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10 Other expenses (at 1x, column (x), inte equal Part IX, column (A), line 25) 1,964,744. 1,9304,744. 1,9304,744. 19 Revenue less expenses. Subtract line 18 from line 12 -57,037. 29,183. 19 Revenue less expenses. Subtract line 18 from line 12 -57,037. 29,183. 20 Total assets (Part X, line 16) 1,657,370. 1,609,374. 21 Total liabilities (Part X, line 26) 206,283. 132,239. 22 Net assets or fund balances. Subtract line 21 from line 20 1,451,087. 1,477,135. Part II Signature Block 206,283. 132,239. Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. ////////////////////////////////////	ă	b To						<u> </u>	6	E00 420
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Beginning of Current Year End of Year 1,657,370. 1,609,374. 20 Total assets (Part X, line 16) 206,283. 21 Total liabilities (Part X, line 26) 206,283. 22 Net assets or fund balances. Subtract line 21 from line 20 1,451,087. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Image: Signature of officer Image: Signature of officer Image: Signature of officer Date Image: Print/Type preparer's name Preparer's signature FRANK H. SMITH FRANK H. SMITH Frame: Prim's address b 1899 L STREET, NW, SUITE 850 Firm's EIN b 11-1986323 WASHINGTON, DC 20036 Phone no. (202) 227-4000 May the IRS discuss this return with the preparer shown above? See instructions X Yes										
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Sign Here Image: Clayeup Signature of officer Image: Clayeup Signature of officer Date Image: Clayeux, Signature of officer Image: Clayeux, Signature of the second						-			-	owledge and belief, it is
Sign Here Signature of officer Date TRINA CLAYEUX, PH.D., CHIEF EXECUTIVE OFFICER Date Type or print name and title Preparer's signature Paid Print/Type preparer's name Preparer's signature FRANK H. SMITH FRANK H. SMITH Date Preparer MARCUM LLP Firm's name MARCUM LLP Firm's address 1899 L STREET, NW, SUITE 850 Phone no. (202) 227-4000 May the IRS discuss this return with the preparer shown above? See instructions X Yes No	true,	, correct,	and complete	. Declaration of preparer (oth	er than officer) is based on all inforr	mation of whic	ch preparer l	has any knowledge		-
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Use Only Firm's address 1899 L STREET, NW, SUITE 850 WASHINGTON, DC 20036 Phone no. (202) 227-4000 May the IRS discuss this return with the preparer shown above? See instructions X Yes No					μικικ μ. ο.	MTIU	<u> </u> ⊥_			•
WASHINGTON, DC 20036 Phone no. (202) 227-4000 May the IRS discuss this return with the preparer shown above? See instructions X Yes No					ET. NW SUITTE 8	50				. 1700323
May the IRS discuss this return with the preparer shown above? See instructions	000		1111 3 duuress					Phone no	(202) 227-4000
	Ma	/ the IRS	discuss this			3		, none m		
							s.			Form 990 (2021)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

** ELECTRONICALLY FILED ON 11/11/2022 **

	n 990 (2021) THE GIVE AN HOUR NONPROFIT CORPORATION 61-1493378 Page 2 rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	GIVE AN HOUR'S MISSION IS TO DEVELOP RESILIENT INDIVIDUALS AND THEIR
	COMMUNITIES; TO GROW OUR SOCIAL IMPACT THROUGH RESPONSIVE, SCALABLE,
	INDIVIDUALIZED MENTAL HEALTH PROGRAMS AIMED AT CLOSING ACCESS AND
	DELIVERY GAPS TO MENTAL HEALTH CARE.
2	Did the organization undertake any significant program services during the year which were not listed on the
-	
	prior Form 990 or 990-EZ?
`	
3	
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 687,679. including grants of \$) (Revenue \$ 95,500.
	MENTAL HEALTH SERVICES AND SUPPORT FOR THE MILITARY VETERAN COMMUNITY:
	SINCE 2005, OUR WORK HAS PROVIDED NO COST, BARRIER-FREE ACCESS TO
	MENTAL HEALTH CARE FOR MILITARY SERVICE MEMBERS, VETERANS AND THEIR
	FAMILIES AND SPEAKS TO OUR ABILITY TO POSITIVELY IMPACT NICHE
	POPULATIONS WITH OUR NETWORK OF MENTAL HEALTH CARE PROVIDERS,
	EDUCATIONAL TOOLS, TRAININGS, AND COLLABORATIVE EVENTS. OUR AMBITION IS
	TO GROW PROGRAM SERVICES DELIVERY THROUGH INDIVIDUAL, PEER, AND GROUP
	SUPPORT WHILE ALSO INCREASING OUR PROVIDER NETWORK OF MILITARY,
	VETERAN, AND THEIR LOVED ONES TRAINED PROFESSIONALS. IN THE PAST 17
	YEARS GIVE AN HOUR HAS DONATED OVER 380,000 HOURS (VALUED AT OVER \$38
	MILLION) INCLUDING 21,271 HOURS IN FISCAL YEAR 2022.
4b	(Code:) (Expenses \$571,595. including grants of \$) (Revenue \$44,873.
	MENTAL HEALTH SERVICES AND SUPPORT FOR SURVIVORS AND COMMUNITIES OF
	MASS VIOLENCE RECOVERY AND RESILIENCY: GIVE AN HOUR IS READY TO ASSIST
	THOSE AFFECTED BY MASS VIOLENCE INCIDENTS AND HELPING THIS GROUP OF
	TRAUMA SURVIVORS IS CRITICAL TO THE OVERALL MENTAL HEALTH OF OUR
	NATION. THROUGH OUR PEER SUPPORT PROGRAM, REGULAR SUPPORT GROUPS,
	WELLNESS EVENTS, TRAINING TOOLS, AND EDUCATIONAL RESOURCES, GAH
	CUSTOMIZES SHORT-AND LONG-TERM SUPPORTS THAT INDIVIDUALS AND
	COMMUNITIES WANT AND NEED ON THEIR HEALING JOURNEY.
4c	(Code:) (Expenses \$ 174,517. including grants of \$) (Revenue \$ 2,500.
+0	(Code:) (Expenses \$174,517. including grants of \$) (Revenue \$2,500. MENTAL HEALTH SERVICES AND SUPPORT FOR OPIOID OVERDOSE PREVENTION
	RESPONSE PROGRAM: GIVE AN HOUR IS DEDICATED TO IDENTIFYING THE MENTAL
	HEALTH AND EMOTIONAL WELLNESS NEEDS OF THOSE IMPACTED BY THE OPIOID
	CRISIS AND BEING PART OF THE SOLUTION. WE COLLABORATE WITH OTHER
	ORGANIZATIONS TO PROVIDE EDUCATION, PREVENTATIVE CARE, RESOURCES FOR
	THE INDIVIDUAL, COMMUNITY, AND SYSTEMATIC SUPPORT.
	Other program services (Describe on Schedule O.)
4d	Other program services (Describe on Schedule O.)
4d	(Expenses \$ 346,514. including grants of \$) (Revenue \$ 24,500.)
4d 4e	(Expenses \$ 346,514. including grants of \$) (Revenue \$ 24,500.) Total program service expenses ▶ 1,780,305.
	(Expenses \$ 346,514. including grants of \$) (Revenue \$ 24,500.)
1e	(Expenses \$ 346,514. including grants of \$) (Revenue \$ 24,500.) Total program service expenses ▶ 1,780,305.

Form 990 (2						NONPROFIT	CORPORATION
Part IV	Checklist of Re	quire	d Scheo	dules	;		

			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	X	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
-	Schedule D, Part III	8		<u> </u>
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?			v
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Λ
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,	11a	x	
h	Part VI	11a		
D		11b		x
~	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			- 21
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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		X
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	X	
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		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u> </u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
	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			77
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
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			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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	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			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	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,			
	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
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		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			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 27			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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	990 (2021) THE GIVE AN HOUR NONPROFIT CORPORATION t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		00/0	Р	age
a	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			Vee	N
)a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			Yes	No
.u	filed for the calendar year ending with or within the year covered by this return	2a 25			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur		2b	х	
-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to $e-file$. See instruction				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	iccount)?	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 A	ccounts (FBAR).			
Ба	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
Ъа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			
			<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set		7a		X
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	-			
	to file Form 8282?		7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	-		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		7e		X X
T	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra-		7f		
g L	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g 7h		
h o	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		- 11		
8			8		
9	sponsoring organization have excess business holdings at any time during the year?		•		
a			9a		
a b			9b		
0	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-		
1	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against		-		
	amounts due or received from them.)	11b			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	i			
а	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.				
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	13b			
с	Enter the amount of reserves on hand	13c			
4a			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O	14b		
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		X
	If "Yes," complete Form 4720, Schedule O.				
	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	any	1		
7	Content of Nonzaronal and the tract, any abquamed person, or time operator origage in	•			1
7	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		

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Form 9	990 (2	021)
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 Form 990 (2021)
 THE GIVE AN HOUR NONPROFIT CORPORATION
 61–1493378
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 Part VI
 Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response
 Page

 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI	 X
Section A. Governing Body and Management	

						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		10			
	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		10			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with an	y other				
	officer, director, trustee, or key employee?				2		х
	Did the organization delegate control over management duties customarily performed by or under the						
					3		x
	Did the organization make any significant changes to its governing documents since the prior Form 99				4		x
	Did the organization become aware during the year of a significant diversion of the organization's ass			F	5		X X X
				Г	6		X
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or ap			·····	0		- 23
		•			7-		x
	more members of the governing body?			·····	7a		
	Are any governance decisions of the organization reserved to (or subject to approval by) members, st						v
	persons other than the governing body?			·····	7b		X
	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea		•			37	
	The governing body?			F	8a	X	
	Each committee with authority to act on behalf of the governing body?			·····	8b	Х	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			<u></u>	9		X
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Re-	venue C	ode.)				
						Yes	No
10a	Did the organization have local chapters, branches, or affiliates?				10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters, a	affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ before	filing the fo	orm?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		-				
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? $If "\gamma$			·····	12.5		
		,			12c	х	
	on Schedule O how this was done			Г	13	X	
	Did the organization have a written whistleblower policy?					X	
	Did the organization have a written document retention and destruction policy?			·····	14	л	
	Did the process for determining compensation of the following persons include a review and approval	i by inde	epenaent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					37	
	The organization's CEO, Executive Director, or top management official			·····	15a	X	
	Other officers or key employees of the organization			k	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 arrangen	nent with	na				
	taxable entity during the year?			ļ	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its par	ticipation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization's	;				
	exempt status with respect to such arrangements?	<u></u>			16b		
	ion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed AR, CA, CO, FL, I	L,KY	, MD , MA	λ,ΜΙ,	MN	, NY,	NC
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990-T	(section 50)1(c)(3)s	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website X Upon request Other (explain	on Sch	edule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			icv. and	finano	cial	
	statements available to the public during the tax year.			,, aa			
	State the name, address, and telephone number of the person who possesses the organization's boo	ks and i	records	•			
	JESSICA GROVE - (240) 668-4365						
	23541 ROLLING FORK WAY, GAITHERSBURG, MD 20882						

Form 990 (2		61-1493378	Page 1							
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated										
Employees, and Independent Contractors										
	Check if Schedule O contains a response or note to any line in this Part VII									
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees									
1a Comple	e this table for all persons required to be listed. Report compensation for the calendar year ending	with or within the organization's	s tax year.							

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

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

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

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

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

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

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

Name and title	Average			Pos	ition					
		(do	not cł	heck i			ne	Reportable	Reportable	Estimated
	hours per box, u			(do not check more than one box, unless person is both an officer and a director/trustee)				compensation	compensation	amount of
	week		cer an	d a d	irecto	r/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trust		ee	bens		(W-2/1099-MISC/	1099-NEC)	organization and related
	organizations below	ual tr	tional		yolqr	t con /ee	-	1099-NEC)		organizations
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) RANDY PHELPS	0.00	_	_	0	-	1 0				
FORMER CEO							х	111,529.	0.	0.
(2) JESSICA GROVE	40.00									
COO - AS OF 11/2021				Х				102,492.	0.	0.
(3) TRINA CLAYEUX, PH.D.	40.00									
CEO - AS OF 07/2021				Х				77,500.	0.	0.
(4) SEAN HOWARD, CHAIRPERSON OF	2.00									
THE BOARD - AS OF 09/2021		Х		Х				0.	0.	0.
(5) FRED KNOWLES, CHAIRPERSON OF	2.00									-
THE BOARD - UNTIL 09/2021		х		Х				0.	0.	0.
(6) ROBERT SCOTT	2.00									
SECRETARY - AS OF 11/2021		Х		Х				0.	0.	0.
(7) DOUGLAS WOLFIRE	5.00									_
SECRETARY - UNTIL 09/2021		Х		Х				0.	0.	0.
(8) PATRICIA L. BOWDITCH	2.00									_
TREASURER		х		Х				0.	0.	0.
(9) ALENA ANOTOWICH	2.00									-
DIRECTOR		Х						0.	0.	0.
(10) JAMES BYRNE	2.00									_
DIRECTOR		Х						0.	0.	0.
(11) ANTONIO PUENTE	2.00									_
DIRECTOR		Х						0.	0.	0.
(12) EDWARD SCHIFF	2.00									
DIRECTOR		Х						0.	0.	0.
(13) BRUCE SHUTTLEWORTH	2.00									•
DIRECTOR - UNTIL 07/21		Х						0.	0.	0.
(14) PAM SWAN	2.00									-
DIRECTOR		Х						0.	0.	0.
(15) PATRICIA TOLEDO	2.00									
DIRECTOR		Х						0.	0.	0.
(16) ROSS K. WHITMORE	2.00								<u> </u>	
DIRECTOR		Х						0.	0.	0.
										Form 990 (2021)

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Form 990 (2021)

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		AN HOUR	N	ION	IPR	OF	'IT	C	CORPORATION	61-14	<u>93</u>	<u>378</u>	Р	age 8
Parl	t VII Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
	(A)	(B)			(0				(D)	(E)			(F)	
	Name and title	Average	(do		Posi heck r			ne	Reportable	Reportable		Es	stimate	ed
		hours per	box	, unles	ss per	son i	s both	n an	compensation	compensatior	ו ו	ar	nount	of
		week		cer an	ıd a di	recto	r/trus	tee)	from	from related			other	
		(list any	rector						the	organizations			pensa	
		hours for related	or di	ee			ated		organization	(W-2/1099-MIS	C/		om th	
		organizations	ustee	trust		96	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)			anizat d relat	
		below	lual tr	tional		vold	st con	_	1033-1120)				anizati	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				org	annzaci	0110
				_		×	<u> </u>	4						
							-							
							-							
1b	Subtotal								291,521.		0.			0.
	Total from continuation sheets to Part VI								0.		0.			0.
d	Total (add lines 1b and 1c)								291,521.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable				
	compensation from the organization													2
•								la : a			l		Yes	No
3	Did the organization list any former officer,				•	-		Ŭ	• •			3	х	
4	line 1a? If "Yes," complete Schedule J for se For any individual listed on line 1a, is the su											3	- 23	
4												4	Х	
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a											4	- 23	
5	rendered to the organization? If "Yes," com											5		х
Sect	tion B. Independent Contractors	piele Scriedule	3 J 10	or su		Jers	011 .					5		
	Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	actor	rs th	nat received more than \$	100,000 of comp	ensat	ion fro	om	
	the organization. Report compensation for t	the calendar ye	ear e	endin	ng wi	ith c	or wi	thin	the organization's tax y	ear.				
	(A)								(B)				C)	
	Name and business	address	NC	ONE	3				Description of s	ervices	С	ompe	nsatio	n
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz		ot lin	nitec	d to t	thos C		ted	above) who received me	ore than				
-												-	000	0004)

Form **990** (2021)

132008 12-09-21

	1 990 rt V		2021) THE GIVE AN H	OUR NONPI	ROFIT CORPO	DRATION	61-1493	378 Page 9
			Check if Schedule O contains a response		e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C)	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	b d e f	All other contributions, gifts, grants, and	10,162. 756,980. 028,583.	1,795,725.			
Program Service			CONTRACT REVENUE	Business Code 900099	167,373.	167,373.		
Proç		g	All other program service revenue	►	167,373.			
	3 4 5		Investment income (including dividends, intere other similar amounts) Income from investment of tax-exempt bond p Royalties	roceeds	2,346.			2,346.
		b c	Gross rents 6a Less: rental expenses 6b Rental income or (loss) 6c	(ii) Personal				
venue		b	Gross amount from sales of assets other than inventory (i) Securities Less: cost or other basis and sales expenses 7b Gain or (loss) 7c	(ii) Other				
Other Rev		d	Net gain or (loss) Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a					
	9	c a	Less: direct expenses 8b Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19 9a	····· ►				
	10	c a	Less: direct expenses 9b Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances 10a Less: cost of goods sold 10b	>				
Miscellaneous Revenue		c a b	Net income or (loss) from sales of inventory					
Misce	12	е	All other revenue Total. Add lines 11a-11d Total revenue. See instructions		1,965,444.	167,373.	0.	2 ,346. Form 990 (2021)

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	Check if Schedule O contains a respons of include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		ł		
i	and domestic governments. See Part IV, line 21 📖 🗋				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees	260,181.	251,355.	8,826.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	909,207.	908,272.	935.	
	Pension plan accruals and contributions (include	/			
	section 401(k) and 403(b) employer contributions)	451.		451.	
	Other employee benefits	44,902.	44,563.	339.	
10	Payroll taxes	94,971.	43,507.	51,464.	
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
C	Accounting	16,302.	16,302.		
	Lobbying				
	Professional fundraising services. See Part IV, line 17	44,110.			44,110.
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,		0.54 0.04		
	column (A), amount, list line 11g expenses on Sch O.)	286,836.	271,904.	14,932.	
	Advertising and promotion	32,307.	31,850.	452.	5.
	Office expenses	47,585.	34,478.	10,428.	2,679.
14	Information technology	90,502.	82,664.		7,838.
15	Royalties				
16	Occupancy		11 - 10		
17	Travel	24,719.	11,510.	6,214.	6,995.
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	11 000	11 000		
19	Conferences, conventions, and meetings	11,889.	11,889.		
	Interest				
	Payments to affiliates				
22	Depreciation, depletion, and amortization	10 624	10 624		
		10,634.	10,634.		
i	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
	STAFF DEVELOPMENT	55,678.	55,678.		
b	STATE REGISTRATION FEES	5,987.	5,699.		288.
с					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,936,261.	1,780,305.	94,041.	61,915.
	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

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Form 990 (2021)

THE GIVE AN HOUR NONPROFIT CORPORATION 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).

132010 12-09-21

Check here **K** if following SOP 98-2 (ASC 958-720)

Form 990 (2021)

Form 990 (2021)

Part X | Balance Sheet

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		Check if Schedule O contains a response or ne	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		147,725.	1	113,601.	
	2	Savings and temporary cash investments			1,302,529.	2	1,176,109.
	3	Pledges and grants receivable, net			174,162.	3	283,134.
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial o	contributor, or 35%			
		controlled entity or family member of any of th	ese pers	ons		5	
	6	Loans and other receivables from other disqua	lified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describe	ed in sec	tion 4958(c)(3)(B)		6	
Assets	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use				8	
As	9	B 11 11 11 11 11 11 11 11 11 11 11 11 11			12,640.	9	19,351.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	10,000.			
	b	Less: accumulated depreciation	10b	10,000.	0.	10c	0.
	11	Investments - publicly traded securities		20,314.	11	17,179.	
	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			15		
	16	Total assets. Add lines 1 through 15 (must eq			1,657,370.	16	1,609,374.
	17	Accounts payable and accrued expenses		128,076.	17	132,239.	
	18	Grants payable			18		
	19	Deferred revenue	78,207.	19	0.		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete			21		
s	22	Loans and other payables to any current or for	mer offic	er, director,			
Liabilities		trustee, key employee, creator or founder, sub	stantial o	contributor, or 35%			
lide		controlled entity or family member of any of th	ese pers	ons		22	
Ë	23	Secured mortgages and notes payable to unre	lated thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelat	ed third	parties		24	
	25	Other liabilities (including federal income tax, p	ayables	to related third			
		parties, and other liabilities not included on line	es 17-24)	. Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			206,283.	26	132,239.
		Organizations that follow FASB ASC 958, ch	eck her	e 🕨 🔀			
ses		and complete lines 27, 28, 32, and 33.					
and	27	Net assets without donor restrictions			1,133,420.	27	1,136,613.
Bal	28	Net assets with donor restrictions			317,667.	28	340,522.
pu		Organizations that do not follow FASB ASC					
Ъ		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fund	s			29	
sets	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated				31	
Vet	32	Total net assets or fund balances			1,451,087.	32	1,477,135.
	33	Total liabilities and net assets/fund balances			1,657,370.	33	1,609,374.

Form 990 (2021)

10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 1,477,135 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Image: Check of Schedule O contains a response or note to any line in this Part XII	Form	1 990 (2021) THE GIVE AN HOUR NONPROFIT CORPORATION	61-14	93378	Pag	_{ge} 12		
1 Total revenue (must equal Part VIII, column (A), line 12) 1 1,965,444 2 Total expenses (must equal Part IX, column (A), line 25) 2 1,936,261 3 Revenue less expenses. Subtract line 2 from line 1 3 29,183 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1,451,087 5 Net unrealized gains (losses) on investments 5 -3,135 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)) 1 1,477,135 Part XII Financial Statements and Reporting 1 Yes Ni 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual </th <td>Pa</td> <td>rt XI Reconciliation of Net Assets</td> <td></td> <td></td> <td></td> <td></td>	Pa	rt XI Reconciliation of Net Assets						
2 Total expenses (must equal Part IX, column (A), line 25) 2 1,936,261 3 Revenue less expenses. Subtract line 2 from line 1 3 29,183 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1,451,087 5 Net unrealized gains (losses) on investments 6 7 6 0 7 8 7 8 9 0 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 1,477,135 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 2 X 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 2 X 16 "Yes," check a box below to indicate whether the		Check if Schedule O contains a response or note to any line in this Part XI						
2 Total expenses (must equal Part IX, column (A), line 25) 2 1,936,261 3 Revenue less expenses. Subtract line 2 from line 1 3 29,183 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1,451,087 5 Net unrealized gains (losses) on investments 6 7 6 0 7 8 7 8 9 0 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 1,477,135 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 2 X 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 2 X 16 "Yes," check a box below to indicate whether the								
3 Revenue less expenses. Subtract line 2 from line 1 3 29,183 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1,451,087 5 Net unrealized gains (losses) on investments 5 -3,135 6 0 6 7 7 6 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 1,477,135 Part XIII Financial Statements and Reporting 10 1,477,135 Check if Schedule O contains a response or note to any line in this Part XII Yes Net 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X	1	Total revenue (must equal Part VIII, column (A), line 12)	1					
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1,451,087 5 Net unrealized gains (losses) on investments 5 -3,135 6 0 6 7 1 1 1 8 9 0 0 9 0 9 0 10 Net assets or fund balances (explain on Schedule 0) 9 0 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 1 1 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 1,477,135 9 0 1 1,477,135 1 9 0 1 1,477,135 9 0 1 1,477,135 9 0 1 1,477,135 9 0 1 1,477,135 9 0 1,477,135 1 9 0 1 1,477,135 9 0 1 1,477,135 9 0 1 <	2	Total expenses (must equal Part IX, column (A), line 25)	2					
5 Net unrealized gains (losses) on investments 5 -3,135 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 1,477,135 Year XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X	3	Revenue less expenses. Subtract line 2 from line 1	3					
6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Investment explain on Schedule O. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,451	1,451,087			
7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 1,477,135 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: 1 Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:	5	Net unrealized gains (losses) on investments	5	-3	3,1	<u>35.</u>		
 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 1,477,135 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 	6	Donated services and use of facilities	6					
 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 1,477,135 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 	7	Investment expenses	7					
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 1,477,135 Part XII Financial Statements and Reporting 10 1,477,135 Check if Schedule O contains a response or note to any line in this Part XII Yes Notestand 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X	8	Prior period adjustments	8					
column (B)) 10 1,477,135 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes Nutrition 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Ves Nutrition 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Ves Nutrition 2a Were the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Image: Colspan="2">Image: Colspan="2">Cash X	9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes Note 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Ves Note 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Ves Note 2a Were the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Image: Colspan="2">Cash	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Yes Yes		column (B))	10	1,477	7,1	35.		
1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes Net 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Image: Cash imag	Pa	rt XII Financial Statements and Reporting						
 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 		Check if Schedule O contains a response or note to any line in this Part XII		<u></u>				
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a					Yes	No		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Image: Comparison of the year were compiled or reviewed on a separate basis, consolidated basis, or both: Image: Comparison of the year were compiled or reviewed on a separate basis, consolidated basis, or both: Image: Comparison of the year were compiled or reviewed on a separate basis, consolidated basis, or both: Image: Comparison of the year were compiled or reviewed on a separate basis, consolidated basis, or both: Image: Comparison of the year were compiled or reviewed on a separate basis, consolidated basis, or both: Image: Comparison of the year were compiled or reviewed on a separate basis, consolidated basis, or both: Image: Comparison of the year were compiled or reviewed on a separate basis, consolidated basis, or both: Image: Comparison of the year were compiled or reviewed on a separate basis, consolidated basis, or both:	1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_				
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.					
separate basis, consolidated basis, or both:	2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a					
Separate basis Consolidated basis Both consolidated and separate basis		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?	b	Were the organization's financial statements audited by an independent accountant?		2 b	Х			
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,					
consolidated basis, or both:								
X Separate basis Consolidated basis Both consolidated and separate basis		X Separate basis Consolidated basis Both consolidated and separate basis						
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
review, or compilation of its financial statements and selection of an independent accountant?		review, or compilation of its financial statements and selection of an independent accountant?		2c	Х			
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.								
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	3a		igle Audit					
				3a		X		
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit					
or audits, explain why on Schedule O and describe any steps taken to undergo such audits		or audits, explain why on Schedule O and describe any steps taken to undergo such audits						

Form **990** (2021)

Department of the Treasury

(Form 990)

<u>Total</u>

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.

OMB No. 1545-0047
2021
Open to Public Inspection

T

nterna	al Rev	/enu	e Service		Go to www.irs.gov	//Form990 for instruction	ons and th	e latest ir	formation.		Inspection
Nam	e of	f th	e organizat				00000				identification number
Pa	-+ 1		Deegen	THE for Dublic (GIVE AN HO	UR NONPROFIT	CORPO	<u>JRATIC</u>	<u>N</u>		1-1493378
_	_					(All organizations must c			ee instructior	IS.	
	orga	-		-		For lines 1 through 12, cl	•				
1		-				n of churches described		n 170(b)(1	l)(A)(i).		
2		-				Attach Schedule E (Form					
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
		city, and state:									
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)									
6] /	A federal, sta	ate, or local go	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X] /	An organizat	ion that norma	Illy receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from t	ne general p	public described in
		:	section 170	(b)(1)(A)(vi). (C	omplete Part II.)						
8] /	A community	/ trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Part	t II.)				
9] /	An agricultur	al research org	ganization described	in section 170(b)(1)(A)(i	i x) operate	ed in conju	nction with a	land-grant	college
		(or university	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
		ι	university:								
10] /	An organizat	ion that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	nip fees, and	d gross receipts from
		á	activities rela	ted to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support fi	rom gross investment
		i	ncome and	unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the org	ganization a	Ifter June 30, 1975.
		income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)									
11],	An organizat	ion organized a	and operated exclusi	vely to test for public saf	ety. See	section 50)9(a)(4).		
12	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or										
		ı	more publicly	y supported or	ganizations describe	d in section 509(a)(1) o	r section &	509(a)(2).	See section	509(a)(3). (Check the box on
		I	ines 12a thro	ough 12d that	describes the type o	f supporting organization	and com	plete lines	12e, 12f, and	l 12g.	
а			Type I. A s	upporting orga	anization operated, s	upervised, or controlled l	by its supp	orted orga	anization(s), t	ypically by	giving
			the suppor	ted organizatio	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or truste	es of the su	ipporting
			organizatio	on. You must c	complete Part IV, Se	ections A and B.					
b			Type II. A	supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ving
			control or I	management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
			organizatio	on(s). You mus	t complete Part IV,	Sections A and C.					
с			Type III fu	nctionally inte	grated. A supportin	g organization operated i	in connect	ion with, a	nd functiona	lly integrate	d with,
			its support	ed organizatio	n(s) (see instructions). You must complete F	Part IV, Se	ctions A,	D, and E.		
d			Type III no	on-functionally	/ integrated. A supp	orting organization operation	ated in cor	nnection w	ith its suppo	rted organiz	zation(s)
			that is not	functionally int	egrated. The organiz	ation generally must sati	isfy a distri	ibution rec	uirement and	d an attentiv	/eness
			requiremer	nt (see instruct	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	V.		
е			Check this	box if the orga	anization received a v	written determination from	m the IRS	that it is a	Туре I, Туре	II, Type III	
			functionally	y integrated, or	r Type III non-functio	nally integrated supportir	ng organiz	ation.			
f				of supported of	•						
g	Pr		de the follow Name of supp		n about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount o	fmonoton	(vi) Amount of other
		(1)	organizatio			(described on lines 1-10	in your governi	ng document?	support (see i		support (see instructions)
			9			above (see instructions))	Yes	No		,	

Schedule A (Form 990) 2021 THE GIVE AN HOUR NONPROFIT CORPORATION 61-1493378 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.)

260	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	2528122.	2025440.	2668164.	1748058.	1795725.	10765509.		
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	0500100	0005440	0.001.01	1540050	1805805	10000		
	Total. Add lines 1 through 3	2528122.	2025440.	2668164.	1748058.	1795725.	10765509.		
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)						799,532. 9965977.		
	Public support. Subtract line 5 from line 4.						9903977.		
		(-) 0017	(1-) 0010	(-) 0010	(4) 0000	(-) 0001	(6) Tatal		
	ndar year (or fiscal year beginning in)	(a) 2017 2528122.	(b) 2018 2025440.	(c) 2019 2668164.	(d) 2020 1748058.	(e) 2021	(f) Total 10765509.		
	Amounts from line 4 Gross income from interest.	2520122.	2023440.	2000104.	1/40050.	175725.	10703303.		
0									
	dividends, payments received on securities loans, rents, royalties,								
	and income from similar sources	3,884.	1,817.	41,015.	3,524.	2,346.	52,586.		
٩	Net income from unrelated business	5,004.	±,0±/.	41,013.	5,521	2,510.	52,5001		
3	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
10	or loss from the sale of capital								
	assets (Explain in Part VI.)								
11	Total support. Add lines 7 through 10						10818095.		
12		etc. (see instructio	uns)		•	12	830,498.		
	First 5 years. If the Form 990 is for th		,						
	organization, check this box and stop	-							
Sec	ction C. Computation of Publi						·		
	Public support percentage for 2021 (I			olumn (f))		14	92.12 %		
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	91.47 %		
16a	33 1/3% support test - 2021. If the c	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo	x and		
	stop here. The organization qualifies	as a publicly suppo	orted organization				► X		
b	33 1/3% support test - 2020. If the c	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box		
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ation			▶□		
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,		
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation		
	meets the facts-and-circumstances te	-			-				
b	10% -facts-and-circumstances test	-					10% or		
	more, and if the organization meets the						. —		
	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization								
18	Private foundation. If the organizatio	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a				
						Schedule A	(Form 990) 2021		

132022 01-04-22

Schedule A (Form 990) 2021	THE	GIVE	AN	HOUR	NONPROFIT	CORPORATION	61-1493378	Page 3
Part III Support Schedule	for Orga	nizatior	is De	escribed	d in Section 509	(a)(2)		

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	L					
14 First 5 years. If the Form 990 is for the	e organization's fir	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizati	on,
Section C. Computation of Publi	c Support Per	centage			, ,	
15 Public support percentage for 2021 (I	ine 8, column (f), d	ivided by line 13,	column (f))		15	%
16 Public support percentage from 2020	Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves	tment Income	e Percentage				
17 Investment income percentage for 20)21 (line 10c, colur	nn (f), divided by l	ine 13, column (f))		17	%
18 Investment income percentage from 2	2020 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2021. If the	organization did n	ot check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly	supported organiza	ation	
b 33 1/3% support tests - 2020. If the	organization did n	ot check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%, a	and
line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	anization qualifies	as a publicly supp	orted organization	
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	structions	
132023 01-04-22					Schedule /	A (Form 990) 2021
		15	5			

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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.)

132024 01-04-21

3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2021

Yes No

1

2

3a

3b

16

Schedule A (Form 990) 2021 THE GIVE AN HOUR NONPROFIT CORPORATION 61-1493378 Page 5 Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c	ĺ	
Sec	ction B. Type I Supporting Organizations			
			Yes	No

1	id the governing body, members of the governing body, officers acting in their official capacity, or membership of one or nore supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, irectors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) ffectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported rganization, 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.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? 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	2	

	Dervis			ne supp		janizalion.	
Sectio	n C.	Type I	I Suppo	orting	Organi	zations	

 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
 Image: Control organization was vested in the same persons that controlled or managed
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Section D. All Type III Supporting Organizations	

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

Section E. Type III Functionally Integrated Supporting Organizations

I Check the box next to the method that the organization used to satisfy the integral Part Lest during the year 1500 IIISU UC	I Part Test during the year (see instructions).	Check the box next to the method that the organization used to satisfy the Integral P
---	---	---

- a 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.*

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

17

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

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

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 132025 01-04-22

3b | | Schedule A (Form 990) 2021

2a

2b

3a

Yes No

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	dule A (Form 990) 2021 THE GIVE AN HOUR NONPRO			61-1493378 Page 6
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supportin	<u> </u>		
1	Check here if the organization satisfied the Integral Part Test as a qualifying		,	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complet	e Sections A through E.	Т
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	ally integra	ted Type III supporting org	anization (see

instructions).

Schedule A (Form 990) 2021

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THE GIVE AN HOUR NONPROFIT CORPORATION 61-1493378 Page 7

		OUR NONPROFIT			1-1493378	Page 7
Par		(a)(3) Supporting Org	anizations _{(continu}	ied)		
Secti	on D - Distributions				Current Ye	ar
_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	ns	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 (<i>describe in</i> 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 responsiv	/e	•		
	(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	(1)	(::)	10	(:::)	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	IS	(iii) Distributab Amount for 2	
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					
e	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
<u>a</u>	Applied to underdistributions of prior years					
b	Applied to 2021 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
e	Excess from 2021					

Schedule A (Form 990) 2021

132027 01-04-22

Schedule A	(Form 990) 2021	THE GI	VE AN	HOUR	NONPROFIT	CORPORATION	61-1493378 Page 8
Part VI	Supplemental Info Part IV, Section A, lines	1, 2, 3b, 3c, 4t), lines 2 and 3), 4c, 5a, 6, 9 ; Part IV, See	9a, 9b, 9c, ction E, line	11a, 11b, and 11c; es 1c, 2a, 2b, 3a, ar	nd 3b; Part V, Section B, line	or 17b; Part III, line 12; s 1 and 2; Part IV, Section C, rt V, Section B, line 1e; Part V,
132028 01-04-2	22				20		Schedule A (Form 990) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

2021

Employer identification number

61-1493378

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

THE GIVE AN HOUR NONPROFIT CORPORATION

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

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2021)

Name of organization

THE GIVE AN HOUR NONPROFIT CORPORATION

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 356,138. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 334,910. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 190,850. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll 186,380. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 174,517. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 6 X Person Payroll 75,000. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

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Employer identification number

61-1493378

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Name of organization

THE GIVE AN HOUR NONPROFIT CORPORATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ <u>45,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$44,935.	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
10		\$ <u>44,873.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$39,944.	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
		\$	Person Payroll O Noncash O (Complete Part II for noncash contributions.)

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Page **2**

Employer identification number

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(c) FMV (or estimate) (See instructions.)	(d) Date received
	Schedule B (Form 990) (2021)
	TMV (or estimate) (See instructions.)

Schedule B (Form 990) (2021)
Name of organization

THE GIVE AN HOUR NONPROFIT CORPORATION

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

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

Employer identification number

61-1493378

Schedule	B (Form 990) (2021)		Page 4
Name of o	organization		Employer identification number
THE G	IVE AN HOUR NONPROFIT C	ORPORATION	61-1493378
Part III		tions to organizations described in sec	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or le	ss 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 gift	
	Transferee's name, address, a	nd 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
<u>Part i</u>			[
			— ———
		(e) Transfer of gift	
	Transferee's name, address, a	nd 7 ID + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
123454 11-1	1-21		Schedule B (Form 990) (2021)

ule B (Form 990) (2

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SCHEDULE	D
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epartment of the Treasury

Internal Revenue Service

(Form	990)
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Supplemental Financial Statements

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

OMB No. 1545-0047

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

Name of the organization Employer identification number THE GIVE AN HOUR NONPROFIT CORPORATION 61-1493378 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? No Yes 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring No impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last 2 Held at the End of the Tax Year day of the tax year. Total number of conservation easements 2a а Total acreage restricted by conservation easements 2b b Number of conservation easements on a certified historic structure included in (a) 2c С Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? No _____ [6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 ► \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? Yes No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and 9 balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X ▶ \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide 2 the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$ Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021 132051 10-28-21 27

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	dule D (Form 990) 2021 THE GIV	E AN HOUR I						14933		⊃ _{age} 2
									itinued))
3	Using the organization's acquisition, accessi	on, and other record	s, checl	k any of the	following that	t make sigr	nificant use of	its		
	collection items (check all that apply):									
а	Public exhibition	d			hange progra					
b	Scholarly research	e		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explair	n how th	ney further th	ne organizatio	on's exemp	t purpose in F	Part XIII.		
5	During the year, did the organization solicit of								_	_
_	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	e organizatio	on answered	"Yes" on Fe	orm 990, Part	IV, line 9,	or	
19	Is the organization an agent, trustee, custodi		iany for	contribution	s or other as	sets not inc	hinded			
iu	on Form 990, Part X?							Yes	Г	No
h	If "Yes," explain the arrangement in Part XIII									
U		and complete the lot	lowing	labie.				Amo	int	
-	Decision belonce						1	74110		
	Beginning balance						1c 1d			
	Additions during the year									
	Distributions during the year						1e			
	Ending balance						1f			
	Did the organization include an amount on F					-		Yes		
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete								··· L	
1 41		(a) Current year		Prior year	(c) Two yea		I) Three years b	ack (a) E	our year	e hack
	De sinsi e e foren helen e	(a) Ourrent year		nor year	(c) 1 WO you				Jui yoai	3 DUCK
	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	•	e (line 1	g, column (a)) held as:					
	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation tha	at are held a	nd administer	red for the	organization			
	by:								Yes	No
	(i) Unrelated organizations							3a	i)	
	(ii) Related organizations								i)	
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	ed on S	Schedule R?				3k	1	
4	Describe in Part XIII the intended uses of the		wment	funds.						
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990), Part IV	V, line 11a. S	See Form 990	, Part X, lin	ie 10.			
	Description of property	(a) Cost or o	ther	(b) Cost	t or other	(c) Acc	umulated	(d) B	ook val	ue
		basis (investr	nent)	basis	(other)	depr	eciation			
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment									
	Other			1	0,000.		L0,000.			0.
	. Add lines 1a through 1e. (Column (d) must e		X. colur		-		-			0.
								dule D (Fo	rm 990	
								•		-

Part VII	(Form 990) 2021			HOUR NC	NPROFI	T CORPORAT	ION	61-1493378	Page 3
	Investments - Of								
	Complete if the organ								
	otion of security or categor	-		(b) Book	value	(c) Method of val	uation: Cost c	or end-of-year market v	/alue
	al derivatives								
	held equity interests								
(3) Other									
(A)									
(B)									
(C)									
(D)									
<u>(E)</u>									
(F)									
(G)									
(H) Tatal (Cal. (h) must squal Form 000. [Dart V. ool	(P) line 12)						
Part VIII	b) must equal Form 990, F Investments - Pr Complete if the organ	rogram	Related.	on Form 990 F	art IV line 1	1. See Form 990 P	art X line 13		
	(a) Description of inv			(b) Book				or end-of-year market v	/alue
(1)	(, _ >===================================			(2) 2001		(-,			
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(8) (9)									
(9)	b) must equal Form 990, F Other Assets.					11-1 Car Faura 000 D			
(9) Total. (Col. (b) must equal Form 990, F Other Assets. Complete if the organ		nswered "Yes"		art IV, line 1	1d. See Form 990, Pa	art X, line 15.		
(9) Total. (Col. (Part IX	Other Assets.		nswered "Yes"	on Form 990, F Description	art IV, line 1	1d. See Form 990, Pa	art X, line 15.	(b) Book v	alue
(9) Total. (Col. (Part IX (1)	Other Assets.		nswered "Yes"		art IV, line 1	1d. See Form 990, Pa	art X, line 15.	(b) Book va	alue
(9) Total. (Col. (Part IX (1) (2)	Other Assets.		nswered "Yes"		art IV, line 1	1d. See Form 990, Pa	art X, line 15.	(b) Book va	alue
(9) Total. (Col. (Part IX (1) (2) (3)	Other Assets.		nswered "Yes"		art IV, line 1	11d. See Form 990, Pa	art X, line 15.	(b) Book va	alue
(9) Total. (Col. (Part IX (1) (2) (3) (4)	Other Assets.		nswered "Yes"		art IV, line 1	1d. See Form 990, Pa	art X, line 15.	(b) Book va	alue
(9) Total. (Col. (Part IX (1) (2) (3) (4) (5)	Other Assets.		nswered "Yes"		art IV, line 1	11d. See Form 990, Pa	art X, line 15.	(b) Book va	alue
(9) Total. (Col. (Part IX (1) (2) (3) (4) (5) (6)	Other Assets.		nswered "Yes"		art IV, line 1	11d. See Form 990, Pa	art X, line 15.	(b) Book va	alue
(9) Total. (Col. (Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets.		nswered "Yes"		art IV, line 1	11d. See Form 990, Pa	art X, line 15.	(b) Book va	alue
(9) Total. (Col. (Part IX (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets.		nswered "Yes"		art IV, line 1	1d. See Form 990, Pa	art X, line 15.	(b) Book va	alue
(9) Total. (Col. (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets.	nization and and a second seco	nswered "Yes" (a)	Description		11d. See Form 990, Pa		(b) Book va	alue
(9) Total. (Col. (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu	Other Assets. Complete if the organ	nization an 	nswered "Yes" (a)	Description					alue
(9) Total. (Col. (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu Part X	Other Assets. Complete if the organ	nization an 	nswered "Yes" (a) rt X, col. (B) line	Description					
(9) Total. (Col. (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. Part X Part X	Other Assets. Complete if the organ	nization and and and and and and and and and an	nswered "Yes" (a) rt X, col. (B) line	Description				ne 25.	
(9) Total. (Col. (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. Part X 1.	Other Assets. Complete if the organ	nization and and and and and and and and and an	nswered "Yes" (a) rt X, col. (B) line	Description				ne 25.	
(9) Total. (Col. (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu Part X 1. (1) Fec	Other Assets. Complete if the organ	nization and and and and and and and and and an	nswered "Yes" (a) rt X, col. (B) line	Description				ne 25.	
(9) Total. (Col. (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu Part X 1. (1) Fec (2)	Other Assets. Complete if the organ	nization and and and and and and and and and an	nswered "Yes" (a) rt X, col. (B) line	Description				ne 25.	
(9) Total. (Col. (Part IX (1) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) Total. (Col. Part X 1. (1) Fec (2) (3)	Other Assets. Complete if the organ	nization and and and and and and and and and an	nswered "Yes" (a) rt X, col. (B) line	Description				ne 25.	
(9) Total. (Col. (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Coll. Part X 1. (1) Fec (2) (3) (4)	Other Assets. Complete if the organ	nization and and and and and and and and and an	nswered "Yes" (a) rt X, col. (B) line	Description				ne 25.	
(9) Total. (Col. (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Coll. Part X 1. (1) Fec (2) (3) (4) (5)	Other Assets. Complete if the organ	nization and mization and mizat	nswered "Yes" (a) rt X, col. (B) line	Description				ne 25.	
(9) Total. (Col. (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (9) Total. (Col. (1) (2) (3) (1) Fec (2) (3) (4) (5) (6) (5) (6) (6) (7) (6) (7) (8) (9) (9) (9) (1) (2) (3) (4) (5) (6) (7) (6) (7) (6) (7) (8) (9) (7) (6) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (6) (7) (8) (9) (7) (6) (7) (7) (6) (7) (6) (7) (7) (7) (7) (7) (7) (7) (7	Other Assets. Complete if the organ	nization and mization and mizat	nswered "Yes" (a) rt X, col. (B) line	Description				ne 25.	
(9) Total. (Col. (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Coll. (9) Total. (Coll. (2) (3) (1) Fec (2) (3) (4) (5) (6) (7) (6) (7)	Other Assets. Complete if the organ	nization and mization and mizat	nswered "Yes" (a) rt X, col. (B) line	Description				ne 25.	

Schedule D (Form 990) 2021

Sche	dule D (Form 990) 2021 THE GIVE AN HOUR NONPROFIT				1493378 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents Wit	h Revenue per Re	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12:	a.		_	
1	Total revenue, gains, and other support per audited financial statements			1	3,761,631.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	-3,135.		
b	Donated services and use of facilities	2b	1,799,322.		
с	Recoveries of prior year grants	. 2c			
d	Other (Describe in Part XIII.)	. 2d			
е	Add lines 2a through 2d			2e	1,796,187.
3	Subtract line 2e from line 1			3	1,965,444.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	. 4b			
с				4c	0.
-	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,965,444.
_5	Total revenue. Add lines 9 and 4c. (This must equal Form 990, Part I, line 12.)			-	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ients Wi	th Expenses per l	-	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12:	ients Wi a.	ith Expenses per l	-	n.
5 Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ients Wi a.	ith Expenses per l	-	
	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12:	ients Wi a.	ith Expenses per l	Retur	n.
1	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements	a.	ith Expenses per l	Retur	n.
1	TXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	a. 	ith Expenses per l	Retur	n.
1 2 a	TXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	a. 2a 2b	ith Expenses per l	Retur	n.
1 2 a b	TXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c	ith Expenses per l	Retur	n. 3,735,583.
1 2 b c d	TXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12; Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	1,799,322.	1 2e	n. 3,735,583. 1,799,322.
1 2 b c d	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	1,799,322.	1	n. 3,735,583.
1 2 b c d e	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	1,799,322.	1 2e	n. 3,735,583. 1,799,322.
1 2 b c d 3	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	1,799,322.	1 2e	n. 3,735,583. 1,799,322.
1 2 6 6 6 8 3 4	TXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	1,799,322.	1 2e	n. 3,735,583. 1,799,322.
] 1 2 a b c d e 3 4 a b	TXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	1,799,322.	Retur	n. 3,735,583. 1,799,322. 1,936,261. 0.
1 2 d 4 3 4 b c 3 4 5	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	1,799,322.	Retur	n. 3,735,583. 1,799,322.

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

PART X, LINE 2:

GIVE AN HOUR EVALUATED ITS UNCERTAINTY IN INCOME TAXES FOR THE YEAR ENDED

JUNE 30, 2022, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD

REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY HAVE ANY

EFFECT ON ITS TAX-EXEMPT STATUS.

132054 10-28-21

SCHEDULE G	Suppleme	ental Information Regarding	Fund	Iraisi	ing or Gaming A	ctiv	ities 0	DMB No. 1545-0047		
(Form 990)	or 19,	or if the	2021							
Department of the Treasury										
Internal Revenue Service		Inspection								
Name of the organization								ntification number		
	THE GIV	E AN HOUR NONPROFI	T CO	DRPO	ORATION		61-1493	378		
	complete this par	Complete if the organization answe t.	ered "Y	es" or	n Form 990, Part IV, I	ine 17	7. Form 990-EZ	filers are not		
 a X Mail solicitat b X Internet and c Phone solicitat d X In-person so 2 a Did the organization key employees list 	tions email solicitations tations licitations on have a written o ed in Form 990, P) highest paid indiv	f X Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover aising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		X Yes			
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or cor contribu	ustody itrol of	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser red in col. (i)	(vi) Amount paid to (or retained by) organization		
NICHOLS NORMAN LLC	- 10863	STRATEGIC FUNDRAISING	Yes	No						
MONTICELLO COURT, O	GREAT	PLANNING		x	225,850.		24,110.	201,740.		
THINK AND INK - 309	9 EAST									
PACES FERRY ROAD N	E, SUITE	GRANTWRITING		x	50,000.		20,000.	30,000.		
					275,850.		44,110.	231,740.		
3 List all states in whi or licensing.	ich the organizatio	n is registered or licensed to solicit	contrib	utions	or has been notified	it is e	exempt from re	gistration		

AR, CA, CO, DC, FL, IL, KY, MD, MA, MI, MN, NY, NC, OR, PA, SC, TX, VA, WA

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990) 2021

132081 10-21-21

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Dort II	Eundr

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts				
Ľ	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
<i>(</i> 0	5	Noncash prizes				
seuses	6	Rent/facility costs				
Direct Expense:	7	Food and beverages				
	8 9	Entertainment Other direct expenses				
	10	Direct expense summary. Add lines 4 through			►	
Pa	11 Irt			990. Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
es	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct [4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 through	15 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)		•	
						1
		ter the state(s) in which the organization condu the organization licensed to conduct gaming ac		states?		Yes No
		No," explain:				
10a	We	ere any of the organization's gaming licenses re	voked suspended or te	rminated during the tax y	ear?	Yes No
		Yes," explain:				
1320	32 10)-21-21			Sche	dule G (Form 990) 2021

Sch	edule G (Form 990) 2021	THE GIVE	AN HOUR	NONPROFIT	CORPORATION	61-14	193378	Page 3
	Does the organization conduct ga Is the organization a grantor, ben	eficiary or trustee c	of a trust, or a me	ember of a partners	nip or other entity forme	d	Yes	No
13	to administer charitable gaming? Indicate the percentage of gamin						Yes	└── No
	The organization's facility						13a	%
b	An outside facility						13b	%
14	Enter the name and address of the	ne person who prep	ares the organiz	ation's gaming/spe	cial events books and re	cords:		
	Name							
	Address ►							
15a	Does the organization have a cor	ntract with a third p	arty from whom	the organization rec	eives gaming revenue?		Yes	No No
b	If "Yes," enter the amount of gam				and the	amount		
	of gaming revenue retained by th If "Yes," enter name and address							
Ū	Name							
	Address ►							
16	Gaming manager information:							
	Name							
	Gaming manager compensation	▶ \$						
	Description of services provided	▶						
	Director/officer	Employee		ndependent contra	ctor			
	Mandatory distributions:							
а	Is the organization required unde	r state law to make	charitable distri	outions from the ga	ming proceeds to			
h	retain the state gaming license? Enter the amount of distributions	required under sta	te law to be dist	ibuted to other exe	mot organizations or sp	ent in the		
	organization's own exempt activity				inprorganizations of op			
Pa	rt IV Supplemental Infor 15b, 15c, 16, and 17b, as					d (v); and Part	III, lines 9, 9	9b, 10b,
SC	HEDULE G, PART I,	LINE 2B,	LIST OF	TEN HIGHES	T PAID FUND	RAISERS		
<u>(I</u>) NAME OF FUNDRAI	SER: NICHO	LS NORMA	N LLC				
<u>(</u>]) ADDRESS OF FUND	RAISER: 10	863 MONT	ICELLO COU	JRT, GREAT FA	ALLS, VA	A 220	66
<u>(</u>]) NAME OF FUNDRAI	SER: THINK	AND INK					
<u>(</u> I) ADDRESS OF FUND	RAISER:						
30	9 EAST PACES FERR	Y ROAD NE,	SUITE 4	00, ALTANI	A, GA 3030!	5		
13208	33 10-21-21			33		Schedul	e G (Form	990) 2021

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Schedule G	a (Form 990) Supplemental Infor	THE	GIVE	AN	HOUR	NONPROFIT	CORPORATION	61-1493378	Page 4
Part IV	Supplemental Infor	mation	(continue	ed)					
								Schedule G (F	orm 990)

SC	HEDULE J	Compensation Information	1	OMB No. 1	545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	-	00	1	
•	,	Compensated Employees		20	Z I	
_		Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	e of the organizatio		Employer	identificatio	on nui	mber
		THE GIVE AN HOUR NONPROFIT CORPORATION	61-1	149337	8	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropr	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or o	charter travel Housing allowance or residence for perso	nal use			
	Travel for com	panions Payments for business use of personal re	sidence			
	Tax indemnifie	ation and gross-up payments Health or social club dues or initiation fee	s			
	Discretionary	spending account Personal services (such as maid, chauffer	ur, chef)			
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or p	provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	Did the organizatio	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization's	i			
	CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organization	on to			
	establish compens	ation of the CEO/Executive Director, but explain in Part III.				
	X Compensation					
		compensation consultant				
	X Form 990 of c	ther organizations X Approval by the board or compensation of	ommittee			
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re	-				
а		e payment or change-of-control payment?				X
b		eive payment from a supplemental nonqualified retirement plan?				X X
с	-	eive payment from an equity-based compensation arrangement?		4c		
	If "Yes" to any of li	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	0					
E		c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	n			
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	лт			
_	contingent on the r			50		x
		ation?				X
D.		ation? or 5b, describe in Part III.		50		
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
U	contingent on the r		11			
а	-			6a		x
		ation?				X
~		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	5			
		nes 5 and 6? If "Yes," describe in Part III		7		x
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				
-				8		X
9		id the organization also follow the rebuttable presumption procedure described in				
_		n 53.4958-6(c)?	<u></u>	9		
LHA		eduction Act Notice, see the Instructions for Form 990.		dule J (Forn	n 990)	2021

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Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) RANDY PHELPS	(i)	111,529.	0.	0.	0.	0.	111,529.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

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

Schedule J (Form 990) 2021

SCHEDULE O (Form 990)

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization 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.

THE GIVE AN HOUR NONPROFIT CORPORATION



61-1493378

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

SOCIAL IMPACT THROUGH RESPONSIVE, SCALABLE, INDIVIDUALIZED MENTAL

HEALTH PROGRAMS AIMED AT CLOSING ACCESS AND DELIVERY GAPS TO MENTAL

HEALTH CARE.

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

THROUGH OUR CAREFULLY CURATED PROGRAMS AND ONE-ON-ONE SERVICES TO OUR

ROBUST CONTENT OFFERINGS AND EDUCATIONAL RESOURCES, GIVE AN HOUR IS

WORKING TOWARDS NARROWING THE GAP BETWEEN THOSE WHO NEED HELP AND THOSE

WHO ARE RECEIVING IT. OUR THREE-YEAR STRATEGIC PLAN FOCUSES ON

HUMAN-MADE TRAUMA RESILIENCY AND RECOVERY IN THE AREAS OF GUN VIOLENCE,

OPIOID ADDICTION, INTERPERSONAL VIOLENCE AND, OF COURSE, CONTINUED

SUPPORT OF OUR MILITARY, VETERANS AND THEIR LOVED ONES.

WE WILL CONTINUE TO EXPAND OUR WORK OF NO COST, BARRIER FREE MENTAL

HEALTH CARE FOR THOSE IMPACTED BY HUMAN-MADE TRAUMAS BY GROWING AND

SCALING OUR MENTAL HEALTH SERVICES AND PROVIDER NETWORK.

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

RECRUITMENT, RETENTION, AND TRAINING FOR LICENSED MENTAL HEALTH

PROVIDERS: GAH IS POISED TO BE THE PREFERRED MENTAL HEALTH ORGANIZATION

FOR PROVIDER VOLUNTEERISM AND GROW OUR NETWORK TO 50,000 STRONG BY

PROVIDING A SUITE OF INCENTIVES TO INCLUDE QUALITY TRAINING AND

CONTINUING EDUCATION CREDIT OPPORTUNITIES, PROFESSIONAL AND PERSONAL

 DEVELOPMENT
 OPPORTUNITIES
 THE
 CURATED
 DEVELOPMENT
 OF
 COURSES
 DIRECTLY

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

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Schedule O (Form 990) 2021	Page 2
Name of the organization THE GIVE AN HOUR NONPROFIT CORPORATION	Employer identification number 61-1493378
IN RESPONSE TO CLIENT(S) NEEDS AND WANTS, AND THE ABILITY	TO MENTOR AND
TRAIN PEER LEADERS IN MENTAL HEALTH AND EMOTIONAL WELLNESS	SKILLS AND
TOOLS.	

MENTAL HEALTH SERVICES AND SUPPORT FOR INTERPERSONAL VIOLENCE SURVIVORS AND COMMUNITIES: GAH PROVIDES MENTAL HEALTH SERVICES AND SUPPORTS FOR THOSE IMPACTED BY INTERPERSONAL VIOLENCE WHETHER IT BE PHYSICAL, SEXUAL, PSYCHOLOGICAL, AND/OR FINANCIAL.

MENTAL HEALTH SERVICES AND SUPPORT FOR THE RARE DISEASE CAREGIVER

COMMUNITY: GAH, IN COLLABORATION WITH OTHER ORGANIZATIONS, IS WORKING

TO ADDRESS THE UNMET AND/OR DISCONNECTED MENTAL HEALTH AND EMOTIONAL

WELLNESS NEEDS OF THE CAREGIVERS OF CHILDREN DIAGNOSED WITH A RARE

DISEASE. THIS WORK HAS INVOLVED THE MAPPING OF THE CAREGIVER JOURNEY;

IDENTIFICATION OF KEY TOUCHPOINTS; LISTENING SESSIONS WITH RARE

MOTHERS; TRAINING OF SELECT PROVIDERS; AND THE DEVELOPMENT AND

DEPLOYMENT OF PEER SUPPORT GROUPS. THROUGH THIS WORK, GAH IS HELPING TO

BUILD A RESPONSIVE AND SUSTAINABLE SUPPORT SYSTEM FOR RARE CAREGIVERS

AND THEIR LOVED ONES.

EXPENSES \$ 346,514. INCLUDING GRANTS OF \$ 0. REVENUE \$ 24,500.

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

THE FEDERAL FORM 990 IS FIRST REVIEWED BY GIVE AN HOUR'S CEO AND COO. NEXT

IT IS REVIEWED BY THE TREASURER OF THE EXECUTIVE BOARD. ANY QUESTIONS ARE

ADDRESSED DIRECTLY WITH THE OUTSIDE TAX PREPARER. IT IS THEN PRESENTED TO

THE FULL EXECUTIVE BOARD.

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

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Schedule O (Form 990) 2021	Page 2				
Name of the organization THE GIVE AN HOUR NONPROFIT CORPORATION	Employer identification number 61-1493378				
IN THE EVENT OF A POTENTIAL CONFLICT OF INTEREST AT THE EX	ECUTIVE BOARD				
LEVEL, THE CONFLICT OF INTEREST POLICY REQUIRES THE INTERE	STED BOARD MEMBER				
TO CALL TO THE ATTENTION OF THE FULL EXECUTIVE BOARD, OR A	NY RELEVANT				
COMMITTEE, AND SUCH PERSON IS NOT TO VOTE ON THE MATTER. IF APPROPRIATE,					
SUCH DIRECTOR IS REQUIRED ALSO TO EXCUSE HIM/HERSELF FROM THE DISCUSSION OF					
THE MATTER. AT THE STAFF LEVEL, THE CONFLICT OF INTEREST P	OLICY REQUIRES				
THAT STAFF MEMBERS DISCUSS ANY SITUATIONS WHICH GIVE RISE	TO A POTENTIAL				
CONFLICT OF INTEREST WITH THE BOARD CHAIR AND CEO, WHO ARE	RESPONSIBLE FOR				
DISCUSSING ANY POTENTIAL CONFLICTS OF INTEREST WITH THE SE	CRETARY OF THE				
BOARD.					

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

THE BOARD OF DIRECTORS REVIEWS AND APPROVES COMPENSATION OF THE CEO AND ANY OTHER KEY EMPLOYEES OF THE ORGANIZATION.

GIVE AN HOUR DOES NOT CURRENTLY OFFER HEALTH INSURANCE, A PENSION PLAN, OR OTHER SUCH BENEFITS; COMPENSATION COMPRISES SALARY AND THE STANDARD ORGANIZATION-WIDE PAID TIME OFF ACCRUAL.

IN JULY 2022, GIVE AN HOUR ESTABLISHED AN EMPLOYEE BENEFITS PACKAGE THAT INCLUDES A HEALTH INSURANCE STIPEND; A 403(B)-RETIREMENT PLAN WITH A VESTING SCHEDULE FOR A 2% COMPANY MATCH; PARENTAL LEAVE; FLOATING HOLIDAYS AND PAID TIME OFF ACCRUALS. STAFF COMPENSATION AND BENEFITS WERE INFORMED BY COMPARISON OF SIMILAR SIZE AND REVENUE ORGANIZATIONS AND MULTIPLE SOURCE COMPENSATION REPORTS.

COMPENSATION REVIEW AND ADJUSTMENT OCCURS AT MOST EVERY TWO YEARS ACCORDING TO THE FOLLOWING PROCEDURE: A BOARD MEMBER MAY PROPOSE AN INCREASE IN THE Schedule O (Form 990) 2021 132212 11-11-21 40

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Name of the organization

0.

129,701.

Employer identification number 61 - 1493378

CEO'S SALARY, EITHER BY EMAIL OR IN A MEETING.

THE BOARD OF DIRECTORS REVIEWS THE REQUEST TAKING INTO CONSIDERATION

ARTICLES AND REPORTS ON COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED

PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED

ORGANIZATIONS, WHETHER FOR-PROFIT OR NONPROFIT. THE BOARD OF DIRECTORS THEN

RULES ON THE REQUEST BY EMAIL, PHONE, OR IN-PERSON VOTING. THE CEO SALARY

WAS LAST REVIEWED DURING THE HIRING PROCESS IN SPRING 2021 FOR A NEW CEO.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AR, CA, CO, FL, IL, KY, MD, MA, MI, MN, NY, NC, OR, PA, SC, TX, VA, WA

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

GIVE AN HOUR MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY,

AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST. THE FEDERAL FORM 990 AND

AUDITED FINANCIAL STATEMENTS ARE ALSO AVAILABLE ON GIVE AN HOUR'S WEBSITE.

FORM 990, PART IX, LINE 11G, OTHER FEES:

MENTAL HEALTH CONSULTANTS:

PROGRAM SERVICE EXPENSES	125,618.

MANAGEMENT AND GENERAL EXPENSES 4,083.

FUNDRAISING EXPENSES

TOTAL EXPENSES

 PROGRAM CONSULTANTS:

 PROGRAM SERVICE EXPENSES

 MANAGEMENT AND GENERAL EXPENSES

 FUNDRAISING EXPENSES

 0.

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Schedule O (Form 990) 2021 Name of the organization THE GIVE AN HOUR NONPROFIT CORPORATION	Page Employer identification numbe 61-1493378
TOTAL EXPENSES	128,896.
ADMINISTRATIVE CONTRACTORS:	
PROGRAM SERVICE EXPENSES	21,108.
MANAGEMENT AND GENERAL EXPENSES	686.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	21,794.
PAYROLL FEES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	6,095.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	6,095.
PROMOTIONAL EVENT CONTRACTORS:	
PROGRAM SERVICE EXPENSES	339.
MANAGEMENT AND GENERAL EXPENSES	11.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	350.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	286,836.

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