| | _ | I | ** PUBLIC DISCLOSURE COPY * Return of Organization Exempt From | | OMB No. 1545-0047 |
|-------------------------|-------------------------|---------------------------------|--|---|-------------------------------------|
| Forr | , 9 | 90 | Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (| | 2022 |
| | | | Do not enter social security numbers on this form as it may | | Open to Public |
| Intern | al Reve | of the Treasury enue Service | Go to www.irs.gov/Form990 for instructions and the late | | Inspection |
| AF | or th | e 2022 calenda | ir year, or tax year beginning $ m JUL1$, 2022 and ending | JUN 30, 2023 | |
| | heck if oplicab | le: C Name of | organization | D Employer identifica | tion number |
| | Addre] Chang | ge THE (| GIVE AN HOUR NONPROFIT CORPORATION | | |
| | Name | ge Doing bu | isiness as | 61-149337 | 8 |
| | Initial return | Number | and street (or P.O. box if mail is not delivered to street address) Room/s | | |
| |]Final return | | BOX 1532 | (240) 668 | -4365 |
| | termir ated | City or to | wn, state or province, country, and ZIP or foreign postal code | G Gross receipts \$ | 2,132,710. |
| | Amen return | | KSBURG, MD 20871 | H(a) Is this a group retu | ırn |
| | Applic tion pendi | | d address of principal officer: TRINA CLAYEUX, PH.D. | for subordinates? | Yes X No |
| | | 23541 | ROL. FORK WAY, GAITHERSBURG, MD 2088 | B2 H(b) Are all subordinates inclu | ided? Yes No |
| <u> </u> T | ax-ex | empt status: | | 527 If "No," attach a lis | t. See instructions |
| | Vebsi | | GIVEANHOUR.ORG | H(c) Group exemption | |
| | | f organization: | K Corporation Trust Association Other L | Year of formation: 2005 M | State of legal domicile: M D |
| Pa | rt I | Summary | | | Ta mo |
| ė | 1 | | e the organization's mission or most significant activities: GIVE AN | | |
| anc | | | RESILIENT INDIVIDUALS AND THEIR COMMU | · · · · · · · · · · · · · · · · · · · | |
| erna | 2 | Check this boy | | | |
| Governance | 3 | | | | 10 |
| | 4 | | ependent voting members of the governing body (Part VI, line 1b) | | <u> 10</u> 21 |
| Activities & | 5 | | of individuals employed in calendar year 2022 (Part V, line 2a) | | 5000 |
| tivit | 6 | | of volunteers (estimate if necessary) | | 0. |
| Ac | | | I business revenue from Part VIII, column (C), line 12 | | 0. |
| | D | inet unrelated i | business taxable income from Form 990-T, Part I, line 11 | Prior Year | Current Year |
| | 8 | Contributions | and grants (Part VIII, line 1h) | 1,795,725. | 1,925,861. |
| Iue | 9 | | | 167,373. | 179,031. |
| Revenue | | | e revenue (Part VIII, line 2g) ome (Part VIII, column (A), lines 3, 4, and 7d) | 2,346. | 10,629. |
| Re | | | (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 0. | 0. |
| | 12 | | add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 1,965,444. | 2,115,521. |
| | 13 | | hilar amounts paid (Part IX, column (A), lines 1-3) | 0. | 5,000. |
| | 14 | | o or for members (Part IX, column (A), line 4) | 0. | 0. |
| | 15 | Salarias other | componentian amployee benefits (Part IX, column (A), lines 5.10) | 1,309,712. | 1,295,912. |
| Ise | 16a | Professional fu | ndraising fees (Part IX, column (A), line 11e) | 44,110. | 24,000. |
| Expenses | b | Total fundraisi | ndraising fees (Part IX, column (A), line 11e) | | |
| Ĕ | | | s (Part IX, column (A), lines 11a-11d, 11f-24e) | 582,439. | 609,625. |
| | | | s. Add lines 13-17 (must equal Part IX, column (A), line 25) | 1,936,261. | 1,934,537. |
| | 19 | | expenses. Subtract line 18 from line 12 | 29,183. | 180,984. |
| or | | | | Beginning of Current Year | End of Year |
| Assets or d Balances | 20 | Total assets (P | art X, line 16) | 1,609,374. | 1,854,992. |
| AS: d Ba | 21 | | (Part X, line 26) | 132,239. | 196,873. |
| Fund | 22 | Net assets or f | und balances. Subtract line 21 from line 20 | 1,477,135. | 1,658,119. |
| Pa | rt II | Signature | Block | | |
| Unde | er pena | alties of perjury, I | declare that I have examined this return, including accompanying schedules and sta | tements, and to the best of my ki | nowledge 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 | of officer | | Date | | | | | | | | |
|--|---|-------------------|--------|-------|--------------------|---------|-------|-------------------|-----------|--|--|--|
| Here | TRINA | CLAYEUX, | PH.D., | CHIEF | EXECUTIVE | OFFICER | | | | | | |
| | Type or pri | nt name and title | | | | | | | | | | |
| | Print/Type | preparer's name | | Pre | eparer's signature | | Date | Check | PTIN | | | |
| Paid | FRANK | H. SMITH | | | | | 11/21 | /23 self-employed | 200639053 | | | |
| Preparer | Firm's nam | e MARCUM | LLP | | | | | Firm's EIN 11-1 | L986323 | | | |
| Use Only | Firm's add | ress 1899 L | STREET | , NW, | SUITE 850 | | | | | | | |
| WASHINGTON, DC 20036 Phone no. (202) 227 | | | | | | | | | | | | |
| May the IF | May the IRS discuss this return with the preparer shown above? See instructions | | | | | | | | | | | |
| 232001 12-13 | 32001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022) | | | | | | | | | | | |

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

| Par | 1990 (2022) 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? Yes X No |
| | If "Yes," describe these new services on Schedule O. |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? |
| | 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 \$703,286. including grants of \$5,000.) (Revenue \$16,666. |
| | MENTAL HEALTH SERVICES AND SUPPORT FOR SURVIVORS AND COMMUNITIES OF |
| | MASS VIOLENCE AND INTERPERSONAL VIOLENCE RECOVERY AND RESILIENCY: GIVE |
| | AN HOUR PROVIDES MENTAL HEALTH SERVICES AND SUPPORTS FOR THOSE IMPACTED |
| | BY INTERPERSONAL VIOLENCE WHETHER IT BE PHYSICAL, SEXUAL, |
| | PSYCHOLOGICAL, AND/OR FINANCIAL. THIS INCLUDES THOSE AFFECTED BY MASS |
| | VIOLENCE INCIDENTS. 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. |
| | |
| | |
| | THE TRADUCTION TO THE TRADUCTION TO THE TIME THE MEMIATION THE MEMIAN |
| | 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. |
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| Form 990 (2022) | | | | | NONPROFIT | CORPORATION | | | | | | |
|------------------------|---|--|--|--|-----------|-------------|--|--|--|--|--|--|
| Part IV Checklist of R | Part IV Checklist of Required Schedules | | | | | | | | | | | |

| | | | Yes | No |
|---------|--|------------|--------------|---------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | 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 | | <u> </u> |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | v |
| _ | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | <u>X</u> |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | - | | х |
| 6 | 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? <i>If</i> "Yes," <i>complete Schedule D, Part I</i> | 6 | | х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | 0 | | |
| ' | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | - | | |
| Ū | Schedule D, Part III | 8 | | х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D. Part IV | 9 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | Х |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | X | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | <u>X</u> |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | 37 |
| _ | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | <u> </u> |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | v |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | <u>x</u> x |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | <u> </u> |
| т | 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)? <i>If "Yes," complete Schedule D, Part X</i> | 11f | x | |
| 122 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | - 23 | |
| 120 | Schedule D. Parts XI and XII | 12a | x | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | 120 | | |
| ~ | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 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 | | <u>X</u> |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | ., | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | X | |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | v |
| 40 | 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? <i>If</i> "Yes," | | | v |
| 20- | complete Schedule G, Part III | 19 20a | | <u>x</u> x |
| | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | 20a 20b | | |
| р 21 | It "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | 200 | | |
| | domestic government on Part IX, column (A), line 1? <i>If</i> "Yes." <i>complete Schedule I, Parts I and II</i> | 21 | | х |
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| Form | 990 | (2022) |
|------|-----|--------|
| | 330 | |

| | | | 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 | X | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No," go to line 25a | 24a | | X |
| | 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 | 04- | | |
| Ь | any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24c 24d | | |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | ZTU | | |
| 200 | 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 | 200 | | <u> </u> |
| - | 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 |
| | 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 X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> | 29 | | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | x |
| 31 | contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i> | 30 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | 31 | | - 23 |
| 52 | | 32 | | x |
| 33 | Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | 02 | | |
| 00 | 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 | | Х |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | 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? | | | |
| Do | Note: All Form 990 filers are required to complete Schedule O | 38 | Х | |
| Par | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 36 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b | | | |
| | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| С | | 1c | х | |
| 23200/ | (gambing) winnings to prize winners? | | | l (2022) |
| 202002 | 4 | 1 0111 | | (2022) |

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| Form | 990 (2022) THE GIVE AN HOUR NONPROFIT CORPORATION | 61-1493 | 378 | P | _{age} 5 |
|----------|--|------------------------------|------|-----|------------------|
| Par | t V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | | |
| | | 1 | | Yes | No |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | |
| | filed for the calendar year ending with or within the year covered by this return | 2a 21 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax return | s? | 2b | Х | |
| | | | 3a | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule of | D | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other at | uthority over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial ac | count)? | 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 Ac | counts (FBAR). | | | |
| 5a | 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 transact | tion? | 5b | | X |
| с | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | organization solicit | | | |
| | any contributions that were not tax deductible as charitable contributions? | | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contribution | 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 service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly as a contribution and service of \$75 made partly as a contribution and partly as a contribution and service of \$75 made partly as a contribution and service of \$75 made partly as a contribution and service of \$75 made partly as a contribution and service of \$75 made pa | rices provided to the payor? | 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 wa | s required | | | |
| | to file Form 8282? | | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co | ntract? | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra | | 7f | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file For | | 7g | | |
| - | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat | | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained | | | | |
| | | • | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | |
| а | 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 | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | | 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 | | | |
| 14a | | | 14a | | X |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule | | 14b | | |
| 15 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner | | | | |
| | excess parachute payment(s) during the year? | | 15 | | x |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment | income? | 16 | | х |
| | If "Yes," complete Form 4720, Schedule O. | | | | _ |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act | ivities | | | |
| •• | that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | | 17 | | |
| | If "Yes," complete Form 6069. | | | | |
| 232005 | i 12-13-22 | | Form | 990 | (2022) |

| Form | 990 | (2022) |
|------|-----|--------|
|------|-----|--------|

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

X

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

| | | 1 1 | 1.0 | | 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 0. | | | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | 1b | 10 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship | with any othe | r | | | |
| | officer, director, trustee, or key employee? | | | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | e direct supervi | sion | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | | | 3 | | X |
| | Did the organization make any significant changes to its governing documents since the prior Form 9 | | | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's ass | ets? | | 5 | | X |
| | Did the organization have members or stockholders? | | | 6 | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or ap | | | | | |
| | more members of the governing body? | • | | 7a | | x |
| | Are any governance decisions of the organization reserved to (or subject to approval by) members, st | | | | | |
| | persons other than the governing body? | | | 7b | | x |
| | Did the organization contemporaneously document the meetings held or written actions undertaken during the yea | | | | | |
| | The governing body? | | 0 | 8a | х | |
| | Each committee with authority to act on behalf of the governing body? | | | 8b | X | |
| | | | | | 17 | |
| | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read | | | 9 | | x |
| | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | | 9 | 1 | |
| eci | ion B. Policies (This Section B requests information about policies not required by the Internal Re | venue Code.) | | | | |
| | | | | | Yes | No |
| | Did the organization have local chapters, branches, or affiliates? | | | <u>10a</u> | | X |
| | If "Yes," did the organization have written policies and procedures governing the activities of such ch | • | • | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? \dots | | | 10b | | |
| | Has the organization provided a complete copy of this Form 990 to all members of its governing body | y before filing th | ne form? | 11a | X | |
| | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | | | |
| 2a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | 12a | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise | to conflicts? | | 12b | Х | |
| с | Did the organization regularly and consistently monitor and enforce compliance with the policy? /f "Y | ′es," describe | | | | |
| | on Schedule O how this was done | | | 12c | Х | |
| 13 | Did the organization have a written whistleblower policy? | | | 13 | Х | |
| | Did the organization have a written document retention and destruction policy? | | | 14 | Х | |
| | Did the process for determining compensation of the following persons include a review and approva | | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | |
| а | The organization's CEO, Executive Director, or top management official | | | 15a | Х | |
| | Other officers or key employees of the organization | | | 15b | X | |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | | | |
| | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen | nent with a | | | | |
| | terreture and the state of the second | | | 16a | | x |
| | taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat | | | | | |
| | | | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ | | | 164 | | |
| | exempt status with respect to such arrangements? | | | 16b | 1 | I |
| | | | M7 M7 | 3/1 3.T | NT 37 | NC |
| | List the states with which a copy of this Form 990 is required to be filed <u>AR, CA, CO, FL, I</u> | | | | | |
| | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar | na 990-1 (sectio | on 501(c)(3) | s only) | availat | ole |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | | | |
| | | n on Schedule (| | | | |
| | Describe on Schedule O whether (and if so, how) the organization made its governing documents, co | nflict of interes | t policy, an | d finan | cial | |
| | statements available to the public during the tax year. | | | | | |
| | State the name, address, and telephone number of the person who possesses the organization's boo | oks and records | 6 | | | |
| 20 | | | | | | |
| 20 | JESSICA GROVE - (240) 668-4365 | | | | | |
| 20 | | | | | 9 90 | |

| 8 | Page | 7 |
|---|------|---|
| | | |

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

| (A) Name and title | (B) Average | (C) Position (do not check more | | | ion | | (D) Reportable | (E) Reportable | (F) Estimated | |
|---|---|---------------------------------------|---|---------|--------------|---------------------------------|-------------------|---|---|--|
| | hours per week | box offi | box, unless person is officer and a director | | | | n an | compensation from | compensation from related | amount of other |
| | (list any hours for related organizations below | Individual trustee or director | In stitutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC/ 1099-NEC) | organizations (W-2/1099-MISC/ 1099-NEC) | compensation from the organization and related organizations |
| (1) TRINA CLAYEUX, PH.D. | line) | Ind | lns | 0ffi | Key | e ^{Hig} | For | | | |
| CEO | | | | х | | | | 159,328. | 0. | 1,517. |
| (2) JESSICA GROVE | 40.00 | | | | | | | | | |
| coo | | | | Х | | | | 107,592. | 0. | 1,023. |
| (3) SEAN HOWARD | 2.00 | | | | | | | | | |
| CHAIRPERSON OFTHE BOARD | | Х | | Х | | | | 0. | 0. | 0. |
| (4) ROBERT SCOTT | 2.00 | | | | | | | | | _ |
| SECRETARY | | Х | | Х | | | | 0. | 0. | 0. |
| (5) PATRICIA L. BOWDITCH | 2.00 | | | | | | | | | • |
| TREASURER | | х | | Х | | | | 0. | 0. | 0. |
| (6) ALENA ANOTOWICH | 2.00 | | | | | | | | • | 0 |
| DIRECTOR - UNTIL 02/28/2023 | | Х | | | <u> </u> | | | 0. | 0. | 0. |
| (7) JAMES BYRNE | 2.00 | v | | | | | | | 0 | 0 |
| | 2 00 | Х | | | | | | 0. | 0. | 0. |
| (8) ANTONIO PUENTE DIRECTOR - UNTIL 06/30/2023 | 2.00 | x | | | | | | 0. | 0. | 0 |
| (9) EDWARD SCHIFF | 2.00 | Δ | | | | | | 0. | 0. | 0. |
| DIRECTOR | 2.00 | x | | | | | | 0. | 0. | 0. |
| (10) PAM SWAN | 2.00 | Λ | | | | | | | 0. | |
| DIRECTOR - UNTIL 12/31/2022 | 2:00 | x | | | | | | 0. | 0. | 0. |
| (11) PATRICIA TOLEDO | 2.00 | | | | | | | | | |
| DIRECTOR | | х | | | | | | 0. | 0. | 0. |
| (12) ROSS K. WHITMORE | 2.00 | | | | | | | | | |
| DIRECTOR | | х | | | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
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| 232007 12-13-22 | 1 | I | I | I | L | 1 | | 1 | | Form 990 (2022) |

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Form 990 (2022)

11421121 150872 192798

| | | AN HOUR | N | ON. | PR | OF | ΊT | C | CORPORATION | 61-14 | 193 | 378 | Р | age 8 |
|-----|--|-----------------|-------------------------------|----------------------|---------|--------------|---------------------------------|--------|---------------------------------------|-------------------|-------|---------|---------|--------------|
| Par | t VII Section A. Officers, Directors, Trus | tees, Key Emp | oloye | ees, | and | l Hig | ghes | t C | ompensated Employee | s (continued) | | | | |
| | (A) | (B) | | | (C | C) | | | (D) | (E) | | | (F) | |
| | Name and title | Average | | | | ition | | | Reportable | Reportable | | Es | timate | ed |
| | | hours per | | not ch unles | | | | | compensation | compensatio | n | an | nount | of |
| | | week | offic | cer and | d a di | recto | r/trust | ee) | from | from related | | | other | |
| | | (list any | ctor | | | | | | the | organization | s | com | pensa | ation |
| | | hours for | r dire | | | | eq | | organization | (W-2/1099-MIS | C/ | fr | om th | e |
| | | related | tee o | ustee | | | ensat | | (W-2/1099-MISC/ | 1099-NEC) | | org | anizat | lion |
| | | organizations | ll trus | nal tr | | oyee | duo | | 1099-NEC) | | | and | d relat | ed |
| | | below | ndividual trustee or director | nstitutional trustee | cer | Key employee | Highest compensated employee | Former | | | | orga | inizati | ons |
| | | line) | Indi | Inst | Officer | Key | Higle | Бп | | | | | | |
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| | | | | | | | | | | | | | | |
| 1b | Subtotal | | | | | | | | 266,920. | | 0. | | 2,5 | 40. |
| | Total from continuation sheets to Part VI | | | | | | | | 0. | | 0. | | | 0. |
| | Total (add lines 1b and 1c) | | | | | | | | 266,920. | | 0. | | 2,5 | 40. |
| 2 | Total number of individuals (including but n | | | | | | | | - | 000 of reportable | | | | |
| _ | compensation from the organization | | | | | | , | | · · · · · · · · · · · · · · · · · · · | | | | | 2 |
| | compensation nom the organization | | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any former officer, | director truct | | | mol | ~~~~ | o or | hia | best componented omp | | ſ | | | |
| 3 | | - | | • | • | - | | Ŭ | | | | 2 | | X |
| | line 1a? If "Yes," complete Schedule J for su | | | | | | | | | | | 3 | | |
| 4 | For any individual listed on line 1a, is the su | | | | | | | | | | | | v | |
| | and related organizations greater than \$150 | | | | | | | | | | | 4 | Х | |
| 5 | Did any person listed on line 1a receive or a | | | | | | | | | | | | | |
| | rendered to the organization? If "Yes," com | plete Schedule | e J fo | or su | ch p | bers | on . | | | | | 5 | | X |
| Sec | tion B. Independent Contractors | | | | | | | | | | | | | |
| 1 | Complete this table for your five highest con | mpensated ind | epe | nden | t co | ontra | actor | s th | nat received more than \$ | 100,000 of comp | ensat | ion fro | m | |
| | the organization. Report compensation for t | the calendar ye | ear e | ndin | g wi | ith c | or wit | hin | the organization's tax y | ear. | | | | |
| | (A) | | | | | | | | (B) | | | (C | | |
| | Name and business | address | NC |)NE | | | | | Description of s | ervices | C | omper | nsatio | n |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| 2 | Total number of independent contractors (ir | ocluding but of | nt lin | nited | to t | thee | | hed | above) who received me | ore than | | | | |
| 2 | | | JC 1111 | neu | 101 | linos C | | eu | above, who received mo | no unall | | | | |
| | \$100,000 of compensation from the organiz | auon | | | | U | , | | | | | | | (0000) |

Form **990** (2022)

232008 12-13-22

| | | (2022) THE GIVE AN H | OUR NONPE | ROFIT CORPO | ORATION | 61-1493 | 378 Page 9 |
|---|----------|---|--------------------|-----------------------------|--------------------------|------------------|-------------------------|
| Par | t VI | II Statement of Revenue | | | | | |
| | | Check if Schedule O contains a response | or note to any lin | | (B) | (C) | |
| | | | | (A) Total revenue | (B) Related or exempt | Unrelated | (D) Revenue excluded |
| | | | | Total revenue | | business revenue | from tax under |
| | | | | | | | sections 512 - 514 |
| tts Its | 1 a | Federated campaigns 1a | 12,345. | | | | |
| ar our | b | Membership dues 1b | | | | | |
| ₽°° | c | Fundraising events 1c | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | c | Related organizations 1d | | | | | |
| s, o | e | e Government grants (contributions) 1e | 944,287. | | | | |
| ion | f | All other contributions, gifts, grants, and | | | | | |
| the | | similar amounts not included above 1f | 969,229. | | | | |
| d dr | g | Noncash contributions included in lines 1a-1f | 15,190. | | | | |
| ano | h | Total. Add lines 1a-1f | | 1,925,861. | | | |
| | | | Business Code | | | | |
| e | 2 a | CONTRACT REVENUE | 900099 | 179,031. | 179,031. | | |
| , Ki | b | | | - | - | | |
| Ser | c | | | | | | |
| E a | c | | | | | | |
| Program Service Revenue | e | | | | | | |
| Pr | f | All other program service revenue | | | | | |
| _ | c | — | | 179,031. | | | |
| | 3 | Investment income (including dividends, intere | | | | | |
| | U | | | 9,056. | | | 9,056. |
| | 4 | other similar amounts) Income from investment of tax-exempt bond p | | 5,0000 | | | 5,000 |
| | 5 | | | | | | |
| | 5 | Royalties | (ii) Personal | | | | |
| | <u> </u> | | | | | | |
| | 6 a | | | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | _ c | · · · · · · · · · · · · · · · · · · · | (ii) Other | | | | |
| | / a | 10 50 | (ii) Other | | | | |
| | | assets other than inventory 7a 18,762. | | | | | |
| | b | Less: cost or other basis | | | | | |
| evenue | | and sales expenses 7b 17 , 189 . | | | | | |
| eve | | Gain or (loss) | | 1 590 | | | 1 572 |
| ž | | I Net gain or (loss) | | 1,573. | | | 1,573. |
| Other R | 8 a | Gross income from fundraising events (not | | | | | |
| ò | | including \$ of | | | | | |
| | | contributions reported on line 1c). See | | | | | |
| | | Part IV, line 18 | | | | | |
| | b | | | | | | |
| | C | | | | | | |
| | 9 a | Gross income from gaming activities. See | | | | | |
| | | Part IV, line 19 9a | | | | | |
| | | b Less: direct expenses9b | | | | | |
| | c | Net income or (loss) from gaming activities | | | | | |
| | 10 a | Gross sales of inventory, less returns | | | | | |
| | | and allowances 10a | | | | | |
| | b | Less: cost of goods sold10k | o | | | | |
| | c | Net income or (loss) from sales of inventory | | | | | |
| s | | | Business Code | | | | |
| ő a | 11 a | l | | | | | |
| ane | b | · | | | | | |
| Miscellaneous Revenue | c | ; | | | | | |
| Alis B B | c | All other revenue | | | | | |
| 2 | | • Total. Add lines 11a-11d | | | | | |
| | 12 | Total revenue. See instructions | | 2,115,521. | 179,031. | 0. | 10,629. |
| 222000 | 12-1 | | | | | | Form 990 (2022 |

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Page 10 61-1493378

X

THE GIVE AN HOUR NONPROFIT CORPORATION Form 990 (2022) Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising expenses (B) Program service expenses (C) Management and general expenses (A) Total expenses Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations 1 5 000 5 000 and demostic neuropeants. Cas Dart IV/ line Of

| | and domestic governments. See Part IV, line 21 | 5,000. | 5,000. | | |
|--------|--|---------------------------|--------------------|---|----------|
| 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 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| 5 | | 276,632. | 202,892. | 30,113. | 43,627. |
| 6 | Compensation not included above to disqualified | 27070321 | 20270521 | | 10/02/ |
| 0 | | | | | |
| | persons (as defined under section $4958(f)(1)$) and | | | | |
| 7 | persons described in section 4958(c)(3)(B) | 874,952. | 850,308. | 9,151. | 15,493. |
| 7 | Other salaries and wages | 074,552. | 0.50,500. | J,1J1• | IJ, IJJ. |
| 8 | Pension plan accruals and contributions (include | 12 030 | 12 122 | 507 | |
| • | section 401(k) and 403(b) employer contributions) | <u>12,930.</u> 37,223. | 12,423. 30,481. | <u> </u> | |
| 9 | Other employee benefits | 94,175. | 94,175. | 0,742. | |
| 10 | Payroll taxes | 94,1/3. | 94,1/5. | | |
| 11 | Fees for services (nonemployees): | | | | |
| а | Management | | | | |
| | Legal | 04 600 | | 0.4 . 6 0.0 | |
| | Accounting | 24,688. | | 24,688. | |
| d | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | 24,000. | | | 24,000. |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| | column (A), amount, list line 11g expenses on Sch 0.) | 201,205. | 180,516. | 20,589. | 100. |
| 12 | Advertising and promotion | 67,362. | 67,195. | 167. | |
| 13 | Office expenses | 70,489. | 35,018. | 23,325. | 12,146. |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | | | | |
| 17 | Travel | 77,645. | 67,360. | 6,666. | 3,619. |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 81,952. | 24,752. | 200. | 57,000. |
| 20 | Interest | | | | - |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | | | | |
| 23 | Insurance | 16,484. | 4,157. | 12,327. | |
| 24 | Other expenses. Itemize expenses not covered | ., | , = = : • | , | |
| | above. (List miscellaneous expenses on line 24e. If | | | | |
| | line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) | | | | |
| а | STAFF DEVELOPMENT | 62,657. | 62,408. | | 249. |
| a b | STATE REGISTRATION FEES | 7,143. | 02,100. | 913. | 6,230. |
| | | 7,143. | | 515. | 0,250 |
| с с | | | | | |
| d | All other evenences | | | | |
| | All other expenses | 1,934,537. | 1,636,685. | 135,388. | 162,464. |
| 25 | Total functional expenses. Add lines 1 through 24e | 1,304,00/• | т,020,002. | T22,200. | 102,404. |
| 26 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here X if following SOP 98-2 (ASC 958-720) | | | | |

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Form 990 (2022)

Part X Balance Sheet

THE GIVE AN HOUR NONPROFIT CORPORATION

61-1493378 Page 11

| | | Check if Schedule O contains a response or not | e to any | line in this Part X | | | |
|-----------------------------|-----|---|--------------------|---------------------|-------------------|----------|-------------|
| | | L. L | , | | (A) | | (B) |
| | | | | | Beginning of year | | End of year |
| | 1 | Cash - non-interest-bearing | | | 113,601. | 1 | 65,371. |
| | 2 | Savings and temporary cash investments | | | 1,176,109. | 2 | 1,495,155. |
| | 3 | Pledges and grants receivable, net | | I | 283,134. | 3 | 256,926. |
| | 4 | Accounts receivable, net | | | | 4 | |
| | 5 | Loans and other receivables from any current or | | | | | |
| | | trustee, key employee, creator or founder, subst | ontributor, or 35% | | | | |
| | | controlled entity or family member of any of thes | e perso | ns | | 5 | |
| | 6 | Loans and other receivables from other disqualif | ied pers | ons (as defined | | | |
| | | under section 4958(f)(1)), and persons described | in secti | on 4958(c)(3)(B) | | 6 | |
| s | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| ¥8 | 9 | | | | 19,351. | 9 | 37,540. |
| | 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 | | | 17,179. | 11 | |
| | 12 | Investments - other securities. See Part IV, line 1 | | | 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 equa | | | 1,609,374. | 16 | 1,854,992. |
| | 17 | Accounts payable and accrued expenses | I | 132,239. | 17 | 178,411. | |
| | 18 | Grants payable | | 18 | 10.400 | | |
| | 19 | Deferred revenue | | I | | 19 | 18,462. |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete F | | ſ | | 21 | |
| es | 22 | Loans and other payables to any current or form | | | | | |
| iliti | | trustee, key employee, creator or founder, subst | | | | | |
| Liabilities | | controlled entity or family member of any of thes | - | | | 22 | |
| - | 23 | Secured mortgages and notes payable to unrela | | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated | | | | 24 | |
| | 25 | Other liabilities (including federal income tax, pa | | | | | |
| | | parties, and other liabilities not included on lines | , | · . | | 05 | |
| | 00 | of Schedule D | | | 132,239. | 25 | 196,873. |
| | 26 | Total liabilities. Add lines 17 through 25 | | X | 132,239. | 26 | 190,075. |
| ŝ | | Organizations that follow FASB ASC 958, che | ck nere | | | | |
| nce | 27 | and complete lines 27, 28, 32, and 33. Net assets without donor restrictions | | | 1,136,613. | 27 | 1,324,723. |
| ala | 28 | | | | 340,522. | 28 | 333,396. |
| Ыd | 20 | Organizations that do not follow FASB ASC 9 | | | 010,011 | 20 | |
| Ъп | | and complete lines 29 through 33. | <i>50</i> , crice | | | | |
| Net Assets or Fund Balances | 29 | Capital stock or trust principal, or current funds | | | | 29 | |
| ets | 30 | Paid-in or capital surplus, or land, building, or eq | | | | 30 | |
| Ass | 31 | Retained earnings, endowment, accumulated inc | | | | 31 | |
| let. | 32 | Total net assets or fund balances | | | 1,477,135. | 32 | 1,658,119. |
| ~ | 33 | Total liabilities and net assets/fund balances | | | 1,609,374. | 33 | 1,854,992. |

Form **990** (2022)

| Form | 990 (2022) THE GIVE AN HOUR NONPROFIT CORPORATION | 61-1 | 493378 | Pag | _{ge} 12 |
|------|---|-----------|--------|-----------------|------------------|
| Pa | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 2,115 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,934 | .,53 | <u>37.</u> |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 180 | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 1,477 | <mark>,1</mark> | 35. |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | |
| | column (B)) | 10 | 1,658 | 3,11 | 19. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | _ | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | Ο. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | 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: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | e basis, | | | |
| | consolidated basis, or both: | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | e audit, | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sch | edule O. | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | red audit | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | | |

Form **990** (2022)

| SCHE | DULE A | | Dublic Cho | rity Status an | | | innort | | OMB No. 1545-0047 |
|-------------|---------------------------------------|--------------------------|----------------------------------|--|------------------|------------------|-----------------|---------------|----------------------------|
| (Form 990) | | | | rity Status an | | | | | 2022 |
| | | | | 47(a)(1) nonexempt cha | | | or a section | | ZUZZ |
| | of the Treasury enue Service | | A | ttach to Form 990 or Fo | orm 990-E | Ζ. | | | Open to Public |
| | | | Go to www.irs.gov/ | Form990 for instruction | ns and the | latest inf | ormation. | E | Inspection |
| Name of | the organizati | | OTTO AN IIO | | CODDC | | NAT | | identification number |
| Part I | Reason | | Charity Status | UR NONPROFIT (All organizations must c | | JRATIC | <u>ON</u> | 0 | 1-1493378 |
| | | | | | | | | 15. | |
| | 1 | - | | For lines 1 through 12, c | - | | IV A V:V | | |
| 12 | 1 | | | on of churches described | |)(מ)סייו הפ | I)(A)(I). | | |
| 3 | 1 | | | Attach Schedule E (Forn Anization described in s o | | (h)(1)(A)(ii | i) | | |
| 4 | | • | | njunction with a hospital | | | • |)(iii). Enter | the hospital's name. |
| • | city, and state | - | | | | | | | |
| 5 | | | or the benefit of a co | llege or university owned | l or operate | ed by a go | vernmental u | nit describe | ed in |
| | | - | Complete Part II.) | o , | • | , 0 | | | |
| 6 | 1 | | | nental unit described in | section 17 | 70(b)(1)(A) | (v). | | |
| 7 X |] An organizati | on that norma | Illy receives a substa | ntial part of its support fi | rom a gove | ernmental | unit or from th | ne general p | oublic 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 Par | t II.) | | | | |
| 9 | An agricultura | al research org | ganization described | in section 170(b)(1)(A)(| ix) operate | ed in conju | inction 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 |
| | university: | | | | | | | | |
| 10 | An organizati | on that norma | Illy receives (1) more | than 33 1/3% of its supp | ort from c | ontributior | ns, membersh | iip fees, and | d gross receipts from |
| | | | | t to certain exceptions; a | | | | | - |
| | | | | (less section 511 tax) fro | om busines | ses acqui | red by the org | ganization a | fter June 30, 1975. |
| | 1 | | mplete Part III.) | | | | | | |
| | 1 - | • | - | ively to test for public sa | • | | | | |
| 12 🗌 | - | • | - | ively for the benefit of, to | | | | • | |
| | | | - | ed in section 509(a)(1) of | | | | | neck the box on |
| a | | • | | f supporting organizatior upervised, or controlled | | | | - | aivina |
| a | | | | gularly appoint or elect a | • • • • | - | | | |
| | | - | complete Part IV, Se | | i majonty o | | | | pporting |
| b | | | - | l or controlled in connect | tion with its | s supporte | ed organizatio | n(s), by hay | vina |
| ~ _ | | | - | anization vested in the s | | | - | | • |
| | | - | t complete Part IV, | | | | | 90o oo.pp | |
| с [| | () | • • | g organization operated | in connect | tion with, a | and functional | lly integrate | d with, |
| | | | |). You must complete I | | | | , 0 | , |
| d | Type III no | n-functionally | v integrated. A supp | porting organization oper | ated in cor | nnection v | /ith its suppo | rted organiz | zation(s) |
| | that is not f | unctionally int | egrated. The organiz | zation generally must sat | isfy a distri | ibution rec | uirement and | an attentiv | reness |
| | requiremen | t (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 | written determination fro | m the IRS | that it is a | Туре I, Туре | II, Type III | |
| | functionally | integrated, or | r Type III non-functio | nally integrated supporti | ng organiz | ation. | | | |
| | ter the number | | 0 | | | | | | |
| g Pr | ovide the followi (i) Name of supp | | n about the supporte (ii) EIN | d organization(s). (iii) Type of organization | (iv) is the orga | anization listed | (v) Amount o | fmonoton | (vi) Amount of other |
| | organization | | | (described on lines 1-10 | in your governi | ng document? | support (see in | | support (see instructions) |
| | - 3 | | | above (see instructions)) | Yes | No | | , | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| - | | | | | | | | | |
| | | | | | 1 | 1 | | | 1 |

Total

Schedule A (Form 990) 2022 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) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 2025440. | 2668164. | 1748058. | 1795725. | 1925861. | 10163248. |
| 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 | 0005440 | 0000101 | 1 - 4 | 1805805 | 1005061 | 1010000 |
| | Total. Add lines 1 through 3 | 2025440. | 2668164. | 1748058. | 1795725. | 1925861. | 10163248. |
| 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, | | | | | | 1011500 |
| • | column (f) | | | | | | <u>1011583.</u> 9151665. |
| | Public support. Subtract line 5 from line 4. | | | | | | 9101000. |
| | | (a) 2018 | (1-) 2010 | (-) 2020 | (4) 2021 | (a) 2022 | |
| | ndar year (or fiscal year beginning in) Amounts from line 4 | (a) 2018 2025440. | (b)2019 2668164. | (c)2020 1748058. | (d) 2021 1795725. | (e) 2022 | (f) Total 10163248. |
| | Gross income from interest, | 2023110. | 20001010 | 1/400500 | 1/55/25. | 1923001. | 10103240. |
| 0 | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | 1,817. | 41,015. | 3,524. | 2,346. | 9,046. | 57,748. |
| 9 | Net income from unrelated business | | 11,010 | 5,5210 | 2/5100 | 5,0100 | 5777100 |
| 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 | | | | | | 10220996. |
| 12 | | etc. (see instructio | ons) | | | 12 | 929,529. |
| | First 5 years. If the Form 990 is for the | ` | , | | | 01(c)(3) | |
| | organization, check this box and stop | | | | | | |
| Sec | ction C. Computation of Publi | | | | | | |
| 14 | Public support percentage for 2022 (I | ine 6, column (f), d | ivided by line 11, c | olumn (f)) | | 14 | 89.54 % |
| 15 | Public support percentage from 2021 | Schedule A, Part | II, line 14 | | | 15 | 92.12 % |
| | 33 1/3% support test - 2022. If the o | | | | | ore, check this bo | x and |
| | stop here. The organization qualifies | as a publicly supp | orted organization | | | | X |
| b | 33 1/3% support test - 2021. If the o | 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 | lifies as a publicly s | supported organiza | ation | | | |
| 17a | 10% -facts-and-circumstances test | - 2022. If the org | anization did not o | 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 | | | - | - | VI how the organiz | ation |
| | 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-circu | | | | | | |
| 18 | Private foundation. If the organization | on did not check a | box on line 13, 16a | a, 16b, 17a, or 17b | o, check this box a | | |
| | | | | | | Schedule A | (Form 990) 2022 |

232022 12-09-22

Schedule A (Form 990) 2022 THE GIVE AN HOUR NONPROFIT CORPORATION 61-1493378 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

| See | ction A. Public Support | | | | | | |
|------|--|----------------------------|-----------------------|----------------------|---------------------|-------------------|----------------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (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 | | | | | | |
| t | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c | Add lines 7a and 7b | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | |
| | ction B. Total Support | | | | | • | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| k | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| 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.) | | | | | | |
| | First 5 years. If the Form 990 is for the | ne organization's fi | rst, second, third, | fourth, or fifth tax | year as a section 5 | 601(c)(3) organiz | zation, |
| | check this box and stop here | - | | | - | | |
| See | ction C. Computation of Publi | c Support Per | rcentage | | | | |
| 15 | Public support percentage for 2022 (I | ine 8, column (f), c | livided by line 13, o | column (f)) | | 15 | % |
| 16 | Public support percentage from 2021 | Schedule A, Part | III, line 15 | | | 16 | % |
| See | ction D. Computation of Inves | stment Income | e Percentage | | | | |
| 17 | Investment income percentage for 20 |)22 (line 10c, colu | mn (f), divided by li | ne 13, column (f)) | | 17 | % |
| 18 | Investment income percentage from | 2021 Schedule A, | Part III, line 17 | | | 18 | % |
| | 33 1/3% support tests - 2022. If the | | | | | 3 1/3%, and lin | e 17 is not |
| | more than 33 1/3%, check this box ar | | | | | | |
| k | 33 1/3% support tests - 2021. If the | | | | | | %, and |
| | line 18 is not more than 33 1/3%, che | | | | | | |
| 20 | Private foundation. If the organization | | | | | | |
| | 23 12-09-22 | | | | | | le A (Form 990) 2022 |

15

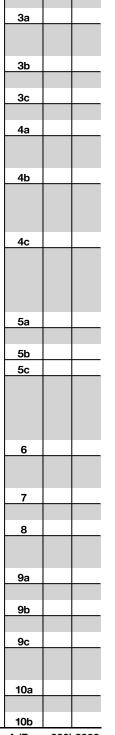
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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.)

232024 12-09-22



Yes No

1

2

Schedule A (Form 990) 2022

16

Schedule A (Form 990) 2022 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 | | |
| Sec | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |

| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in</i> Part VI <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the | | |
|---|---|---|--|
| | 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 | |

| Se | ction C. Type II Supporting Organizations | |
|----|--|--|
| | | |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | |

| or management of the supporting organization was vested in the same persons that controlled or managed |
|--|
| the supported organization(s) |

| Section D | . All Type III | Supporting | Organizations |
|-----------|----------------|------------|---------------|

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

Section E. Type III Functionally Integrated Supporting Organizations

| 1 | Check the box next to the method that the organization used to satisfy the | e Integral Part Test during the year | (see instructions). |
|---|--|--------------------------------------|---------------------|
| • | | | |

- 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.*

| с | | The organization supported a governmental entity. | Describe in Part VI how you supported a governmental entity (see instructions) | |
|---|--|---|--|--|
|---|--|---|--|--|

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.*

Schedule A (Form 990) 2022

Yes No

1

232025 12-09-22

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| _ | dule A (Form 990) 2022 THE GIVE AN HOUR NONPRO | | | 61-1493378 Page 6 |
|------|---|---------------|---------------------------|--------------------------------|
| | rt V Type III Non-Functionally Integrated 509(a)(3) Supportin | | | |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying | | | n Part VI). See instructions. |
| | All other Type III non-functionally integrated supporting organizations mus | st complete | e Sections A through E. | |
| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| _1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| a | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| C | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors | | | |
| | (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 0.035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions). | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functiona | ally integrat | ed Type III supporting or | ganization (see |

instructions).

Schedule A (Form 990) 2022

232026 12-09-22

| THE | GIVE | AN | HOUR | NONPROFIT | CORPORATION | 61-1493378 | Page 7 |
|-----|------|----|------|-----------|-------------|------------|--------|
| | | | | | | | |

| | | OUR NONPROFIT | | 6 | 1-1493378 | Page 7 |
|-------|---|------------------------------|---------------------------------------|------|---|--------|
| Par | | a)(3) Supporting Org | anizations (continu | ued) | 1 | |
| Secti | on D - Distributions | | | | Current Yea | .r |
| 1 | Amounts paid to supported organizations to accomplish exer | mpt purposes | | 1 | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | t purposes of supported | | | | |
| | organizations, in excess of income from activity | | | 2 | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organization | 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 (describe in Part VI). See instructions. | | | 6 | | |
| _7 | Total annual distributions. Add lines 1 through 6. | | | 7 | | |
| 8 | Distributions to attentive supported organizations to which the | e organization is responsiv | re . | | | |
| | (provide details in Part VI). See instructions. | | | 8 | | |
| 9 | Distributable amount for 2022 from Section C, line 6 | | | 9 | | |
| 10 | Line 8 amount divided by line 9 amount | Γ | 1 | 10 | | |
| Secti | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributior Pre-2022 | าร | (iii) Distributable Amount for 20 | |
| 1 | Distributable amount for 2022 from Section C, line 6 | | | | | |
| 2 | Underdistributions, if any, for years prior to 2022 (reason- | | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | | |
| 3 | Excess distributions carryover, if any, to 2022 | | | | | |
| а | From 2017 | | | | | |
| b | From 2018 | | | | | |
| с | From 2019 | | | | | |
| d | From 2020 | | | | | |
| е | From 2021 | | | | | |
| f | Total of lines 3a through 3e | | | | | |
| g | Applied to underdistributions of prior years | | | | | |
| h | Applied to 2022 distributable amount | | | | | |
| i | Carryover from 2017 not applied (see instructions) | | | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | | |
| 4 | Distributions for 2022 from Section D, | | | | | |
| | line 7: \$ | | | | | |
| а | Applied to underdistributions of prior years | | | | | |
| b | Applied to 2022 distributable amount | | | | | |
| с | Remainder. Subtract lines 4a and 4b from line 4. | | | | | |
| 5 | Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h | | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | | |
| | Part VI. See instructions. | | | | | |
| 7 | Excess distributions carryover to 2023. Add lines 3j | | | | | |
| | and 4c. | | | | | |
| 8 | Breakdown of line 7: | | | | | |
| а | Excess from 2018 | | | | | |
| b | Excess from 2019 | | | | | |
| с | Excess from 2020 | | | | | |
| d | Excess from 2021 | | | | | |
| е | Excess from 2022 | | | | | |

Schedule A (Form 990) 2022

232027 12-09-22

| Schedule A | (Form 990) 2022 | | | | | CORPORATION | 61-1493378 Page 8 |
|----------------|--|---------------------------------------|------------------------------------|--------------------------------|--|---|---|
| Part VI | Supplemental In Part IV, Section A, Iin line 1; Part IV, Section | nes 1, 2, 3b, 3c on D, lines 2 and | , 4b, 4c, 5a, 6 d 3; Part IV, S | i, 9a, 9b, 9c ection E, lin | , 11a, 11b, and 11c es 1c, 2a, 2b, 3a, ai | line 10; Part II, line 17a o Part IV, Section B, lines d 3b; Part V, line 1; Part te this part for any additio | r 17b; Part III, line 12; 1 and 2; Part IV, Section C, V, Section B, line 1e; Part V, |
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| 232028 12-09-2 | 22 | | | | 20 | | Schedule A (Form 990) 2022 |
| | | | | | 4 U | | |

223451 11-15-22

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

2022

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 for an *exclusively* set in the set of the parts unless totaling the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an exclusively set of the parts unless totaling \$5,000 or more during the year for an exclusively set of the parts unless total set of the parts unless

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) (2022)

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) 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 |
| 1 | | \$ <u>446,861.</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 |
| 2 | | \$ <u>332,259.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | | \$ <u>305,329.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | | \$ <u>192,096.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | | \$ <u>100,000.</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 |
| 6 | | \$ <u>85,000.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

11421121 150872 192798

Employer identification number

61-1493378

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 | | \$80,000. | 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>75,000.</u> | PersonXPayrollNoncash(Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 9 | | \$ <u>55,000.</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 |
| 10 | | \$50,000. | 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 | | \$50,000. | 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 Noncash (Complete Part II for noncash contributions.) |

Schedule B (Form 990) (2022)

223452 11-15-22

11421121 150872 192798

Page 2

Employer identification number

61-1493378

Name of organization

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

24

THE GIVE AN HOUR NONPROFIT CORPORATION

(b)

Description of noncash property given

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

Name of organization

Part II

(a)

No.

from

Part I

Employer identification number

(d)

Date received

61-1493378

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(c)

FMV (or estimate)

(See instructions.)

| Schedule | B (Form 990) (2022) | | | Page 4 | | | | |
|---------------------------|--|---|--------------------------|---|--|--|--|--|
| Name of c | organization | | | Employer identification number | | | | |
| THE G | IVE AN HOUR NONPROFIT CO | ORPORATION | | 61-1493378 | | | | |
| Part III | | ons to organizations described in se | | or (10) that total more than \$1,000 for the year | | | | |
| | completing Part III, enter the total of exclusively religious, | charitable, etc., contributions of \$1,000 or I | ess for the year. (Enter | this info. once.) | | | | |
| (a) No. | Use duplicate copies of Part III if additional | | | | | | | |
| from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | | | | |
| | | | | | | | | |
| | | | — —— | | | | | |
| | | | | | | | | |
| | | (e) Transfer of gif | Ċ | | | | | |
| | Transferee's name, address, a | nd ZIP + 4 | Relationsh | ip of transferor to transferee | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| (a) No. from | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | | | | |
| Part I | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | (e) Transfer of gif | I | | | | | |
| | Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee | | | | | | | |
| | Transferee's name, address, a | | Relationsh | ip of transferor to transferee | | | | |
| | | | | | | | | |
| | | | | | | | | |
| (a) No. from | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | | | | |
| Part I | | | | (a) Description of now girt is held | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | e) Transfer of gif | + | | | | | |
| | | (c) manaler of gir | | | | | | |
| | Transferee's name, address, a | nd ZIP + 4 | Relationsh | ip of transferor to transferee | | | | |
| | | | | | | | | |
| | | | | | | | | |
| (a) No. | | | <u> </u> | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | | | | |
| | | | | | | | | |
| | | | — — | | | | | |
| | | | | | | | | |
| | | (e) Transfer of gif | t | | | | | |
| | Transferee's name, address, a | nd ZIP + 4 | Relationsh | ip of transferor to transferee | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 223454 11-1 | 5-22 | | | Schedule B (Form 990) (2022) | | | | |

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| SCHEDULE | D |
|----------|---|
|----------|---|

Department of the Treasury

Internal Revenue Service

| (Form | 990) |
|-------|------|
|-------|------|

Supplemental Financial Statements

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

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



Name of the organization

THE GIVE AN HOUR NONPROFIT CORPORATION

Employer identification number 61 - 1493378

| Par | Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. | | | | | | | |
|--------|--|--|--|--|--|--|--|--|
| | organization answered fes of Form 990, Farthy, in | (a) Donor advised funds | (b) Funds and other accounts | | | | | |
| | - | (a) Donor advised funds | | | | | | |
| 1 | Total number at end of year | | | | | | | |
| 2 | Aggregate value of contributions to (during year) | | | | | | | |
| 3 ⊿ | Aggregate value of grants from (during year) | | | | | | | |
| 4 5 | Aggregate value at end of year Did the organization inform all donors and donor advisors in v | writing that the appets hold in departed wi | l | | | | | |
| 5 | are the organization's property, subject to the organization's | - | | | | | | |
| 6 | Did the organization inform all grantees, donors, and donor a | | | | | | | |
| U | for charitable purposes and not for the benefit of the donor of | | | | | | | |
| | | | | | | | | |
| Par | | | | | | | | |
| 1 | Purpose(s) of conservation easements held by the organization | | , | | | | | |
| | Preservation of land for public use (for example, recreation | · · · · · · | of a historically important land area | | | | | |
| | Protection of natural habitat | <i>'</i> | of a certified historic structure | | | | | |
| | Preservation of open space | | | | | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualif | ied conservation contribution in the form | of a conservation easement on the last | | | | | |
| | day of the tax year. | | Held at the End of the Tax Year | | | | | |
| а | Total number of conservation easements | | 2a | | | | | |
| b | | | | | | | | |
| с | Number of conservation easements on a certified historic stru | ucture included in (a) | | | | | | |
| d | Number of conservation easements included in (c) acquired a | | | | | | | |
| | historic structure listed in the National Register | | 2d | | | | | |
| 3 | Number of conservation easements modified, transferred, rele | eased, extinguished, or terminated by the | e organization during the tax | | | | | |
| | year | | | | | | | |
| 4 | Number of states where property subject to conservation eas | | | | | | | |
| 5 | Does the organization have a written policy regarding the per | | | | | | | |
| - | violations, and enforcement of the conservation easements it | | | | | | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | handling of violations, and enforcing con | servation easements during the year | | | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | lling of violations, and enforcing conserva | ation easements during the year | | | | | |
| • | | | | | | | | |
| 8 | Does each conservation easement reported on line 2(d) above | e satisfy the requirements of section 170 | l(h)(4)(B)(i) | | | | | |
| | | | | | | | | |
| 9 | In Part XIII, describe how the organization reports conservation | | | | | | | |
| | balance sheet, and include, if applicable, the text of the footn | ote to the organization's financial statem | ents that describes the | | | | | |
| | organization's accounting for conservation easements. | | | | | | | |
| Par | t III Organizations Maintaining Collections of | Art, Historical Treasures, or O | ther Similar Assets. | | | | | |
| | Complete if the organization answered "Yes" on Form | 990, Part IV, line 8. | | | | | | |
| 1a | If the organization elected, as permitted under FASB ASC 95 | 8, not to report in its revenue statement | and balance sheet works | | | | | |
| | of art, historical treasures, or other similar assets held for pub | blic exhibition, education, or research in f | urtherance of public | | | | | |
| | service, provide in Part XIII the text of the footnote to its finar | | | | | | | |
| b | If the organization elected, as permitted under FASB ASC 95 | | | | | | | |
| | art, historical treasures, or other similar assets held for public | exhibition, education, or research in furt | herance of public service, | | | | | |
| | provide the following amounts relating to these items: | | • | | | | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | | | | | | |
| ~ | | | | | | | | |
| 2 | If the organization received or held works of art, historical treating the following empurity required to be repeated under FASP A | | ai gain, provide | | | | | |
| _ | the following amounts required to be reported under FASB A | • | ¢ | | | | | |
| a h | Revenue included on Form 990, Part VIII, line 1 | | | | | | | |
| | Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions | | | | | | | |
| | | | | | | | | |

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| 26 | | | | | | |
|----|---|---|---|---|---|--|
| - | - | _ | - | - | - | |

| | dule D (Form 990) 2022 THE GIV. t III Organizations Maintaining C | E AN HOUR 1 ollections of Ar | | | | | | | 9337 | | _{age} 2 |
|--------|--|---------------------------------|------------|----------------|-----------------------|-------------------|--------------------|------------|-----------------|----------------|------------------|
| | Using the organization's acquisition, accession | | | | | | | | Contin | iuea) | |
| 3 | | on, and other records | s, check | cany of the | ionowing that | . make sigr | inicant use | eorits | | | |
| | collection items (check all that apply): | | . — | | | | | | | | |
| a | Public exhibition | d | | | change progra | | | | | | |
| b | Scholarly research | е | | Other | | | | | | | |
| С | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's co | | | | | | | in Part | XIII. | | |
| 5 | During the year, did the organization solicit o | | | | | | | | - | | - |
| | to be sold to raise funds rather than to be ma | | | | | | | | Yes | | <u>No</u> |
| Par | TIV Escrow and Custodial Arrangereported an amount on Form 990, Par | | ete if the | e organizatio | on answered ' | "Yes" on F | orm 990, F | Part IV, I | ine 9, or | | |
| 1a | Is the organization an agent, trustee, custodi on Form 990, Part X? | | | | | | | | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the fol | lowing t | able: | | | | | | | |
| | | | | | | | | | Amoun | t | |
| С | Beginning balance | | | | | | 1c | | | | |
| d | Additions during the year | | | | | | 1d | | | | |
| е | Distributions during the year | | | | | | 1e | | | | |
| f | Ending balance | | | | | | lf | | | | |
| 2a | Did the organization include an amount on Fe | orm 990, Part X, line | 21, for (| escrow or cu | ustodial acco | unt liability | ? | | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII. | Check here if the ex | planatic | n has been | provided on l | Part XIII | | | | | |
| Par | t V Endowment Funds. Complete i | f the organization an | swered | "Yes" on Fo | orm 990, Part | IV, line 10 | | | | | |
| | | (a) Current year | (b) F | Prior year | (c) Two yea | rs back (c | I) Three yea | rs back | (e) Fou | r years | back |
| 1a | Beginning of year balance | | | | | | | | | | |
| | Contributions | | | | | | | | | | |
| | Net investment earnings, gains, and losses | | | | | | | | | | |
| | Grants or scholarships | | | | | | | | | | |
| | Other expenditures for facilities | | | | | | | | | | |
| | and programs | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | |
| g | End of year balance | | | | | | | | | | |
| 2 | Provide the estimated percentage of the curr | ent year end balance | line 10 | n column (a |)) held as: | | | | | | |
| | | | % | y, column (a | meiu as. | | | | | | |
| a b | Board designated or quasi-endowment Permanent endowment | % | | | | | | | | | |
| | | % % | | | | | | | | | |
| C | | , - | | | | | | | | | |
| • | The percentages on lines 2a, 2b, and 2c sho | | | | | | | | | | |
| за | Are there endowment funds not in the posse | ssion of the organiza | ition tha | it are held al | nd administer | red for the | | | 1 | Yes | No |
| | organization by: | | | | | | | | | Tes | No |
| | (i) Unrelated organizations | | | | | | | | 3a(i) | | |
| | (ii) Related organizations | | | | | | | | 3a(ii) | | |
| b | If "Yes" on line 3a(ii), are the related organiza | | | | | | | | 3b | | |
| 4 | Describe in Part XIII the intended uses of the | | wment f | unds. | | | | | | | |
| Par | t VI Land, Buildings, and Equipm | | | | | | 10 | | | | |
| | Complete if the organization answered | d "Yes" on Form 990 | , Part IV | /, line 11a. S | See Form 990 | , Part X, Iir | ne 10. | | | | |
| | Description of property | (a) Cost or o basis (investr | | • • • | t or other (other) | ., | cumulated eciation | | (d) Boo | k valu | е |
| 1a | Land | | | | | | | | | | |
| | Buildings | | | | | | | | | | |
| | Leasehold improvements | | | | | | | | | | |
| | Equipment | | | | | | | | | | |
| | Other | | | 1 | .0,000. | - | 10,000 |). | | | 0. |
| | Add lines 1a through 1e. (Column (d) must e | | X colun | | | | - | | | | 0. |
| | | | | <u></u> | | | | chedule | D (Forn | n 990) | 2022 |

| Schedule D | (Form 990) 2022 | | | HOUR | NONPROF | IΤ | CORPORATION | 61-1493378 | Page 3 |
|-------------------|---|------------------|---------------------|------------|--------------------|----------|----------------------------------|--------------------------|--------|
| Part VII | | | | | | | | | |
| | | | | | | 11b. | . See Form 990, Part X, line 12 | | |
| | tion of security or categ | | | (b) E | Book value | | (c) Method of valuation: Cost | or end-of-year market va | lue |
| | al derivatives | | | | | | | | |
| | held equity interests | | | | | | | | |
| (3) Other | | | | | | | | | |
| (A) | | | | | | - | | | |
| (B) | | | | | | | | | |
| (C) (D) | | | | | | | | | |
| (E) | | | | | | | | | |
| (F) | | | | | | | | | |
| (G) | | | | | | | | | |
| (H) | | | | | | | | | |
| Total. (Col. (| b) must equal Form 990 |), Part X, co | I. (B) line 12.) | | | | | | |
| Part VIII | Investments - I | Progran | n Related. | | | | | | |
| | | | | on Form 9 | 90, Part IV, line | 11c. | . See Form 990, Part X, line 13. | | |
| | (a) Description of | investmer | it | (b) E | Book value | | (c) Method of valuation: Cost | or end-of-year market va | lue |
| (1) | | | | | | | | | |
| (2) | | | | | | <u> </u> | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| (6) | | | | | | \vdash | | | |
| (7) | | | | | | - | | | |
| <u>(8)</u> (9) | | | | | | \vdash | | | |
| | b) must equal Form 990 |) Part X co | I (B) line 13) | | | | | | |
| Part IX | Other Assets. | , i uit /, co | i. (b) inte 10.) | 1 | | | | | |
| | Complete if the org | anization a | answered "Yes" | on Form 9 | 90, Part IV, line | 11d. | . See Form 990, Part X, line 15 | | |
| | | | (a) | Descriptio | n | | | (b) Book val | ue |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| (6) | | | | | | | | | |
| (7) | | | | | | | | | |
| (8) | | | | | | | | | |
| (9) | | | | | | | | | |
| Part X | <u>mn (b) must equal Fo</u> Other Liabilitie | orm 990, Pa S | art X, col. (B) lin | e 15.) | | | | | |
| Tartx | | | answered "Ves" | on Form 9 | 90 Part IV line | 110 | or 11f. See Form 990, Part X, I | line 25 | |
| | | escription | | | 50, 1 art 10, inte | 110 | | (b) Book valu | ue |
| (1) Fec | leral income taxes | 00011011 | or nubinty | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| (6) | | | | | | | | | |
| (7) | | | | | | | | | |
| (8) | | | | | | | | | |
| (9) | | | | | | | | | |
| | ımn (b) must eaual Fo | orm 990. Pi | art X. col. (B) lin | e 25.) | | | | | |
| | ., . | | , | , | | | organization's financial statem | | |
| - | - | | | | | | the text of the footnote has be | - | X |

Schedule D (Form 990) 2022

| Sche | edule D (Form 990) 2022 THE GIVE AN HOUR NONPROFIT | | | | 1493378 Page 4 |
|--|---|----------------------------------|-------------------|--------------------|--|
| Pa | rt XI Reconciliation of Revenue per Audited Financial Stateme | nts Wit | h Revenue per Re | eturn. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a | | | - | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 4,235,132. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains (losses) on investments | 2a | | | |
| b | Donated services and use of facilities | 2b | 2,119,611. | | |
| с | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| е | Add lines 2a through 2d | | | 2e | 2,119,611. |
| 3 | Subtract line 2e from line 1 | | | 3 | 2,115,521. |
| 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 | Add lines 4a and 4b | | | 4c | 0. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | 5 | 2,115,521. |
| | | | | | |
| Pa | rt XII Reconciliation of Expenses per Audited Financial Stateme | ents Wi | th Expenses per l | Retur | n. |
| Pa | rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a | ents Wi | th Expenses per I | Retur | |
| Ра 1 | rt XII Reconciliation of Expenses per Audited Financial Stateme | ents Wi | th Expenses per I | Retur | n. 4,054,148. |
| | rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a | ents Wi | th Expenses per I | 1 | |
| 1 | rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements | ents Wi | th Expenses per I | 1 | |
| 1 2 | rt XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: | ents Wi | th Expenses per I | 1 | |
| 1 2 a | rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments | ents Wi | th Expenses per I | 1 | |
| 1 2 a b | rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments | ents Wi | th Expenses per I | 1 | 4,054,148. |
| 1 2 b c d | rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses | 2a 2b 2c 2d | th Expenses per I | | <u>4,054,148.</u> 2,119,611. |
| 1 2 b c d | rt XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) | 2a 2b 2c 2d | th Expenses per 1 | 1 | 4,054,148. |
| 1 2 b c d e | rt XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d | 2a 2b 2c 2d | th Expenses per 1 | | <u>4,054,148.</u> 2,119,611. |
| 1 2 b c d 3 | rt XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 | 2a 2b 2c 2d | th Expenses per 1 | | <u>4,054,148.</u> 2,119,611. |
| 1 2 3 4 | TXII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b | 2a 2b 2c 2d 4a | th Expenses per 1 | | <u>4,054,148.</u> 2,119,611. |
| 1 2 d c d e 3 4 a b | rt XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b | 2a 2b 2c 2d 4a 4b | th Expenses per 1 | 1 2e 3 4c | 4,054,148. 2,119,611. 1,934,537. 0. |
| 1 2 a b c d e 3 4 a b c 5 | rt XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) | 2a 2b 2c 2d 4a 4b | th Expenses per 1 | 1 2e 3 | <u>4,054,148.</u> 2,119,611. |

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, 2023, 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.

232054 09-01-22

| Image: Second | SCHEDULE G | Suppleme | ntal Informatio | on Regarding | Fund | Iraisi | ng or Gaming A | ctivi | ties | DMB No. 1545-0047 | |
|---|--|---|--|---|--|--|---|---------|-----------------------------|---|--|
| Interest Bernard Strends ¹¹ Cost to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization Employer identification number of the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Employer identification number of the organization raised funds through any of the following activities. Check all that apply. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Image: Check all that apply. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Image: Check all that apply. 2 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Image: Check all that apply. 3 IX Indicate and email solicitations Image: Check all that apply. 4 X Inderest and email solicitations Image: Check all that apply. 5 Both the organization raised fund site or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Image: Check all that apply. 6 IV harme and address of individual or entities (fundraisers) pursuant to agreements under which the fundraiser is to be componed at a tast \$5,000 by the organization. Image: Check all tharmed and that apply. < | (Form 990) | | | | | | | | | 2022 | |
| Name of the organization Employer identification number of the organization answered "Ves" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. a X Mail solicitations e [X] Solicitation of government grants b X Internet and email solicitations f [X] Solicitation of government grants c X Phone solicitations g [] Special fundraising events d X Mail solicitations g [] Special fundraising events d X Mail solicitations g [] Special fundraising events d X Mail solicitations g [] Special fundraising events d X Mail solicitations g [] Special fundraising events d X Mail solicitations g [] Special fundraisers) pursuant to agreement with any individual (including officers, directors, trustees, or key employees itset and individual or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. NICHOLS NORMAN LLC - 10863 STRATEGIC FUNDRAISING Ves No VES | Department of the Treasury | | Atta | ch to Form 990 c | or Forr | n 990 | -EZ. | | | | |
| THE GIVE AN HOUR NONPROFIT CORPORATION 61-1493378 Part Fundraising Activities. Complete life are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a X Mail solicitations e X Solicitation of non-government grants b X Internet and email solicitations f X Solicitation of non-government grants c X Phone solicitations g Special fundraising events d X Internet and email solicitations g Special fundraising services? 2 Did the organization have a written or oral agreement with any individual (ncluding officers, directors, trustees, or key employees listed in Form 990. Part VI) or entity in connection with professional fundraising services? X Yes No b If 'Yes,'' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Amount paid to (remember of organization and the control of the organization and the control of the organization of the organization of the organization and the organization of the organization and the organization of the organization and the organization of the o | Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. | | | | | | | | | • | |
| Part Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a X Mail solicitations e X Solicitation of non-government grants b X Internet and email solicitations f X Solicitation of government grants c X Phone solicitations g Special fundraising events d X Inperson solicitations g Special fundraising events d X Inperson solicitations g Yes No 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? X Yes No i(i) Name and address of individual or entities (fundraiser) pursuant to agreements under which the fundraiser is to be companies of individual or entity (fundraiser) (ii) Activity film agreement which the fundraiser is to be companies of individual or entity (fundraiser) for entance to organization is to organization NICHOLS NORMAN LLC - 10863 STRATEGIC FUNDRAISING Yes No 116,500. | | | | | | | | | | | |
| required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a XM and is solicitations e b X Internet and email solicitations f X Solicitation of non-government grants c XM and is solicitations g Special fundraising events d XM internet and email solicitations g Special fundraising services? X Yes No d XM internet and email solicitations g Special fundraising services? X Yes No d XM internet and email solicitations g Special fundraising services? X Yes No d XM in the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VI) or entity in connection with professional fundraising services? X Yes No orentry (fundraiser) (ii) Activity (iii) Activity formation (iv) Gross receipt formation of fundraiser is to be compensated at least \$\$,000 by the organization. Indicate the organization of continuous of fundrais or entity fundraiser) Indicate the organization of organization of continuous of fundraiser is to be continued to contreation of continuous of continuous of fundraiser is tob | | THE GIV | E AN HOUR | NONPROFI | т со | DRPO | DRATION | | 61-1493 | 378 | |
| A Mail solicitations A Mail solicitat | | | | rganization answe | ered "Y | es" or | n Form 990, Part IV, I | ine 17 | 7. Form 990-EZ | filers are not | |
| (i) Name and address of individual or entity (fundraiser) (ii) Activity fundraiser fundraiser fundraiser fundraiser fundraiser fundraiser fundraiser fundraiser fundraiser (ii) Cross receipts fundraiser fundrais | a X Mail solicitat b X Internet and c X Phone solici d X In-person so 2 a Did the organization key employees list b If "Yes," list the 1000 | ions email solicitations tations licitations on have a written o ed in Form 990, P highest paid indiv | or oral agreement w art VII) or entity in c viduals or entities (f | e X Solicita f X Solicita g Special with any individual connection with p | tion of tion of fundra (incluc rofessi | non-g gover aising o ling of onal fu | overnment grants nment grants events ficers, directors, trus undraising services? | | X Yes | | |
| MONTICELLO COURT, GREAT PLANNING X 116,500. 24,000. 92,50 | (i) Name and addres | s of individual | | | have custody or control of | | (iv) Gross receipts to (from activity | | r retained by) undraiser | (vi) Amount paid to (or retained by) organization | |
| | NICHOLS NORMAN LLC | - 10863 | STRATEGIC FUNDRAISING | | Yes | No | | | | | |
| | MONTICELLO COURT, O | GREAT | PLANNING | | | x | 116,500. | | 24,000. | 92,500. | |
| | | | | | | | | | | | |
| Total 116,500. 24,000. 92,50 | | | | | | | | | | | |
| 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration | | | | | | L utions | | it is e | • | 92,500. 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) 2022

232081 10-27-22

61-1493378 Page 2 THE GIVE AN HOUR NONPROFIT CORPORATION

| Dort II | Euro |
|---------|------|

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.

| | | of farfalaising over contributions and gre | | | for the man groot receipt | e greater than te, eee. |
|-----------------|--------|---|-------------------------|---|------------------------------------|--|
| | | | (a) Event #1 | (b) Event #2 | (c) Other events (total number) | (d) Total events (add col. (a) through col. (c)) |
| ne | | | (event type) | (event type) | (lotal number) | |
| Revenue | 1 | Gross receipts | | | | |
| | 2 | Less: Contributions | | | | |
| | 3 | Gross income (line 1 minus line 2) | | | | |
| | 4 | Cash prizes | | | | |
| S | 5 | Noncash prizes | | | | |
| Direct Expenses | 6 | Rent/facility costs | | | | |
| Direct Ex | 7 | Food and beverages | | | | |
| | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | | | | |
| | | Direct expense summary. Add lines 4 through | | | | |
| De | 11 | Net income summary. Subtract line 10 from lin | | | | |
| Га | ar t I | Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a. | answered "Yes" on Form | 1990, Part IV, line 19, or l | reported more than | |
| Revenue | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
| Rev | | 0 | | | | |
| | 1 | Gross revenue | | | | |
| ses | 2 | Cash prizes | | | | |
| Direct Expenses | 3 | Noncash prizes | | | | |
| Direct | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | |
| | | | Yes % | Yes % | Yes% | |
| | 6 | Volunteer labor | No No | No | No | |
| | 7 | Direct expense summary. Add lines 2 through | 5 in column (d) | | | |
| | 8 | Net gaming income summary. Subtract line 7 | from line 1, column (d) | | | |
| | | | | | | |
| | | ter the state(s) in which the organization condu | | | | |
| | | the organization licensed to conduct gaming ac No," explain: | | states? | | Yes No |
| N | , 11 | No," explain: | | | | |
| | | | | | | |
| | | ere any of the organization's gaming licenses re Yes," explain: | | | /ear? | Yes No |
| | | | | | | |
| | | | | | | |
| | |)-27-22 | | | <u> </u> | dule G (Form 990) 2022 |

| Sch | nedule G (Form 990) 2022 THE GIVE AN HOUR NONPROFIT CORPORATION 61-1 | <u>.493378</u> | Page 3 |
|----------|--|---------------------|---------------|
| 11 | Does the organization conduct gaming activities with nonmembers? | Yes | No No |
| | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed | | |
| | to administer charitable gaming? | Yes | 🗌 No |
| 13 | Indicate the percentage of gaming activity conducted in: | | |
| á | a The organization's facility | 13a | % |
| | An outside facility | 13b | % |
| | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | |
| | | | |
| | Name | | |
| | | | |
| | Address | | |
| | | | |
| 15a | a Does the organization have a contract with a third party from whom the organization receives gaming revenue? | Yes | No No |
| | · · · · · · · · · · · · · · · · · · · | | |
| t | b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount | | |
| | of gaming revenue retained by the third party \$ | | |
| | c If "Yes," enter name and address of the third party: | | |
| | | | |
| | Name | | |
| | | | |
| | Address | | |
| | | | |
| 16 | Gaming manager information: | | |
| | | | |
| | Name | | |
| | | | |
| | Gaming manager compensation \$ | | |
| | | | |
| | Description of services provided | | |
| | Description of services provided | | |
| | | | |
| | | | |
| | Director/officer Employee Independent contractor | | |
| | | | |
| 17 | Mandatory distributions: | | |
| | a Is the organization required under state law to make charitable distributions from the gaming proceeds to | | |
| | retain the state gaming license? | Ves | No |
| | • Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | | |
| | organization's own exempt activities during the tax year \$ | | |
| Pa | Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part | t III lines 9 (| 9h 10h |
| | 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | t III, III 103 0, 1 | 55, 105, |
| | | | |
| SC | HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS | : | |
| <u> </u> | | <u> </u> | |
| | | | |
| | | | |
| (I |) NAME OF FUNDRAISER: NICHOLS NORMAN LLC | | |
| <u> </u> | | | |
| (I |) ADDRESS OF FUNDRAISER: 10863 MONTICELLO COURT, GREAT FALLS, V | A 220 | 66 |
| <u>\</u> | | | |
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| Schedule G | (Form 990) Supplemental Infor | THE | GIVE | AN | HOUR | NONPROFIT | CORPORATION | 61-1493378 | Page 4 |
|------------|----------------------------------|--------|-----------|-----|------|-----------|-------------|---------------|----------|
| Part IV | Supplemental Infor | mation | (continue | ed) | | | | | |
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| | | | | | | | | Schedule G (F | orm 990) |

232084 04-01-22

| SC | HEDULE J | Compensation Information | | OMB No. 1 | 545-004 | 47 |
|--------|-----------------------|---|----------|---------------|---------|------|
| (Fo | rm 990) | - For certain Officers, Directors, Trustees, Key Employees, and Highest | ľ | 20 | 20 |) |
| | | Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. | | 20 | | - |
| Depa | tment of the Treasury | Attach to Form 990. | | Open to | | ic |
| Intern | al Revenue Service | Go to www.irs.gov/Form990 for instructions and the latest information. | | Inspe | | |
| Nam | e of the organization | | | identificatio | | nber |
| De | | THE GIVE AN HOUR NONPROFIT CORPORATION | 61- | 1493378 | 5 | |
| Ра | rt I Question | s Regarding Compensation | | | | |
| | | | | | Yes | No |
| 1a | | ate box(es) if the organization provided any of the following to or for a person listed on Form | 990, | | | |
| | | line 1a. Complete Part III to provide any relevant information regarding these items. | | | | |
| | First-class or c | — | | | | |
| | | ation and gross-up payments Health or social club dues or initiation fee | | | | |
| | | spending account | | | | |
| | | | | | | |
| b | If any of the boxes | on line 1a are checked, did the organization follow a written policy regarding payment or | | | | |
| | • | provision of all of the expenses described above? If "No," complete Part III to explain | | 1b | | |
| 2 | | n require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | | | |
| | | rs, including the CEO/Executive Director, regarding the items checked on line 1a? | | 2 | | |
| | | | | | | |
| 3 | Indicate which, if an | ny, of the following the organization used to establish the compensation of the organization's | \$ | | | |
| | CEO/Executive Dire | ector. Check all that apply. Do not check any boxes for methods used by a related organizati | on to | | | |
| | establish compensa | ation of the CEO/Executive Director, but explain in Part III. | | | | |
| | X Compensatior | | | | | |
| | | compensation consultant X Compensation survey or study | | | | |
| | X Form 990 of o | ther organizations | ommittee | | | |
| _ | | | | | | |
| 4 | | any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | | |
| - | organization or a re | | | 4. | | x |
| a L | | e payment or change-of-control payment? | | | | X |
| b | - | eive payment from a supplemental nonqualified retirement plan? | | 4 - | | X |
| С | - | eive payment from an equity-based compensation arrangement? | | 40 | | |
| | | | | | | |
| | Only section 501(c |)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | | |
| 5 | | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | on | | | |
| | contingent on the r | | | | | |
| а | - | | | 5a | | X |
| b | Any related organiz | ation? | | 5b | | X |
| | | or 5b, describe in Part III. | | | | |
| 6 | For persons listed of | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | n | | | |
| | contingent on the r | et earnings of: | | | | |
| а | The organization? | | | 6a | | X |
| b | Any related organiz | ation? | | 6b | | x |
| _ | | or 6b, describe in Part III. | | | | |
| 7 | | on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments | | | | v |
| ~ | | 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 | | | | v |
| • | | | | 8 | | X |
| 9 | | id the organization also follow the rebuttable presumption procedure described in | | 9 | | |
| ΙЦΛ | | n 53.4958-6(c)? eduction Act Notice, see the Instructions for Form 990. | | ule J (Forn | 1 0001 | 2022 |
| | | | 00110 | | | |

232111 10-18-22

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 | V-2 and/or 1099-MIS compensation | C and/or 1099-NEC | other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | 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) TRINA CLAYEUX, PH.D. (i) | 159,328. | 0. | 0. | 1,517. | 0. | 160,845. | 0. |
| CEO (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (i) | | | | | | | |
| (ii) | | | | | | | |
| (i) | | | | | | | |
| (ii) | | | | | | | |
| (i) | | | | | | | |
| (ii) | | | | | | | |
| (i) | | | | | | | |
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| (i) | | | | | | | |
| (ii) | | | | | | | |
| (i) | | | | | | | |
| (ii) | | | | | | | |
| (i) | | | | | | | |
| (ii) | | | | | | | |

Schedule J (Form 990) 2022

Part III Supplemental Information

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) 2022

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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



Department of the Treasury Internal Revenue Service Name of the organization

THE GIVE AN HOUR NONPROFIT CORPORATION

<u>1 61-1493378</u>

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 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

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.

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

RECRUITMENT, RETENTION, AND TRAINING FOR LICENSED MENTAL HEALTH

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990) 202223221110-28-22

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37

| Schedule O (Form 990) 2022 | Page 2 |
|--|---|
| Name of the organization THE GIVE AN HOUR NONPROFIT CORPORATION | Employer identification number 61-1493378 |
| PROVIDERS AS WELL AS TRAINED PEER SUPPORTERS AND WELLNESS | AMBASSADORS. |
| GAH IS POISED TO BE THE PREFERRED MENTAL HEALTH ORGANIZATI | ON FOR |
| PROVIDER VOLUNTEERISM AND GROW OUR NETWORK TO 50,000 STRON | IG BY |
| PROVIDING A SUITE OF INCENTIVES TO INCLUDE QUALITY TRAININ | IG AND |
| CONTINUING EDUCATION CREDIT OPPORTUNITIES, PROFESSIONAL AN | ID PERSONAL |
| DEVELOPMENT OPPORTUNITIES, THE CURATED DEVELOPMENT OF COUR | SES DIRECTLY |
| 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 WORKFORCE TRAUMA AN | ID TRANSITION: |
| GIVE AN HOUR PROVIDES CULTURALLY RESPONSIVE, EVIDENCE-BASE | D PROGRAMMING |
| FOR PEOPLE WHO HAVE EXPERIENCED TRAUMA RELATED TO THE WORK | IPLACE. |
| PERSONALIZED MENTAL HEALTH SERVICES WITH GIVE AN HOUR ALLE | VIATE THE |
| BURNOUT CRISIS IN ORGANIZATIONS ACROSS OUR NATION AND HELP | P IMPROVE |
| EMPLOYEE WELLBEING. | |
| | |
| MENTAL HEALTH SERVICES AND SUPPORT FOR THE RARE DISEASE CA | REGIVER |
| 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 WIT | 'H A RARE |
| DISEASE. THIS WORK HAS INVOLVED THE MAPPING OF THE CAREGIN | YER 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 THOSE AFFECTED BY

38

RARE DISEASE AND THEIR CAREGIVERS AND THEIR LOVED ONES.

EXPENSES \$ 442,623. INCLUDING GRANTS OF \$ 0. REVENUE \$ 71,865.

232212 10-28-22

| Name of the organization THE GIVE AN HOUR NONPROFIT CORPORATION | Employer identification numbe 61-1493378 |
|---|--|
| FORM 990, PART VI, SECTION B, LINE 11B: | |
| THE FEDERAL FORM 990 IS FIRST REVIEWED BY GIVE AN HOUR'S C | EO AND COO. NEXT |
| IT IS REVIEWED BY THE TREASURER OF THE EXECUTIVE BOARD. AN | Y OUESTIONS 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:

IN THE EVENT OF A POTENTIAL CONFLICT OF INTEREST AT THE EXECUTIVE BOARD LEVEL, THE CONFLICT OF INTEREST POLICY REQUIRES THE INTERESTED BOARD MEMBER TO CALL TO THE ATTENTION OF THE FULL EXECUTIVE BOARD, OR ANY 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 POLICY 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 SECRETARY 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.

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 232212 10-28-22 Schedule O (Form 990) 2022 39

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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 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.

40

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

MENTAL HEALTH CONSULTANTS:

PROGRAM SERVICE EXPENSES

MANAGEMENT AND GENERAL EXPENSES

FUNDRAISING EXPENSES

232212 10-28-22

Schedule O (Form 990) 2022

63,638.

0.

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| TOTAL EXPENSES PROGRAM CONSULTANTS: PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES FOTAL EXPENSES | 63,638. 105,038. 0. 0. |
|--|---------------------------------|
| PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES | 0. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | |
| | 0. |
| TOTAL EXPENSES | |
| | 105,038. |
| ADMINISTRATIVE CONTRACTORS: | |
| PROGRAM SERVICE EXPENSES | 6,840. |
| MANAGEMENT AND GENERAL EXPENSES | 20,589. |
| FUNDRAISING EXPENSES | 0. |
| FOTAL EXPENSES | 27,429. |
| PUBLIC RELATIONS: | |
| PROGRAM SERVICE EXPENSES | 5,000. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 100. |
| TOTAL EXPENSES | 5,100. |
| FOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A | 201,205. |

232212 10-28-22

Schedule O (Form 990) 2022 41 2022.05000 THE GIVE AN HOUR NONPROFI 192798_1