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_	Q	GN		f Organization Ex					
Forn		J U		527, or 4947(a)(1) of the Interi					ns) 201 /
		of the Treasury		nter social security numbers o					Open to Public
		nue Service	lar year, or tax year beg	www.irs.gov/Form990 for instraining JAN 1, 201			1		/ Inspection
	heck if		f organization	Jilling DAN I, ZUI	, and	a enang	MAR 31		cation number
a	neck if oplicabl	e Civanie o	Torganization				D Emplo	yer identin	cation number
Г	Addre	ss TNDY	GIVE						
	Name chang		usiness as	-			┪ ┃	81-2	029897
	Initial return			mail is not delivered to street addre	ss)	Room/suit	e E Teleph	one number	
	Final return	235	S NEVADA AVE					719-	577-4545
	termin ated	City or t	own, state or province,	country, and ZIP or foreign post	al code		G Gross red	ceipts \$	148,700.
	Amen	COTIC	RADO SPRINGS				H(a) is th	s a group re	eturn
	Application	F Name a		officer BARB VAN HOY			for s	ubordinates	? Yes X No
	pendi	235 S		COLORADO SPRIN		$\overline{}$	O H(b) Are all		
		empt status		(c) () ◀ (insert no.) L	4947(a)(1)	or 52		•	list (see instructions)
			GIVE.COM			<u> </u>	' ' '		n number 🕨
				rust Association Oth	ner 🕨	L Yea	<u>ir of formation</u>	2015 N	State of legal domicile: CO
Pa		Summary				I	an mun	01710	TM12 3 0 11D1 1
e C		-		sion or most significant activities					
Activities & Governance		Check this bo		ABILITY AND VIS					
ver				zation discontinued its operation rerning body (Part VI, line 1a)	ns or dispe	osea or mo	re man 25%	3	5
ဗိ			-	ers of the governing body (Part	\/ line 1h\			4	5
Š			_	ın calendar year 2017 (Part V, I				5	
/tie			of volunteers (estimate i		o Lu,			6	36
ctì				n Part VIII, column (C), line 12				7a	0.
٩				e from Form 990-T, line 34				7b	0.
							Prior Y	ear	Current Year
<u>e</u>	8	Contributions	and grants (Part VIII, lin	e 1h)				1,449.	148,155.
enc	9	Program serv	ice revenue (Part VIII, lin	e 2g)			2	1,000.	0.
Revenue			come (Part VIII, column	• • • • • •		L		131.	152.
_			• • • • • • • • • • • • • • • • • • • •	nes 5, 6d, 8c, 9c, 10c, and 11e)		F	4 4 6	0.	393.
		_	···.	(must equal Part VIII, column (4), line 12)		1,46	5,580.	148,700.
				: IX, column (A), lines 1-3)		-	1,3/	7,066.	0.
		•	to or for members (Part	. , , ,	hass 5 10	, <u> </u>		0. 5,292.	28,376.
Expenses			r compensation, employ fundraising fees (Part IX,	ee benefits (Part IX, column (A).	imes 5-10)	' ⊢		0.	20,370.
ben			sing expenses (Part IX, &		٦ 1	L 43.			
X I			es (Part IX, column (A), l		, 	- 	14	4,567.	38,194.
				t equal Part IX, column (A), line	(25)			7,925.	66,570.
	19	Revenue less	expenses Subtract line	18 from line 12 0 2018	ŽĬ'			2,345.	82,130.
Ses				8	Ĺ	В	Beginning of C		End of Year
sets	20	Total assets (Part X, line 16)	OGDEN, UT	1			4,720.	20,895.
Net Assets or Fund Balances		-	s (Part X, line 26)	UGULTY U			1,37	7,065.	1,110.
			fund balances Subtract	line 21 from line 20			- 6	2,345.	19,785.
	rt II	Signatur	 						
		_	_	ed this return, including accompan	-				y knowledge and belief, it is
true,	correc	ct, and complete	Declaration of preparer (o	ther than officer) is based on all info	rmation of v	vhich prepar	er has any kno		1/2 . 2
		IN X 10					>	(2/i	1/2018

Date Signature of officer D Sıgn DIRECTOR BARB VAN HOY EXECUTIVE Here Type or print name and title Date 2 PTIN Print/Type preparer's name P00595598 Paid MARC A. BOYCE, CPA self employed CPA ASSOCIATES, 81-2963136 Preparer Firm's name MARC A. BOYCE, Firm's EIN & Use Only Firm's address 5390 N ACADEMY BLVD., SUITE Phone no. (719)596-6110 COLORADO SPRINGS, CO 80918 X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

732001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2017)

		2029897	Page Z
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	TO INCREASE THE CAPACITY AS WELL AS THE LONG-TERM VIABILITY	AND	
	VISIBILITY OF PIKES PEAK REGIONAL NONPROFITS, ESPECIALLY THO		
	ARE RELATIVELY SMALL AND INNOVATIVE; THAT EMPOWER CITIZENS;		0
	NOT PARTICIPATE IN OTHER END-OF-YEAR FUNDRAISING CAMPAIGNS.	TO	
	Did the organization undertake any significant program services during the year which were not listed on the		
2		☐Yes ☐	Y No
	prior Form 990 or 990-EZ?	tes L	A) NO
	If "Yes," describe these new services on Schedule O.]
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes [X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	ed by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the t	otal expenses, an	d
	revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$) (Revenue \$)	148,1	55.)
	INDYGIVE! HAS ENABLED 180 LOCAL NONPROFITS TO RAISE MORE THE		, , ,
	MILLION THROUGH OUR PROGRAMS. NONPROFITS APPLY ANNUALLY TO		<u> </u>
		MILCIEN	113
	IN GIVE!, WITH 75 SELECTED IN 2017.		
	CAPACITY TRAINING - GIVE! PROVIDES SKILL BUILDING WORKSHOPS		
	PARTICIPATING NONPROFITS FEATURING LOCAL EXPERTS ON TOPICS I	RANGING F	ROM_
	FUNDRAISING TO USING SOCIAL MEDIA, BRANDING AND MARKETING, A	AND DONOR	
	CARE AND DEVELOPMENT.	_	
	MEDIA PROMOTION - GIVE! WORKS WITH 17 LOCAL MEDIA PARTNERS	TO PROMOT	E
	NONPROFITS BY TELLING THEIR STORIES AND RAISING AWARENESS.		
	MEDIA PITCH SUBMISSION PROCESS WITH EXPERT ADVICE ON STORYT	TUTING, I	HEN_
4b	(Code) (Expenses \$) (Revenue \$))
			
4c	(Code) (Expenses \$		<u> </u>
	/(code		
	<u> </u>		
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4 <u>e</u>	Total program service expenses ▶ 48,079.		
		Form 99	0 (2017)

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ABDO

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
2	If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
٠	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			<u> </u>
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		<u> </u>
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_ <u> </u>		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space.			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		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		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
Ť	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40.	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			٦,
	Schedule D, Parts XI and XII	12a		X
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "You " and if the organization answered "No" to line 120, then completing School via D. Bosto Vi en artismal.	401-		.
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
	Did the organization maintain an office, employees, or agents outside of the United States?	13		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		_ A
	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	שדו		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			T
	complete Schedule G, Part III	19		х
			990 (

Part IV	Checklist of	Required Schedules	(continued)
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			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease)		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and		1	
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	054		х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	25b		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		_X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	_29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		х
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
.	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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		Х
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 in Schedule O for Part VI, lines 11b and 19?			
	Note, All Form 990 filers are required to complete Schedule O	38	X	
		Form	990	(2017)

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

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

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Is the organization licensed to issue qualified health plans in more than one state?

14a Did the organization receive any payments for indoor tanning services during the tax year?

Section 501(c)(29) qualified nonprofit health insurance issuers.

organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

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7		

12b

Form 990 (2017)

12a

13a

13

INDYGIVE 81-2029897

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 in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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 in Schedule O. 5 b Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? X 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 5 X Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? 8b X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12h c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X 12c X 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 X 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in ioint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available 18 for public inspection. Indicate how you made these available. Check all that apply, Own website Another's website X Upon request Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: THE ORGANIZATION - 719-577-4545 235 S NEVADA AVE, COLORADO SPRINGS 80903

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form 990 (2017)	INDYG

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 instructions for definition of "key employees."
- 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order, individual trustees or directors, institutional trustees; officers, key employees, highest compensated employees; and former such persons

Check this box if neither the organization n	or any related	orga	nıza	tion	cor	nper	nsat	ed any current officer, o	lirector, or trustee.	
(A) (B)				(C	C)			(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one						Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)					compensation	compensation	amount of
	week					rector/trustee)		from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or d	æ			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related organizations	nstee	trus		99	ubeu		(VV-2/1099-WII3C)		and related
	below	lual tr	trona		nploy	yee	_			organizations
	line)	Individual trustee or director	Institutional trustee	Отне	Key employee	Highest compensated employee	Former			
(1) JOHN WEISS	2.00									
DIRECTOR		X				-				
(2) KRISTY MILLIGAN	2.00									
DIRECTOR		X								
(3) CARRIE SIMISON	2.00									
DIRECTOR		X				<u> </u>				
(4) DEOBRAH MAHAN	2.00	1								
DIRECTOR		X								
(5) CARRIE PERKINS	2.00									
DIRECTOR		X				ļ		,		
(6) BARB VAN HOY	40.00									
EXECUTIVE DIRECTOR				X		<u> </u>				
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rai	(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)					one h an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) stimate mount other	of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-N (W-2/1099-MISC)		compensation from the organization and related organizations		e tion ted
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				1		-		-					
	Sub-total				<u></u>				<u> </u>				
C	Total from continuation sheets to Part V Total (add lines 1b and 1c)	II, Section A											_
2	Total number of individuals (including but compensation from the organization	not limited to th	ose	liste	ed a	bov	e) wl	no r	eceived more than \$100	0,000 of reportable	· · · · · · · · · · · · · · · · · · ·		
				<u> </u>					hydhoet compensated a	maleyee on		Yes	No
3	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for	such individual									3	<u> </u>	х
4	For any individual listed on line 1a, is the sand related organizations greater than \$15	50,000? If "Yes,	" cc	mple	ete :	Sch	edul	e J i	for such individual		4		x
5 —_	Did any person listed on line 1a receive or rendered to the organization? If "Yes," cor							relat 	ted organization or indiv	idual for services	5_		X
	ction B. Independent Contractors Complete this table for your five highest or	ompensated in	dep	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of comp	ensation	from	
	the organization Report compensation for (A)	r the calendar y	ear	endı	ng v	with	or w	<u>rithir</u>	n the organization's tax (B)	year		(C)	
	Name and busines	s address	N	ON	<u> </u>				Description of	services	Comp		on
													
				••				-		-			
									-				
								-			-		
	Total number of independent contractors	(including but r	ot l	ımıte	d to	the	se li	stec	d above) who received r	nore than	<u>.</u>		
	\$100,000 of compensation from the organ											-000	

Form 990 (2017) INDYGIVE
Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any line	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts s	1 a	Federated campaigns	1a					
ira ou	b	Membership dues	1b					
Đ, Đ	c	Fundraising events	1c					`
ä ji	d	Related organizations	1d		,			
S,E	e	Government grants (contributi	 			,		j
Ë	f	All other contributions, gifts, grant						
the the		similar amounts not included above		148,155.				ļ
들임	g	Noncash contributions included in lines		10,161.				
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f			148,155.			
				Business Code				
Program Service Revenue	2 a	-						
e S	b							
n S	С			ļ				
Pa Pe	d			ļ		<u>.</u> .		
or	е							
-		All other program service reve	nue	L				
\rightarrow		Total. Add lines 2a-2f						
	3	Investment income (including	dividends, intere	est, and	150			150
		other similar amounts)		. 🔁	152.		·	152.
	4	Income from investment of tax	k-exempt bond p	roceeds				
	5	Royalties	0.5	() D		-		
ŀ	٥.	Overe vente	(i) Real	(II) Personal				
	6 a	Gross rents		 				
	b	•						
	C	` '		<u> </u>				
		Net rental income or (loss) Gross amount from sales of	(i) Securities	(II) Other				
ļ	/ a	assets other than inventory	(i) Securities	(ii) Other				
	h	Less: cost or other basis		-				
		and sales expenses		!				
	_	Gain or (loss)						
		Net gain or (loss)		.				
		Gross income from fundraising	a events (not					
nue	•	including \$	of					
e e		contributions reported on line	1c). See					
E		Part IV, line 18	a					
Other Reven	b	Less direct expenses	b					
0		Net income or (loss) from fund	raising events	•				
		Gross income from gaming ac	-				<u> </u>	
		Part IV, line 19	а					
	b	Less direct expenses	b					
	С	Net income or (loss) from gam	ing activities					
	10 a	Gross sales of inventory, less	returns]				
		and allowances	а			}		
		Less. cost of goods sold	b					
ļ	c	Net income or (loss) from sale		_				
ļ		Miscellaneous Revenu	e	Business Code				
	11 a	MISC INCOME		999999	393.	393.		
	b					 	· · · · · · · · · · · · · · · · · · ·	
	С			<u> </u>				
	-	All other revenue			202			
		Total. Add lines 11a-11d		P	393. 148,700.			150
	<u> 12</u>	Total revenue. See instructions.			<u> 140,/UU.</u>		0	. 152.

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 (B) Program service (C) Management and (A) Total expenses Do not include amounts reported on lines 6b. 7b, 8b, 9b, and 10b of Part VIII. **expenses** general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 14,112. 13,759. 353 trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 13,551. 570 14,264. 143. Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 10 Payroll taxes Fees for services (non-employees) Management Legal 6,047. 6,047.Accounting Lobbying Professional fundraising services, See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 3,495. 3,495. Advertising and promotion 12 400. 400. 13 Office expenses Information technology 14 15 Royalties 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 10,901. a CREDIT CARD PROCESSING 10,901. EVENT - INKIND DONATION 7,461. 7,461. 5,513. 5,513. c WEB DESIGN 1,850. 1,850. d PRODUCTION COSTS 2,527. 2,050. 477 All other expenses 66,570. 48,079. 18,348. 143. Total functional expenses Add lines 1 through 24e 25 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 _____ if following SOP 98-2 (ASC 958-720)

Paid-in or capital surplus, or land, building, or equipment fund

Total net assets or fund balances

Total liabilities and net assets/fund balances

Retained earnings, endowment, accumulated income, or other funds

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year 56,860. 15,426. Cash - non-interest-bearing 1 0. 1,257,860. Savings and temporary cash investments 2 2 5,469. 3 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 7 Notes and loans receivable, net Inventories for sale or use 8 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 10c b Less accumulated depreciation 11 11 Investments - publicly traded securities 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 15 Other assets See Part IV, line 11 20,895. 1,314,720. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 17 17 Accounts payable and accrued expenses 1,377,065. 0. 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, 22 Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of <u>1,110.</u> Schedule D 25 1,377,065. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 27 Unrestricted net assets 28 Temporarily restricted net assets 28 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 0. 0. 31

> 20,895. Form **990** (2017)

19,785.

19,785.

-62,345.

-62,345.

314,720.

33

31

32

33

orm	990 (2017) INDYGIVE	<u>81-202</u>	<u>9897 </u>	Page 12
Pa	t 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		700.
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>,570.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	82	2,130.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-62	2,345.
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 in Schedule O)	9		0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	19	785.
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			Ī
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.		
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 reviewe	d on a		
	separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis		1 1	
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,		İ
	consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audıt,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle Audıt		
	Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ııred audıt		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			Form	990 (2017

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Employer identification number

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

Open to Public Inspection

OMB No. 1545-0047

INDYGIVE 81-2029897 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii), (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part il) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) R An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions)) **Total**

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	ınclude any "unusual grants ")				1,322,283.	148,155.	1,470,438,
2	Tax revenues levied for the organ-						
	ızatıon'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					i	
4	Total. Add lines 1 through 3			1	1,322,283,	148,155.	1,470,438.
	The portion of total contributions				1,022,200,		2,1.0,100,
	by each person (other than a]	
	governmental unit or publicly						
	supported organization) included					i	
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4						1.470.438.
	ction B. Total Support						1,4/0,430.
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4		X-7		1,322,283.	148,155.	1,470,438.
8	Gross income from interest,			-			<u> </u>
	dividends, payments received on						
	securities loans, rents, royalties,					-	
	and income from similar sources				131.	152.	283.
9	Net income from unrelated business						
Ĭ	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)				24,000.	393.	24,393.
11	Total support. Add lines 7 through 10				21,0001	333.	1,495,114.
	Gross receipts from related activities,	etc (see instruction	nne)	J		12	1,493,114,
	First five years. If the Form 990 is for			rd fourth or fifth ta	ax vear as a sectio		
	organization, check this box and stop	-	o mot, occorra, am	ia, ioarai, or illar te	ax year as a seeme	1001(0)(0)	ightharpoonup
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2017 (I			column (f))		14	98.35 %
	Public support percentage from 2016		<u>-</u>			15	98.21 %
	33 1/3% support test - 2017. If the d		•	on line 13, and line	14 ıs 33 1/3% or n		
	stop here. The organization qualifies	_				,	▶X
b	33 1/3% support test - 2016. If the c		•		line 15 is 33 1/3%	or more, check the	
	and stop here. The organization quali	-		•			▶□
17a	10% -facts-and-circumstances test	, ,	•		e 13, 16a, or 16b. a	and line 14 is 10% o	or more.
	and if the organization meets the "fac	_					•
	meets the "facts-and-circumstances"			·	•	t villow allo organi	▶ □
h	10% -facts-and-circumstances test	=			-	7a. and line 15 is 1	10% or
	more, and if the organization meets the	•				•	. C. J. G.
	organization meets the "facts-and-circ				•		
12	Private foundation. If the organization		•	•	•		
.0	THE TOURISHED IN THE ORGANIZATIO	II GIG HOL OHOUR A	DON OH IIIIG TO, TO	رم, الالار الالم, الالالم, الالالم, الالالم, الالالم, الالالم, الالالم, الالالم, الالالم, الالالم, الالم, الا	, or look trills box a	na see manuchons	

		.)
. р	81-202 art II If the organiz	9897 Page 3
_		<u>/</u>
_	(a) 2017	(f) Total
	(e) 2017 /	(i) Total
	<i></i>	
		_
	(e) 2017	(f) Total
1		
tio	n 501(c)(3) organiz	zation,
	<u> </u>	

Schedule A (Form 990 or 990-EZ) 2017 INDYGIVE 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 qualify under the tests listed below, please complete Part II) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6) Section B. Total Support (a) 2013 (b) 2014 (c) 2015 (d) 2016 Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in 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) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a sec check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) % 15 16 Public support percentage from 2016 Schedule A, Part III, line 15 <u>%</u> Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 % 18 Investment income percentage from 2016 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line, 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 (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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 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 in 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 in 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 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

-	-	Yes	No
		- 30	
	1		
	2		
	3a		
	3b		
	3c		
	4a		
	4b		
	,		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	_ 8		
	9a		
	9b		
	9c		
	100		
	10a		
	10b		
m 9	90 or 99	10-EZ	2017

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Sche	dule A (Form 990 or 990-EZ) 2017 INDYGIVE	81-202989	9 7 Pa	age 5
Pa	rt 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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c_	_	
<u>Sec</u>	tion B. Type I Supporting Organizations	<u>-</u>	-1	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove 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 carned out the purposes of the supported organization(s) that operated,			
<u></u>	supervised, or controlled the supporting organization.	2		<u></u>
Sec	tion C. Type II Supporting Organizations		T.,	
_	Management of the grown when be director out to the director of the director o		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	1		
000	tion b. Air Type in oupporting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	<u> </u>	res	No
	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	•	1	
_	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	ĺ	
3	By reason of the relationship described in (2), did the organization's supported organizations have a			 -
Ū	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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee in	structions).		
а	The organization satisfied the Activities Test Complete line 2 below.	, a a a a a a a a a a a a a a a a a a a		
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 government entity.	tity (see instruction	s).	
2	Activities Test. Answer (a) and (b) below.	, ,	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		1.00	
	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.	2a		
b	Did the activities described in (a) 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	1		
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	20		<u> </u>
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			ĺ
-	trustees of each of the supported organizations? Provide details in Part VI.	3a		
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.

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

1

2

3

4

5

Schedule A	/Earm	990	Or	മഹ	ーE ア\	201	17

Current Year

Section C - Distributable Amount

Enter greater of line 2 or line 3

instructions).

Income tax imposed in prior year

Enter 85% of line 1

<u>1</u>

3

5

Adjusted net income for prior year (from Section A, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

Minimum asset amount for prior year (from Section B, line 8, Column A)

ı aı	Type in Non-Functionally integrated 509	(a)(3) Supporting Orga	inizations (continuea)	
<u>Secti</u>	on D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	•	
	(provide details in Part VI) See instructions		_	
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6		·	
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI) See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			-,
<u>h</u>	Applied to 2017 distributable amount			
i_	Carryover from 2012 not applied (see instructions)			
i	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2017 from Section D,			
	line 7 [·] \$			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions		-	
7	Excess distributions carryover to 2018. Add lines 3j			
_	and 4c.			
8	Breakdown of line 7			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
е	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A	(Form 990 or 990-EZ) 2017 INDYGIVE	81-2029897 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a of Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 line 1, Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6 Also complete this part for any addition (See instructions.)	r 17b, Part III, line 12, I and 2; Part IV, Section C, V, Section B, line 1e, Part V.
_		
		——————————————————————————————————————
		
		···
		-1
 		
		-

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Employer identification number

Name of the organization

INDYGIVE 81-2029897

Par	t I Organizations Maintaining Donor Advis	sed Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV,	line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	n writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization	's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor	r advisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor	r or donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the c	organization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ation (check all that apply).	
	Preservation of land for public use (e.g., recreation of	r education) Preservation of a hist	torically important land area
	Protection of natural habitat	Preservation of a cert	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qua	alified 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	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic s	structure included in (a)	2c
d	Number of conservation easements included in (c) acquired	d after 7/25/06, and not on a historic struct	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred,	released, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation e	easement is located >	
5	Does the organization have a written policy regarding the p	periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	s it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	g, handling of violations, and enforcing con	servation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, ha	ndling of violations, and enforcing conserva	ation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) ab	ove satisfy the requirements of section 170	0(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conserva	ation easements in its revenue and expense	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiz	zation's financial statements that describes	the organization's accounting for
	conservation easements.		
Par	t III Organizations Maintaining Collections	of Art, Historical Treasures, or O	other Similar Assets.
	Complete if the organization answered "Yes" on For	m 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (A	ASC 958), not to report in its revenue stater	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public e	xhibition, education, or research in furthera	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that desc	cribes these items	
b	If the organization elected, as permitted under SFAS 116 (A	ASC 958), to report in its revenue statemen	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition,	education, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical ti	reasures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under SFAS		•
	Revenue included on Form 990, Part VIII, line 1	. •	> \$
	Assets included in Form 990, Part X		> \$

	dule D (Form 990) 2017 INDYGIV								7 Page 2
Pa	t III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures, or Oth	er Simi	ar Asse	ts(contin	ued)
3	Using the organization's acquisition, access	on, and other record	ds, chec	k any of the	following that are a	significant	use of its	collection	items
	(check all that apply)								
а	Public exhibition		d \square	Loan or exc	hange programs				
b	Scholarly research	•		Other					
C	Preservation for future generations				· · ·				
4	Provide a description of the organization's c	ollections and expla	ın how th	ney further t	he organization's ex	empt purp	ose in Par	t XIII	
5	During the year, did the organization solicit of	r receive donations	of art, h	storical trea	sures, or other simil	ar assets			
	to be sold to raise funds rather than to be m							Yes _	No_
Pa	t IV Escrow and Custodial Arran	gements. Compl	ete if the	organizatio	on answered "Yes" o	n Form 99	0, Part IV,	line 9, or	
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custod	ian or other interme	diary for	contribution	ns or other assets no	t included]		
	on Form 990, Part X?							Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table [.]					
								Amount	
c	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or cu	ustodial account liab	oility?		Yes	No
b	If "Yes," explain the arrangement in Part XIII.	. Check here if the e	xplanatio	on has been	provided on Part XI	11			
Pai	t V Endowment Funds. Complete	f the organization ai	nswered	"Yes" on Fo	orm 990, Part IV, line	10			
		(a) Current year	(b) F	rior year	(c) Two years back	(d) Three	years back	(e) Four	years back
1a	Beginning of year balance								
b	Contributions	100							
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	a)) held as:			•	
а	Board designated or quasi-endowment	-	%						
b	Permanent endowment ▶	%	_						
С	Temporarily restricted endowment ▶	 %							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%							
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	nd administered for	the organi	zation		
	by:								Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on S	chedule R?				3b	
4	Describe in Part XIII the intended uses of the		owment	funds					
Pai	t VI Land, Buildings, and Equipm	nent.							
	Complete if the organization answere	d "Yes" on Form 99	0, Part I\	/, line 11a. S	See Form 990, Part >	K, line 10			
	Description of property	(a) Cost or o	other	(b) Cost	or other (c)	Accumulat	ed	(d) Book	value
		basis (investi	ment)	basis	(other) de	epreciation	<u> </u>		
1a	Land								
b	Buildings								
C	Leasehold improvements								
d	Equipment								
е	Other								
Total	. Add lines 1a through 1e. (Column (d) must e	gual Form 990. Part	X. colun	nn (B), line 1	(Oc.)				0.

1.	(a) Description of liability	(b) Book value
(1) Federal in	come taxes	
(2) CREDI	T CARD PAYABLE	1,110.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Column (h	must equal Form 990, Part X, col. (R) line 25.)	1.110.

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Schedule [O (Form 990) 2017	INDYGIVE		81-2029897	Page 4
Part XI	Reconciliation of	f Revenue per Audited Financial	Statements With Revenu		
	Complete if the organi	zation answered "Yes" on Form 990, Part	IV, line 12a		
1 Total	revenue, gains, and oth	er support per audited financial statement	s	1	
2 Amo	unts included on line 1 b	out not on Form 990, Part VIII, line 12:			
a Netu	unrealized gains (losses)	on investments	2a		
b Dona	ated services and use of	facilities	2b		
c Reco	overies of prior year grant	ts	2c		
	er (Describe in Part XIII)		2d		
	lines 2a through 2d			2e	
	tract line 2e from line 1			3	
		90, Part VIII, line 12, but not on line 1	1 1		
	•	luded on Form 990, Part VIII, line 7b	4a		
	er (Describe in Part XIII.)		4b	 	
_	lines 4a and 4b			4c	
		<u>id 4c. (This must equal Form 990, Part I, lin</u> f Expenses per Audited Financia		5 Soo per Beturn	
Part All	_	•	<u>-</u>	ses per neturn.	
4 T-4-1		ization answered "Yes" on Form 990, Part	iv, line 12a.		
		er audited financial statements		1	-
		out not on Form 990, Part IX, line 25	0-		
-	ated services and use of	Tacilities	2a		
	year adjustments		2b		
-	er losses		2c	 	
	er (Describe in Part XIII)			 	
	lines 2a through 2d			2e	
	tract line 2e from line 1			3	
		990, Part IX, line 25, but not on line 1:	1 . 1		
	•	luded on Form 990, Part VIII, line 7b	4a		
	er (Describe in Part XIII.)		4b	 	
_	lines 4a and 4b			4c	
		and 4c. (This must equal Form 990, Part I, II	ine 18.)	5	
	II Supplemental In				
		or Part II, lines 3, 5, and 9, Part III, lines 1a		art V, line 4, Part X, line 2; Part X	l,
lines 2d an	id 4b, and Part XII, lines :	2d and 4b. Also complete this part to provi	de any additional information		

Schedule D (Form 990) 2017

732054 10-09-17

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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 990-EZ.

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

OMB No 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization

INDYGIVE

Employer identification number 81-2029897

Schedule O (Form 990 or 990-EZ) (2017)

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

Schedule O (Form 99	0 or 990-EZ) (2017)
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Page 2

Name of the organization

INDYGIVE

Employer identification number 81-2029897

OPERATING IN AND FOR OUR COMMUNITY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

WORK WITH LOCAL TV, RADIO, WEB AND PRINT MEDIA OUTLETS WHO SELECT

GROUPS TO FEATURE DURING THE LIVE CAMPAIGN NOVEMBER THROUGH DECEMBER.

MATCHING GRANTS

PARTICIPATING NONPROFITS RAISE MATCHING PLEDGES (OVER \$400,000 IN 2017)

TO CHALLENGE DONORS TO GIVE MORE DURING THE LIVE CAMPAIGN ON

INDYGIVE.COM

INDYGIVE.COM.

INDYGIVE.COM IS AN ATTRACTIVE, EASY TO USE WEBSITE THAT MAKES IT EASY

FOR ANYONE CAN LEARN ABOUT OUR NONPROFITS, FIND OUT HOW TO GET INVOLVED

WITH THEM, AND DONATE TO ANY OF THEM IN ONE SIMPLE TRANSACTION. THE

LIVE CAMPAIGN RUNS THROUGHOUT NOVEMBER AND DECEMBER. 100% OF DONATIONS

GO DIRECTLY TO THE DESIGNATED NONPROFITS (GIVE RAISES FUNDS EACH YEAR

FROM GENEROUS SPONSORS WHO COVER CAMPAIGN EXPENSES.)

REWARDS

GIVE! ENGAGES OVER 25 LOCAL BUSINESSES TO PARTICIPATE IN THE CAMPAIGN

THROUGH PROVIDING FREE GOODS AND SERVICES AS INCENTIVES AND REWARDS TO

THANK DONORS FOR GIVING.

GIVE! GUIDE

WE FEATURE ALL NONPROFITS IN THE GIVE! GUIDE, WHICH IS DISTRIBUTED TO

OVER 160,000 READERS THROUGH THE COLORADO SPRINGS INDEPENDENT, THE

BUSINESS JOURNAL, AND THE PIKES PEAK BULLETIN.

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization INDYGIVE	Employer identification number 81-2029897
YOUNG DONOR CHALLENGE	
GIVE! CATALYZES PHILANTHROPY AMONG YOUNG PEOPLE UNDER 36	THROUGH OUR
YOUNG DONOR CHALLENGE; CASH PRIZES FOR THE NONPROFITS THA	T ATTRACT THE
GREATEST NUMBER OF YOUNG DONORS. THIS PROGRAM INSPIRES IN	NOVATION AMONG
NONPROFITS AND BUILDS THE NEXT GENERATION OF DONORS FOR T	HE FUTURE.
FORM 990, PART VI, SECTION B, LINE 11B:	
THE BOARD OF DIRECTORS WILL REVIEW THE FORM 990 BEFORE IT	IS FILED WITH THE
IRS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE BOARD OF DIRECTORS DISCUSS THE CONFLICT OF INTEREST F	OLICY ON AN ANNUAL
BASIS.	
FORM 990, PART VI, SECTION B, LINE 15:	
BOARD OF DIRECTORS DETERMINES THE ANNUAL COMPENSATION FOR	KEY EMPLOYEES.
FORM 990, PART VI, SECTION C, LINE 18:	
THE ORGANIZATION WILL FURNISH A COPY OF ITS EXEMPTION APP	LICATION AND/OR
INFORMATION RETURNS (FORM 990) FOR THE LAST YEAR TO ANYON	E WHO REQUESTS BY
TELEPHONE OR IN WRITING.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION PROVIDED ITS GOVERNING DOCUMENTS AND CON	FLICT OF INTEREST
POLICY, WHICH IS AVAILABLE UPON REQUEST BY TELEPHONE OR I	N WRITING.