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Form **990** 

**Return of Organization Exempt From Income Tax** 

OMB No. 1545-0047 2019

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

	Dep	artment of the	he Treasury	▶ Do not enter social security numbers on this form as it may be ma ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	•		Open to Public Inspection	
	A			dar year, or tax year beginning January 1 , 2019, and ending	Decemb	or 31	, 20 19	
	<u>-</u>							
	В	Check if a	1	C Name of organization Minuteman Fund of Washington		D Employ	yer identification number	
	$\sqsubseteq$	Address cl	hange	Doing business as		94-3151645		
		Name cha	nge	Number and street (or P.O box if mail is not delivered to street address) Room/s	surte	E Telepho	one number	
		Initial retur	m	3521 17th Way SE			360-455-4190	
		Final return	v/terminated	City or town, state or province, country, and ZIP or foreign postal code				
		Amended	return	Olympia, WA 98501		G Gross r	eceipts \$ 18,423	
		Application	n pending	F Name and address of principal officer:	l(a) is this a gro	up return for	subordinates? 🔲 Yes 🗹 No	
				Brett Rubio, 3521 17th Way SE, Olympia, WA 98501	l(b) Are all su	bordinates included? Tyes No		
	-	Tax-exemp	ot status:	✓ 501(c)(3)	If "No," a	ttach a list	. (see instructions)	
	J	Website:	<b>&gt;</b>	ı	I(c) Group ex	emption n	umber ▶	
	ĸ	Form of org	anization:	Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation:	1991	M State o	f legal domicile. WA	
	Ρ	art I	Summai	ν				
				cribe the organization's mission or most significant activities: Minuteman F	und of Was	hington.	through its	
2021	9			Assistance Fund, awards grants to National Guard Members and their families that				
	and		inancial nee					
9	Governance			box ▶ ☐ if the organization discontinued its operations or disposed of m	ore than 2	25% of it	ts net assets	
_	Š			voting members of the governing body (Part VI, line 1a)		3	4	
ά				independent voting members of the governing body (Part VI, line 1b)		4	4	
APR	Activities &	4		er of individuals employed in calendar year 2019 (Part V, line 2a)		5	<u>.</u>	
_	¥	1				6	<del>-</del>	
$\Box$	ţ			per of volunteers (estimate if necessary)		<del></del>		
岩	⋖			ated business revenue from Part VIII, column (C), line 12		7a		
Z		<b>b</b> N	iet unrelat	ed business taxable income from Form 990-T, line 39	Prior Year	7b		
SCAMMED			4 400	Current Year				
8	e			ns and grants (Part VIII, line 1h)		4,193	18,418	
••	en.		-	ervice revenue (Part VIII, line 2g)				
	Revenue			income (Part VIII, column (A), lines 3, 4, and 7d)		6	5	
	_			nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				
		12 T	otal reven	ue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,199	18,423	
		<b>13</b> G	arants and	similar amounts paid (Part IX, column (A), lines 1-3)		18,849	500	
		14 B	lenefits pa	id to or for members (Part IX, column (A), line 4)				
	ģ	<b>15</b> S	alaries, otl	ner compensation, employee benefits (Part IX, column (A), lines 5-10)				
	E.cpenses	16a P	rofessiona	al fundraising fees (Part IX, column (A), line 11e)				
	g	ьт	otal fundra	aising expenses (Part IX, column (D), line 25) ▶ 452				
	ш			nses (Part IX, column (A), lines 11a-11d-111-24e)		2,700	1,136	
				nses. Add lines 13-17 (must equal Part IX/column (A), line 25)		21,549	1,636	
				ss expenses. Subtract line-18 from line 12	(1	1,817)	16,787	
	or ea			Begint	ning of Curre	nt Year	End of Year	
	ets	20 T	otal asset	s (Part X, line 16)		6,515	23,302	
	A88	21 T	otal liabilit	ies (Part X, line 26)				
	Net Assets or Fund Balances	22 N	let assets	or fund balances. Subtract line 2 (from line 20		6,515	23,302	
		rt II	Signatu	e Block				
				I declare that I have examined this return, including accompanying schedules and statements	and to the	best of my	knowledge and belief, it is	
				Declaration of preparer (other than officer) is based on all information of which preparer has a			•	
		1		Kan Stale	2	125/	2010	
	Sig	n 📗	Signatu	re of officer)	Date '	/ <del></del> /-		
	Hei	1 '		Hour DAWN GIBBS Board Secretary				
		- 1	Type or	print name and title				
-			<del></del>	preparer's name Preparer's signature // / Date ,		Choo!: [7]	, PTIN	
	Pai		Christine 6		21/20	Check ✓ self-emplo	U }	
	Pre	eparer	<del></del>	dhe Cound Name of Assessation	<del></del>	<u>_</u> _	45-3969549	
	Us	e Only	Firm's nam	·	Firm's		360-480-9067	
	N /	the IDC		ress > 6015 Marantha Ln SW, Olympia WA 98512	Phone	no		
				nis return with the preparer shown above? (see instructions)	<del></del>	<u> </u>	Yes No	
	For	Paperwo	rk Reducti	on Act Notice, see the separate instructions. Cat No 112	282Y	711	Form <b>990</b> (2019)	

) (Revenue \$

500

Other program services (Describe on Schedule O.)

Total program service expenses ▶

including grants of \$

(Expenses \$

ABO

rarı	Checklist of nequired scriedules			
			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	<b>v</b>	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	
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		1
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		J
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		<b>4</b>
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		1
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		✓
þ	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		<b>&gt;</b>
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		1
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		<b>√</b>
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<b>√</b>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
12a	Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u> </u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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		<b>√</b>
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	·	✓
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		<b>✓</b>
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		<b>√</b>
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		<b>√</b>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		✓
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<b>√</b>
þ	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	1	<b>√</b>

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
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		1
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		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<b>✓</b>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	ļ	<b>✓</b>
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	ł <del>-</del>	1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
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		1
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		<b>y</b>
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, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		1
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		<b>✓</b>
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
04	conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		<b>-</b>
32	complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<b>V</b>
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		>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		>
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		<b>✓</b>
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	<b>✓</b>	
Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			1
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			ļ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	·	
	reportable gaming (gambling) winnings to prize winners?			(2019)
		. 5.11		,,,

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<b>✓</b>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		ļ
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
_	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a_		<b>✓</b>
þ	If "Yes," enter the name of the foreign country ▶			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	<u> </u>		<del>-</del>
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<b>√</b>
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<b>&gt;</b>
_	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		<b>√</b>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	_	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a		<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_	}	,
_	required to file Form 8282?	7c		<u> </u>
	If "Yes," indicate the number of Forms 8282 filed during the year			<del>_</del>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		<del>-</del>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
		711		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	J	j	
11	Section 501(c)(12) organizations. Enter:	ľ	1	
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	ĺ	1	
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	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.			
	Enter the amount of reserves the organization is required to maintain by the states in which	- 1	- 1	
	the organization is licensed to issue qualified health plans	}	- 1	
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u>√</u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		1	_
	excess parachute payment(s) during the year?	15		<b>✓</b>
	If "Yes," see instructions and file Form 4720, Schedule N.	.	.	<u> </u>
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		<u>√</u>
	If "Yes," complete Form 4720, Schedule O.	ĺ		

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 the response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change				
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>			. 🗸
<u>Sect</u>	ion A. Governing Body and Management				
		. ا ما	. —	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a '	*		ŀ
	If there are material differences in voting rights among members of the governing body, or			1	ŀ
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain on Schedule O.	4.	.	1	1
b	Enter the number of voting members included on line 1a, above, who are independent	[ 1b ] 4	<b>!</b>	1	Ì
2	Did any officer, director, trustee, or key employee have a family relationship or a business any other officer, director, trustee, or key employee?	relationship with	2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, trustees, or key employees to a management company or o		3		1
4	Did the organization make any significant changes to its governing documents since the prior For		4		1
5	Did the organization become aware during the year of a significant diversion of the organization		5		1
6	Did the organization have members or stockholders?		6		1
7a	Did the organization have members, stockholders, or other persons who had the power to	elect or appoint			
	one or more members of the governing body?		7a		✓
b	Are any governance decisions of the organization reserved to (or subject to approva stockholders, or persons other than the governing body?	by) members,	7b		1
8	Did the organization contemporaneously document the meetings held or written actions un	dertaken during			
_	the year by the following:				
a b	The governing body?		8a 8b	1	<del></del> -
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be supported in the governing body?	t be reached at	OD	. •	
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule	<u>)</u>	9		_ <u>√</u>
Secti	on B. Policies (This Section B requests information about policies not required by the	e Internal Rever	ue C		
4.				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		<b>✓</b>
b	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exemple.	pt purposes?	10b	,	·
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	ore filing the form?	11a	<b>\</b>	
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>&gt;</b>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	e rise to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the presented in Schedule O how this was done	oolicy? If "Yes,"	12c		
13	Did the organization have a written whistleblower policy?		13		1
14	Did the organization have a written document retention and destruction policy?		14		
15	Did the process for determining compensation of the following persons include a review a independent persons, comparability data, and contemporaneous substantiation of the deliberation				
а	The organization's CEO, Executive Director, or top management official		15a		
ь	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 simil	ar arrangement			
	with a taxable entity during the year?		16a		<b>√</b>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps to	o safeguard the			
	organization's exempt status with respect to such arrangements?		16b		
Secti	on C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶ none				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable	), 990, and 990-1	(Sect	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that  Own website Another's website Upon request Other (explain on Sc	apply.	-		•
19	Describe on Schedule O whether (and if so, how) the organization made its governing docu and financial statements available to the public during the tax year.	•	f inter	est po	olicy,
20	State the name, address, and telephone number of the person who possesses the organization	n's books and re	ords l	•	

Dawn Gibbs, 3521 17th Way SE, Olympia WA 98501

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rage	•

Form 990 (2019)

Part VII	Compensation of Officers, D	Directors, Trustee	s, Key Employees	, Highest Co	mpensated	Employees,	and
	Independent Contractors			-			

### 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 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 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. See 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. (C) Position (A) (B) (D) (E) (F) (do not check more than one Name and title Average Reportable Reportable Estimated amount box, unless person is both an hours compensation compensation of other officer and a director/trustee) compensation per week from the from related Individual Institutional trustee employee (list any Highest compensated organization organizations from the (W-2/1099-MISC) (W-2/1099-MISC) organization and hours for employee related related organizations ganization trustee below dotted line (1) Brett Rubio 3 President n n n (2) Sherri Moran 2 Vice-President 0 0 0 (3) Angela Sutter Treasurer 0 0 (4) Dawn Gibbs Secretary 0 0 (5) (6)(7) (8) (9) (10)(11)(12)(13)(14)

Par	t VII Section A. Officers, Directors,	Trustees,	Key	Em	plo	yee	s, ar	id t	lighest Compe	nsated Emp	oloy	ees (	conti	inuea
					•	C)								
·	(A) (B) Name and title Avera hour		box, office	Position (do not check more that box, unless person is bo officer and a director/tru				h an	(D) Reportable compensation	(E) Reportable compensation	$, \mid$		f othe	7
		per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS	C)	fr	pensa om the ization organi	e n and
(15)										<del></del>	_			
(16)										<del>-</del>	+		-	
(17)										<del></del>				
(18)										· · · · · · · · · · · · · · · · · · ·	1			_
(19)								 	<u></u>		†			
(20)										<del>-</del>	+			
(21)										<u> </u>	$\dagger$			
(22)											$\uparrow$			
(23)											+			
(24)											$\uparrow$			
(25)											$\dagger$			
1b	Subtotal				I	 		<b>•</b>			╁			-
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)			•	-		-		0		0			0
2	Total number of individuals (including but reportable compensation from the organization	not limited		ose	list	ed a	above	e) wh		than \$100,0	ㅗ	of	-	
												_	Yes	No
3	Did the organization list any <b>former</b> of employee on line 1a? <i>If "Yes," complete</i> 5	Schedule J	for su	ch i	indi	vidu	ial .	· .	·			3		<b>√</b>
4	For any individual listed on line 1a, is the organization and related organizations													
5	individual											4		
Secti	for services rendered to the organization? on B. Independent Contractors	it Yes," c	ompie	ere s	SCN	eau	ie J re	or s	ucn person .	<u></u>		5		✓
1	Complete this table for your five high compensation from the organization. Repo													
	(A)  Name and business addr	·	<u>sation</u>	101	1110	Cuit		yee	(B) Description of servi			(C)		yeur.
	. Table 410 Date 100 But 100 B					_								
	<del></del>								<del></del>					
2	Total number of independent contractor received more than \$100,000 of compensations.							tho	ose listed above	) who				

Par	t VIII	Statement of Revenue		and the state of the			<u>,                                    </u>
``		Check if Schedule O contains a resp	oonse or note to an	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
10 10	10	Federated campaigns	10			<u> </u>	sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b		1a  1b				
	C		1c .				İ
Ţŝ,	d		ld .				
賣賣	е		1e				
utions, er Sim	f	All other contributions, gifts, grants,					
			1f 18,418				
들	g	Noncash contributions included in					
a di			lg \$				
0 8	<u>h</u>	Total. Add lines 1a-1f	▶	18,418			
•			Business Code			=,	
Program Service Revenue	2a					•	
le le	b						
gram Ser Revenue	C						
Re Ja	d						
<u>§</u> _	e	All other program popular revenue					
Δ.	g	All other program service revenue . <b>Total.</b> Add lines 2a–2f					
	3	Investment income (including divide			- <del></del>	·	
				5			5
	4	Income from investment of tax-exempt	<u></u>				
	5	Royalties	. 1				
		(i) Real	(ii) Personal				
	6a	Gross rents 6a			ļ		
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
•	d	Net rental income or (loss)	▶				
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets	ľ				
		other than inventory 7a					
Revenue	b	Less: cost or other basis	,				
Ver		and sales expenses . 7b  Gain or (loss) 7c	<del></del>				
Re	d	Net gain or (loss)		<del>-</del>			
her		Gross income from fundraising					
Other	O.	events (not including \$	1				
		of contributions reported on line					
		1c). See Part IV, line 18 8	a	}			1
j	b	Less: direct expenses 8	b				
	С	Net income or (loss) from fundraising e	events ►		-,	<u> </u>	
Ì	9a	Gross income from gaming	] ]				J
		· · · · · · · · · · · · · · · · · · ·	a				
		•	<u>b</u>				
		Net income or (loss) from gaming activ	nties <b>&gt;</b>				
	10a	Gross sales of inventory, less returns and allowances 10	_				
	b	returns and allowances 10 Less: cost of goods sold 10	<del></del>				
- 1		Net income or (loss) from sales of invei				<del></del>	
<u>,                                    </u>		The state of the s	Business Code			· · · · · · · · · · · · · · · · · · ·	
اه و	11a						
Miscellaneous Revenue	b						
ĕ 8	С						
ဦး 🥳	d	All other revenue					
≥	е	Total. Add lines 11a-11d	>				
	12	Total revenue. See instructions	🕨	18,423			, 5

	t IX Statement of Functional Expenses				Page 10
	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns All	other organizations	must complete coli	Imp (A)
26CIV	Check if Schedule O contains a response				
Do no	ot include amounts reported on lines 6b, 7b,	' (A)	(B)	(C)	· · · · · · · · · · · · · · · · · · ·
	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	500	500		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salanes and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
C	Accounting	300		300	· · · · · · · · · · · · · · · · · · ·
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	452			452
13	Office expenses	241		241	
14	Information technology	143		143	
15	Royalties				
16	Occupancy				
17	Travel			•	
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	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24c. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а					
b					
C					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,636	500	684	452
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 ▶ ☐ if				
	following SOP 98-2 (ASC 958-720)				

···· 500 (20)	•,	í		
Part X	Balance Sheet			

1;

		Check if Schedule O contains a response or note to any line in this Pai		<del></del>	
			(A) Beginning of year		<b>(B)</b> End of year
_	1	Cash—non-interest-bearing	6,510	1	42
Assets	2	Savings and temporary cash investments	5	2	5,860
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%		ll_	
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D   10a			
	ь	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11_	
	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	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	6,515	16	23,302
	17	Accounts payable and accrued expenses		17	
	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	
es	22	Loans and other payables to any current or former officer, director,			ļ
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%		_	
ap		controlled entity or family member of any of these persons		22	
j	23	Secured mortgages and notes payable to unrelated third parties	_ <u>-</u>	23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X		1	
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
es		Organizations that follow FASB ASC 958, check here ▶ □			4
돑		and complete lines 27, 28, 32, and 33.	0.545	_	
3a	27	Net assets without donor restrictions	6,515		23,302
9	28	Net assets with donor restrictions		28	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
5	29	Capital stock or trust principal, or current funds		29	
ş	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
اٍکٍ	32	Total net assets or fund balances	6,515	32	23,302
2	33	Total liabilities and net assets/fund balances		33	23,302
		Total manufacture for accordance to the control to	-,- (-)		Form <b>990</b> (2019)

Form 9	90 (2019)				Pa	age <b>12</b>	
Par	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			1	18,423	
2	Total expenses (must equal Part IX, column (A), line 25)				1,636		
3	Revenue less expenses. Subtract line 2 from line 1				16,787		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))					6,515	
5	Net unrealized gains (losses) on investments						
6	Donated services and use of facilities	6				_	
7	Investment expenses	7					
8	Prior period adjustments	8			_		
9	ner changes in net assets or fund balances (explain on Schedule O)						
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	Ì					
	33, column (B))	10			2	23,302	
Par	XII Financial Statements and Reporting					_	
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>	· <u>·</u>			
			_		Yes	No	
1	Accounting method used to prepare the Form 990:  Cash Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplaın	in			1 1	
	Schedule O.		.			<u> </u>	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		<b>1</b>	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					i 1	
	reviewed on a separate basis, consolidated basis, or both:						
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					لــــا	
Ь	γ					<b>✓</b>	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a						
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis		.  -		<u> </u>	لـــــا	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				_		į	
	the audit, review, or compilation of its financial statements and selection of an independent accounta			2c			
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	on			. (	
_	Schedule O.		.  -				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in t		.	ļ	,	
_	Single Audit Act and OMB Circular A-133?		·  -	3a		<b>√</b>	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo 1	ine	зь			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	uans	·		000		
				Forn	990	(2019)	

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** Name of the organization Minuteman Fund of Washington 94-3151645 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 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 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% 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). 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 b 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) d 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (iv) Is the organization (v) Amount of monetary (iii) Type of organization (vi) Amount of (i) Name of supported organization (ii) EiN (described on lines 1-10 listed in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

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.)

Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sect	ion A. Public Support						
Caler	idar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	34,958	15,071	9,748	4,193	18,418	82,388
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			5,7 70			
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	34,958	15,071	9,748	4,193	18,418	82,388
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
_	shown on line 11, column (f)	-					17,704
6 Soot	Public support. Subtract line 5 from line 4 on B. Total Support			I			64,684
	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	34,958	15,071	9,748	4,193	18,418	82,388
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	18	17	14	6	5	60
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						82,448
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the						
	organization, check this box and stop her					<u> </u>	🕨 📋
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2019 (line 6					14	78 45 %
15	Public support percentage from 2018 Sch					15	91 71 %
16a	331/3% support test—2019. If the organization qual			·			<b>-</b> -
b	331/3% support test—2018. If the organization this box and stop here. The organization of	zation did not c	heck a box or	n line 13 or 16a	a, and line 15 i	s 331/3% or mo	ore, check
17a	10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization or Explain in Part VI how the organization or supported organization	tion meets the neets the	facts-and-cs-and-cs-and-circums	rcumstances" stances" test T	test, check to the organization of the control of t	his box and son qualifies as	top here. a publicly .. ► □
18	<b>Private foundation.</b> If the organization did instructions						

### SCHEDULE O (Form 990 or 990-EZ)

# 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization	Employer identification number
Minuteman Foundation of Washington	94-3151645
Part VI, Line 11b	
A copy of the Form 990 is provided to the Board of Directors. The Secretary signifies Board approval by signing t	he 990
71 dopy of the 1 difficulty of provided to the decision. The decision of difficulty organized depends or difficulty organized	
Part VI, Line 19	
Part VI, Line 19	
The organization's governing documents and financial statements are made available to the public upon request.	
The organizations governing documents and internet statements are made available to the passe upon request.	
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<del></del> ,	
***************************************	
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	•