Form **990**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Α	For	the 2	2019 calendar y	ear, or tax year begins	ning		, 2019, and	ending		, 20		
В	Chec	ck if ap	plicable:	C Name of organizationGR(OW IT FORWARD INC				D Empl	oyer identification number		
	Addre	ess ch	ange	Doing business as						47-1931867		
		ie chan	-	Number and street (or P.C), box if mail is not delivered to street a	ddress)	Ro	oom/suite	E Telep	none number		
		ıl return	-	1501 MARSHALL S						(920) 645-9467		
Ħ			/terminated		ince, country, and ZIP or foreign postal	code			G Gross	s receipts		
H				MANITOWOC, WI 5					s	339,219		
H		nded re		F Name and address of prin				H(a) leth	_	for subordinates? Yes X No		
Ш	Appli	ication	pending	P Name and address or prin	cipai onicer.				all subordinate			
_	0.000		(v)			□ 507						
<u> </u>	1200000	and the landstate of	t status: X 501) ◀ (insert no.) 4947(a)(1)	or 527		DOMES SO		st. (see instructions)		
J		site: 1		ROW-IT-FORWARD.					roup exemption			
-			ganization: X Cor	poration Trust Asso	ciation Other	L Ye	ar of formation:	2014	M State of leg	al domicile: WI		
Pá	art I		Summary									
					on or most significant activities					T LOCAL FOOD		
Φ					UNITY GARDENS, SHARE							
Governance		15	INCREASE AC	CCESS AND AVAIL	ABILITY OF LOCAL FO	OD, REDUCE	GAPS IN	THE LOC	AL FOOD	SUPPLY CHAIN AND		
Ë			CREATE JOBS									
ŏ					discontinued its operations or							
<u>ن</u> مح		3	Number of votin	g members of the gover	ning body (Part VI, line 1a)				3			
S		4 1	Number of indep	endent voting members	of the governing body (Part	VI, line 1b) 🕞	* * * * * * * *		4	7		
ij		5	Total number of	individuals employed in	calendar year 2019 (Part V, I	ine 2a) 🔒 🗼	* * * * * *		5	1		
Activities &		6	Total number of	volunteers (estimate if r	necessary)		*****	national and an	6			
⋖		7a -	Total unrelated b	ousiness revenue from F	Part VIII, column (C), line 12	* * * ****		00000 00 00 00 00 00	7a	0_		
		b i	Net unrelated bu	usiness taxable income	from Form 990-T, line 39				7b	0		
								Prior Y	'ear	Current Year		
		8 (Contributions an	d grants (Part VIII, line	1h)		[80,023	265,718		
ē					2g)				23,885	18,544		
eu.			•	•), lines 3, 4, and 7d)		the same and the s		1	105		
Revenue				•	es 5, 6d, 8c, 9c, 10c, and 11e)					12		
_	- 10		,	, , , , , , , , , , , , , , , , , , , ,	must equal Part VIII, column (/				L03,909	284,379		
-	\rightarrow				X, column (A), lines 1-3)					0		
					(, column (A), line 4)					0		
			•		benefits (Part IX, column (A),		14			43,677		
es				• • •	olumn (A), line 11e)		0.00			0		
Expenses	'			expenses (Part IX, col		5	- 1					
Š			-		es 11a-11d, 11f-24e)				110,088	100,860		
ш	- 1		•	•	equal Part IX, column (A), line				110,088	144,537		
	- 10		•	•	•				(6,179)			
-	_	19	Revenue less ex	cpenses. Subtract line	8 from line 12	3		Beginning of (End of Year		
Net Assets or	و	••	T 1.1 /D.	- L. W. 15 4-0\			-	beginning or t	35,121	181,149		
sset			•	. ,			NO 14 A A		33,121	6,186		
et A	P 2						2000 1 2 2 3	_	25 121			
_					ine 21 from line 20				35,121	174,963		
	art I		Signature		n, including accompanying schedules	and statements, and	d to the best of r	my knowledge an	d haliaf it is			
true	der pe e, corr	enalties rect, ar	s of perjury, I declare nd complete. Declarat	that I have examined this retur tion of preparer (other than offic	cer) is based on all information of which	n preparer has any	knowledge.	ily knowledge all	d belief, it is			
		- 1										
Qi,			AMBER I						Da	to .		
Si	_		Signature of						50			
He	re			DAUGS, CEO								
_			4	name and title	Mariesto sapretario	l s	U201			PTIN		
_			Print/Type prepare		Preparer's signature	Da			eck if			
Pa			KATIE JAN	SEN	KATIE JANSEN	11	-02-2020		lf-employed	P00910693		
	-	arer	Firm's name	LAKESHOR	E ACCOUNTING INC			Firm's EIN	>			
Us	e C	Only	Firm's address	115 E WA	LDO BLVD			Phone no.				
_			1		C WI 54220				920-	684-6940		
Ma	y the	e IRS	discuss this retu	um with the preparer sh	own above? (see instructions)		599900 (K. 196. 196. 1			X Yes 📙 No		

Pai	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
•	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
4		4		x
	election in effect during the tax year? If "Yes," complete Schedule C, Part II			<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	5		x
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	-5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	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 donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.		21	
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	The state of the s			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	and the state of t			
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
	The state of the s			
d	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	х	
		110	- 21	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f		x
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X			A
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a		x
	Schedule D, Parts XI and XII	IZa		
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	406		
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	_	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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		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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		x
20 a	The state of the s	20a		x
20 a	20 m 10 m	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	demostic reversiment on Part IV column (A) line 12 if "Vae " complete Schedule I. Parts I and II	21		x

Form 990 (2019) GROW IT FORWARD INC

Part IV Checklist of Required Schedules (continued)

Pal	TIV Checklist of Required Schedules (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	_	Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part L	25b		_x_
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		_X_
28	Was the organization a party to a business transaction with one of the following parties (see 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	200		v
	"Yes," complete Schedule L, Part IV	28a 28b		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	28c		х
	"Yes," complete Schedule L, Part IV	29		X
29		20		- 21
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
21	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
31 32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
32	complete Schedule N, Part IL	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part L	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
04	or IV, and Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
-	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
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		х
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	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	41 40 40		
	P		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and		- =-	
	reportable gaming (gambling) winnings to prize winners?	1c	X	

Form 990 (2019) GROW IT FORWARD INC 47-1931867 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?..... 2b Х Did the organization have unrelated business gross income of \$1,000 or more during the year?..... 3a Х За 3b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, 4a a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a Х If "Yes," enter the name of the foreign country h See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Х 5a 5b Х b 5c С Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a Х organization solicit any contributions that were not tax deductible as charitable contributions? 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or b 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a X 7b b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was C 7c Х required to file Form 8282?.................. d 7e Х e 7f X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?....... If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?..... 7g Х g 7h х Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 8 sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. 9 9a а Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9Ь b Section 501(c)(7) organizations. Enter: 10 а Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: 11 а Gross income from other sources (Do not net amounts due or paid to other sources Ь Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a h If "Yes." enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? 13a а 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 13b

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

If "Yes," see instructions and file Form 4720, Schedule N.

If "Yes," complete Form 4720, Schedule O.

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

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 14b

15

16

Х

Х

X

16

C

b 15

14a

Part VI

GROW IT FORWARD INC

47-1931867 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

Sec	tion A. Governing Body and Management			
	W W		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7		6	m n
	If there are material differences in voting rights among members of the governing body, or			11.1
	if the governing body delegated broad authority to an executive committee or similar			- 1
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	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?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		<u> </u>
Sec	tion 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		Х
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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	-	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40.		
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	150		v
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
10-	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	16a		v
	with a taxable entity during the year?	IUa		X
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	16b		x
200	organization's exempt status with respect to such arrangements?	100		Λ
	List the states with which a copy of this Form 990 is required to be filed Wisconsin			
17	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
18				
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X			
10				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
20	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			

- 1	Pa	1		_
- 3	-2	а	Ω.	-

1 01111 330 (20	GROW II FORWARD INC				70201	
Part VII	Compensation of Officers, Directors, Trustees	s, Key Employees	, Highest	t Compensated	I Employee	∍s, 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 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.

Companies Comp	Check this box if neither the organization nor any relat	ted organizat	ion co	mpen	sate	ed a	ny curr	ent	officer, director, or	trustee.	
(a) (b) (b) (c) (c)					(C)					
Name and title	(A)	(B)	((D)	(E)	(F)
Note in the content of the content	Name and title	hours per week	box, unless person is both an						compensation from the	compensation from related	compensation
DIRECTOR X		hours for related organizations below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organization and related organizations
STATESTAND STA		5.00							0	0	0
DIRECTOR	(0)	5.00							Ÿ.		
(3) AUTUMN LINSMEIER									0	o	0
DIRECTOR		5.00							===		
DIRECTOR			х						0	0	0
(5) AMBER DAUGS	(4) PATRICK NEUENFELDT	5.00									
CEO & FOUNDER X 40,324 0 (6) RYAN OTOOLE 10.00 X 0 0 PRESIDENT X 0 0 (7) ELI STEIMLE 5.00 X 0 0 (8) X 0 0 (9) (10) (11) (12) (13)	DIRECTOR		х						0	0	0
(6) RYAN OTOOLE 10.00 X 0 0 0 (7) ELI STEIMLE 5.00 X 0 0 (8) (9) (10) (12) (13)	[주] 등 [하] 등 등 등 등 등 등 (경기 기기 기	40.00			x				40,324	0	0
(7) ELI STEIMLE 5.00 X 0 0 (8) (9) (10) (12) (13)	· 프로젝트 프로젝트 프로프트 프로프트 ITN (G. TH WARE THE TOTAL STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF T	10.00			x				0	0	0
(9) (10) (12) (13)	(7) ELI STEIMLE	5.00							0	0	0
(10) (11) (12) (13)											
(11) (12) (13)	(9)										
(12)	(10)										
(13)	(11)										
	(12)										
(14)	(13)										
19	(14)										

Part	VII Section A. Officers, Directors, Trustee (A) Name and title	(B) Average hours per week	(do r box,	not che unles	Pos eck me ss pers	c) ition ore the	an one both an		(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	con	(F) ated amou of other npensatior	
		(list any hours for related organizations below dotted line)	individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	orgar	nization an I organizat	
(15)													
(16)													
(17)													
(18)													
(19)													
(20)													
(21)		N=550											
(22)													
(23)													
(24)													
(25)													
1b c	Subtotal							- 1					
d	Total (add lines 1b and 1c)								40,324	0			0
2	Total number of individuals (including but not limit		listed a	bove	e) wh	ю ге	eceive	d mo	ore than \$100,000	of			
	reportable compensation from the organization	<u> </u>				_						Yes	No
3	Did the organization list any former officer, direct	ctor, trustee,	key er	nploy	yee,	or hi	ighest	con	npensated				
	employee on line 1a? If "Yes," complete Schedu										3		X
4	For any individual listed on line 1a, is the sum of re organization and related organizations greater th	eportable co	mpens	ation	and	othe other	er com	npen adu	sation from the				
	individual										4		x
5	Did any person listed on line 1a receive or accrue	compensation	on from	any	unr	elate	ed org	aniz	ation or individual				
	for services rendered to the organization? If "Ye.	s," complete	Sched	lule .	J for	suci	h pers	on	u o o recessi a	2 2 2 ESESSI 3 A	5		<u>x</u>
	on B. Independent Contractors Complete this table for your five highest compensa	atod indonon	dent co	ntra	ctore	that	t racai	ved	more than \$100.00	00 of			
1	compensation from the organization. Report comp	pensation for	the ca	lenda	ar ve	are	nding	with	or within the orga	nization's tax year.			
	(A)								(B)		(C)		
	Name and business addre	ss			_	_			Description of servi	ces	Compens	ation	_
====								_					
2	Total number of independent contractors (including received more than \$100,000 of compensation for					iea a	aDOVE	, w∩	O .				

Part	VIII	Check if Schedule O			e or n	note to any line in this	s Part VIII			
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns .			1a					
on co	b	Membership dues	1b							
Contributions, Gifts, Grants and Other Similar Amounts	С	d Related organizations 1d				74,749				
Q E	d									
ifts ar A	е	Government grants (conti	ributio	ons)	1e					
s, G mik	f	All other contributions, gif	fts, gr	ants,			100			
ri Si		and similar amounts not i	_		1f	190,969				
ibe	g	Noncash contributions inc	clude	d in						
a di	"	lines 1a-1f			1g	s		100 2		
οğ	h	Total. Add lines 1a-1f			-		265,718			
-						Business Code				
	2a	COMMUNITY GARDENS	3			110000	2,945	2,945		
Program Service Revenue		COMMUNITY KITCHEN				624200	2,335	2,335		
e S		FARMERS MARKET			-	445200	11,992	11,992		
Ken S		EDUCATION PROGRAM	//S			611710	450	450		
<u>Ba</u>		PRODUCT INCOME				445200	822	822		
ē	W - 3	All other program service	rever							
	l I	Total. Add lines 2a-2f					18,544			
	3	Investment income (includ other similar amounts) .					105	105		
	4	Income from investment of								
	5	Royalties		•						
		noyamoo e a a a a a a a a		(i) Rea	74	(iii) Personal				
	6a	Gross rents	6a	(//						
		Less: rental expenses								
		c Rental income or (loss) 6c								
		(1) 6			(ii) Other					
	7a	Gross amount from (i) Securities		(ii) Other						
		other than inventory	7a					N. I		
<u>o</u>	b	Less: cost or other basis and sales expenses								
nua	_	Gain or (loss)	-							
Revenue		Net gain or (loss)	1	00 - 50/05/02/040 - 49	10 M 0	Wilderson and a Decision of the Control of the Cont				
		Gross income from fundra								
Other	- 50	events (not including \$	9	74,749						
		of contributions reported of	n line		→ 7			200		
		1c). See Part IV, line 18			88	54,840				
	ь	Less: direct expenses .			81					
	1	Net income or (loss) from			-					
		Gross income from gamin		aloning over						
	-	activities, See Part IV, line			98	,				
	h	Less: direct expenses .			91					
	1	Net income or (loss) from								
				ng douvidoc						
	10a	Gross sales of inventory, returns and allowances.			10	a				
	h	Less: cost of goods sold			10					
	1	Net income or (loss) from			1					
	-	THE INCOME OF (1055) HOLL	Jai 63	J. HIVGING	,	Business Code				
Ø	110	SALES TAX DISCOUR	ידיד			900099	12	12		
Miscellanous Revenue						20099		12		
llar	Ь									
sce Rev	6	All other revenue								
Ξ	1	Total. Add lines 11a-11d				-	12			
	-	Total revenue. See instru					284,379	18,661		0 (
	14	Argi icacilaci occ iligii	201101	E (10) (10) (10)	25. 25. 3	E REPORTED A ME	242/3/3			

Part IX Statement of Functional Expenses

Section 501	(c)(3) and	501(c)(4)	organizations mus	st complete al	Loolumns.	All other of	rganizations mu	st complete column	(A).
Jection Jon	tuliul allu	JUILUNA	Uluarizations mu	or complete an	i coluinno.	, III OII 101 0	a garne anono ma	or domprate corariir	

_	Check if Schedule O contains a response or note to				
Do I	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b,	9b, and 10b of Part VIII.		expenses	general expenses	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				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				/
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	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)				
7	Other salaries and wages	40,324	32,259	8,065	
8	Pension plan accruals and contributions (include			W.	
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	269	215	54	
10	Payroll taxes	3,084	2,468	616	
11	Fees for services (nonemployees):				
а	Management				
þ	Legal				
C	Accounting	620	256	364	
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.)	6,356	6,174	106	76
12	Advertising and promotion	49,715	9,059	357	40,299
13	Office expenses	5,766	4,693	1,073	
14	Information technology				
15	Royalties				
16	Occupancy	13,970	11,549	2,421	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	289	14	275	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,984	2,984		
23	Insurance	3,161	2,529	632	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	CC PROCESSING FEE	133	133		
b	SUPPLES EBT CC	2,463	2,463		
C	PRODUCT EXPENSE	15,209	744		14,465
d	BANK FEE	194	1	193	
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	144,537	75,541	14,156	54,840
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)				

27

28

29

30

31

32

35,121

35,121

174,963

174,963

47-1931867 Page 11 Form 990 (2019) GROW IT FORWARD INC Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 6,575 1 4,472 1 Cash - non-interest-bearing 20,691 2 2 3 3 4 4 Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined 6 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 7 4ssets 8 8 9 9 Land, buildings, and equipment cost or other 10a basis. Complete Part VI of Schedule D 10a 159,832 28,546 10c 155,986 Less: accumulated depreciation 10b 3,846 b 11 11 12 12 13 13 14 14 15 15 35,121 16 181,149 Total assets. Add lines 1 through 15 (must equal line 33) 16 17 17 18 18 19 19 20 20 21 21 Loans and other payables to any current or former officer, director, 22 -iabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 4,935 23 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 1,251 26 0 6,186 Organizations that follow FASB ASC 958, check here ▶ L

181,149 33 Total liabilities and net assets/fund balances 35,121 33 Form 990 (2019) EEA

.

and complete lines 27, 28, 32, and 33.

Net assets with donor restrictions

and complete lines 29 through 33.

Organizations that do not follow FASB ASC 958, check here

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

Retained earnings, endowment, accumulated income, or other funds

Net Assets or Fund Balances

27

28

30

31

32

	SOO (2013) GROW II PORWARD INC				
Pai	rt XI Reconciliation of Net Assets				100
	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		284	
2	Total expenses (must equal Part IX, column (A), line 25)	2			537
3	Revenue less expenses. Subtract line 2 from line 1	3		139	842
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		35,	,121
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		174	,963
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			4 200	
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				100
	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		-		
	reviewed on a separate basis, consolidated basis, or both:				811
	☐ Separate basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		х
-	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
•	the audit, review, or compilation of its financial statements and selection of an independent accountant?	222	2c		x
	If the organization changed either its oversight process or selection process during the tax year, explain on		100		
	Schedule O.				-
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
ou	Single Audit Act and OMB Circular A-133?		За		x
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		N 165		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

Business or activity to which this form relates

OMB No. 1545-0172

Sequence No. 179

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment

Identifying number

GRO'	W IT FORWARD INC		FORM	1 990 - 1				47-	1931867
Pa	rt I Election To Expens	e Certain Pro	perty Under Sect	ion 179					
	Note: If you have any I				plete Part I.				
1	Maximum amount (see instructions)							1	
2	Total cost of section 179 property p	laced in service ((see instructions)				, L	2	
3	Threshold cost of section 179 prop-	erty before reduct	tion in limitation (see ins	tructions)	* ******* * *		35 7	3	
4	Reduction in limitation. Subtract line	e 3 from line 2. If a	zero or less, enter -0		9(E E (F)(F)(F)(F)		(e :	4	
5	Dollar limitation for tax year. Subtra-	ct line 4 from line	1. If zero or less, enter	-0 If married	l filing				
	separately, see instructions			r weeks a			5565	5	
6	(a) Description of pr	operty	(b) Cost (business use only	y) (c) Elec	cted cost			
	1 1 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4								
7	Listed property. Enter the amount fr	om line 29		7					
8	Total elected cost of section 179 pr	operty. Add amo	unts in column (c), lines	6 and 7	1 E E E E E E		70.0	8	
9	Tentative deduction. Enter the small							9	
10	Carryover of disallowed deduction	from line 13 of yo	ur 2018 Form 4562					10	
11	Business income limitation. Enter th	ne smaller of busi	ness income (not less t	nan zero) or l	ine 5. See instr	uctions		11	
12	Section 179 expense deduction. Ac	ld lines 9 and 10,	but don't enter more that	ın line 1.1 . 🖫	. <u> </u>		(4)	12	
13	Carryover of disallowed deduction	to 2020. Add lines	s 9 and 10, less line 😢		13				
Note	: Don't use Part II or Part III below								
Pa	rt II Special Depreciatio	n Allowance	and Other Depre	ciation (D	on't include l	isted pro	perty.	See	instructions.)
14	Special depreciation allowance for								
	during the tax year. See instructions							14	
15	Property subject to section 168(f)(1) election		* ******			2.0	15	
16	Other depreciation (including ACRS	8)		\$ 4 PM 1			8 8	16	1,076
Pa	rt III MACRS Depreciation	on (Don't inc	lude listed property.	See instruct	ions.)				
			Section A					_	
17	MACRS deductions for assets plac							17	
18	If you are electing to group any ass								
							Щ	_	
	Section B - Assets F			Year Usin	g the Genera	al Depre	ciatio	n S	/stem
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Meth	od	(g) [Depreciation deduction
19a	3-year property							_	
b	5-year property Statement	#567							758
С	7-year property						_		
d	10-year property						_		
е	15-year property		1,87	5 15	MQ	SL	_		16
f	20-year property						_		
g	25-year property			25 yrs.		S/L	_		
h	Residential rental			27.5 yrs.	MM	S/L		_	
	property			27.5 yrs.	MM	S/L	_		
i	Nonresidential real	07-2019	96,52	8 39 yrs.	MM	S/l			1,134
	property				MM	S/l			Wall Wall to the
	Section C - Assets Pla	ced in Service	During 2019 Tax Y	ear Using t	he Alternati	1		on S	ystem
20a	Class life					S/l	-		
Ь	12-year			12 yrs.		S/l			
С	30-year			30 yrs.	MM	S/l			
d	40-year			40 yrs.	MM	S/I			
Pa	rt IV Summary (See instr	uctions.)				-			
21	Listed property. Enter amount from					• •	21	_	
22	Total. Add amounts from line 12, liner and on the appropriate lines of						22		2,984
23	For assets shown above and place			r the	3				

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

	iling <i>(e-file)</i> . You can electronically file Form					
	pelow with the exception of Form 8870, Inform					
Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic						
filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.						
	6-Month Extension of Time. Only subm			d).		
All corporation	ons required to file an income tax return other	than Form	990-T (including 11	20-C filers), partnerships, RE	MICs, and trusts	
	rm 7004 to request an extension of time to file					
Type or	Name of exempt organization or other filer, see ins			Taxpayer identification number (TIN)	
	GROW IT FORWARD INC			47-1931867	,	
1	Number, street, and room or suite no. If a P.O. box	see instruct		2, 1,010.		
File by the due date for		, 000 11104 401				
filing your	1501 MARSHALL ST	foreign addr	ooo ooo inatruations			
return. See	City, town or post office, state, and ZIP code. For a	ioreign addi	ess, see instructions.			
instructions	MANITOWOC, WI 54220					
Enter the Retu	m Code for the return that this application is for (file a	a separate a	oplication for each retu	m)	0 1	
Application		Return	Application		Return	
Is For		Code	Is For		Code	
Form 990 or	Form 990-EZ	01	Form 990-T (corpor	ration)	07	
Form 990-Bl		02	Form 1041-A		08	
Form 4720 (individual)	03	Form 4720 (other th	nan individual)	09	
Form 990-PI	F	04	Form 5227		10	
Form 990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069		11	
	(trust other than above)	06	Form 8870		12	
If the organIf this is for for the whole g	No ▶ 920 - 645 - 9467 ization does not have an office or place of business a Group Return, enter the organization's four digit Group, check this box ▶ □ . If it	in the United roup Exempt	d States, check this box ion Number (GEN)	If this is	▶□	
a list with the n	names and TINs of all members the extension is for.					
1 I request an automatic 6-month extension of time until 11-16 , 20 20 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ▶ X calendar year 20 19 or ▶ □ tax year beginning, 20, and ending, 20						
	cyear entered in line 1 is for less than 12 months, change in accounting period	eck reason:	☐ Initial return ☐	Final retum		
3a If this ap	plication is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, ent	er the tentative tax, less	S	barn	
any non	refundable credits. See instructions.			3a	\$	
b If this ap	b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					
estimate	ed tax payments made. Include any prior year overp	ayment allow	red as a credit.	3b	\$	
	e due. Subtract line 3b from line 3a. Include your pa			by		
	FTPS (Electronic Federal Tax Payment System). Se			3c	\$	
Caution: If vo	u are going to make an electronic funds withdrawa	I (direct debi	t) with this Form 8868,	see Form 8453-EO and Form 88	379-EO for payment	
instructions.						

IRS *e-file* Signature Authorization for an Exempt Organization

_		
	and anding	

OMB No. 1545-1878

▶ Do not send to the IRS. Keep for your records.

For calendar year 2019, or fiscal year beginning

2019

Internal Revenue Service	► Go to www.irs.gov/Form	n8879EO for the late	st information.			
Name of exempt organization				Employer identi	fication number	
GROW IT FORWARD I	NC			47-193186	67	
Name and title of officer						
AMBER DAUGS, CEO						
Part I Type of Re	eturn and Return Information (W	hole Dollars Only)			
check the box on line 1a, 2 leave line 1b, 2b, 3b, 4b, ce the applicable line below.	n for which you are using this Form 8879-EC ta, 3a, 4a, or 5a, below, and the amount on or 5b, whichever is applicable, blank (do not Do not complete more than one line in Part	that line for the return tenter -0-). But, if you I.	being filed with the entered -0- on the	nis form was bla e return, then en	nk, then nter -0- on	
1a Form 990 check here						
2a Form 990-EZ check he						
3a Form 1120-POL check	•					
4a Form 990-PF check he						
5a Form 8868 check here	▶ ☐ b Balance Due (Form 8868, line	3c)		* * * * */***	. 5b	
	n and Signature Authorization o					
are true, correct, and comporganization's electronic reto send the organization's the transmission, (b) the reauthorize the U.S. Treasung financial institution account return, and the financial institution account at 1-888-353-4537 ninvolved in the processing resolve issues related to the	nic return and accompanying schedules and lete. I further declare that the amount in Part turn. I consent to allow my intermediate serveturn to the IRS and to receive from the IR eason for any delay in processing the return and its designated Financial Agent to initial indicated in the tax preparation software for itution to debit the entry to this account. To rolater than 2 business days prior to the payof the electronic payment of taxes to receive a payment. I have selected a personal identificable, the organization's consent to electro ox only	I above is the amount ice provider, transmitte S (a) an acknowledge or refund, and (c) the te an electronic funds payment of the organizevoke a payment, I muyment (settlement) date confidential informatic fication number (PIN) a	shown on the coper, or electronic ret ment of receipt or date of any refun withdrawal (direct zation's federal tax ist contact the U.S. e. I also authorize to no necessary to an	y of the turn originator (E reason for reject d. If applicable, debit) entry to thes owed on this. Treasury Finar the financial institutes a	ERO) tion of l ne cial itutions and	
X lauthorize LAKE	SHORE ACCOUNTING INC	to enter my PIN	31867	as my signa	ture	
<u></u>	ERO firm name		Enter five numbers, bu	ut		
being filed with a s ERO to enter my F As an officer of the If I have indicated v	's tax year 2019 electronically filed return. If tate agency(ies) regulating charities as part IN on the return's disclosure consent screen organization, I will enter my PIN as my sign within this return that a copy of the return is to program, I will enter my PIN on the return's organization.	I have indicated within of the IRS Fed/State p ature on the organizativeing filed with a state	orogram, I also aut ion's tax year 2019 agency(ies) regula	thorize the afore electronically fi	ementioned iled retum.	
Manager Colored Colored	,			. 11 15 2	020	
Officer's signature Part III Certificat	ion and Authentication		Date	▶ 11-15-2	020	
	ur six-digit electronic filing identification vour five-digit self-selected PIN.		391	0062 689	94	
Harlost (El IIV) lollowed by	you mo digit con colocted i m.		33.		t enter all zeros	
indicated above. I confirm	eric entry is my PIN, which is my signature of that I am submitting this return in accordance IRS <i>e-file</i> Providers for Business Returns.	on the 2019 electronica ce with the requiremen	ally filed retum for the of Pub. 4163, I	the organization Modernized e-F	ile (MeF)	
ERO's signature			Date	► <u>11-02-2</u>	020	
	ERO Must Retain T	nıs Form - See In	structions			

LAKESHORE ACCOUNTING INC

115 E WALDO BLVD
MANITOWOC, WI 54220
timw@lakeshoreaccounting.net
Phone: (920)684-6940 | Fax: (920)684-8208

November 02, 2020

Grow It Forward Inc 1501 Marshall St Manitowoc, WI 54220

Your privacy is important to us. Please read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

- * Interviews regarding your tax situation
- * Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
- * Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, please contact us.

Sincerely,

Katie Jansen
LAKESHORE ACCOUNTING INC

SCHEDULE A

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 trus

OMB No. 1545-0047

2019

Open to Public

(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Employer identification number Name of the organization GROW IT FORWARD INC 47-1931867 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). 2 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). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 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). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 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.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 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 10 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 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. c U 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 II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (v) Amount of monetary (vi) Amount of (iii) Type of organization (iv) Is the organization (described on lines 1-10 listed in your governing support (see other support (see instructions) instructions) above (see instructions)) document? Yes No (A) (B) (C) (D) (E) Total

Part III 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.)

	ction A. Public Support		7	1			
Cal	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3		,				
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly				100	1 1 1 1	
	supported organization) included on						
	line 1 that exceeds 2% of the amount			1			
	shown on line 11, column (f)			N 15 N N			
6	Public support. Subtract line 5 from line 4						
	ction B. Total Support						
	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from						
	similar sources						
9	Net income from unrelated business						
_	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
. •	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities, etc. (s	ee instructions	3)			12	
	First five years. If the Form 990 is for the o					a section 501(c	:)(3)
	organization, check this box and stop here						
Sec	etion C. Computation of Public Suppo						
	Public support percentage for 2019 (line 6, c			column (f))		14	%
	Public support percentage from 2018 Sched					15	%
 16a	33 1/3% support test - 2019. If the organiza	ation did not ch	neck the box o	n line 13, and l	ine 14 is 33 1/	3% or more, che	eck this
	box and stop here . The organization qualifie						
h	33 1/3% support test - 2018. If the organiza	ation did not ch	neck a box on	line 13 or 16a.	and line 15 is	33 1/3% or more	e, check
_	this box and stop here. The organization qu	ialifies as a pu	blicly supporte	d organization			▶ 🔲
17a	10%-facts-and-circumstances test - 2019						
.,.	10% or more, and if the organization meets	the "facts-and	-circumstances	s" test, check t	his box and st	op here. Explai	n in
	Part VI how the organization meets the "fact	ts-and-circums	stances" test. T	he organizatio	n qualifies as	a publicly suppo	rted
	organization						▶ □
L	o 10%-facts-and-circumstances test - 2018	If the organiz	ation did not d	heck a hoy on	line 13 16a 1	6b. or 17a. and	
C	10%-racts-and-circumstances test - 2016. 15 is 10% or more, and if the organization m	note the "feet	adon did 110t Cl	ancee" teet of	eck this hov a	nd stop here	
	Explain in Part VI how the organization mee	ite the "facte o	s-anu-unuumstaa nd-circumetaa	called test, of	raanization a	ialifies as a nub	licly
40	supported organization	not abook a ba	v on line 12 1		or 17h chack t		
ığ	_						. 1
	instructions						

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support				*		
Cal	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees				1,000	174 1.7	
	received. (Do not include any "unusual grants.")				33,121	190,969	224,090
2	Gross receipts from admissions, merchandise sold or services performed, or facilities fumished 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.				70,788	93,398	164,186
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				103,909	284,367	388,276
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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)				1		388,276
Sec	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6				103,909	284,367	388,276
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources				9	105	105
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses					1	
	acquired after June 30, 1975						
С	Add lines 10a and 10b					105	105
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.)					12	12
13	Total support. (Add lines 9, 10c, 11,						
	and 12.))		103,909	284,484	388,393
14	First five years. If the Form 990 is for the o	rganization's fi	rst, second, thi	ird, fourth, or fi	fth tax year as a	section 501(c)(
_	organization, check this box and stop here						<u>▶ x</u>
Sec	ction C. Computation of Public Suppo	rt Percentag	е				
	Public support percentage for 2019 (line 8, c					15	%
	Public support percentage from 2018 Sched			E0453 F F F F		16	%
	ction D. Computation of Investment In						
	Investment income percentage for 2019 (line					17	%
18	Investment income percentage from 2018 S	chedule A, Pa	rt III, line 17			18	%
19a	33 1/3% support tests - 2019. If the organiz	zation did not d	check the box	on line 14, and	line 15 is more	than 33 1/3%, a	ind line
	17 is not more than 33 1/3%, check this box	and stop here	e. The organiza	ation qualifies	as a publicly sup	oported organiza	ation ▶ ∐
b	33 1/3% support tests - 2018. If the organiz	zation did not d	check a box on	line 14 or line	19a, and line 10	6 is more than 3	3 1/3%, and
	line 18 is not more than 33 1/3%, check this	box and stop	here. The orga	anization quali	fies as a publicly	supported orga	anization 🕨 📙
20	Private foundation. If the organization did r	not check a bo	x on line 14, 19	9a, or 19b, che	eck this box and	see instructions	<u> ▶ </u>

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	Λ	ΔII	Cun	nortino	Organi	zatione
Section	н.	AII	Sup	porting	Olyani	Zalions.

- 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.
- Did the organization have any supported organization that does not have an IRS determination of status 2 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.
- 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)
- 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?
- 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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.
- 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.
- 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.)

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Pa	t 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)		- 2	
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	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		
Sec	tion B. Type I Supporting Organizations			
_	Did the divisions twisters or membership of one or more supported organizations have the newer to		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			
		2		
	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.	- 5		
	organizations and what conditions of restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		-	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	_		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		L
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	struci	tions)).
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	. 2	125 - 3	020 2
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in		
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	V 3		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		- 22	
	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		-0	
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	i e		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? 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.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganiza	itions	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 (expla	
instructions. All other Type III non-functionally integrated supporting organi	zations	must complete Sectio	ns A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
- Adjusted Net Income		(, 4, , , , , , , , , , , , , , , , , ,	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			N .
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	11.5		
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6	T. W. 1	
7 Check here if the current year is the organization's first as a non-functionally	integra	ted Type III supporting	g organization (see
instructions).			

Sched	ule A (Form 990 or 990-EZ) 2019 GROW IT FORWARD INC		47-1931	L867 Page 7
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organiz	zations (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
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 organizati	ons	
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 respons	ive	
_	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
<u></u>	Elifo o amount dividos of mino o amount		(ii)	(iii)
5	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
	From 2016			
	From 2017			
_	From 2018			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
- i	4. 12			
=	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
7	Section D, line 7:			
9	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
	Remaining underdistributions for years prior to 2019, if			
3	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.			
_	William Control Contro			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
_	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
_	Excess from 2016			
	Excess from 2017			
d	Excess from 2018			
_	Evance from 2019			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; 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 and 2; Part IV, Section C, 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 B, line 1e; 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 additional information. (See instructions.)
	moo 2, of and of thoo complete time part for any additional information (see included in)
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Schedule B (Form 990, 990-EZ, or 990-PE)

or 990-PF)
Department of the Treasury
Internal Revenue Service

Name of the organization

GROW IT FORWARD INC

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2019

Employer identification number

47-1931867

Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule x For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

47-1931867 GROW IT FORWARD INC Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (c) (b) (a) Total contributions Type of contribution No. Name, address, and ZIP + 4 Person 1 PEACE UCC Payroll X Noncash 109,133 3613 WALDO BLVD (Complete Part II for noncash contributions.) MANITOWOC, WI 54220 (d) (c) (b) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. x Person 2__ PEACE UCC **Pavroll** Noncash 10,000 3613 WALDO BLVD (Complete Part II for noncash contributions.) MANITOWOC, WI 54220 (c) (d) (b) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person x 3 BAY CARE **Payroli** Noncash 5,000 501 N 10TH ST (Complete Part II for noncash contributions.) MANITOWOC, WI 54220 (c) (d) (b) (a) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. Person X AURORA MEDICAL CENTER 4 **Payroll** Noncash 5,000 5000 MEMORIAL DR (Complete Part II for noncash contributions.) TWO RIVERS, WI 54241 (c)
Total contributions (d) (b) (a) Type of contribution Name, address, and ZIP + 4 No. Person x SHIPBUILDERS CREDIT UNION 5 **Payroll** Noncash 5,000 2001 WASHINGTON ST (Complete Part II for noncash contributions.) MANITOWOC, WI 54220 (d) (b) (c) (a) Total contributions Type of contribution Name, address, and ZIP + 4 No. Person X 6 BANK FIRST **Payroll** Noncash 10,000 402 N 8TH STREET (Complete Part II for noncash contributions.) MANITOWOC, WI 54220

Name of organization

GROW IT FORWARD INC

Employer identification number 47-1931867

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (d) (c) (a) (b) Total contributions Type of contribution No. Name, address, and ZIP + 4 Person WEST FOUNDATION 7 П **Payroll** Noncash 40,000 915 MEMORIAL DR (Complete Part II for noncash contributions.) MANITOWOC, WI 54220 (d) (c) (b) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person Pavroll Noncash (Complete Part II for noncash contributions.) (d) (b) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 Ño. Person **Pavroll** Noncash (Complete Part II for noncash contributions.) (d) (c) (a) (b) Total contributions Type of contribution Name, address, and ZIP + 4 No. Person **Payroll** Noncash (Complete Part II for noncash contributions.) (c)
Total contributions (d) (b) (a) Type of contribution Name, address, and ZIP + 4 No. Person **Payroll** Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Total contributions Type of contribution No. Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions.)

Name of organization

GROW IT FORWARD INC

Employer identification number 47-1931867

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (c) (a) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions) COMMUNITY CENTER BUILDING 1 109,133 07-15-2019 (c) (a) No. (d) (b) FMV (or estimate) from **Date received** Description of noncash property given Part I (See instructions) (c) (a) No. (d) (b) FMV (or estimate) from Date received Description of noncash property given (See instructions) Part I \$ (a) No. (c) (d) (b) from FMV (or estimate) Date received Description of noncash property given (See instructions) Part I \$ (c) (a) No. (d) (b) FMV (or estimate) from **Date received** Description of noncash property given (See instructions) Part I (a) No. (c) (d) (b) FMV (or estimate) from Description of noncash property given **Date received** Part I (See instructions)

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

2019

Open to Public Inspection

Name	of the organization		Employer identification number
GRO	V IT FORWARD INC		47-1931867
Pai	t I Organizations Maintaining Donor Advised Fu	ınds or Other Similar Funds or Acco	ounts.
	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 w	riting that the assets held in donor advised	
	funds are the organization's property, subject to the organization	on's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor ad		
	only for charitable purposes and not for the benefit of the dono		
	conferring impermissible private benefit?		Yes No
Par			
+	Complete if the organization answered "Yes" o	n Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or edu	cation) Preservation o	of a historically important land area
	Protection of natural habitat	Preservation o	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form of a conservation	onservation
	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 structure	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired a		
			2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the org	ganization during the
	tax year ▶		
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	ndling of violations, and enforcing conserva	tion easements during the year
	•		
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conservation	easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)((4)(B)(i)
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnot	e to the organization's financial statements t	that describes the
	organization's accounting for conservation easements.		Other Other Head Assets
Pa	t III Organizations Maintaining Collections		Other Similar Assets.
	Complete if the organization answered "Yes"		
1a	If the organization elected, as permitted under FASB ASC 958		
	of art, historical treasures, or other similar assets held for publ		erance of public
	service, provide, in Part XIII the text of the footnote to its finar		
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement and bala	ance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthera	nce of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical trea		ain, provide the
	following amounts required to be reported under FASB ASC 9		
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X	* * * * * * * * * * * * * * * * * * * *	▶ \$

Pai	t III Organizations Maintaining							sets (con	tinued)
3	Using the organization's acquisition, accession	n, and other records, o	check any o	f the follo	wing that make	signific	ant use of its		
	collection items (check all that apply):								
а	Public exhibition		d 🗌	Loan c	or exchange pro	grams			
b	Scholarly research		е 🗌	Other					_
С	Preservation for future generations								
4	Provide a description of the organization's coll	ections and explain h	ow they fur	ther the o	rganization's ex	empt p	urpose in Part		
	XIII.								
5	During the year, did the organization solicit or	receive donations of a	art, historica	l treasure	es, or other simil	ar		(12mm)	_
	assets to be sold to raise funds rather than to	be maintained as par	t of the orga	anization'	s collection?	E 40 68		Yes	☐ No
Pai	t IV Escrow and Custodial Arrai								
	Complete if the organization a	answered "Yes" o	on Form 9	990, Pa	ırt IV, line 9,	or rep	orted an amoi	unt on Fo	rm
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, custodiar	or other intermediary	y for contrib	utions or	other assets no	t		_	_
	included on Form 990, Part X?					* * *		∐ Yes	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the follo	wing table:						
							Amo	ount	
С	Beginning balance	name a a a a a man				1c			
d	Additions during the year		::::::::::::::::::::::::::::::::::::::	********	******	1d			
е	Distributions during the year	#0000#00# IF IR IR IN FORM		• * * * * * * * * * * * * * * * * * * *	* * * ******	1e			
f	Ending balance				* * * * ******	1f			
2a	Did the organization include an amount on For	m 990, Part X, line 2	1, for escrov	v or custo	odial account liat	bility?		Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	lanation has	been pro	ovided on Part X	KIII .		****	Ц
Pai	rt V Endowment Funds.								
	Complete if the organization a	answered "Yes" o	on Form 9	990, Pa	rt IV, line 10			1	
		(a) Current year	(b) Prior	year	(c) Two years bad	ck (d) Three years back	(e) Four ye	ars back
1a	Beginning of year balance					-4-			
b	Contributions								
С	Net investment earnings, gains, and							1	
	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 curre		line 1g, colu	ımn (a)) h	neld as:				
а	Board designated or quasi-endowment	%							
ь		6							
C	Term endowment ►%								
	The percentages on lines 2a, 2b, and 2c should								
3a	Are there endowment funds not in the posses	sion of the organizati	on that are	held and	administered for	r the		1	aa Ma
	organization by:								es No
	(i) Officials of garmentons							3a(i)	
								3a(ii)	_
b	If "Yes" on line 3a(ii), are the related organiza					- 0		3b	
4	Describe in Part XIII the intended uses of the		vment funds	S					
Pa	rt VI Land, Buildings, and Equip	ment.	_	000 D	. a 157 15	- 0-	- F 000 F	ort V line	. 10
	Complete if the organization								
	Description of property	(a) Cost or othe	- 1		r other basis		ccumulated	(d) Book v	alue
		(investme		(6	other)	aep	preciation		
1a	Land		2,605						2,605
b	Buildings	9	6,528				1,134	9	5,394
С	Leasehold improvements		1,875				16		1,859
d	Equipment	* 4	8,824				2,696	4	6,128
е_	Other			(D)	1001		ne.	4.5	5,986
Tota	I. Add lines 1a through 1e. (Column (d) must	equal Form 990, Par	T.A. COlumn	(B), line	100.J	50 CO 10		15	7,200

	Complete ii iii Cigarii zarion	es off form 330, fait iv, line	11b. See Form 990, Part X, line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
) Financial	derivatives	C 49439434 T	
?) Closely-he	eld equity interests	e Benevice e	
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments - Program Related.		
	Complete if the organization answered "Y	es" on Form 990, Part IV, line	11c. See Form 990, Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	The second secon		
	nn (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets.	/ Down IV line	11d Coo Form 000 Part V line 1
	Complete if the organization answered "Y	es" on Form 990, Part IV, line	Tru. See Form 990, Fan A, line 13
	(a) Descrip		(b) Book value
(1)			
(2)			
227 222			
(2)			
(2) (3)			
(2) (3) (4)			
(2) (3) (4) (5)			
(2) (3) (4) (5) (6)			
(2) (3) (4) (5) (6) (7)			
(2) (3) (4) (5) (6) (7) (8) (9)		otion	
(2) (3) (4) (5) (6) (7) (8) (9)	nn (b) must equal Form 990, Part X, col. (B) line 15.). Other Liabilities.	otion	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9)	(a) Descrip	otion	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9)	nn (b) must equal Form 990, Part X, col. (B) line 15.). Other Liabilities.	otion	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	(a) Descrip on (b) must equal Form 990, Part X, col. (B) line 15.). Other Liabilities. Complete if the organization answered "Y	otion	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	nn (b) must equal Form 990, Part X, col. (B) line 15.). Other Liabilities. Complete if the organization answered "Y line 25.	res" on Form 990, Part IV, line	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column Part X) . (1) Federal	on (b) must equal Form 990, Part X, col. (B) line 15.). Other Liabilities. Complete if the organization answered "Y line 25. (a) Description of liability income taxes	res" on Form 990, Part IV, line	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column Part X) . (1) Federal (2) FEDERA	(a) Description of liability income taxes (a) Description of liability (b) must equal Form 990, Part X, col. (B) line 15.). Other Liabilities. Complete if the organization answered "Y line 25. (a) Description of liability income taxes L PAYROLL TAXES	res" on Form 990, Part IV, line	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X (1) Federal (2FEDERA (3WISCON)	on (b) must equal Form 990, Part X, col. (B) line 15.). Other Liabilities. Complete if the organization answered "Y line 25. (a) Description of liability income taxes	Yes" on Form 990, Part IV, line	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X (1) Federal (2) FEDERA (3) WISCON (4)	(a) Description of liability income taxes (a) Description of liability (b) must equal Form 990, Part X, col. (B) line 15.). Other Liabilities. Complete if the organization answered "Y line 25. (a) Description of liability income taxes L PAYROLL TAXES	Yes" on Form 990, Part IV, line	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X (1) Federal (2) FEDERA (3) WISCON (4) (5)	(a) Description of liability income taxes (a) Description of liability (b) must equal Form 990, Part X, col. (B) line 15.). Other Liabilities. Complete if the organization answered "Y line 25. (a) Description of liability income taxes L PAYROLL TAXES	Yes" on Form 990, Part IV, line	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X) 1. (1) Federal (2FEDERA (3WISCON (4) (5) (6)	(a) Description of liability income taxes (a) Description of liability (b) must equal Form 990, Part X, col. (B) line 15.). Other Liabilities. Complete if the organization answered "Y line 25. (a) Description of liability income taxes L PAYROLL TAXES	Yes" on Form 990, Part IV, line	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X (1) Federal (2FEDERA (3WISCON) (4) (5) (6) (7)	(a) Description of liability income taxes (a) Description of liability (b) must equal Form 990, Part X, col. (B) line 15.). Other Liabilities. Complete if the organization answered "Y line 25. (a) Description of liability income taxes L PAYROLL TAXES	Yes" on Form 990, Part IV, line	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X 1. (1) Federal (2) FEDERA (3) WISCON (4) (5) (6) (7) (8)	(a) Description of liability income taxes (a) Description of liability (b) must equal Form 990, Part X, col. (B) line 15.). Other Liabilities. Complete if the organization answered "Y line 25. (a) Description of liability income taxes L PAYROLL TAXES	Yes" on Form 990, Part IV, line	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Colum Part X 1. (1) Federal (2) FEDERA (3) VISCON (4) (5) (6) (7) (8) (9)	(a) Description of liability income taxes (a) Description of liability (b) must equal Form 990, Part X, col. (B) line 15.). Other Liabilities. Complete if the organization answered "Y line 25. (a) Description of liability income taxes L PAYROLL TAXES	Yes" on Form 990, Part IV, line	(b) Book value

Pa	t XI Reconciliation of Revenue per Audited Financial Stateme		r Return.
	Complete if the organization answered "Yes" on Form 990, Pa	art IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1	
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
C	The covering of prior your grants 111111111111111111111111111111111111	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe III Fart XIII.)	4b	
С	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	* \$ \$ \$ \$ \$8\$0000 \$ \$ \$ \$ \$ \$ \$	5
Pa	t XII Reconciliation of Expenses per Audited Financial Staten		per Return.
	Complete if the organization answered "Yes" on Form 990, F	Part IV, line 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	I)	
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
C		2c	
d	Culci (Bosoniso III arexitity)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1;		
а	Introduction oxportions for included and a series of the s	4a	
b	Offici (Describe in Late Ann.)	4b	
С	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	* * * * * * * * * * * * * *	5
Pa	t XIII Supplemental Information.		
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, line	es 1b and 2b; Part V, line 4; F	Part X, line
2; Pa	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional information.	
-			
-			
_			
_			
_			

Name(s) as sh	OWID OD	rohura	Federal Supporting S	statements	2019 PG01 Employer Identification Number
, ,		FORWARD INC			47-1931867
			FORM 4562 - LINE	I 19B	Statement #56
BASIS 5,457		RP 5	CV MQ	METHOD SL	DEDUCTION 409
13,959		5	MQ	SL	349
TOTAL					758

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 2019

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number

FROW IT FORWARD INC					47-19	
Part I Fundraising Activities	. Complete if	the organia	zation ans	wered "Yes" on	Form 990, Part IV,	line 17.
Form 990-EZ filers are no						
1 Indicate whether the organization rai				ties. Check all that ap	pply.	
a Mail solicitations	J			f non-government gra		
b Internet and email solicitations				f government grants		
c Phone solicitations				raising events		
d In-person solicitations		3 🗆	ороона тапта	and mg e verne		
2a Did the organization have a written of	er oral agroomont	vith any indivi	idual /includin	na officers directors	trustees	
or key employees listed in Form 990	Ded VIII) or optic	in connection	nuudi (ii loludii nuuith profoce	ng omcers, ancerers, sional fundraising ser	nices? V	es No
b If "Yes," list the 10 highest paid indivi	, rait vii) oi eiluty	undroicoro) n	umunnt to on	roomante under which	sh the fundraiser is to h	_
		ununaisers) p	uisuaii io ag	greenenb ander wind	or the farial aloof le to b	
compensated at least \$5,000 by the	organization.					
	1			Ī	(v) Amount paid to	
(i) Name and address of individual	1		ndraiser have	(iv) Gross receipts	(or retained by)	(vi) Amount paid to (or retained by)
or entity (fundraiser)	(ii) Activity		or control of outions?	from activity	fundraiser listed in	organization
		Yes	No		col. (i)	
4		163	110	1		
1						
0						
2						
3						
3						
4						
*						
5						
5						
6						
•						
7						
•						
8	-					
			1		<u></u>	
9						
3						
10						
10						
Total						
3 List all states in which the organization				tions or has been not	ified it is exempt from	111
registration or licensing.	irrio regionerea en i	10011000 10 00			,	
registration of licensing.						

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more Part II than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (c) Other events (b) Event #2 (a) Event #1 (d) Total events (add col. (a) through NIGHT MARKET NONE col. (c)) (total number) (event type) (event type) Revenue 75,168 75,168 Less: Contributions Gross income (line 1 minus 75,168 75,168 Noncash prizes Direct Expenses 14,465 14,465 40,375 Other direct expenses 40,375 54,840 Direct expense summary. Add lines 4 through 9 in column (d) Net income summary. Subtract line 10 from line 3, column (d) 20,328 Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than Part III \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant Revenue (c) Other gaming (a) Bingo col. (a) through col. (c)) bingo/progressive bingo Gross revenue Cash prizes . . . Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes No Volunteer labor Direct expense summary. Add lines 2 through 5 in column (d) Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

990 Overflow Statement Name(s) as shown on return GROW IT FORWARD INC Overflow Statement FEIN 47-1931867

OTHER PROFESSIONAL FEES

Description		Mount
REGISTRATION LICENSE MEMBERSHIP	\$	395
CONTRACTORS CONSULTANTS		5,779
	Total: \$	6,174

990 **Overflow Statement** FEIN Name(s) as shown on return GROW IT FORWARD INC 47-1931867 OTHER PROFESSIONAL FEES Description REGISTRATION LICENSE MEMBERSHIP Amount Total: \$_____ 106 106

990 **Overflow Statement** FEIN Name(s) as shown on return 47-1931867 GROW IT FORWARD INC OTHER PROFESSIONAL FEES Description REGISTRATION LICENSE MEMBERSHIP Amount Total: \$____ 76 76

990	Overflow Statement	2019 Page 4	
Name(s) as shown on return		FEIN	
GROW IT FORWARD INC		47-1931867	

OFFICE EXPENSE

Description		Amount
PHONE	\$	1,456
INTERNET		3,237
	Total: \$	4,693

990	Overflow Statement	2019 Page 5		
Name(s) as shown on return		FEIN		
GROW IT FORWARD INC		47-1931867		

OFFICE EXPENSE

Description		Amount
PHONE	\$	286
INTERNET		757
OFFICE		30
011101	Total: \$	1,073

990 Overflow Statement Name(s) as shown on return GROW IT FORWARD INC GROW Statement 47-1931867

OTHER FUNDRAISING EXPENSES

Description		Amount
REGISTRATION LICENSE MEMBERSHIP	\$	76
ADVERTISING		40,299
	Total: \$	40,375

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.

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

47-1931867

Department of the Treasury Internal Revenue Service Name of the organization

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

GROW IT FORWARD INC 01. Form 990 governing body review (Part VI, line 11) FORM 990 IS PROVIDED TO CEO FOR REVEIW BEFORE FILING 02. Governing documents, etc, available to public (Part VI, line 19) GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST

	Acknowledgement and General Information for Entities That File Returns Electronically	2019
Name(s) as shown on return		Employer Identification Number
GROW IT FORWAR	O INC	**-***1867
Entity address 1501 MARSHALL	ST	
MANITOWOC, WI	rticipating in IRS e-file.	
1. x 2019 8868 The electronic fi	income tax return for Federal was filed ing services were provided by LAKESHORE ACCOUNTING INC	electronically.
	income tax return was accepted on <u>07-13-2020</u> using a Pers nature. The entity entered a PIN or authorized the Electronic Return Originator (ERO) to ID assigned to this return is <u>3900622020195z0zk2vz</u>	onal Identification Number (PIN) as enter or generate a PIN signature.

PLEASE DO NOT SEND A PAPER COPY OF ENTITY'S RETURN TO THE IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.