JUL 1, 2021

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

A For the 2021 calendar year, or tax year beginning

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

and ending JUN 30, 2022

Open to Public Inspection

В	Check if applicable	C Name of organization			D Employer	identificat	tion number		
	Addre								
	Name	` <del>  </del>			47-50	31672			
	Initial return	Number and street (or P.O. box if mail is not de	livered to street address)	Room/suite	E Telephone number				
	Final	5701 NORMANDALE ROAD	mvored to stroot dadross;	163	952-84				
	return termir ated		7IP or foreign postal code		<b>G</b> Gross receipts		316,683.		
	Amen		Zii or foreight postal code		H(a) Is this a				
	Applic	· · · · · · · · · · · · · · · · · · ·	LINE PAPPAJOHN		7	rdinates?			
	pendi	SAME AS C ABOVE			H(b) Are all subo				
$\overline{}$	Tax-ex	empt status: X 501(c)(3) 501(c) (	(insert no.) 4947(a)(1)	or 527	1 ` ′		t. See instructions		
		te: WWW.EDINAGIVEANDGO.ORG	(mosterios) 10 m (a)(1)	01 021	H(c) Group ex				
			ssociation Other	L Year	of formation: 20		State of legal domicile: MN		
	art I	Summary				1			
	1	Briefly describe the organization's mission or most	significant activities: TO BRI	ING LIFE A	AND LEARNING	;			
Governance	3	OPPORTUNITIES TO EDINA STUDENTS WHO A							
2	2	Check this box if the organization disco	ntinued its operations or dispo	sed of more	than 25% of its	net asset	S.		
٥	3	Number of voting members of the governing body	(Part VI, line 1a)			з	20		
		Number of independent voting members of the go					20		
Activities &	5 5	Total number of individuals employed in calendar					4		
<u>.</u>	6	Total number of volunteers (estimate if necessary)					50		
<u>:</u>	7 a	Total unrelated business revenue from Part VIII, co					0.		
Ā	t b	Net unrelated business taxable income from Form					0.		
			,		Prior Year		Current Year		
	8	Contributions and grants (Part VIII, line 1h)			386	,041.	316,683.		
Revenue	9					0.	0.		
٥	10	Investment income (Part VIII, column (A), lines 3, 4				0.	0.		
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c				0.	-7,340.		
	1	Total revenue - add lines 8 through 11 (must equal			386	,041.	309,343.		
_	13	Grants and similar amounts paid (Part IX, column (			237	,234.	249,819.		
	14	Benefits paid to or for members (Part IX, column (A				0.	0.		
	4-	Salaries, other compensation, employee benefits (	, , , , , , , , , , , , , , , , , , , ,		74	,297.	65,734.		
Fynenses	16a	Professional fundraising fees (Part IX, column (A),			2	958.	3,057.		
5	b	Total fundraising expenses (Part IX, column (D), lin	_	,057.		,	,		
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d			20	937.	20,836.		
		Total expenses. Add lines 13-17 (must equal Part I				,426.	339,446.		
		Revenue less expenses. Subtract line 18 from line				,615.	-30,103.		
or		Tieveriae ieee experieee. Castraet into Te Terri into	1=		ainnina of Curre		End of Year		
ets (	20 20	Total assets (Part X, line 16)		50	gg	,495.	114,835.		
Ass	21	Total liabilities (Part X, line 26)				,557.	0.		
Net Assets	22	Net assets or fund balances. Subtract line 21 from	line 20			,938.	114,835.		
	art II	Signature Block					·		
Und	der pena	Ities of perjury, I declare that I have examined this return	, including accompanying schedule	es and statem	ents, and to the b	est of my kr	nowledge and belief, it is		
		t, and complete. Declaration of preparer (other than offic				-	•		
			•		Ī				
Sig	ın	Signature of officer			Date				
He		CAROLINE PAPPAJOHN, EXECUTIVE DI	RECTOR						
		Type or print name and title							
		Print/Type preparer's name	Preparer's signature		Date	Check	PTIN		
Pai	d	HEIDI GRINDE	o	2/07/23	if self-employed	P02163937			
	parer	Firm's name CLIFTONLARSONALLEN LLP	HEIDI GRINDE	<u> </u>	Firm's		11-0746749		
	Only	Firm's address 220 s 6TH STREET, SUITE	300		1 111113				
	,	MINNEAPOLIS, MN 55402			Phone	no.612-3	76-4500		
Ma	v the II	RS discuss this return with the preparer shown abo	ove? See instructions		11 110116		X Yes No		
132	001 12 0	221 I HA For Paperwork Reduction Act Notice		one			Form <b>990</b> (2021)		

Page 2 EDINA GIVE AND GO 47-5031672 Form 990 (2021)

Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	EDINA GIVE AND GO'S MISSION IS TO PROVIDE ENRICHMENT OPPORTUNITIES FOR	
	EDINA PUBLIC SCHOOL STUDENTS WHO ARE ECONOMICALLY DISADVANTAGED. WE	
	UNLOCK OPPORTUNITIES FOR STUDENTS, FROM ACADEMICS TO THE ARTS TO	
	ATHLETICS. ALTHOUGH THERE ARE NUMEROUS PROGRAMS STUDENTS CAN ENGAGE IN	
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 ex	penses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 182,130. including grants of \$ 163,531. ) (Revenue \$	0.
	ACADEMICS PROGRAM:	
	PROVIDED STUDENT GRANTS IN ACADEMICS FOR ACTIVITIES SUCH AS TUTORING,	
	AFTER SCHOOL PROGRAMS AND EARLY LEARNING AMONG OTHERS.	
4b	(Code:) (Expenses \$ 62,485. including grants of \$ 62,485. ) (Revenue \$	0.)
	ATHLETICS PROGRAM:	
	PROVIDED STUDENT GRANTS IN ATHLETICS FOR ACTIVITIES SUCH AS COMMUNITY	
	SPORTS AND ACTIVITIES, GYMNASTICS AND SWIMMING LESSONS AMONG OTHER	
	ACTIVITIES.	
4c	(Code:) (Expenses \$ 23,803. including grants of \$ 23,803. ) (Revenue \$	0.)
	ARTS PROGRAM:	
	PROVIDED STUDENT GRANTS IN ARTS ACTIVITIES INCLUDING MUSIC LESSONS,	
	COMMUNITY ACTIVITIES AMONG OTHER ACTIVITIES.	
4d	Other program services (Describe on Schedule O.)	
_	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses ▶ 268,418.	
		Form <b>990</b> (2021)

Page 3

47-5031672

# Form 990 (2021) EDINA GIVE AND GO Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
3	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
•		-		<del></del>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		,,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	- 1.2		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
ч	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
f		116		<del></del>
'	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445		x
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		x
	Schedule D, Parts XI and XII	12a		
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	х	
		-		-

132003 12-09-21

47-5031672

Form 990 (		EDINA				
Part IV	Checklist of	of Required	l Sch	edu	les	(continued)

	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			ı
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			ı
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			ı
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		х
h	Schedule K. If "No," go to line 25a	24a 24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
Ĭ	any tax-exempt bonds?	24c		ı
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			ı
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			ı
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			ı
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			17
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			ı
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	x	ı
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			ı
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		х
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			ı
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			17
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O	38	х	ı
Pai		30		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	2	Р	age 5
ı aı	Statements Regarding Other Ins Fillings and Tax Oomphance (continued)		V	l Na
0-	Enter the number of ampleyage reported on Ferm W.C. Transmittel of Warra and Tay Clatements		Yes	No
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  2a 4			
h	filed for the calendar year ending with or within the year covered by this return 2a   4  If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
b	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	20		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			X
لہ	to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	70		х
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	4		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11a	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
120	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	120		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note: See the instructions for additional information the organization must report on Schedule O.	100		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		_

Form **990** (2021) A2122441

6

Form 990 (2021) EDINA GIVE AND GO 47-5031672 Page **6** 

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
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
360	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V	N.
10-	Did the expenientian have level chanters branches as effiliates?	10a	Yes	No X
	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa		
b		10b		
112	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	Ha		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	122		
Ū	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	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?	16a		Х
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?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►MN			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website     Another's website     If you have a substite with the control of the property of the prop			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	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			
	CAROLINE PAPPAJOHN - 952-848-4921  5701 NORMANDALE ROAD ROOM 163 EDINA MN 55424			

Form 990 (2021) EDINA GIVE AND GO 47-5031672 Page **7** 

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

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

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

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

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

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

Nours for related organizations   Delow   Part   Part	(A)	(B)	J. 94		((	C)			(D)	(E)	(F)
Comparizations	Name and title	hours per	box	not c , unle	heck ss pe	more rson is	than o	n an	compensation	compensation	amount of
X		(list any hours for related organizations below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/	organizations (W-2/1099-MISC/	compensation from the organization
CALTR		30.00	_								
CHAIR					Х				16,000.	0.	0.
(3) STEPHANIE PIERCE		10.00	1								
VICE CHAIR			Х		Х				0.	0.	0.
(4) SARAH HARDY		10.00									
TREASURER			Х		Х				0.	0.	0.
S   ANGIE BOYLAN		2.00	-								
DIRECTOR			Х		Х				0.	0.	0.
Column		1.00									
DIRECTOR			Х						0.	0.	0.
CATHY CELLA		1.00									
DIRECTOR			Х						0.	0.	0.
Column		1.00	1								
DIRECTOR			Х						0.	0.	0.
(9) KC DANZANSKY		1.00									
DIRECTOR			Х						0.	0.	0.
Columbia		1.00	1								
DIRECTOR			Х						0.	0.	0.
DIRECTOR	(10) ALISON FORD	1.00									
DIRECTOR	DIRECTOR		Х						0.	0.	0.
DIRECTOR   X   0.   0.	(11) CHRIS HOLDEN	1.00									
DIRECTOR	DIRECTOR		Х						0.	0.	0.
DIRECTOR	(12) ANAND KHARIWALA	1.00									
DIRECTOR			Х						0.	0.	0.
Column		1.00									
DIRECTOR   X   0. 0.	DIRECTOR		Х						0.	0.	0.
Column		1.00	1								
DIRECTOR   X   0. 0.   (16) HATTIE PRIEM   1.00	DIRECTOR		Х						0.	0.	0.
(16) HATTIE PRIEM     1.00       DIRECTOR     X       (17) NASSIM ROSSI     1.00		1.00	1								
DIRECTOR         X         0.         0.           (17) NASSIM ROSSI         1.00         .         .			Х						0.	0.	0.
(17) NASSIM ROSSI 1.00		1.00	1								
			Х						0.	0.	0.
DIRECTOR     X         0.  0.		1.00	-								
	DIRECTOR		Х						0.	0.	0. Form <b>990</b> (2021)

132007 12-09-21 Form **990** (2021)

Form 990 (2021) EDINA GIVE AND GO 47-5031672 Page 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Section A. Officers, Directors, Trus		l	ees,			gnes	<u> </u>		` '		
(A)	(B)		<b>(C)</b> Position		,		(D)	(E)	(F)		
Name and title	Average hours per		not c	heck i	more	than o		Reportable	Reportable	Estimated	
	week					is both or/trus		compensation	compensation	amount o	T
	(list any	tor						from the	from related organizations	compensat	
	hours for	direct				l,		organization	(W-2/1099-MISC/	from the	
	related	9e 0 r	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organizatio	
	organizations	trust	lal tru		yee	om pe		1099-NEC)	,	and relate	
	below	Individual trustee or director	In stit utio nal tru stee	er	Key employee	Highest compensated employee	ner			organizatio	ns
	line)	Indi	Insti	Officer	Key	High	Former				
(18) JENNIFER SAMUEL	1.00										
DIRECTOR		Х						0.	0.		0.
(19) JESSICA SCHERER	1.00										
DIRECTOR		Х						0.	0.		0.
(20) KELLEY SIEMON	1.00										
DIRECTOR		Х						0.	0.		0.
(21) PETER ZAMBRANO	1.00										
DIRECTOR		Х						0.	0.		0.
		1									
		-									
		•									
1b Subtotal						<u> </u>		16,000.	0.		0.
1b Subtotal c Total from continuation sheets to Part VI	L Coation A							0.	0.		0.
								16,000.	0.		0.
d Total (add lines 1b and 1c)								· · · · · ·	-		<del>.</del>
2 Total number of individuals (including but n	ot iimitea to tri	ose	iiste	u ab	ove	e) WII	o re	eceived more than \$100,	000 of reportable		0
compensation from the organization										Yes	No
O Did the amenication list on forman officers							la :			163	140
3 Did the organization list any <b>former</b> officer,	•		•	•	•		•	•	•		Х
line 1a? If "Yes," complete Schedule J for s										3	_
4 For any individual listed on line 1a, is the su	•							· · · · · · · · · · · · · · · · · · ·			х
and related organizations greater than \$150	),000? <i>If</i> "Yes,	" co	mple	ete S	Sche	edule	. J f	or such individual		4	
5 Did any person listed on line 1a receive or a										_	v
rendered to the organization? If "Yes." com	plete Schedul	e J fo	or su	ıch <u>r</u>	oers	on .				5	Х
Section B. Independent Contractors											
1 Complete this table for your five highest co										tion from	
the organization. Report compensation for	the calendar ye	ear e	ndir	ng w	ith c	or wi	thin T		ear.		
(A)								(B)	i	(C)	
Name and business	address	NO:	NE				_	Description of s	ervices	Compensation	
							_				
2 Total number of independent contractors (ii	ncluding but n	ot lin	nited	to t	thos	se lis	ted	above) who received mo	ore than		
\$100,000 of compensation from the organization					(	0		•			
										Form <b>990</b> (2)	021)

132008 12-09-21

47-5031672

		Check if Schedule O	contain	s a response	e or note to any line	e in this Part VIII			
					_	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
							Turiction revenue	business revenue	sections 512 - 514
တ္ တ	1 a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b								
ទីខ្ល	c				117,743.				
Æ,		Related organizations		1 1					
ية إق									
Sir	e	•							
utic er	ī	All other contributions, gifts,	-		100 010				
들됨		similar amounts not included			198,940.				
on t	g				23,309.	216 602			
<u>0</u> <u>8</u>	h	Total. Add lines 1a-1f			<b>D</b>	316,683.			
					Business Code				
9	2 a								
Program Service Revenue	b								
S I	С								
am	d								
og B	е	·							
<u>r</u>	f	All other program service	revenu	e					
	g	Total. Add lines 2a-2f							
	3	Investment income (includ							
		other similar amounts)	-						
	4	Income from investment of							
	5	Royalties		· -	•				
	Ū	noyanico		(i) Real	(ii) Personal				
	6 2	Gross rents	6a	(1) 1.154.	()				
	b		6b						
	С	Rental income or (loss)	6c						
		Net rental income or (loss)							
	7 a	Gross amount from sales of		(i) Securities	(ii) Other				
		assets other than inventory	7a						
	b	Less: cost or other basis							
ne		and sales expenses	7b						
l en	С	Gain or (loss)	7c						
Revenue		Net gain or (loss)		<u></u>	<b>&gt;</b>				
ther		Gross income from fundraising							
₹		including \$1	17,74	13. of					
		contributions reported on							
		Part IV, line 18			a 0.				
	b	Less: direct expenses		I	b 7,340.				
		Net income or (loss) from			<b>•</b>	-7,340.			-7,340.
		Gross income from gamin							·
		Part IV, line 19		I	a				
	h	Less: direct expenses		I					
		Net income or (loss) from		·····	<u> </u>				
			-						
	ю а	Gross sales of inventory, I		I					
		and allowances		I					
		Less: cost of goods sold			)b				
$\rightarrow$	С	Net income or (loss) from	sales o	t inventory					
<u>s</u>					Business Code				
Miscellaneous Revenue	11 a								
ant epu	b								
Sel Sev	С								
Aiš	d	All other revenue							
	е	Total. Add lines 11a-11d							
	12	Total revenue. See instruction	ns			309,343.	0.	0.	-7,340.

132009 12-09-21

47-5031672

## 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).

	include amounts reported on lines 6b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Gr	rants and other assistance to domestic organizations		·		
an	d domestic governments. See Part IV, line 21	249,819.	249,819.		
<b>2</b> Gr	rants and other assistance to domestic				
ind	dividuals. See Part IV, line 22				
<b>3</b> Gr	rants and other assistance to foreign				
or	ganizations, foreign governments, and foreign				
ind	dividuals. See Part IV, lines 15 and 16				
	enefits paid to or for members				
	ompensation of current officers, directors,				
tru	ustees, and key employees	27,480.	10,992.	16,488.	
<b>6</b> Co	ompensation not included above to disqualified				
•	ersons (as defined under section 4958(f)(1)) and				
	ersons described in section 4958(c)(3)(B)				
	ther salaries and wages	34,235.	6,387.	27,848.	
	ension plan accruals and contributions (include				
	ction 401(k) and 403(b) employer contributions)				
	ther employee benefits				
	ayroll taxes	4,019.	1,220.	2,799.	
	ees for services (nonemployees):				
a Ma	anagement				
	egal	-240.		-240.	
	ccounting	2,430.		2,430.	
	obbying				
	ofessional fundraising services. See Part IV, line 17	3,057.			3,05
	vestment management fees				
_	ther. (If line 11g amount exceeds 10% of line 25,				
	llumn (A), amount, list line 11g expenses on Sch 0.)	8,314.		8,314.	
	dvertising and promotion	2,281.		2,281.	
	ffice expenses	2,532.		2,532.	
	formation technology				
1 <b>5</b> Ro	oyalties				
<b>16</b> Od	ccupancy				
<b>7</b> Tr	avel				
<b>8</b> Pa	ayments of travel or entertainment expenses				
	r any federal, state, or local public officials				
<b>9</b> Co	onferences, conventions, and meetings				
	terest				
	ayments to affiliates				
<b>2</b> De	epreciation, depletion, and amortization				
	surance	2,032.		2,032.	
ab lin	ther expenses. Itemize expenses not covered love. (List miscellaneous expenses on line 24e. If lie 24e amount exceeds 10% of line 25, column (A), nount, list line 24e expenses on Schedule 0.)				
	RANSACTION FEES	2,179.		2,179.	
b DC	ONOR RELATIONS	1,005.		1,005.	
c ME	EMBERSHIP DUES	303.		303.	
d					
e Al	I other expenses				
	otal functional expenses. Add lines 1 through 24e	339,446.	268,418.	67,971.	3,05
6 Jo	int costs. Complete this line only if the organization				
rep	ported in column (B) joint costs from a combined				
	lucational campaign and fundraising solicitation.				
	if following SOP 98-2 (ASC 958-720)				

orm 990 (2021) EDINA GIVE AND GO 47-5031672 Page **11** 

Form 990 (2021)
Part X Balance Sheet

		Check if Schedule O contains a response or no	te to ar	ny line in this Part X			
		Onesk in Conteduce of Contains a response of the	to to a	ly line in this rate X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			146,265.	1	114,605.
	2	Savings and temporary cash investments			,	2	,
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs		· · · · · ·			
		controlled entity or family member of any of the		· · · · · · · · · · · · · · · · · · ·		5	
	6	Loans and other receivables from other disqual	-			5	
	"	under section 4958(f)(1)), and persons describe		otion 4050(a)(2)(D)		6	
	7	Notes and loans receivable, net			7		
Assets	_			230.	8	230.	
Ass	8	Inventories for sale or use		250,	9	250.	
•	9		 I			9	
	10a	Land, buildings, and equipment: cost or other	40-				
		basis. Complete Part VI of Schedule D		1		40-	
		Less: accumulated depreciation				10c	
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		146 405	15	114 025	
	16	Total assets. Add lines 1 through 15 (must equ		· ·	146,495.	16	114,835.
	17	Accounts payable and accrued expenses			1,557.	17	0.
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subs					
jab		controlled entity or family member of any of the	se pers	sons		22	
_	23	Secured mortgages and notes payable to unrel				23	
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	ayables	to related third			
		parties, and other liabilities not included on line	s 17-24	). Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			1,557.	26	0.
		Organizations that follow FASB ASC 958, che	eck her	re ▶ 🔲			
Ses		and complete lines 27, 28, 32, and 33.					
an	27	Net assets without donor restrictions				27	
Ва	28	Net assets with donor restrictions				28	
멑		Organizations that do not follow FASB ASC 9	958, ch	eck here 🕨 🗓			
Ę		and complete lines 29 through 33.					
S	29	Capital stock or trust principal, or current funds		0.	29	0.	
set	30	Paid-in or capital surplus, or land, building, or e	quipme	ent fund	0.	30	0.
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			144,938.	31	114,835.
	32	Total net assets or fund balances			144,938.	32	114,835.
_	33	Total liabilities and net assets/fund balances			146,495.	33	114,835.

Form 990 (2021) EDINA GIVE AND GO 47-5031672 Page 12

Pai	rt 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			343.
2	Total expenses (must equal Part IX, column (A), line 25)	2	339,44		446.
3	Revenue less expenses. Subtract line 2 from line 1	3	-30,103		
4				144,	938.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10		114,	835.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				otack
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?				Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2021)

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **Employer identification number** EDINA GIVE AND GO 47-5031672 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions)) Total

Schedule A (Form 990) 2021 EDINA GIVE AND GO 47-5031672 Page 2

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	190,829.	269,093.	282,115.	386,041.	316,683.	1,444,761.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	190,829.	269,093.	282,115.	386,041.	316,683.	1,444,761.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						245,089.
6	Public support. Subtract line 5 from line 4.						1,199,672.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	190,829.	269,093.	282,115.	386,041.	316,683.	1,444,761.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						1,444,761.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	2,700.
13	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, fo	ourth, or fifth tax ye	ear as a section 50	01(c)(3)	
	organization, check this box and stop	here					<b>&gt;</b>
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2021 (li	ine 6, column (f), di	vided by line 11, co	lumn (f))		14	83.04 %
15	Public support percentage from 2020	Schedule A, Part I	I, line 14			15	81.86 %
16a	33 1/3% support test - 2021. If the o	organization did no	t check the box on	line 13, and line 1	4 is 33 1/3% or mo	ore, check this box	and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2020. If the o	organization did no	t check a box on lir	ie 13 or 16a, and l	ine 15 is 33 1/3%	or more, check this	box
	and stop here. The organization quali	ifies as a publicly s	upported organizat	ion			▶□
17a	10% -facts-and-circumstances test	- 2021. If the orga	anization did not ch	eck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	r more,
	and if the organization meets the facts	s-and-circumstance	es test, check this b	oox and stop here	e. Explain in Part \	VI how the organiza	ition
	meets the facts-and-circumstances te	st. The organization	n qualifies as a pub	licly supported org	ganization		▶□
b	10% -facts-and-circumstances test	- <b>2020.</b> If the orga	anization did not ch	eck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets th	ne facts-and-circum	stances test, check	this box and sto	<b>op here.</b> Explain ir	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qual	fies as a publicly s	supported organiz	ation	▶□
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a,	16b, 17a, or 17b,	check this box ar	nd see instructions	<b>&gt;</b>

Schedule A (Form 990) 2021

### Schedule A (Form 990) 2021 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						<u> </u>
Se	ction B. Total Support		1	_	T	1	T
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
40	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
	assets (Explain in Part VI.)						<u> </u>
	Total support. (Add lines 9, 10c, 11, and 12.)					.01( )(0)	
14	First 5 years. If the Form 990 is for the	-		· · · · · · · · · · · · · · · · · · ·			. —
Se	check this box and stop here ction C. Computation of Publi		centage				P
	Public support percentage for 2021 (I			column (f))		15	%
	Public support percentage from 2020					16	<del></del>
	ction D. Computation of Inves					1 10 1	70
	Investment income percentage for 20			ne 13 column (fl)		17	%
18				10, 00141111 (1))		18	<del>/0</del> %
	a 33 1/3% support tests - 2021. If the						
.00	more than 33 1/3%, check this box ar						<b>▶</b> □
ŀ	33 1/3% support tests - 2020. If the						and
•	line 18 is not more than 33 1/3%, che						
20							

Schedule A (Form 990) 2021

Page 3

Schedule A (Form 990) 2021 EDINA GIVE AND GO 47-5031672 Page **4** 

## Part IV | Supporting Organizations

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

## Section A. All Supporting Organizations

1	Are all of the organization's supported organizations listed by name in the organization's governing
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by
	class or purpose, describe the designation. If historic and continuing relationship, explain.

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

  If "Yes." complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

_		Yes	No
L	1		
L	2		
L	3a		
	3b		
	3c		
	4a		
	4b		
	4-		
	4c		
	5a		
	Ja		
	5b		
	5c		
	6		
L	7		
	8		
	9a		
	9b		
	0.		
	9с		
	10-		
	10a		
	10h		
	10b		<del></del>

132024 01-04-21

Schedule A (Form 990) 2021

ı uı	Continued)			
	<u> </u>		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	а		
b	A family member of a person described on line 11a above?	b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	С		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? 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.	J		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	<u>:</u>		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	J		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	<u>:</u>		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	;		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruc	tion	s)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	3		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	)		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3		
b				
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard	a I		

132025 01-04-22

13300207 131839 A212244

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 EDINA GIVE AND GO 47-5031672 Page **6** 

Part V	Гуре III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1 C	heck here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	ll other Type III non-functionally integrated supporting organizations mu		·	_
Section A - A	djusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net sho	rt-term capital gain	1		
2 Recover	ries of prior-year distributions	2		
3 Other gr	ross income (see instructions)	3		
4 Add line	es 1 through 3.	4		
<b>5</b> Depreci	ation and depletion	5		
6 Portion	of operating expenses paid or incurred for production or			
collection	on of gross income or for management, conservation, or			
mainten	nance of property held for production of income (see instructions)	6		
7 Other ex	xpenses (see instructions)	7		
8 Adjuste	ed Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - M	linimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggrega	ate fair market value of all non-exempt-use assets (see			
instructi	ions for short tax year or assets held for part of year):			
<b>a</b> Average	e monthly value of securities	1a		
<b>b</b> Average	e monthly cash balances	1b		
<b>c</b> Fair mar	rket value of other non-exempt-use assets	1c		
d Total (a	dd lines 1a, 1b, and 1c)	1d		
e Discou	nt claimed for blockage or other factors			
(explain	in detail in Part VI):			
2 Acquisit	tion indebtedness applicable to non-exempt-use assets	2		
3 Subtrac	t line 2 from line 1d.	3		
4 Cash de	eemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see inst	ructions).	4		
5 Net valu	ue of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply	line 5 by 0.035.	6		
<b>7</b> Recover	ries of prior-year distributions	7		
8 Minimu	m Asset Amount (add line 7 to line 6)	8		
Section C - D	Distributable Amount			Current Year
1 Adjuste	d net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.	85 of line 1.	2		
3 Minimur	m asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter gr	reater of line 2 or line 3.	4		
5 Income	tax imposed in prior year	5		
6 Distribu	utable Amount. Subtract line 5 from line 4, unless subject to			
	ncy temporary reduction (see instructions).	6		
$\overline{}$	heck here if the current year is the organization's first as a non-function	nally integrated	d Type III supporting orga	anization (see

Schedule A (Form 990) 2021

instructions).

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)				
Secti	on D - Distributions			Current Year	
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	1		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3		
4	Amounts paid to acquire exempt-use assets		4		
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5		
_6	Other distributions (describe in Part VI). See instructions.		6		
_7_	Total annual distributions. Add lines 1 through 6.		7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.		8		
9	Distributable amount for 2021 from Section C, line 6		9		
10	Line 8 amount divided by line 9 amount		10		
		(i)	(ii)	(iii)	
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2021	Distributable Amount for 2021	
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
c	From 2018				
d	From 2019				
<u>e</u>	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2021 distributable amount				
<u>i</u>	Carryover from 2016 not applied (see instructions)				
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
<u> </u>	Applied to 2021 distributable amount				
<u> </u>	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
_8_	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
<u>a</u>	Excess from 2020  Excess from 2021				

Schedule A (Form 990) 2021

132028 01-04-22 Schedule A (Form 990) 2021

Schedule B

(Form 990)

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

Internal Revenue Service

Department of the Treasury

Name of the organization **Employer identification number** EDINA GIVE AND GO 47-5031672

Organization type (check one):

Filers of: Section:

X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ

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).

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Page **2** 

Name of organization

EDINA GIVE AND GO

47-5031672

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Hame, address, and zii + +	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 3	Name, address, and ZIP + 4	Total contributions  \$ 15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b)	(c)	(d)
4	Name, address, and ZIP + 4	### Total contributions    12,708.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Ivallie, audi ess, aliu ZIF + 4	\$\$10,656.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021) Page **2** 

Name of organization

EDINA GIVE AND GO

47-5031672

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ \$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	Name, address, and ZiF + 4	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$ 8,284.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 10	Name, address, and ZIP + 4	# Total contributions    \$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
110.	Nume, addi 035, and Eif T T	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021) Page **3** 

Name of organization

EDINA GIVE AND GO

47-5031672

Partii	(see instructions). Use duplicate copies of Part II	i 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
		     \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		     \$	

Name of o	rganization		Employer identification number
	VE AND GO		47-5031672
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional s	through <b>(e)</b> and the following line ent naritable, etc., contributions of <b>\$1,000 or</b>	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year ntry. For organizations r less for the year. (Enter this info. once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	
	Transferee's name, address, and	d 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
	Transferee's name, address, and	(e) Transfer of gift	ft  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
	Transferee's name, address, and	(e) Transfer of gift	ft  Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_		(e) Transfer of gift	ft
	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee
l			

## SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization Employer identification number EDINA GIVE AND GO 47-5031672 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990) 2021

	Schedule G (Form 990) 2021 EDINA GIVE AND GO 47-5031672 Page <b>2</b>										
Pa	Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000										
		of fundraising event contributions and gro	oss income on Form 990	EZ, lines 1 and 6b. List	t events with gross receip	ts greater than \$5,000.					
			(a) Event #1	(b) Event #2 BACK TO	(c) Other events	(d) Total events					
			ANNUAL EVENT	SCHOOL/GEAR SWAP	1	(add col. (a) through					
			(event type)	(event type)	(total number)	col. <b>(c)</b> )					
ne			7. 7.	, ,,,	,						
Revenue	1	Gross receipts	60,744.	35,424	. 13,799.	109,967.					
	2	Less: Contributions	60,744.	35,424	. 13,799.	109,967.					
	3	Gross income (line 1 minus line 2)									
	4	Cash prizes									
Ø	5	Noncash prizes									
bense	6	Rent/facility costs									
Direct Expenses	7	Food and beverages									
⊡	_	Find a state in one a set									
	8	Entertainment				+					
	9	Other direct expenses				+					
	10	Direct expense summary. Add lines 4 through									
Ds	rt I	Net income summary. Subtract line 10 from li <b>Gaming.</b> Complete if the organization		.000 Dort IV line 10 o							
1 6		\$15,000 on Form 990-EZ, line 6a.	answered res on Form	1990, Part IV, line 19, 0	r reported more than						
		\$15,000 on Form 990-EZ, line oa.	T	(Is) Dull taba/instant		(d) Total coming (odd					
ě			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))					
Revenue				billyo/progressive billyo	'	coi. (a) trilough coi. (c))					
Вè											
	1_	Gross revenue									
S	2	Cash prizes									
Expenses	3	Noncash prizes									
Direct E	4	Rent/facility costs									
	5	Other direct expenses									
			Yes %	Yes %	6 Yes %						
	6	Volunteer labor	No No	No No	No No						
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		<b>&gt;</b>						
8 Net gaming income summary. Subtract line 7 from line 1, column (d)											
_	-										
9	Ent	er the state(s) in which the organization condu	ıcts gaming activities:								
а	a Is the organization licensed to conduct gaming activities in each of these states?										
<b>b</b> If "No," explain:											
10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No											
		Yes," explain:									
1320	32 10	-21-21			Sche	edule G (Form 990) 2021					

Sch	edule G (Form 990) 2021 EDINA GIVE AND GO 4	7-503167	12	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
	An outside facility			<u> </u>
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	· -			
	Address >			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount			
	of gaming revenue retained by the third party  \$\bigs\\$			
c	If "Yes," enter name and address of the third party:			
Ī	The root, which have and address of the time party.			
	Name			
	Address ▶			
	Addicos P			
16	Gaming manager information:			
	Calming manager information.			
	Name ►			
	Name P			
	Gaming manager compensation ▶ \$			
	Calming manager compensation • • • • • • • • • • • • • • • • • • •			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
a	retain the state gaming license?		Yes	☐ No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			140
	organization's own exempt activities during the tax year > \$	,		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III lir	nes 9 (	9h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	r art m, m	100 0, 0	56, 106,
	100, 100, 10, and 170, as applicable. Also provide any additional information. Get instructions.			

Schedule G (Form 990) EDINA GIVE AND GO  Part IV Supplemental Information (continued)	47-5031672	Page 4
Part IV   Supplemental Information (continued)		

### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

2021
Open to Public Inspection

Name of the organization EDINA GIVE AN	D GO						Employer identification number 47-5031672
Part I General Information on Grants a							
Does the organization maintain records or criteria used to award the grants or assis     Describe in Part IV the organization's property of the property	stance? ocedures for monit Domestic Organia	oring the use of grant	funds in the United	I States. Complete if the org			X Yes No
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
EDINA PUBLIC SCHOOLS 5701 NORMANDALE ROAD EDINA, MN 55424	41-6001406	501(C)(3)	142,728.	0.	N/A	N/A	PARTICIPATION IN VARIOUS PROGRAMS FOR QUALIFIED INDIVIDUAL STUDENTS
COLLEGE TUTORS 2400 W LAKE OF THE ISLES PKWY MINNEAPOLIS, MN 55405	20-1924122		28,656.	0.	N/A	N/A	PARTICIPATION IN ACADEMIC TUTORING FOR QUALIFIED INDIVIDUAL STUDENTS
SYLVAN LEARNING OF BLOOMINGTON 8417 LYNDALE AVE S BLOOMINGTON, MN 55420	82-3352775		13,500.	0.	N/A	N/A	PARTICIPATION IN ACADEMIC TUTORING FOR QUALIFIED INDIVIDUAL STUDENTS
TAGS GYMNASTICS 10300 WEST 70TH ST EDEN PRAIRIE, MN 55344	46-1530030		8,635.	0.	N/A	N/A	PARTICIPATION IN ATHLETIC PROGRAMS FOR QUALIFIED INDIVIDUAL STUDENTS
2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization:			lne line 1 table				1 1 3

Schedule I (Form 990) 2021

EDINA GIVE AND GO 47-5031672 Schedule I (Form 990) 2021 Page 2 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. (e) Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (b) Number of (d) Amount of non-(c) Amount of (f) Description of noncash assistance recipients cash grant cash assistance Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: ATTENDANCE RATES OF STUDENTS IN ACTIVITIES, CORRESPONDENCE WITH FAMILIES AND REGULAR PARTNER FEEDBACK SESSIONS ARE THE MAIN METHODS FOR MONITORING USE OF GRANT FUNDS.

33

#### **SCHEDULE L**

Department of the Treasury

Internal Revenue Service

(Form 990)

## **Transactions With Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open To Public Inspection

Nar	me of the organiz		DINA GIVE	7 1 1 1	2. 60							1 .	<b>oloyer</b> 7-503	ident	ificati	on nu	mber	
D	art I Exces					21/2/2	) acat	on F01	(a)(4) and ac	otion	n 501(c)(29) orga							
Г																		
_	Соттріє	ete ii trie c	organization		Relationship bet				rie 25a or 25t	), OI	Form 990-EZ, Pa	art V, I	ne 40	D.	(4)	Corro	cted?	
1	(a) Name of disc	qualified p	erson	(D) F	person and or			illed	(	c) De	escription of tran	sactio	n			es	No	
					•										+	65	NO	
															+			
2	Enter the amou	ınt of tax i	ncurred by t	he o	rganization man	agers	or disc	ualified	d persons dur	ing t	he year under							
	section 4958												<b>&gt;</b> \$					
3	Enter the amou	int of tax,	if any, on lin	e 2, a	above, reimburs	ed by	the org	ganizat	ion				<b>&gt;</b> \$					
_			.,															
Pa	art II Loans	s to and	i/or From	Into	erested Pers	sons.	•											
			U					, Part V	, line 38a or F	Form	990, Part IV, line	e 26; d	or if th	e orga	nizatio	on		
					, Part X, line 5, 6					_				<b>(b)</b> An	nroved	II		
	(a) Name o interested per		(b) Relation with organiz	namp   (c) i dipose		from the			(e) Original ncipal amount	(f	(f) Balance due		(g) In by bo			oproved (i) Written agreement?		
	interested per	3011	With organiz	ation	or loan		ization?	OII?	ipai amount			<del> </del>			IIIIIIIIIIII		т —	
						То	From					Yes	No	Yes	No	Yes	No	
										$\vdash$								
_																		
_																		
Tot	al								> \$									
Pa	art III Grant	ts or As	sistance	Ben	efiting Inter	este	d Per	sons.										
	Comple	ete if the c	organization	ansv	vered "Yes" on F	orm 9	990, Pa	art IV, li	ne 27.									
	(a) Name of in	terested p	person	(	(b) Relationship				Amount of		(d) Type			•		ose o	f	
					interested pers		d		assistance		assistan	ce			assist	ance		
				<u> </u>		211011							_					
CAI	ALINA CARRAS	CO		EMP	LOYEE				2,8	10.	CASH		S.	TUDEN	T GR.	ANT		
				-									_					
				1														

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

Schedule L (Form 990) 2021

(a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of transaction (d) Description of transaction (rever Yes  Yes   Supplemental Information.  Provide additional information for responses to questions on Schedule L (see instructions).	(a) Name of interested persor		es" on Form 990, Part IV, line 28a, 2			(a) Sha	rina
Yes  Yes  Supplemental Information.	(,	ו [ (	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	atio atio
Supplemental Information.							N
						1.55	
		<del></del>					
,		+					
Provide additional information for responses to questions on Schedule L (see instructions).							
	Provide additional informa	tion for respons	ses to questions on Schedule L (see i	instructions).			

## **SCHEDULE O** (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

EDINA GIVE AND GO

**Employer identification number** 47-5031672

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
OUTSIDE OF THE SCHOOL DAY, ROUGHLY 12% OF EDINA PUBLIC SCHOOLS STUDENTS
LIVE AT OR NEAR THE POVERTY LINE AND CANNOT AFFORD TO ENGAGE IN
EXTRA-CURRICULAR ACTIVITIES. EDINA GIVE AND GO UNLOCKS THESE
OPPORTUNITIES BY REMOVING FINANCIAL BARRIERS FOR INDIVIDUAL STUDENTS,
COVERING THINGS LIKE ACTIVITY FEES, EQUIPMENT COSTS, AND PARTICIPATION
EXPENSES.
FORM 990, PART VI, SECTION A, LINE 1A:
THE EXECUTIVE COMMITTEE SERVES TO ADVISE THE BOARD OF DIRECTORS ON
STRATEGIC PLANNING, POLICY, AND ORGANIZATIONAL DIRECTION. THE EXECUTIVE
COMMITTEE INCLUDES THE EXECUTIVE DIRECTOR, BOARD CHAIR, VICE CHAIR,
SECRETARY, TREASURER, AND CHAIRS OF ENGAGEMENT, DEVELOPMENT AND GRANT
COMMITTEES. THE BOARD CHAIR SERVES AS CHAIR OF EXECUTIVE COMMITTEE.
FORM 990, PART VI, SECTION B, LINE 11B:
THE BOARD WILL REVIEW AND VOTE TO APPROVE THE FORM 990 PRIOR TO SUBMISSION
FOR FILING WITH THE IRS. THIS IS TENTATIVELY SCHEDULED TO TAKE PLACE DURING
THE JANUARY 2023 BOARD MEETING.
FORM 990, PART VI, SECTION B, LINE 12C:
THE CONFLICT OF INTEREST POLICY COVERS ANY DIRECTOR, PRINCIPAL OFFICER, OR
MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS, WHO HAS A
DIRECT OR INDIRECT FINANCIAL INTEREST. THE BOARD SHALL DETERMINE WHETHER OR
NOT A CONFLICT OF INTEREST EXISTS AND REVIEW THE SITUATION TO DETERMINE
WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT. THE INTERESTED PERSON

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

Schedule O (Form 990) 2021

Name of the organization  EDINA GIVE AND GO	Employer identification number 47-5031672
MAY BE PRESENT FOR DISCUSSION TO ANSWER QUESTIONS, BUT MAY NOT ADVOCATE FOR	17 3331072
THE ACTION TO BE TAKEN, CANNOT BE INCLUDED TO ESTABLISH A QUORUM FOR THE	
MEETING, AND MUST LEAVE THE ROOM WHILE A VOTE IS TAKEN. THE MINUTES OF ALL	
ACTIONS TAKEN ON SUCH MATTERS SHALL CLEARLY REFLECT THAT THESE REQUIREMENTS	
HAVE BEEN MET.	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS DETERMINED USING PREVIOUS	
RECORDS AND THE MINNESOTA COUNCIL FOR NON-PROFITS COMPENSATION REPORT. THE	
EXECUTIVE COMMITTEE AND OFFICERS REVIEW THE DATA AND THE FULL BOARD OF	
DIRECTORS VOTES TO APPROVE THE DETERMINATION. THE BOARD MINUTES CAPTURE ALL	
DISCUSSION AND DECISIONS REGARDING THE COMPENSATION. THIS PROCESS WAS LAST	
CONDUCTED IN 2021.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST	
POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.	
TODICI, IND TIMECIAL DIMINARIO NVALENDE GION REGOLDI.	