	Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	(ii) Other		
	<b>b</b>	Less: cost or other basis and sales expenses .....	<b>7b</b>	11,084,052.			
	<b>c</b>	Gain or (loss) .....	<b>7c</b>	12,475,288.			
<b>d</b>	Net gain or (loss) .....		-1,391,236.		-1391236.		
<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>					
<b>b</b>	Less: direct expenses .....	<b>8b</b>					
<b>c</b>	Net income or (loss) from fundraising events .....						
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>					
<b>b</b>	Less: direct expenses .....	<b>9b</b>					
<b>c</b>	Net income or (loss) from gaming activities .....						
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....	<b>10a</b>					
<b>b</b>	Less: cost of goods sold .....	<b>10b</b>					
<b>c</b>	Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue	<b>11 a</b>	_____	<b>Business Code</b>				
	<b>b</b>	_____					
	<b>c</b>	_____					
	<b>d</b>	All other revenue .....					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....					
<b>12</b>	<b>Total revenue.</b> See instructions .....		5,083,632.	0.	0.	-1333332.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	11,946,440.	11,946,440.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	832,938.	832,938.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	764,664.	764,664.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages				
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits				
<b>10</b> Payroll taxes				
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	89,445.		89,445.	
<b>c</b> Accounting	70,888.		70,888.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	33,866.		33,866.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	90,116.	26,422.	39,013.	24,681.
<b>12</b> Advertising and promotion	479.			479.
<b>13</b> Office expenses				
<b>14</b> Information technology	30,500.		30,500.	
<b>15</b> Royalties				
<b>16</b> Occupancy				
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization				
<b>23</b> Insurance	2,703.		2,703.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a CREDIT CARD PROCESSING</b>	37,654.			37,654.
<b>b MISCELLANEOUS</b>	9,217.		9,217.	
<b>c BANK FEES</b>	7,972.	6,922.	1,035.	15.
<b>d DUES &amp; SUBSCRIPTIONS</b>	3,262.	854.	2,408.	
<b>e</b> All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	13,920,144.	13,578,240.	279,075.	62,829.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	5,011,531.	<b>1</b>	6,772,863.
	<b>2</b> Savings and temporary cash investments .....	0.	<b>2</b>	2,700,166.
	<b>3</b> Pledges and grants receivable, net .....	567,080.	<b>3</b>	51,688.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	1,263.	<b>9</b>	3,350.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b>	<b>10c</b>	
	<b>11</b> Investments - publicly traded securities .....	10,921,757.	<b>11</b>	0.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	16,501,631.	<b>16</b>	9,528,067.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....		<b>17</b>	
	<b>18</b> Grants payable .....	1,761.	<b>18</b>	311,178.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,761.	<b>26</b>	311,178.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	807,217.	<b>27</b>	1,038,372.
	<b>28</b> Net assets with donor restrictions .....	15,692,653.	<b>28</b>	8,178,517.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	16,499,870.	<b>32</b>	9,216,889.
	<b>33</b> Total liabilities and net assets/fund balances .....	16,501,631.	<b>33</b>	9,528,067.

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,083,632.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,920,144.
3	Revenue less expenses. Subtract line 2 from line 1	3	-8,836,512.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	16,499,870.
5	Net unrealized gains (losses) on investments	5	1,553,531.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	9,216,889.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2022)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2022**

Open to Public Inspection

<b>Name of the organization</b> GOFUNDME . ORG	<b>Employer identification number</b> 81-2279757
---------------------------------------------------	-----------------------------------------------------

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

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

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	2389442.	30818096.	15280142.	65491089.	6416964.	120395733
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	2389442.	30818096.	15280142.	65491089.	6416964.	120395733
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						13431540.
<b>6 Public support.</b> Subtract line 5 from line 4.						106964193

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 .....	2389442.	30818096.	15280142.	65491089.	6416964.	120395733
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....		544.	355.		57,904.	58,803.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						120454536
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	88.80	%
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	<b>15</b>	94.07	%
<b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

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

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

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

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

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

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2022 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2022</b>	<b>(iii) Distributable Amount for 2022</b>
<b>1</b> Distributable amount for 2022 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017			
<b>b</b> From 2018			
<b>c</b> From 2019			
<b>d</b> From 2020			
<b>e</b> From 2021			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2022 distributable amount			
<b>i</b> Carryover from 2017 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2018			
<b>b</b> Excess from 2019			
<b>c</b> Excess from 2020			
<b>d</b> Excess from 2021			
<b>e</b> Excess from 2022			

Schedule A (Form 990) 2022

**Part VI**

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

Multiple horizontal lines for supplemental information.



**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Name of the organization

GOFUNDME . ORG

Employer identification number

81-2279757

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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 ..... \$ \_\_\_\_\_

**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).

Name of organization <b>GOFUNDME.ORG</b>	Employer identification number <b>81-2279757</b>
---------------------------------------------	-----------------------------------------------------

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BIG BROTHERS BIG SISTERS OF AMERICA 2502 N. ROCKY POINT DRIVE, SUITE 550 TAMPA, FL 33607	\$ 191,638.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	FRIEZE FAMILY FOUNDATION 99-50 FLORENCE ST. #2A CHESTNUT HILL, MA 02467	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	LANDRY CHARITABLE FOUNDATION 250 BOYLSTON STREET STE. 6 BOSTON, MA 02116	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	OBAMA FOUNDATION 5235 S. HARPER CT, SUITE 1400 CHICAGO, IL 60625	\$ 822,153.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	OPEN SOCIETY FOUNDATION 224 WEST 57TH STREET NEW YORK, NY 10106	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	PRITZKER FAMILY FOUNDATION 10 N WACKER DR. STE 4350 CHICAGO, IL 60606	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	ROCKEFELLER PHILANTHROPIC ADVISORS  90 CHURCH STREET, FL. 1, #7082  NEW YORK, NY 10008	\$ 610,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	SHAPIRO FOUNDATION  339 CHESTNUT ST  NEEDHAM, MA 02492	\$ 627,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>GOFUNDME .ORG</b>	Employer identification number  <b>81-2279757</b>
--------------------------------------------------	---------------------------------------------------------

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization <b>GOFUNDME .ORG</b>	Employer identification number <b>81-2279757</b>
----------------------------------------------	-----------------------------------------------------

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

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

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

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

Table with 3 columns: Question, Held at the End of the Tax Year. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring expenses.

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

Table with 3 columns: Question, Revenue, Assets. Rows include questions about reporting art and historical treasures and the amounts required to be reported.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

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

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

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

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

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

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

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

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

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	7,001,437.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	1,553,531.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	398,140.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	1,951,671.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	5,049,766.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	33,866.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	33,866.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	5,083,632.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	14,284,418.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	398,140.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	398,140.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	13,886,278.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	33,866.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	33,866.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	13,920,144.

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, THE ORGANIZATION IS EXEMPT FROM TAXES ON INCOME OTHER THAN UNRELATED BUSINESS INCOME. THERE IS NO UNRELATED BUSINESS INCOME FOR THE YEARS ENDED JUNE 30, 2023 AND 2022.

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

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

INTERIM PERIODS, DISCLOSURE AND TRANSITION. AS OF JUNE 30, 2023 AND 2022,  
 THE ORGANIZATION HAS NO UNCERTAIN TAX PROVISIONS THAT QUALIFY FOR  
 RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE ORGANIZATION  
 BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS  
 PRIOR TO 2019.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization <b>GOFUNDME . ORG</b>	Employer identification number <b>81-2279757</b>
---------------------------------------------------	-----------------------------------------------------

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

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	FUNDRAISING ACTIVITIES	STAND WITH UKRAINE	0.
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	0	FUNDRAISING ACTIVITIES	WELCOME FROM CGI	0.
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	0	0	GRANTS TO ORGANIZATIONS	OPRAH WINFREY CHARITABLE FOUNDATION AND GIRL'S OPPORTUNITY ALLIANCE	414,900.
RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN, BELARUS,	0	0	GRANTS TO ORGANIZATIONS	UKRAINIAN ORPHANS NEED YOUR HELP	0.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	GRANTS TO ORGANIZATIONS	ESEA CAMPAIGN AND AFGHANISTAN BUZZFEED	0.
SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES,	0	0	GRANTS TO ORGANIZATIONS	GIRL'S OPPORTUNITY ALLIANCE	0.
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	GRANTS TO ORGANIZATIONS	GIRL'S OPPORTUNITY ALLIANCE	0.
<b>3 a Subtotal</b> .....	0	0			414,900.
<b>b Total from continuation sheets to Part I</b> .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			414,900.

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

Schedule F (Form 990) 2022



**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)
		AFRICA	GIRL'S OPPORTUNITY ALLIANCE	50,000.	WIRE	0.		FMV
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	GIRL'S OPPORTUNITY ALLIANCE	194,684.	WIRE	0.		FMV
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	GIRL'S OPPORTUNITY ALLIANCE	100,000.	WIRE	0.		FMV
		UNITED KINGDOM	ESEA CAMPAIGN	69,980.	WIRE	0.		FMV
		SOUTH ASIA	GIRL'S OPPORTUNITY ALLIANCE	120,000.	WIRE	0.		FMV
		SUB-SAHARAN AFRICA	GIRL'S OPPORTUNITY ALLIANCE	180,000.	WIRE	0.		FMV
		SOUTH AMERICA	GIRL'S OPPORTUNITY ALLIANCE	50,000.	WIRE	0.		FMV

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

3 Enter total number of other organizations or entities ▶ \_\_\_\_\_



**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

**Part V Supplemental Information**

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

Multiple horizontal lines for supplemental information.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
**Attach to Form 990.**  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

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

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

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
A NEW WAY OF LIFE 9512 SOUTH CENTRAL AVENUE LOS ANGELES, CA 90002	95-4782503		6,730.	0.			POUSSEY WASHINGTON FUND
AAJC 1620 L STREET NW NO 1050 WASHINGTON, DC 20036	13-3619000		25,000.	0.			SUPPORT AAPI COMMUNITY
ACCESS TO TECH 6003 GLENEAGLES CIR SAN JOSE, CA 95138	82-4973852		10,144.	0.			KID HEROES CAMPAIGNS
ACDC 1027 S RAINBOW BLVD # 253 LAS VEGAS, NV 89145	47-2438087		25,000.	0.			SUPPORT AAPI COMMUNITY
ACE FOUNDATION 1300 PENNSYLVANIA AVE NW SUITE 700 WASHINGTON, DC 20004	46-3200311		25,000.	0.			SUPPORT AAPI COMMUNITY
AFGHAN COMMUNITY CULTURE CENTER 792 N MOLLISON AVE UNIT 11 EL CAJON, CA 92021	84-4928135		75,000.	0.			AFGHANISTAN WELCOME.US

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

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

Schedule I (Form 990) 2022

**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 REFUGEE RELIEF (FISCAL AGENT AFGHAN LITERACY FOUNDATION) - AFGHAN REFUGEE RELIEF - LINCOLN, NE 68503	80-0376335		50,000.	0.			AFGHANISTAN WELCOME.US
AIRBNB.ORG 888 BRANNAN ST. SAN FRANCISCO, CA 94103	83-3135259		95,350.	0.			STAND WITH UKRAINE
AL-HUDA INC 5301 EDGEWOOD TD COLLEGE PARK, MD 20740	52-1977912		15,000.	0.			AFGHANISTAN WELCOME.US
ALIGHT 1325 QUINCY ST NE SUITE A1 MINNEAPOLIS, MN 55413	36-3241033		325,000.	0.			WELCOME.US
AMERICAN BAR ASSOCIATION 321 N CLARK STREET CHICAGO, IL 60654	36-6110299		315,000.	0.			AFGHANISTAN WELCOME.US
AMERICAN IMMIGRATION COUNCILS IMMIGRATION JUSTICE CAMPAIGN - 1331 G ST. NW SUITE 200 - WASHINGTON, DC 20005	52-1549711		405,000.	0.			AFGHANISTAN WELCOME.US
APA FILM 1203 K ST. NW WASHINGTON, DC 20005	52-2331189		25,000.	0.			SUPPORT AAPI COMMUNITY
APA INSTITUTE FOR CONGRESSIONAL STUDIES - 1629 K STREET NW SUITE 400 - WASHINGTON, DC 20006	52-1917903		25,000.	0.			SUPPORT AAPI COMMUNITY
APA LEGAL RESOURCE CENTER 1627 K STREET NW SUITE 610 WASHINGTON, DC 20006	52-2148028		25,000.	0.			SUPPORT AAPI COMMUNITY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
APIA VOTE 1612 K ST. NW SUITE 600 WASHINGTON, DC 20006	03-0575412		55,000.	0.			SUPPORT AAPI COMMUNITY
ASIAN AMERICAN DOCUMENTARY NETWORK 2263 15TH ST. SAN FRANCISCO, CA 94114	27-3712050		25,000.	0.			SUPPORT AAPI COMMUNITY
ASIAN AMERICAN FUTURES 15333 CULVER DR. IRVINE, CA 92604	85-4191419		55,000.	0.			SUPPORT AAPI COMMUNITY
ASIAN AMERICAN LEAD 5518 CONNECTICUT AVE NW 2ND FL WASHINGTON, DC 20015	52-2102012		25,000.	0.			SUPPORT AAPI COMMUNITY
ASIAN AMERICAN WOMEN'S POLITICAL INITIATIVE - 35 FAYWOOD AVE APT 2 EAST - BOSTON, MA 02128	37-1948314		25,000.	0.			SUPPORT AAPI COMMUNITY
ASIAN AMERICAN WRITERS WORKSHOP 112 W 27TH STREET SUITE 600 NEW YORK, NY 10001	13-3677911		25,000.	0.			SUPPORT AAPI COMMUNITY
ASIAN AMERICANS ADVANCING JUSTICE 1620 L ST. NW SUITE 1050 WASHINGTON, DC 20036	13-3619000		100,000.	0.			TAAF/AAPI
ASIAN AMERICANS IN ACTION 20 TRUMAN ST, STE 102 IRVINE, CA 92620	84-2305161		25,000.	0.			SUPPORT AAPI COMMUNITY
ASIAN AND PACIFIC ISLANDER AMERICA ONE KAISER PLAZA SUIT 850 OAKLAND, CA 94612	94-3030866		25,000.	0.			SUPPORT AAPI COMMUNITY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASIAN AND PACIFIC ISLANDER AMERICAN SCHOLARS - 1850 M ST. NW SUITE 245 - WASHINGTON,, DC 20036	57-1192973		25,000.	0.			SUPPORT AAPI COMMUNITY
ASIAN ART MUSEUM 200 LARKIN ST. SAN FRANCISCO, CA 94102	94-1704765		25,000.	0.			SUPPORT AAPI COMMUNITY
ASIAN ARTS INITIATIVE 1219 VINE STREET PHILADELPHIA, PA 19107-1130	23-2827657		25,000.	0.			SUPPORT AAPI COMMUNITY
ASIAN CINEVISION 501 W 123RD ST APT 9E NEW YORK, NY 10027-5011	13-2933486		25,000.	0.			SUPPORT AAPI COMMUNITY
ASIAN COMMUNITY & CULTURAL CENTER 144 N 44TH' STREET SUITE A NEW YORK, NY 10027-5011	47-0807501		30,000.	0.			AFGHANISTAN WELCOME.US
ASIAN IMMIGRANT WOMEN ADVOCATES 310 8TH STREET #301 OAKLAND, CA 94607	94-2977665		25,000.	0.			SUPPORT AAPI COMMUNITY
ASIAN PACIFIC AMERICAN DISPUTE RESOLUTION CENTER - 75 SOUTH GRAND AVENUE SUITE 217 - PASADENA, CA 91105	95-4227375		25,000.	0.			SUPPORT AAPI COMMUNITY
ASIAN SOLIDARITY COLLECTIVE 153 GLENDALE BLVD LOS ANGELES, CA 90026	77-0439301		25,000.	0.			SUPPORT AAPI COMMUNITY
ASIAN YOUTH CENTER 100 WEST CLARY AVENUE SAN GABRIEL, CA 91776	33-0383691		25,000.	0.			SUPPORT AAPI COMMUNITY

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASIAN/PACIFIC ISLANDER AMERICAN CHAMBER OF COMMERCE AND ENTREPRENEURSHIP - 1300 PENNSYLVANIA AVENUE NW, SUITE 700	46-2071116		25,000.	0.			SUPPORT AAPI COMMUNITY
ATASK P.O. BOX 120108 BOSTON, MA 02112	04-3103354		25,000.	0.			SUPPORT AAPI COMMUNITY
BACH VIET ASSOCIATION 1050 FULTON AVE STE 110 SACRAMENTO, CA 95825-4298	68-0000818		15,000.	0.			AFGHANISTAN WELCOME.US
BESSIE COLEMAN AVIATION ALLSTARS 8841 S MERRILL AVE CHICAGO CHICAGO, IL 60617	81-1990356		25,000.	0.			BARBIE DREAM GAP/ MATTEL
BIG BROTHERS BIG SISTERS 1709 WALNUT ST KANSAS CITY, MO 64108-1315	43-1827386		621,195.	0.			EXPRESS
BINDLESTIFF STUDIO PO BOX 190205 SAN FRANCISCO, CA 94119-0205	04-3739923		25,000.	0.			SUPPORT AAPI COMMUNITY
BOYS AND GIRLS CLUB OF AMERICA 1275 PEACHTREE STREET ATLANTA, GA 30309	13-5562976		50,000.	0.			AFGHANISTAN WELCOME.US
BRAVE TRAILS 2717 S ROBERTSON BLVD.UNIT C LOS ANGELES, CA 90034	46-4530883		39,142.	0.			PATTIEGONIA
BUILDING PEACEFUL BRIDGES 1520 FOREST DRIVE GLENVIEW, IL 60025	83-2282738		30,000.	0.			AFGHANISTAN WELCOME.US

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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 ALEXANDRIA, VA 22314	43-1634280		95,350.	0.			STAND WITH UKRAINE
CAMBODIAN AMERICAN LITERARY ARTS ASSOCIATION - P.O. BOX 9687 - LOWELL, MA 01853	82-3511710		25,000.	0.			SUPPORT AAPI COMMUNITY
CAMERON HOUSE 920 SACRAMENTO ST SAN FRANCISCO, CA 94108-2015	94-2978157		25,000.	0.			SUPPORT AAPI COMMUNITY
CAPE 360 E 2ND STREET SUITE 800 LOS ANGELES, CA 90012	95-4552979		55,000.	0.			SUPPORT AAPI COMMUNITY
CAPI USA 5930 BROOKLYN BOULEVARD BROOKLYN CENTER, MN 55429	41-1417198		30,000.	0.			AFGHANISTAN WELCOME.US
CENTER FOR ASIAN PACIFIC AMERICAN WOMEN - 35 FAYWOOD AVE APT 2 EAST - SAN FRANCISCO, CA 94111	84-1309405		25,000.	0.			SUPPORT AAPI COMMUNITY
CENTER FOR EMPOWERING REFUGEES AND IMMIGRANTS - 544 INTERNATIONAL BLVD - OAKLAND, CA 94606	76-0822958		25,000.	0.			SUPPORT AAPI COMMUNITY
CENTER FOR HMONG ARTS AND TALENT 995 UNIVERSITY AVE W. STUDIO 251 ST. PAUL, MN 55104	41-1771925		25,000.	0.			SUPPORT AAPI COMMUNITY
CHINESE AMERICAN MUSEUM 425 N. LOS ANGELES STREET LOS ANGELES, CA 90012	95-4176897		25,000.	0.			SUPPORT AAPI COMMUNITY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLD FUTURES CHALLENGE 15333 CULVER DR IRVINE, CA 92604	85-4191419		500,000.	0.			SUPPORT AAPI COMMUNITY
COMBINED ARMS 2929 MCKINNEY STREET HOUSTON, TX 77003	47-5648923		50,000.	0.			AFGHANISTAN WELCOME.US
CORNERSTONE MARRIAGE & FAMILY INTERVENTION - 25 WINDING WAY - PRINCETON, NJ 08540-8808	82-1945817		30,000.	0.			AFGHANISTAN WELCOME.US
CROWDED FIRE 1695 18TH ST. C101 ANNEX SAN FRANCISCO, CA 94107	71-0913882		25,000.	0.			SUPPORT AAPI COMMUNITY
CULTURINGUA 8920 JOHN BARRETT DR SAN ANTONI, TX 78240-3593	84-1940407		30,000.	0.			AFGHANISTAN WELCOME.US
CURYJ 285 INTERNATIONAL BLVD OAKLAND, CA 94606	27-5008441		25,000.	0.			SUPPORT AAPI COMMUNITY
DAYA PO BOX 770773 HOUSTON, TX 77215	76-0513273		25,000.	0.			SUPPORT AAPI COMMUNITY
DEFINE AMERICAN 453 S SPRING ST STE 400 PMB 104 LOS ANGELES, CA 90013-2074	46-4610491		55,000.	0.			SUPPORT AAPI COMMUNITY
DISORIENT ASIAN AMERICAN FILM FESTIVAL OF OREGON - 1711 WILLAMETTE ST STE 301 - EUGENE, OR 97401	84-1962927		25,000.	0.			SUPPORT AAPI COMMUNITY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EAST WEST PLAYERS 120 JUDGE JOHN AISO ST. LOS ANGELES, CA 90012	95-6151775		25,000.	0.			SUPPORT AAPI COMMUNITY
EASTERN SIERRA CONSERVATION CORP 192 LAUREL MOUNTAIN ROAD MAMMOTH LAKES, CA 93456	81-2456264		39,142.	0.			PATTIEGONIA
ENACTE 7 RIVERWAY UNIT 2008 HOUSTON, TX 77056-2058	45-5339203		25,000.	0.			SUPPORT AAPI COMMUNITY
ETHNOHTEC 977 SOUTH VAN NESS AVENUE SAN FRANCISCO, CA 94110	94-3124927		25,000.	0.			SUPPORT AAPI COMMUNITY
FEED FORWARD/MORE THAN A MEAL 269 SOUTH BEVERLY DRIVE SUITE 338 BEVERLY HILLS, CA 90212	26-4245043		7,020.	0.			SUPPORT AAPI COMMUNITY
FILIPINO COMMUNITY CENTER 4681 MISSION STREET SAN FRANCISCO, CA 94112	94-3300090		25,000.	0.			SUPPORT AAPI COMMUNITY
FOR CHARLOTTE INC 117 B SADIE DRIVE MATTHEWS, NC 28105	20-1984841		30,000.	0.			AFGHANISTAN WELCOME.US
FREEDOM FOR IMMIGRANTS PO BOX 40677 SAN FRANCISCO, CA 94140	80-0875881		6,730.	0.			POUSSEY WASHINGTON FUND
FRESH START REFUGEE ASSISTANCE CENTER - 7714 GLENISTER DR - SPRINGFIELD, VA 22152	82-1079316		50,000.	0.			AFGHANISTAN 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.)

(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
GARDEN OF HOPE 126-02 82ND AVENUE KEW GARDENS, NY 11415	20-0177587		25,000.	0.			SUPPORT AAPI COMMUNITY
GARDENA VALLEY JAPANESE CULTURAL INSTITUTE - 1964 W. 162ND ST. - GARDENA, CA 90247	95-6197597		25,000.	0.			SUPPORT AAPI COMMUNITY
GATEWAY COMMUNITY SERVICES OF MAINE - 124 CANAL ST. - LEWISTON, ME 04240	81-3604505		30,000.	0.			AFGHANISTAN WELCOME.US
GIRLS LEADERSHIP 1675 7TH STREET OAKLAND, CA 94615-0002	33-1207431		62,500.	0.			BARBIE DREAM GAP/ MATTEL
GIRLS WRITE NOW, INC 247 W. 37TH STREET SUITE 1000 NEW YORK, NY 10018	54-2115054		25,000.	0.			BARBIE DREAM GAP/ MATTEL
GIRLS, INC 120 WALL STREET NEW YORK, NY 10005	13-1915124		34,377.	0.			BARBIE DREAM GAP/ MATTEL
GIVEDIRECTLY PO. BOX 3221. NEW YORK, NY 10008	27-1661997		7,209.	0.			EARTHQUAKE RELIEF
GLOBAL IMPACT INITIATIVE 2400 PEARL STREET AUSTIN, TX 78705	85-1985094		30,000.	0.			AFGHANISTAN WELCOME.US
GOLD HOUSE FEATURES CHALLENGE 340 S LEMON AVE 5118 WALNUT, CA 91789-2706	83-3636419		555,000.	0.			SUPPORT AAPI COMMUNITY

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GRAVES HS 3565 LONE OAK RD PADUCAH, KY 42003	26-3609053		8,210.	0.			MAYFIELD KENTUCKY
HAITIAN BRIDGE ALLIANCE 13 OVERTURE LANE ALISO VIEJO, CA 92656	81-3558713		25,000.	0.			WELCOME.US
HEART OF DINNER 13 ESSEX ST APT 11 NEW YORK, NY 10002	85-2676806		7,020.	0.			SUPPORT AAPI COMMUNITY
HEBREW IMMIGRANT AID SOCIETY 6587 HAMILTON AVE SUITE 1E PITTSBURGH, PA 15206-4147	82-3695047		70,000.	0.			WELCOME.US
HMONG WOMEN ACHIEVING TOGETHER PO BOX 17391 SAINT PAUL, MN 55117-0391	20-8964738		25,000.	0.			SUPPORT AAPI COMMUNITY
HOME FOR REFUGEES USA 26682 AVENIDA ARIVACA MISSION VIEJO, CA 92691	82-1274285		150,000.	0.			WELCOME.US
HOMES NOT BORDERS 4318 HAMILTON STREET HYATTSVILLE, MD 20781	83-4634632		30,000.	0.			AFGHANISTAN WELCOME.US
HONOLULU MUSEUM OF ART 900 SOUTH BERETANIA STREET HONOLULU, HI 96814	99-0079713		25,000.	0.			SUPPORT AAPI COMMUNITY
HUMAN RIGHTS FIRST 75 BROAD STREET NEW YORK, NY 10004	13-3116646		390,000.	0.			AFGHANISTAN WELCOME.US

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IMMIGRANT & REFUGEE OUTREACH CENTER - 951 BELLVIEW ROAD - MCLEAN, VA 22102	84-2802566		50,000.	0.			AFGHANISTAN WELCOME.US
IMMIGRANT ADVOCATES RESPONSE COLLABORATIVE INC. - IMMIGRANT ADVOCATES RESPONSE COLLABORATIVE INC. - CHICAGO, IL 60622	85-0595592		350,000.	0.			WELCOME.US
IMMIGRANT WELCOME CENTER 40 E ST CLAIR INDIANAPOLIS, IN 46203	20-3222424		75,000.	0.			AFGHANISTAN WELCOME.US
IMMIGRANT WOMEN'S COMMUNITY CENTER PO BOX 6564 BELLEVUE, WA 98008-0564	85-2676180		20,000.	0.			AFGHANISTAN WELCOME.US
INDY READS 1066 VIRGINAI AVE INDIANAPOLIS, IN 46203	31-1227489		75,000.	0.			AFGHANISTAN WELCOME.US
INTEGRATED REFUGEE AND IMMIGRANT SERVICES (IRIS) - 235 NICOLL STREET 2ND FLOOR - NEW HAVEN, CT 06511	06-0653044		35,000.	0.			WELCOME.US
IRVINE TAIWANESE PRESBYTERIAN CHURCH - 24301 EL TORO RD. - LAGUNA HILLS, CA 92637	33-0630132		10,000.	0.			TAAF/AAPI
JANNUS INC JANNUS INC AUSTIN, TX 78705	81-6035382		30,000.	0.			AFGHANISTAN WELCOME.US
JAPANESE AMERICAN NATIONAL MUSEUM 100 N. CENTRAL AVE. LOS ANGELES, CA 90012	95-3966024		25,000.	0.			SUPPORT AAPI COMMUNITY

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JASC 4427 N. CLARK STREET CHICAGO, IL 60640	36-2181974		25,000.	0.			SUPPORT AAPI COMMUNITY
KALEIDOSCOPE YOUTH CENTER 603 E TOWN ST COLUMBUS, OH 43215	31-1411495		39,142.	0.			PATTIEGONIA
KEARNY STREET WORKSHOP 1246 FOLSOM ST SAN FRANCISCO, CA 94103-3817	94-3207003		25,000.	0.			SUPPORT AAPI COMMUNITY
KEEPING OUR PROMISE, INC. KEEPING OUR PROMISE, INC. RICHMOND, VA 23221	85-1918996		30,000.	0.			AFGHANISTAN WELCOME.US
KIRAN 1012 OBERLIN ROAD RALEIGH, NC 27605	56-2203528		25,000.	0.			SUPPORT AAPI COMMUNITY
KIZUNA 244 S. SAN PEDRO STREET SUITE 504 LOS ANGELES, CA 90012	81-4218837		25,000.	0.			SUPPORT AAPI COMMUNITY
KOREAN AMERICAN SPECIAL EDUCATION CENTER - 1661 N RAYMOND AVE. #109 - ANAHEIM, CA 92801	20-1635852		25,000.	0.			SUPPORT AAPI COMMUNITY
KUA 47-200 WAIHE'E ROAD C/O KEY PROJECT KANE'OHE, HI 96744	45-4509939		55,000.	0.			SUPPORT AAPI COMMUNITY
KUMU KAHUA THEATRE 46 MERCHANT ST HONOLULU, HI 96813	99-0203747		25,000.	0.			SUPPORT AAPI COMMUNITY

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KUNDIMAN 113 WEST 60TH STREET ROOM 924 NEW YORK, NY 10023	06-1650662		25,000.	0.			SUPPORT AAPI COMMUNITY
LATINITAS 1023 SPRINGDALE ROAD SUITE 9E AUSTIN, TX 78721	77-0603754		25,000.	0.			BARBIE DREAM GAP/ MATTEL
LAUREUS SPORT FOR GOOD FOUNDATION OF AMERICA - 645 FIFTH AVE NO 5TH FL - NEW YORK, NY 10022	30-0047132		43,969.	0.			PLAY YOUR PART FOR UKRAINE
LEADERSHIP EDUCATION FOR ASIAN PACIFICS - 327 E. 2ND STREET SUITE 226 - LOS ANGELES, CA 90012	95-3879677		25,000.	0.			SUPPORT AAPI COMMUNITY
LEARNING TO GIVE PO BOX 329 GRAND HAVEN, MI 49417	61-1479763		10,144.	0.			KID HEROES CAMPAIGNS
M.A.L.O. 936 N LA PALOMA AVE ONTARIO, CA 91764-2914	82-4711809		25,000.	0.			SUPPORT AAPI COMMUNITY
MAHA 230 W. CERMAK RD CHICAGO, IL 60616	36-4526722		25,000.	0.			SUPPORT AAPI COMMUNITY
MARSHALLESE YOUTH OF ORANGE COUNTY 13101 ASPENWOOD AVE GARDEN GROVE, CA 92840	36-4669816		25,000.	0.			SUPPORT AAPI COMMUNITY
MASSACHUSETTS BAPTIST MULTICULTURAL MINISTRIES, INC. - 99 CHURCH ST - LOWELL, MA 01852	27-2782979		30,000.	0.			AFGHANISTAN WELCOME.US

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MAYFIELD INDEPENDENT SCHOOLS 914 E COLLEGE ST MAYFIELD, KY 42066	61-6001423		8,210.	0.			MAYFIELD KENTUCKY
MIRY'S LIST 23564 CALABASAS RD STE 201 CALABASAS, CA 91302-1338	81-5406929		50,000.	0.			AFGHANISTAN WELCOME.US
MORE THAN A MEAL 63 FLUSHING AVE BUILDING 58 SUITE 1 BROOKLYN, NY 11205	APPLIED FOR		55,000.	0.			SUPPORT AAPI COMMUNITY
MUSLIM YOUTH FOR POSITIVE IMPACT 1880 GOLDEN EAGLE CT BROOMFIELD, CO 80020-1274	83-0998674		30,000.	0.			AFGHANISTAN WELCOME.US
MY PROJECT USA 3275 SULLIAVANT AVE COLUMBUS, OH 43204-1837	47-2398195		50,000.	0.			AFGHANISTAN WELCOME.US
NAATAK 2110 WALSH AVE SANTA CLARA, CA 95050	20-2541450		25,000.	0.			SUPPORT AAPI COMMUNITY
NAATCO 520 8TH AVE SUITE 309 NEW YORK, NY 10018-8644	13-3486145		25,000.	0.			SUPPORT AAPI COMMUNITY
NAPIESV 4952 FRANKLIN AVENUE DES MOINES, IA 50310	35-2297207		25,000.	0.			SUPPORT AAPI COMMUNITY
NARIKA PO BOX 1708 FREMONT, CA 94538	94-3162871		25,000.	0.			SUPPORT AAPI COMMUNITY

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NATIONAL ASIAN PACIFIC AMERICAN BAR ASSOCIATION - 1612 K STREET NW STE. 510 - WASHINGTON, DC 20006	77-0233358		25,000.	0.			SUPPORT AAPI COMMUNITY
NATIONAL COALITION FOR ASIAN PACIFIC AMERICAN COMMUNITY DEVELOPMENT - 1628 16TH STREET NW - 4TH FLOOR - WASHINGTON, DC 20009	91-2121566		25,000.	0.			SUPPORT AAPI COMMUNITY
NATIONAL COUNCIL FOR THE INCARCERATED AND FORMERLY INCARCERATED WOMAN AND GIRLS - 42 SEAVERN AVENUE - JAMAICA PLAIN,	81-3980673		6,730.	0.			POUSSEY WASHINGTON FUND
NATIONAL IMMIGRATION FORUM 10 G STREET NE # 500 WASHINGTON, DC 20002	13-1776711		40,000.	0.			WELCOME.US
NEW NEIGHBORS PARTNERSHIP ASSOCIATION - 245 W 107TH ST. APT 3D - NEW YORK, NY 10025-3051	85-3192882		30,000.	0.			AFGHANISTAN WELCOME.US
NIKKEI PROGRESSIVES 3639 LATROBE ST LOS ANGELES, CA 90031-1441	95-4333841		25,000.	0.			SUPPORT AAPI COMMUNITY
NORTH CAROLINA ASIAN AMERICANS TOGETHER - 711 HILLSBOROUGH STREET SUITE 102 - RALEIGH, NC 27603	81-3125435		25,000.	0.			SUPPORT AAPI COMMUNITY
OAKLAND ASIAN CULTURE CENTER PACIFIC RENAISSANCE PLAZA 388 NINTH STREET SUITE 290 - OAKLAND, CA 94607	73-1649335		25,000.	0.			SUPPORT AAPI COMMUNITY
OCA-ASIAN PACIFIC AMERICAN ADVOCATES - 1322 18TH ST. NW - WASHINGTON, DC 20036	23-7250499		32,020.	0.			SUPPORT AAPI COMMUNITY

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OCAPICA 12912 BROOKHURST ST SUITE 410 GARDEN GROVE, CA 92840	91-2047245		25,000.	0.			SUPPORT AAPI COMMUNITY
OPAWL 394 E TOWN ST COLUMBUS, OH 43215-4707	82-3381404		25,000.	0.			SUPPORT AAPI COMMUNITY
PACIFIC ARTS MOVEMENT 2508 HISTORIC DECATUR RD. SUITE #14 SAN DIEGO, CA 92106	33-1001523		25,000.	0.			SUPPORT AAPI COMMUNITY
PACIFIC ISLANDER HEALTH BOARD OF WA - 6519 EAST SIDE DR NE - TACOMA, WA 98422-1109	86-2588152		25,000.	0.			SUPPORT AAPI COMMUNITY
PACIFIC SURVIVOR CENTER P.O. BOX 3535 HONOLULU, HI 96811	27-2936413		25,000.	0.			SUPPORT AAPI COMMUNITY
PANASIANREPERTORYTHEATRE 520 8TH AVE NEW YORK, NY 10018	13-2894709		25,000.	0.			SUPPORT AAPI COMMUNITY
PARTNERSHIP FOR THE ADVANCEMENT OF NEW AMERICANS - 3300 CHIMNEY ROCK RD. STE 105 - HOUSTON, TX 77056	75-3239990		30,000.	0.			AFGHANISTAN WELCOME.US
PCDC 301-305 NORTH 9TH STREET PHILADELPHIA, PA 19107	23-7439723		25,000.	0.			SUPPORT AAPI COMMUNITY
PICA OF WASHINGTON 33710 9TH AVE SOUTH+E131 SUITE 1 FEDERAL WAY, WA 98003	84-2470123		25,000.	0.			SUPPORT AAPI COMMUNITY

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PICOPCE PO BOX 590730 SAN FRANCISCO, CA 94159	94-3050247		25,000.	0.			SUPPORT AAPI COMMUNITY
PORTLAND REFUGEE SUPPORT GROUP 10175 SW BARBUR BLVD STE 102B PORTLAND, OR 97219-5953	82-1924164		50,000.	0.			AFGHANISTAN WELCOME.US
PROJECT AZUL INDIANAPOLIS, IN INDIANAPOLIS, IN 46203	84-3859092		50,000.	0.			AFGHANISTAN WELCOME.US
PROJECT GIVING KIDS PO BOX 480 NATICK, MA 01760	45-5197098		6,444.	0.			KID HEROES CAMPAIGNS
PROJECT HOPE 1220 19TH STREET NW SUITE 800 WASHINGTON, DC 20036	53-0242962		10,038.	0.			HURRICANE RELIEF
PROJECT M25, INC - DBA WELCOMENST 94 GOLDEN RUN RD BOLTON, MD 01740-2009	85-1674143		165,000.	0.			WELCOME.US
PROJECT VISION 236 W. 22ND PLACE UNIT 1 CHICAGO, IL 60616	20-0293881		25,000.	0.			SUPPORT AAPI COMMUNITY
PROJECT WORTHMORE 1609 HAVANA ST AURORA, CO 80010-2327	45-0933835		50,000.	0.			AFGHANISTAN WELCOME.US
PRYSM 669 ELMWOOD AVE PROVIDENCE, RI 02907	65-1224536		25,000.	0.			SUPPORT AAPI COMMUNITY

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RADICAL FAMILY FARMS 1410 FRANKLIN STREET 135 SAN FRANCISCO, CA 94109	85-3989363		7,020.	0.			SUPPORT AAPI COMMUNITY
RAINBOW RAILROAD 424 WEST 54TH STREET NEW YORK, NY 10019	47-4896980		40,000.	0.			WELCOME.US
RAKSHA P.O. BOX 12337 ATLANTA, GA 30355	58-2190065		25,000.	0.			SUPPORT AAPI COMMUNITY
REACT DC 8637 CURTIS AVE ALEXANDRIA, VA 22309	87-2697692		60,000.	0.			WELCOME.US
READING HEART 461 N FRESNO STREET FRESNO, CA 93701	47-3853162		10,144.	0.			KID HEROES CAMPAIGNS
RED CANARY SONG 36-38 UNION ST 2FL FLUSHING, NY 11354	95-4116679		25,000.	0.			SUPPORT AAPI COMMUNITY
REESTABLISH RICHMOND PO BOX 14680 RICHMOND, VA 23221	35-2383456		30,000.	0.			AFGHANISTAN WELCOME.US
REFUGEE & IMMIGRANT TRANSITIONS 870 MARKET ST. #558 SAN FRANCISCO, CA 94102	94-3112099		50,000.	0.			AFGHANISTAN WELCOME.US
REFUGEE ASSISTANCE ALLIANCE 1825 PONCE DE LEON BOULEVARD 145 CORAL GABLES, FL 33134-4418	82-3429406		30,000.	0.			AFGHANISTAN WELCOME.US

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REFUGEE DEVELOPMENT CENTER 600 W. MAPLE ST. SUITE A LANSING, MI 48906	26-3936253		30,000.	0.			AFGHANISTAN WELCOME.US
REFUGEE WOMEN'S NETWORK 2900 CHAMBLEE TUCKER RD BLDG 3 ATLANTA, GA 30341-4100	58-2369796		50,000.	0.			AFGHANISTAN WELCOME.US
RELEASE MN8 550 RICE ST ST PAUL, MN 55013	81-0874603		25,000.	0.			SUPPORT AAPI COMMUNITY
RESPECT YOUR ELDERS PO BOX 65684 LUBBOCK, TX 79464	35-2539952		7,020.	0.			SUPPORT AAPI COMMUNITY
RESTORE HER VOICE 14358 MAGNOLIA BLVD APT 108 SHERMAN OAKS, CA 91423-1000	46-4708953		30,000.	0.			AFGHANISTAN WELCOME.US
SAKHI CHURCH STREET STATION NEW YORK, NY 10008	13-3593806		25,000.	0.			SUPPORT AAPI COMMUNITY
SCDC 2055 SUNNYDALE AVE. SAN FRANCISCO, CA 94134	77-0290646		25,000.	0.			SUPPORT AAPI COMMUNITY
SEAC 840 N BROADWAY STE 203E LOS ANGELES, CA 90012-2360	45-2156435		25,000.	0.			SUPPORT AAPI COMMUNITY
SEAMAAC 1711 S BROAD STREET PHILADELPHIA, PA 19148	22-2541120		25,000.	0.			SUPPORT AAPI COMMUNITY

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SELFRELIANCE ASSOCIATION 2456 W. CHICAGO AVE CHICAGO, IL 60622	84-2449334		300,000.	0.			WELCOME.US
SIKH FAMILY CENTER 751 LAUREL ST. #410 SAN CARLOS, CA 94070	46-2237621		25,000.	0.			SUPPORT AAPI COMMUNITY
SIPA 3200 W. TEMPLE ST. LOS ANGELES, CA 90026	95-2879339		25,000.	0.			SUPPORT AAPI COMMUNITY
SOCIAL GOOD FUND 12651 SAN PABLO AVE RICHMOND, CA 94805	46-1323531		117,425.	0.			PATTIEGONIA
SOFT LANDING MISSOULA 939 STEPHENS AVENUE MISSOULA, MT 59801	95-4116679		30,000.	0.			AFGHANISTAN WELCOME.US
SOLUTIONS IN HOMETOWN CONNECTIONS CORP. - 4423 LEHIGH RD BOX 458 - COLLEGE PARK, MD 20740	82-1942936		30,000.	0.			AFGHANISTAN WELCOME.US
SOUTH ASIAN WOMEN'S CREATIVE COLLECTIVE - 110-112 WEST 27TH STREET SUITE 600 - NEW YORK, NY 10001-0000	13-4026767		25,000.	0.			SUPPORT AAPI COMMUNITY
SOUTHEAST ASIAN COALITION OF CENTRAL MASSACHUSETTS - 484 MAIN ST, SUITE 400 - WORCESTER, MA 01608	04-3393955		25,000.	0.			SUPPORT AAPI COMMUNITY
SPECIAL OPERATIONS ASSOCIATION OF AMERICA (SOAA) - PO BOX 335461. N - LAS VEGAS, NV 89033	87-1216564		37,500.	0.			AFGHANISTAN WELCOME.US

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STIR-FRIDAY NIGHT! 4427 N CLARK ST CHICAGO, IL 60640	36-4208111		25,000.	0.			SUPPORT AAPI COMMUNITY
TARJIMLY 40 ROYAL OAK CT MOUTAIN VIEW, CA 94040	83-1030107		50,000.	0.			AFGHANISTAN WELCOME.US
TAULAMA FOR TONGANS 1650 S. AMPHLETT BLVD STE 105 SAN MATEO, CA 94402	68-0488293		25,000.	0.			SUPPORT AAPI COMMUNITY
TEADA 3415 SOUTH SEPULVEDA BLVD LOS ANGELES, CA 90034	95-4766870		25,000.	0.			SUPPORT AAPI COMMUNITY
TECHOS PA MI GENTE PO BOX 1461 TRUJILLO ALTO, PR 00799	66-0893113		11,756.	0.			HURRICANE RELIEF
THE CHILDREN'S HOME PROJECT P.O. BOX 8066 CHANDLER, AZ 85246	46-1065421		37,795.	0.			PATTIEGONIA
THE ORDER OF MALTA 301 JUNIPERO SERRA BLVD STE 27. SAN FRANCISCO, CA 94127	45-5295754		43,969.	0.			PLAY YOUR PART FOR UKRAINE
THE ROTARY FDN OF ROTARY INTL 1560 SHERMAN AVE EVANSTON, IL 60201	36-3245072		62,500.	0.			WELCOME.US
THE SEAD PROJECT 1007 WEST BROADWAY AVENUE MINNEAPOLIS, MN 55411	47-4088420		25,000.	0.			SUPPORT AAPI COMMUNITY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SPERO PROJECT PO BOX 2243 OKLAHOMA CITY, OK 73101	26-4035530		50,000.	0.			AFGHANISTAN WELCOME.US
THE WELCOME TO AMERICA PROJECT 1711 W UNIVERSITY DR STE 158 TEMPE, AZ 85281-3251	80-0038343		50,000.	0.			AFGHANISTAN WELCOME.US
THEATRE OF YUGEN 2840 MARIOPOSA ST SAN FRANCISCO, CA 94110-1308	94-2800477		25,000.	0.			SUPPORT AAPI COMMUNITY
THEATREDIASPORA 128 NW 11TH AVE PORTLAND, OR 97209-4160	84-4010225		25,000.	0.			SUPPORT AAPI COMMUNITY
TUESDAY NIGHT PROJECT 1715 WYANDOTTE STREET KANSAS CITY, MO 64108	95-4444102		25,000.	0.			SUPPORT AAPI COMMUNITY
UKRAINIAN AMERICAN HOUSE 11290 POINT EAST DRIVE STE 215 RANCHO CORDOVA, CA 95742	83-3993982		225,000.	0.			WELCOME.US
UKRAINIAN CATHOLIC ARCHDIOCESE OF PHILADELPHIA - 810 N FRANKLIN STREET - PHILADELPHIA, PA 19123	23-1986964		100,000.	0.			WELCOME.US
UKRAINIAN COMMUNITY CENTER OF WASHINGTON STATE - 13470 MARTIN LUTHER - SEATTLE, WA 98178	91-1923155		300,000.	0.			WELCOME.US
UKRAINIAN EDUCATIONAL AND CULTURAL 700 N CEDAR ROAD JENKINTOWN, PA 19046	46-2189159		84,000.	0.			WELCOME.US

Schedule I (Form 990)

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UNFPA 605 3RD AVE 4TH FL NEW YORK, NY 10158	13-3996346		46,218.	0.			UKRAINE HUMANITARIAN
UNHCR 1310 L STREET NW NO 450 WASHINGTON, DC 20005	52-1662800		95,187.	0.			UKRAINE HUMANITARIAN; PLAY YOUR PART FOR UKRAINE; EARTHQUAKE RELIEF
UNICEF USA 125 MAIDEN LANE 10TH FLOOR NEW YORK, NY 10038	13-1760110		43,969.	0.			PLAY YOUR PART FOR UKRAINE
UNITED WAY OF CENTRAL MASSACHUSETTS - 18 CHESTNUT STREET SUITE 530 - WORCESTER, MA 01608	04-2104017		50,000.	0.			AFGHANISTAN WELCOME.US
UPWARDLY GLOBAL 505 8TH AVENUE SUITE 1100 NEW YORK, NY 10018	94-3346127		50,000.	0.			AFGHANISTAN WELCOME.US
UTOPIA PDX 2808 NE MLK BLVD. #31 PORTLAND, OR 97212	82-2838257		25,000.	0.			SUPPORT AAPI COMMUNITY
UTOPIA WA 841 CENTRAL AVE N #C-106 KENT, WA 98032	61-1668192		25,000.	0.			SUPPORT AAPI COMMUNITY
UVALDE STRONG FUND P.O. BOX 12089 SAN ANTONIO, TX 78212-2089	74-6065414		107,687.	0.			ROBB ELEMENTARY RELIEF
UVALDE WE RISE FUND - NCF PO BOX 2770 HYATTSVILLE, MD 20784	30-0022798		107,687.	0.			ROBB ELEMENTARY RELIEF

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VAMONOS OUTSIDE 63095 DESCHUTES MARKET ROAD BEND, OR 97701	47-2678893		37,795.	0.			PATTIEGONIA
VAYLA 13235 CHEF MENTEUR HWY. SUITE A NEW ORLEANS, LA 70129	33-1143213		25,000.	0.			SUPPORT AAPI COMMUNITY
VECINA 2028 E BEN WHITE BLVD AUSTIN, TX 78741	84-2758709		390,000.	0.			AFGHANISTAN WELCOME.US
VETERANS FOR PEACE 1209 74TH ST NE. CEDAR RAPIDS, IA 52402	46-0656467		15,000.	0.			AFGHANISTAN WELCOME.US
VIET RAINBOW OF ORANGE COUNTY 12832 GARDEN GROVE BLVD. SUITE E GARDEN GROVE, CA 92843	46-5408967		25,000.	0.			SUPPORT AAPI COMMUNITY
VIETNAMESE AMERICAN ARTS & LETTERS ASSOCIATION - P.O. BOX 20218 - FOUNTAIN VALLEY, CA 92728	33-0502399		25,000.	0.			SUPPORT AAPI COMMUNITY
VIETNAMESE ASSOCIATION OF ILLINOIS 5110 N BROADWAY STREET CHICAGO, IL 11377	36-2882292		25,000.	0.			SUPPORT AAPI COMMUNITY
VISUAL COMMUNICATIONS 120 JUDGE JOHN AISO ST. LOS ANGELES, CA 90012	23-7108393		25,000.	0.			SUPPORT AAPI COMMUNITY
WELCOME NEIGHBOR STL (START INC) WELCOME NEIGHBOR STL (START INC) LOWELL, MA 01852	83-1211260		30,000.	0.			AFGHANISTAN WELCOME.US

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WELCOME TO CHINATOWN 244 5TH AVE STE 1462 NEW YORK, NY 10001	88-1524156		62,020.	0.			SUPPORT AAPI COMMUNITY
WHITE STORK 512 CHESTNUT ST. UNIT 11. WINNETKA, IL 60093	88-2304016		21,218.	0.			UKRAINE HUMANITARIAN
WING LUKE ASIAN MUSEUM 719 S. KING STREET SEATTLE, WA 98104	91-6067431		25,000.	0.			SUPPORT AAPI COMMUNITY
WOMEN'S PRISON ASSOCIATION 110 SECOND AVE NEW YORK, NY 10003	13-5596836		6,089.	0.			POUSSEY WASHINGTON FUND
WORLD CENTRAL KITCHEN 1342 FLORIDA AVE. NW WASHINGTON, DC 20009	27-3521132		25,000.	0.			UKRAINE HUMANITARIAN
WORLD FOOD PROGRAM 1750 H STREET NW SUITE 500. WASHINGTON, DC 20006	13-3843435		51,178.	0.			PLAY YOUR PART FOR UKRAINE; EARTHQUAKE RELIEF
WORLD RELIEF CORPORATION 7 EAST BALTIMORE STREET BALTIMORE, MD 21202	23-6393344		45,000.	0.			WELCOME.US
YMCA CAMP KITAKI 14917 E PARK HWY LOUISVILLE, NE 68037	47-0376578		39,142.	0.			PATTIEGONIA
YMCA OF GREATER NY 5 WEST 63RD STREET NEW YORK, NY 10023	13-1624228		20,000.	0.			WELCOME.US

Schedule I (Form 990)



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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
ENVIRONMENTAL CAUSES	74	20,350.	0.		
ESSENTIAL NEEDS	1	599.	0.		
HURRICANE RELIEF	1907	384,400.	0.		
MENTAL HEALTH CAUSE	115	57,897.	0.		
SPONSOR CIRCLES	3	3,000.	0.		

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

**PART I, LINE 2:**

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

INDIVIDUAL VICTIMS ARE ALSO VETTED BY MANAGEMENT TO ENSURE THEY ARE INDEED

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SUMMER STORMS	19.	85,515.	0.		
VETERANS CAUSE	72.	31,977.	0.		
WILDFIRES RELIEF	111.	46,362.	0.		
TAAF/AAPI	42.	22,838.	0.		
EDUCATIONAL CAUSES	17.	180,000.	0.		



**Part IV** Supplemental Information

ELIGIBLE CHARITABLE CLASS VICTIMS. ONCE VETTED, STANDING APPROVAL IS SOUGHT FROM LEADERSHIP TO GRANT TO THOSE WHO QUALIFY.

PRINCIPAL MISSION IS TO PROVIDE FUNDING ON A DIRECT AND QUICK BASIS TO THOSE IMPACTED BY A CRISIS AND TO SUPPORT A WIDE RANGE OF PHILANTHROPIC PRIORITIES INCLUDING BUT NOT LIMITED TO EDUCATION AND CLIMATE, OFTEN INFORMED BY OUR PARTNERSHIPS

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

GOFUNDME.ORG

Employer identification number

81-2279757

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

CHARITABLE INITIATIVES.

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

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

FORM 990, PART 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) 2022

Name of the organization <b>GOFUNDME.ORG</b>	Employer identification number <b>81-2279757</b>
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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.