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# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

Amended   Amended   Amended   Amended   Amended   Amended   Application   Forward   Name   Amended   Application   Forward   Application   Forward   Application   A	,059,217.  Yes X No Yes No e instructions er f legal domicile; MN
Change   Name   Doing business as   Doing bu	Yes X No Yes No e instructions er f legal domicile: MN inens ng.  10 10 7 700 0. 0. urrent Year 990,828. 56,250.
Number and street (or P.0. box if mail is not delivered to street address)	Yes X No Yes No e instructions er f legal domicile: MN inens ng.  10 10 7 700 0. 0. urrent Year 990,828. 56,250.
Number and street (or P.0. box if mail is not delivered to street address)   Room/suite   #106   612-799-1753	Yes X No Yes No e instructions er f legal domicile: MN inens ng.  10 10 7 700 0. 0. urrent Year 990,828. 56,250.
Summary   1   1   1   2   2   2   2   2   2   2	Yes X No Yes No e instructions er f legal domicile: MN inens ng.  10 10 7 700 0. 0. urrent Year 990,828. 56,250.
City or town, state or province, country, and ZIP or foreign postal code   Amended return   Application   F Name and address of principal officer: Michael Allen   Same as C above   H(b) Are all subordinates included?     Tax-exempt status: X 501(c)(3)	Yes X No Yes No e instructions er f legal domicile: MN inens ng.  10 10 7 700 0. 0. urrent Year 990,828. 56,250.
First   Firs	yes No e instructions er f legal domicile: MN inens ng.  10 10 7 700 0. 0. urrent Year 990,828. 56,250.
Same as C above   H(b) Are all subordinates included?     Tax-exempt status: X 501(c)(3)	yes No e instructions er f legal domicile: MN inens ng.  10 10 7 700 0. 0. urrent Year 990,828. 56,250.
Tax-exempt status:   X   501(c)(3)   501(c) (   (insert no.)   4947(a)(1) or   527   If "No," attach a list. See   H(c) Group exemption number   L Year of formation:   2014   M   State of   Part     Summary      1   Briefly describe the organization's mission or most significant activities:   To provide new beds and 1 in to children of families who have recently secured stable housing   2   Check this box   if the organization discontinued its operations or disposed of more than 25% of its net assets.     3   Number of voting members of the governing body (Part VI, line 1a)   4   Number of independent voting members of the governing body (Part VI, line 1b)   4       5   Total number of volunteers (estimate if necessary)   7   a   Total unrelated business revenue from Part VIII, column (C), line 12   b   Net unrelated business taxable income from Form 990-T, Part I, line 11   Prior Year   Ct.       8   Contributions and grants (Part VIII, line 1h)   9   Program service revenue (Part VIII, line 2g)   10   Investment income (Part VIII, column (A), lines 3, 4, and 7d)   19   698.	inens  10  10  7  700  0.  urrent Year  990,828. 56,250.
H(c) Group exemption number   H(c) Group exemption number   K Form of organization:   X   Corporation   Trust   Association   Other   L Year of formation:   2014   M State of	inens inens 10 10 7 700 0. urrent Year 990,828. 56,250.
Part   Summary   1   Briefly describe the organization's mission or most significant activities: To provide new beds and lite to children of families who have recently secured stable housing to children of families who have recently secured stable housing to children of families who have recently secured stable housing to children of families who have recently secured stable housing to children of families who have recently secured stable housing to children of families who have recently secured stable housing to children of if the organization discontinued its operations or disposed of more than 25% of its net assets.   3   Number of voting members of the governing body (Part VI, line 1a)   3     4   Number of independent voting members of the governing body (Part VI, line 1b)   4     5   Total number of individuals employed in calendar year 2024 (Part V, line 2a)   5     6   Total number of volunteers (estimate if necessary)   6     7   Total unrelated business revenue from Part VIII, column (C), line 12   7   7     7	10 10 7 700 0. urrent Year 990,828. 56,250.
Part I Summary  1 Briefly describe the organization's mission or most significant activities: To provide new beds and lite to children of families who have recently secured stable housing to children of families who have recently secured stable housing to children of families who have recently secured stable housing to children of families who have recently secured stable housing to children of families who have recently secured stable housing to children of families who have recently secured stable housing to children of its posed of more than 25% of its net assets.  3 Number of voting members of the governing body (Part VI, line 1a)  4 Number of independent voting members of the governing body (Part VI, line 1b)  5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)  6 Total number of volunteers (estimate if necessary)  7 a Total unrelated business revenue from Part VIII, column (C), line 12  5 Net unrelated business taxable income from Form 990-T, Part I, line 11  7 b Prior Year  Cut 1949, 567.  1949, 567.  1949, 567.  1949, 568.	10 10 7 700 0. urrent Year 990,828. 56,250.
Briefly describe the organization's mission or most significant activities: To provide new beds and lite to children of families who have recently secured stable housing to children of families who have recently secured stable housing to children of families who have recently secured stable housing to children of families who have recently secured stable housing to children of families who have recently secured stable housing to children of families who have recently secured stable housing to children of families who have recently secured stable housing to children of families who have recently secured stable housing to children of families who have recently secured stable housing to children of families who have recently secured stable housing to children of families who have recently secured stable housing to children of families who have recently secured stable housing to children of families who have recently secured stable housing to children of families who have recently secured stable housing to children of stable housing secured stab	10 10 7 700 0. 0. urrent Year 990,828. 56,250.
to children of families who have recently secured stable housing the organization discontinued its operations or disposed of more than 25% of its net assets.  Number of voting members of the governing body (Part VI, line 1a)  Number of independent voting members of the governing body (Part VI, line 1b)  Total number of individuals employed in calendar year 2024 (Part V, line 2a)  Total number of volunteers (estimate if necessary)  Total number of volunteers (estimate if necessary)  Net unrelated business revenue from Part VIII, column (C), line 12  Net unrelated business taxable income from Form 990-T, Part I, line 11  Prior Year  Cu  Solution (Part VIII, line 1h)  Program service revenue (Part VIII, line 2g)  In linvestment income (Part VIII, column (A), lines 3, 4, and 7d)  Total number of independent voting members of the governing body (Part VI, line 1b)  A line 1a)  A line 25% of its net assets.  A line 1a)  Program service revenue from Part VIII, column (C), line 12  Total number of volunteers (estimate if necessary)  For a line 1	10 10 7 700 0. 0. urrent Year 990,828. 56,250.
5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, Part I, line 11  Prior Year Cu 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10 10 7 700 0. 0. urrent Year 990,828. 56,250.
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5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, Part I, line 11  Prior Year Cu 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7 700 0. 0. urrent Year 990,828. 56,250.
b Net unrelated business taxable income from Form 990-T, Part I, line 11  Prior Year  Cu  8 Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 2g)  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  119, 698	700 0. 0. urrent Year 990,828. 56,250.
b Net unrelated business taxable income from Form 990-T, Part I, line 11  Prior Year  Cu  8 Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 2g)  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  119, 698	0. 0. urrent Year 990,828. 56,250.
b Net unrelated business taxable income from Form 990-T, Part I, line 11  Prior Year  Cu  8 Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 2g)  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  119, 698	0. urrent Year 990,828. 56,250.
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Prior Year  9 949,567  54,564  19,698	990,828. 56,250.
9 Program service revenue (Part VIII, line 2g) 54,564. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 19,698.	56,250.
9 Program service revenue (Part VIII, line 2g) 54,564.  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 19,698.  11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -19,407.	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 19, 698.	10.139.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -19, 407.	
	-5,520.
	,051,697.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 503,989.	518,642.
14 Benefits paid to or for members (Part IX, column (A), line 4)	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	231,839.
16 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  b Total fundraising expenses (Part IX, column (D), line 25)  17. Other expenses (Part IX, column (A), lines 11a,11d, 11f,24e)  184	0.
b Total fundraising expenses (Part IX, column (D), line 25)  7 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  84,036.  154,163.	205,554.
Tr Other expenses (Fartix, Column (A), lines Trainiti, This expenses (Fartix, Column (A), lines (A),	956,035.
18Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)850,356.19Revenue less expenses. Subtract line 18 from line 12154,066.	95,662.
Beginning of Current Year   E	and of Year
20 Total assets (Part X, line 16) 695,989.	949,178.
21 Total liabilities (Part X, line 26) 104,901.	252,706.
Beginning of Current Year E  20 Total assets (Part X, line 16)  1 Total liabilities (Part X, line 26)  21 Net assets or fund balances. Subtract line 21 from line 20  1 Segment of Current Year E  695,989.  104,901.	696,472.
Part II Signature Block	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled	ge and belief, it is
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
District was the file of	
Sign Signature of officer Date	
Here Michael Allen, Executive Director  Type or print name and title	
	PTIN
1 repairer 3 marrie	
	$\frac{0552219}{97419}$
Preparer         Firm's name         Abdo LLP         Firm's EIN 41-139           Use Only         Firm's address         5201 Eden Ave, Ste 250         Firm's EIN 41-139	<u>, , , , , , , , , , , , , , , , , , , </u>
Edina, MN 55436  Phone no. 952.83!	5.9090
	Yes No

746,589.

including grants of \$

Total program service expenses

Other program services (Describe on Schedule O.)

# Form 990 (2024) My Very Own Bed Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
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,	۰		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b> '-		1
8	, ,			x
•	Schedule D, Part III	8		
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?			<b>.</b>
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	_X_	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			T -
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	<u></u>		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		<del> </del>
"		17		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	⊢'′		<del>  ^</del> `
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	Х	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			<sub>V</sub>
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		$\vdash$
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Part IV   Checklist of Required Schedules   Continued	Form	990 (2024) My Very Own Bed 46-50	071773	Р	age 4
22 IX  23 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part X, count N, line 27 "I" "vis" or "omplete Schedule I, Parts I and III  23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former orficers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule II.  24 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 proceeds of tax-exempt bonds sue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was proceeds of tax-exempt bonds sue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was proceeds of tax-exempt bonds as any time during the year to defease any tax-exempt bonds?  25 Did the organization maintain an escrow account other than a refunding escrow at any time during the year?  26 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  27 Did the organization and the state of the proceeds of the organization exempts and that the transaction with a disqualified person during the year?  28 Did the organization areas that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction was not been reported on any of the organization provide any organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If Yes, complete Schedule I, Part II    28 Was the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If Yes, complete Schedule	Pai	Tt IV Checklist of Required Schedules (continued)		1	_
Part IX, column (A), line 27 ii "Yes," complete Schedule I, Parts I and III 23 Did the organization in service "Yes" to Part VII, Section A, line 3.4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I and 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 I. "Image: 25b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24c Did the organization and at an "on behalf of" issuer for bonds outstanding est any time during the year? 24d Did the organization and at an any proceeds of the year? 35c Section 50(16)8, 50(16)4), and 50(16)29 organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 35c Section 50(16)8, 50(16)4), and 50(16)29 organizations. Did the organization one page in an excess benefit transaction with a disqualified person during the year? 35c Section 50(16)8, 50(16)4, and 50(16)29 organizations. Did the organization in process and that the fransaction has not been reported on any of the organization's prior Forms 990 or 990-E27 if "Yes," complete Schedule I. Part I. 35c Did the organization provide a grant or other assistance to any current or former officer, director, frustee, key employee, creator or founder, substantial contributor or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule I. Part IV. 35c Did the organization provide a grant or other assistance to any current or former officer, director, trust				Yes	No
23 Did the organization answer "Yes" to Part VII, Section A, Ine 3.4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule V. If "Yes," complete Schedule V. If "No. 19 to Part VII. Section Soft (CI) of 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. 19 to Part VII. Section Principal Magnetics of the Schedule K. If "No. 19 to Part VII. Section Principal Magnetics of the Schedule K. If "No. 19 to Part VII. Section Principal Magnetics of the Schedule C. If "Yes," to The Sch	22				
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.  24a Dd 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," or to time 25s.  5. bid the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24b C.  5. bid the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24c C.  6. bid the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24d Did the organization invest and an escore social and exceptions and the year to defease any tax-exempt bonds?  25d Did the organization and as an 'on behalf of' issuer for bonds outstanding at any time during the year?  25d 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 of buring the year?  25d Is the organization ware that tengaged in an excess benefit transaction with an idequalified person in a prior year, and that the transaction has not been reported on any of the organization proof person 90 or 990-EZ? If "Yes," complete Schedule L, Part II  25d 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 39% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III  26d Was the organization applicable filing thresholds, conditions, and exceptions;  a A current or former officer, director, trustee, key employee, creator or founder, substantial contributors?  27d Yes," complete Schedule L, Part IV  28d Was the organization receive contributions of art, historical treasures, or other similar assets, or qualified			22	X	—
Schedule J 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 25s  24a	23				
24a D 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 24b 24b 2  24b D the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 24b 2  25c D the the organization invest and an escova occurout other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c 1  25d D the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 1  25a Section 501(x/3), 501(x/4), and 501(x/29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 1  25a X is the organization own that it engaged in an excess benefit transaction with an disqualified person during the year? 24d 1  25b Is the organization have not that it engaged in an excess benefit transaction with an disqualified person in a prior year, and that the transaction with an excess benefit transaction with an disqualified person in a prior year, and that the transaction with an excess benefit transaction with an obsqualified person in a prior year, and that the transaction with an owner of prior forms 990 or 990-E27 if "Yes," complete Schedule L, Part II 2  25b If the organization person any annount 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 founder, substantial contributor or employee thereof or family member of any of these persons? If "Yes," complete Schedule L, Part II 2  26b IX Was the organization apart for other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule L, Part IV 2  27b IX and the proparization of any individual des		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			l
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that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? # "Yes," complete \$5.6hedule L, Part II or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? # "Yes," complete Schedule L, Part II 26		transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 X  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 art selection conmittee member to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV, instructions for applicable flinig thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28b X  b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 28b X  c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c X  Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 29 X  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I 31 X  Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, Iine 1 34 X  Section 501(c)(3) organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 36 X  Section 501(c)(3) organizations. Did the organization made any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2 36 X  Did the organization conduct more than 5% of its activities through an entity that is n	b				
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creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.  27 X  28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.  b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.  28b X  c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.  29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M.  20 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M.  30 X  31 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I.  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I.  32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.3? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(		controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u>X</u>
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instructions for applicable filling thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If  "Yes," complete Schedule L, Part IV.  b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.  c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If  "Yes," complete Schedule L, Part IV.  28c X  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I.  32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.  33 X  34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  34 X  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35b 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  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  37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 fi		, , ,	27		<u>X</u>
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If  "Yes," complete Schedule L, Part IV  28a X  b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If  "Yes," complete Schedule L, Part IV  28c X  29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M  29 X  20 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  29 X  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I  30 Did the organization iliquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  31 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  32 A  33 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)?  35 Did the organization on 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  36 If "Yes," complete Schedule R, Part V, line 2  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are r	28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
"Yes," complete Schedule L, Part IV		instructions for applicable filing thresholds, conditions, and exceptions):			
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.  c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If    "Yes," complete Schedule L, Part IV.  28c   X  29   Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M.  29   X  30   Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  30   X  31   Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  31   Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.  32   X  33   Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.  34   Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  35   Did the organization have a controlled entity within the meaning of section 512(b)(13)?  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   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  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  38   Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  18   Note: All Form 990 filers are	а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			l
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If  "Yes," complete Schedule L, Part IV  28c X  29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 X  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  32 Schedule N, Part II  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.3? If "Yes," complete Schedule R, Part I  34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35 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 51(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  37 If "Yes," complete Schedule R, Part V, line 2  38 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  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  38 X					
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Part V, line 1  34 X  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35a X  35b 35a X  35b			33		<u>X</u>
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If "Yes," complete Schedule R, Part V, line 2  36 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance					₩
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and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance			36	<b> </b>	<del>  x</del>
Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance	37				,,
Note: All Form 990 filers are required to complete Schedule O  Part V Statements Regarding Other IRS Filings and Tax Compliance		• • •	37		<del>  ×</del>
Part V Statements Regarding Other IRS Filings and Tax Compliance	38			7,7	
	Da	Note: All Form 990 filers are required to complete Schedule 0	38	X	<u> </u>
	ı- aı				

					Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	4			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
С	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming					
	(gambling) winnings to prize winners?			1c	X	

024) My Very Own Bed Statements Regarding Other IRS Filings and Tax Compliance (continued) Form 990 (2024) 46-5071773 Page **5** Part V

				Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	<b>2</b> a 7							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	O	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X				
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Foreign Bank and Financial Actions for F	ccounts (FBAR).							
5a			5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?		6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	•							
_	were not tax deductible?		6b						
7	Organizations that may receive deductible contributions under section 170(c).		_		v				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a		X				
b			7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•			x				
لم	to file Form 8282?	7d	7c						
d	If "Yes," indicate the number of Forms 8282 filed during the year	•	7e		Х				
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7 <del>6</del>		X				
g									
9 h	If the organization received a contribution of qualified intellectual property, and the organization mered in the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, airplanes,		7g 7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained								
			8						
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the appropriate and a second control of the second control of		9a						
b			9b						
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders	11a							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?		13a						
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the	المدا							
	organization is licensed to issue qualified health plans	13b							
	Enter the amount of reserves on hand	13c	44-		v				
			14a		X				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedules the exception (1960 tax on payments) of more than \$1,000,000 in remune		14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		15		x				
	excess parachute payment(s) during the year?		15						
16	If "Yes," see the instructions and file Form 4720, Schedule N.	income?	16		Х				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes," complete Form 4720, Schedule O.	IIICOITIC!	10		-23				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities							
.,	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17						
	If "Yes." complete Form 6069.								

My Very Own Bed 46-5071773 Form 990 (2024) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 10 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 10 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 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? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed MN Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Another's website X Own website X Upon request \_\_ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

Form **990** (2024)

55413

State the name, address, and telephone number of the person who possesses the organization's books and records

MN

Michael Allen - 612-799-1753 34 13th Ave NE, Minneapolis,

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per	box	not c	Pos heck ss per	more rson i	than o	n an	( <b>D</b> ) Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated Employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) Michael Allen	40.00									_
Executive Director	1 00			Х				76,923.	0.	0.
(2) Maria Holm	1.00	٦,		,,					,	0
Chair	1 00	Х	_	Х				0.	0.	0.
(3) Peter Lee Treasurer	1.00	Х		х				0.	0.	0.
(4) Nikki Nethercot-Niermann	1.00									
Secretary		х		х				0.	0.	0.
(5) Terri Lee	1.00							-	-	
Board Member		Х						0.	0.	0.
(6) Jamesetta Brown	1.00									
Board Member		Х						0.	0.	0.
(7) Stefan Smith	1.00									
Board Member		Х						0.	0.	0.
(8) Kelly Wolfe	1.00									
Board Member		Х						0.	0.	0.
(9) Rachael Abrahamson	1.00								_	_
Board Member		Х						0.	0.	0.
(10) Andre LaMere	1.00									
Board Member	1 00	Х						0.	0.	0.
(11) Brendon Pittman	1.00									•
Board Member	-	Х						0.	0.	0.
-	•									Form 990 (2024)

(A)  Name and title	(B) Average hours per week	(B) Average hours per  (do not choox, unless				<b>)</b> than o	ne an	(D)  Reportable compensation from	(E)  Reportable compensation from related		(F) Estimate amount other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		compensation	
									+			
									$\dashv$			
										_		
								76 000				
1b Subtotal c Total from continuation sheets to Part								76,923.		0.		0.
d Total (add lines 1b and 1c)								76,923.		0.		0.
2 Total number of individuals (including bu	t not limited to th	ose	liste	d ab	ove	) wh	o re	ceived more than \$100,	000 of reportable			0
compensation from the organization											Yes	No
3 Did the organization list any <b>former</b> offic	,	,	,	•	,	,	•		•			v
line 1a? <i>If</i> "Yes," complete Schedule J fo  4 For any individual listed on line 1a, is the										····	3	X
and related organizations greater than \$	50,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	or such individual			4	Х
5 Did any person listed on line 1a receive of rendered to the organization? If "Yes," Company of the properties of th									lual for services		5	Х
Section B. Independent Contractors	ompiete Schedul	<del>- 0</del> /	JI SU	ICII Ļ	<i>JCI</i> 3	OII .						
Complete this table for your five highest the organization. Report compensation for										ensati	on from	
(A)		cai c	iluii	ig w	itire	JI VVII		(B)			(C)	
Name and busine	ss address	NC	ONE	3				Description of s	ervices	Co	ompensatio	n
							$\top$					
Total number of independent contractors	(including but n	ot lin	nitec	d to t	thos	se lis	ted	above) who received mo	ore than			
\$100,000 of compensation from the orga	nization				C	)						

Page **9** 

Form 990 (2024) My Very Own Bed
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lin	a in this Dart VIII			
		Check if Schedule O contains a response of	i flote to arry lift	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenuè excluded
				Total Tovolido	function revenue	business revenue	from tax under
							sections 512 - 514
र र	1 a	a Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	ŀ	b Membership dues 1b					
ලි සි		c Fundraising events 1c	46,196.				
Ę,	`		10,1500				
ig ig	(						
ns,	•	e Government grants (contributions)					
ž į	f	f All other contributions, gifts, grants, and					
ള			944,632.				
받	ç	g Noncash contributions included in lines 1a-1f	117,267.				
a C	ŀ	h Total. Add lines 1a-1f		990,828.			
			Business Code				
•	2 -	a Referral fees	561499	56,250.	56,250.		
ķ	2 6		302133	30,2300	30,2300		
er ne	L	b					
n S	(	c					
ran ev	C	d					
Program Service Revenue	•	e					
₽.	f	f All other program service revenue					
	ç	g Total. Add lines 2a-2f		56,250.			
	3	Investment income (including dividends, interes					
		other similar amounts)		10,139.			10,139.
	4	Income from investment of tax-exempt bond pr					
		·					
	5	Royalties(i) Real					
			(ii) Personal				
	6 a	a Gross rents 6a					
	k	b Less: rental expenses 6b					
	c	c Rental income or (loss) 6c					
	(	d Net rental income or (loss)					
		a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	L	b Less: cost or other basis					
an a							
Revenue		and sales expenses					
š		c Gain or (loss) 7c					
æ	C	d Net gain or (loss)					
her	8 8	Gross income from fundraising events (not					
ᅗ		including \$ 46,196. of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a	2,000.				
	ŀ	b Less: direct expenses 8b	7,520.				
		c Net income or (loss) from fundraising events	,,5200	-5,520.			-5,520.
				3,320.			3,320.
	9 8	a Gross income from gaming activities. See					
		Part IV, line 199a					
	k	b Less: direct expenses 9b					
	c	c Net income or (loss) from gaming activities					
	10 a	a Gross sales of inventory, less returns					
		and allowances 10a					
	ŀ	b Less: cost of goods sold 10b					
		c Net income or (loss) from sales of inventory					
		C Net income of (1033) from sales of inventory	Business Code				
SI			Busiliess Code				
eor Te	11 a						
lan ept	k	b					
Miscellaneous Revenue	c	c					
Ais	C	d All other revenue					
_		e Total. Add lines 11a-11d					
	12	Total revenue. See instructions		1,051,697.	56,250.	0.	4,619.

432009 12-10-24

	not include amounts reported on lines 6b,	(A)		(C)	
	Bb, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	E40 640	510 610		
	individuals. See Part IV, line 22	518,642.	518,642.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
5	Compensation of current officers, directors,	76 000	20 770	17 172	10 070
_	trustees, and key employees	76,923.	39,778.	17,173.	19,972
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	131,178.	67,835.	29,286.	34,057
	Other salaries and wages	131,170.	07,033.	49,400.	34,037
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	7,220.	3,761.	1,571.	1 000
9	Other employee benefits	16,518.	8,605.	3,593.	1,888 4,320
10	Payroll taxes	10,310.	0,003.	3,393.	4,320
11	Fees for services (nonemployees):				
	Management				
	Legal	59,710.		59,710.	
	Accounting	33,710.		35,710.	
	Lobbying Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch 0.)	33,600.	21 707.	2,137.	9 756
12	Advertising and promotion	2,597.	21,707. 1,353.	565.	9,756 679
13	Office expenses	27,397.	14,511.	5,851.	7,035
14	Information technology	21,70010	21,011	3,0321	,,,,,
15	Royalties				
16	Occupancy	63,560.	58,327.	2,376.	2,857
.0 17	Travel	6,384.	5,623.		761
 18	Payments of travel or entertainment expenses	7,000	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
- · 22	Depreciation, depletion, and amortization	1,470.	766.	320.	384
23	Insurance	6,912.	3,601.	1,503.	1,808
24	Other expenses. Itemize expenses not covered	·	·	·	
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
_	amount, list line 24e expenses on Schedule 0.)  Board development	2,080.	2,080.		
	Bad debt	1,080.	2,000.	1,080.	
	Miscellaneous expense	764.		245.	519
c d	minocitations expense	704.		<u> </u>	J ± 3
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	956,035.	746,589.	125,410.	84,036
	Joint costs. Complete this line only if the organization		,		2 - , 2 3 0
26					
26					
26	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

# Form 990 (2024) Part X Balance Sheet

Part	[ X	Balance Sneet					
		Check if Schedule O contains a response or r	ote to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			45,319.	1	84,869
	2	Savings and temporary cash investments			355,654.	2	445,808
	3	Pledges and grants receivable, net			26,286.	3	7,815
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul	ontributor, or 35%				
		controlled entity or family member of any of the	nese perso	ns		5	
	6	Loans and other receivables from other disqu	alified per	sons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sect	ion 4958(c)(3)(B)		6	
ပ္	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			69,370.	8	46,445
¥	9	5			10,674.	9	14,805
	10a	Land, buildings, and equipment: cost or other	.				
		basis. Complete Part VI of Schedule D	10a	8,354.			
	b	Less: accumulated depreciation	10b	2,474.	7,350.	10c	5,880
	11	Investments - publicly traded securities			86,099.	11	110,733
	12	Investments - other securities. See Part IV, lin	e 11			12	
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			95,237.	15	232,823
	16	Total assets. Add lines 1 through 15 (must e	qual line 3	3)	695,989.	16	949,178
	17	Accounts payable and accrued expenses			10,252.	17	19,632
	18	Grants payable		18			
	19	Deferred revenue		19	1,353		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complet				21	
Se	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sul					
<u>ا ت</u>		controlled entity or family member of any of the				22	
	23	Secured mortgages and notes payable to unr				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lir	ies 17-24).	Complete Part X	04 640		001 701
		of Schedule D			94,649.		231,721
+	26	Total liabilities. Add lines 17 through 25			104,901.	26	252,706
s l		Organizations that follow FASB ASC 958, c	heck here	X			
<u>ဥ</u>		and complete lines 27, 28, 32, and 33.			EAC 100		672 006
<u>alar</u>	27				546,188.	27	672,006
ă B	28	Net assets with donor restrictions			44,900.	28	24,466
<u> </u>		Organizations that do not follow FASB ASC	958, che	ck here			
-		and complete lines 29 through 33.					
its	29	Capital stock or trust principal, or current fund				29	
SSE	30	Paid-in or capital surplus, or land, building, or				30	
<b>-</b>	31	Retained earnings, endowment, accumulated			E01 000	31	606 170
	32	Total net assets or fund balances			591,088.	32	696,472
	33	Total liabilities and net assets/fund balances			695,989.	33	949,178

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1	<u>1,05</u>						
2	Total expenses (must equal Part IX, column (A), line 25)	2		6,0					
3	Revenue less expenses. Subtract line 2 from line 1	3		5,6 1,0					
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4								
5									
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	69	6,4	72.				
Pa	rt XII Financial Statements and Reporting	-							
	Check if Schedule O contains a response or note to any line in this Part XII				X				
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b	Х					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,							
	consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,							
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х					
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the								
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require								
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b						
			Form	990	(2024)				

#### SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

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

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

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

Inspection

OMB No. 1545-0047

**Employer identification number** Name of the organization 46-5071773 My Very Own Bed Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	419,425.	622,783.	781,172.	838,510.	992,828.	3654718.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	419,425.	622,783.	781,172.	838,510.	992,828.	3654718.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						89,235.
6	Public support. Subtract line 5 from line 4.						3565483.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Amounts from line 4	419,425.	622,783.	781,172.	838,510.	992,828.	3654718.
	Gross income from interest,	,	•	•	·	·	
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources		318.	2,333.	3,927.	10,139.	16,717.
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						3671435.
	Gross receipts from related activities,	etc. (see instruction	nns)			12	314,678.
	<b>First 5 years.</b> If the Form 990 is for the	•	,			-	
	organization, check this box and stop	-		•			
Sec	ction C. Computation of Publi						
	Public support percentage for 2024 (I			column (f))		14	97.11 %
	Public support percentage from 2023					15	92.12 %
	33 1/3% support test - 2024. If the					ore, check this box	
	stop here. The organization qualifies	-					
b	33 1/3% support test - 2023. If the		•				
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	-					
	meets the facts-and-circumstances te						
h	10% -facts-and-circumstances test	-	•		-		
~	more, and if the organization meets the	-					. = . • • •
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization						
				, ,	,		(Form 990) 2024

#### 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	etion A. Public Support	siow, picase comp	note r art ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
2	include any "unusual grants.")  Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	1		<u> </u>	1	1	
14	First 5 years. If the Form 990 is for th	J		,	•	( )( )	<i>'</i>
800	check this box and stop here						
	•			l (f))		45	0/
	Public support percentage for 2024 (li	, , , , , , , , , , , , , , , , , , , ,	•	.,,		15	%
	Public support percentage from 2023 etion D. Computation of Inves		-			16	%
	•			ino 13 column (f)\		17	04
	Investment income percentage for 20 Investment income percentage from 2					18	<u>%</u>
	33 1/3% support tests - 2024. If the			on line 14 and line			
ıəd	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2023. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	ind
20	line 18 is not more than 33 1/3%, chec						
20	<b>Private foundation.</b> If the organization						

### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
3b		
30		
20		
3c		
4 -		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
8		
0-		
9a		
01-		
9b		
9c		
10a		
10b		

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· u	Continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	11.5		
·	provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations	110		<u> </u>
	and 21 type temperating enganizations		Yes	Na
_			res	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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 officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
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	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	_ '		
	tion D. All Type in Supporting Organizations		V	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
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 instructions	<u> </u>		
а	The organization satisfied the Activities Test. Complete line 2 below.	,		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> .			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental			
·	• • • • • • • • • • • • • • • • • • • •			
2	entity (see instructions). Activities Test. Answer lines 2a and 2b below.		Yes	No
2			res	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
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? If "Yes" or "No," provide details in Part VI.	За		
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 <b>Part VI</b> the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2024

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

instructions).

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reason-			
able cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2024			
<b>a</b> From 2019			
<b>b</b> From 2020			
<b>c</b> From 2021			
<b>d</b> From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D,			
line 7: \$			
Applied to underdistributions of prior years			
<b>b</b> Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if			
any. Subtract lines 3g and 4a from line 2. For result greater			
than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j			
and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
<b>b</b> Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Schedule A (Form 990) 2024

# Schedule B (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

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

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

OMB No. 1545-0047

Name of the organization

My Very Own Bed

Employer identification number

46-5071773

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 <b>not</b> treated as a private foundation							
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
• •	n is covered by the <b>General Rule</b> or a <b>Special Rule</b> . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.							
General Rule								
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or ny one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.							
Special Rules								
sections 509(a)( contributor, duri	cion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one ing 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; EZ, line 1. Complete Parts I and II.							
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.								
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year								
answer "No" on Part IV, I	Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must nswer "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 nat it doesn't meet the filing requirements of Schedule B (Form 990).							

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

Schedule B (Form 990) (Rev. 12-2024)

Name of organization

Employer identification number

My Very Own Bed

46-5071773

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# My Very Own Bed

46-5071773

Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<b>\$</b>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<b></b>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	

Name of organization **Employer identification number** 46-5071773 My Very Own Bed Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

# SCHEDULE D (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

My Very Own Bed

**Employer identification number** 46-5071773

Par	t I Organizations Maintaining Donor Advised I	Funds or Other Similar Fun	ds or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6	5.	·
		(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 wri	ting that the assets held in donor a	dvised funds
	are the organization's property, subject to the organization's exc	clusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advi	isors in writing that grant funds can	be used only
	for charitable purposes and not for the benefit of the donor or d	onor advisor, or for any other purpo	ose conferring
_			
Par			90, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	`	
	Preservation of land for public use (for example, recreation	n or education) Preservatio	n of a historically important land area
	Protection of natural habitat	Preservatio	n of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the fo	
	day of the tax year.		Held at the End of the Tax Year
b			
С	Number of conservation easements on a certified historic struct		2c
d	Number of conservation easements included on line 2c acquired		
_	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, release	sea, extinguished, or terminated by	the organization during the tax
4	year	agent is located	
4	Number of states where property subject to conservation easen	<u> </u>	of .
5	Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it has		
6	Staff and volunteer hours devoted to monitoring, inspecting, ha		
Ū	otan and volunteer nours devoted to morntoning, inspecting, na	riding of violations, and emoreing t	onservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling	g of violations, and enforcing conse	ervation easements during the year
•	,e	g or moralione, and orneroning corner	with the same and the same same same same same same same sam
8	Does each conservation easement reported on line 2d above sa	atisfy the requirements of section 17	70(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnote	e to the organization's financial stat	ements that describes the
	organization's accounting for conservation easements.	-	
Par	t III Organizations Maintaining Collections of A	rt, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" on Form 99	90, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958,	not to report in its revenue stateme	nt and balance sheet works
	of art, historical treasures, or other similar assets held for public	exhibition, education, or research	n furtherance of public
	service, provide in Part XIII the text of the footnote to its financial	al statements that describes these i	tems.
b	If the organization elected, as permitted under FASB ASC 958,	to report in its revenue statement a	nd balance sheet works of
	art, historical treasures, or other similar assets held for public ex	khibition, education, or research in t	urtherance 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 treasu	ures, or other similar assets for finar	ncial gain, provide
	the following amounts required to be reported under FASB ASC	•	
а	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
For F	aperwork Reduction Act Notice, see the Instructions for For	m 990.	Schedule D (Form 990) (Rev. 12-2024)

Par	t III	Organizations Maintaining C	ollections of Art	t, Histo	orical Tre	asures, o	r Other	Simi	lar Asset	<b>S</b> (continu	ued)
3	Using	the organization's acquisition, accession	on, and other records	s, check	any of the t	following that	make si	gnifica	nt use of its		
	collec	tion items (check all that apply).									
а		Public exhibition	d	ı 🔲 ı	Loan or exc	hange progra	am				
b		Scholarly research	е		Other						
С		Preservation for future generations									
4	Provid	de a description of the organization's co	llections and explair	n how the	ey further th	ne organizatio	n's exem	npt pur	pose in Part	XIII.	
5	During	g the year, did the organization solicit o	r receive donations o	of art, his	torical treas	sures, or othe	er similar	assets			
	to be	sold to raise funds rather than to be ma	aintained as part of th	he organ	ization's co	llection?				Yes	☐ No
Par	t IV	Escrow and Custodial Arrang	gements Comple	te if the	organizatior	n answered "	Yes" on F	orm 9	90, Part IV, I	line 9, or	
		reported an amount on Form 990, Par	t X, line 21.								
1a	Is the	organization an agent, trustee, custodi	an, or other intermed	diary for o	contribution	s or other as	sets not	include	ed	_	
	on Fo	rm 990, Part X?							L	Yes	No
b	If "Ye	s," explain the arrangement in Part XIII	and complete the fol	lowing ta	able:			_			
										Amount	
С	Begin	ning balance						. 10	С		
d	Addit	ons during the year						. 1	d		
е	Distril	outions during the year						. 10	е		
f	Endin	g balance						1	f		
2a	Did th	e organization include an amount on Fo	orm 990, Part X, line	21, for e	scrow or cu	ustodial acco	unt liabili	ty?	<u></u>	Yes	No
		s," explain the arrangement in Part XIII.									
Par	t V	Endowment Funds Complete if	the organization ans	wered "	Yes" on For						
			(a) Current year	<b>(b)</b> P	rior year	(c) Two year	rs back	<b>(d)</b> Thr	ee years back	(e) Four	years back
1a	Begin	ning of year balance									
b	Contr	ibutions									
С	Net in	vestment earnings, gains, and losses									
d	Grant	s or scholarships									
е	Other	expenditures for facilities									
	and p	rograms									
f	Admii	nistrative expenses									
g	End o	f year balance									
2		de the estimated percentage of the curr	•	e (line 1g	, column (a	)) held as:					
а	Board	I designated or quasi-endowment		_%							
b	Perm	anent endowment	%								
С			%								
	•	ercentages on lines 2a, 2b, and 2c sho	•								
За	Are th	ere endowment funds not in the posse	ssion of the organiza	tion that	are held ar	nd administer	ed for the	е		Г	
	-	ization by:									Yes No
		nrelated organizations?								3a(i)	
	٠,										
b		s" on line 3a(ii), are the related organiza								. 3b	
4 Do:	Descr	ibe in Part XIII the intended uses of the		wment fu	ınds.						
Par	ιVI	Land, Buildings, and Equipm		. D+ IV	D 44- 0		D-d-V				
		Complete if the organization answered		1							
		Description of property	(a) Cost or o			or other	٠,	ccumu	I	(d) Book	value
			basis (investn	nent)	Slasia	(other)	aep	oreciat	IUI I		
		ngs									
		chold improvements				0 2 5 1		<u> </u>	171		000
		ment				8,354.		۷,	474.		,880.
		in and a kina and do you will be				(D))					,880.
ı otal	. Add	ines 1a through 1e. (Column (d) must e	gual Form 990 Part	X line 10	c column	(H))				3	,000.

Schedule D (Form 990) (Rev. 12-2024)

Schedule D (Form 990) (Rev. 12-2024) My Very Ow	m Bed	46	5-5071773 Page <b>3</b>
Part VII Investments - Other Securities		41 0 5 000 B 1 V II 40	
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	3-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(G) (H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line 1	1c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)		•	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
(a)	) Description		(b) Book value
(1) Operating right-of-use as	set		231,168.
(2) Security deposit			1,447.
(3) Accrued Interest			208.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co	ol. (B))		232,823.
Part X Other Liabilities			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	T
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			224 524
(2) Operating lease liability	•		231,721.
(3)			
(4)			
(5)			-
(6)			
(7)			
(8)			-
(9)			001 501
Total, (Column (b) must equal Form 990, Part X, line 25, co	ol (R))		231,721.

Schedule D (Form 990) (Rev. 12-2024)

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

Pa	rt XI Reconciliation of Revenue per Audited Financial S		evenue per Ret	urn	
	Complete if the organization answered "Yes" on Form 990, Part IV	/, line 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,061,419.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments		9,722.		
b	Donated services and use of facilities				
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d		F	2e	9,722.
3	Subtract line 2e from line 1			3	1,051,697.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			•
С				4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line	12.)		5	1,051,697.
Ра	rt XII Reconciliation of Expenses per Audited Financial		xpenses per R	eturn	l
	Complete if the organization answered "Yes" on Form 990, Part IV	/, line 12a.			056 005
1				1	956,035.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities	l l			
b	Prior year adjustments				
С	Other losses	l l			
d	, , , , , , , , , , , , , , , , , , , ,	·			0
е	Add lines 2a through 2d		F	2e	0.
3	Subtract line 2e from line 1			3	956,035.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1			
a	Investment expenses not included on Form 990, Part VIII, line 7b				
b	· /	4b			0
c				4c	956,035.
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linert XIII   Supplemental Information	<u>ne 18.)</u>		5	930,033.
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a at 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid			Part X	, line 2; Part XI,

### **SCHEDULE G** (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

### **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

Open to Public Inspection

Name of the organization							ntification number
	Own Bed					46-5071	
<b>Part I</b> Fundraising Activities. required to complete this par	Complete if the organization answett.	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
1 Indicate whether the organization rais		g activ	ities.	Check all that apply.			
a Mail solicitations	e Solicita	tion of	nong	overnment grants			
<b>b</b> Internet and email solicitations	f Solicita	tion of	gover	nment grants			
c Phone solicitations	g Special	fundra	ising	events			
d In-person solicitations							
2 a Did the organization have a written of					tees,	or	
key employees listed in Form 990, P				-		L Yes	
<b>b</b> If "Yes," list the 10 highest paid indiv		ant to	agree	ments under which th	ne fur	ndraiser is to be	9
compensated at least \$5,000 by the	organization.						
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total							
3 List all states in which the organization or licensing.	on is registered or licensed to solicit o	ontrib	utions	or has been notified	it is e	exempt from re	gistration
For Paperwork Reduction Act Notice, se	ee the Instructions for Form 990 or	990-E	Z.		Sche	edule G (Form	990) (Rev. 12-2024)

Pa	ırt I	Fundraising Events. Complete if the of fundraising event contributions and great properties.											
		or iditarialsing event contributions and gr	(a) Event #1 Steps for Sleep	<b>(b)</b> Event #2	(c) Other events None	(d) Total events (add col. (a) through col. (c))							
e			(event type)	(event type)	(total number)	(-"							
Revenue	1	Gross receipts	48,196.			48,196.							
	2	Less: Contributions	46,196.			46,196.							
	3	Gross income (line 1 minus line 2)	2,000.			2,000.							
	4	Cash prizes											
v	5	Noncash prizes											
Direct Expenses	6	Rent/facility costs											
irect Ey	7	Food and beverages											
	   8	Entertainment	550.			550.							
		Other direct expenses				6,970.							
	ı	Direct expense summary. Add lines 4 through				7,520.							
	ı	Net income summary. Subtract line 10 from I				-5,520.							
Pa	irt I												
		\$15,000 on Form 990-EZ, line 6a.											
e			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))							
Revenue				3 1 3		(-7 3 (-7)							
æ	1	Gross revenue											
						1							
ses	2	Cash prizes											
Direct Expenses	3	Noncash prizes											
Direct	4	Rent/facility costs											
	5	Other direct expenses											
	Ť		Yes %	Yes %	Yes %								
	6	Volunteer labor	□ No	No No	No No								
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)										
Net gaming income summary. Subtract line 7 from line 1, column (d)													
			(2)										
9	Ent	ter the state(s) in which the organization condu	ucts gaming activities:										
a	ls t	he organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No							
b													
	_	No," explain:											
		ere any of the organization's gaming licenses re Yes," explain:		-		Yes No							

Schedule G (Form 990) (Rev. 12-2024)

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Schedule G (Form 990) (Rev. 12-2024) My Very Own Bed	46-	<u>-5071773</u>	Page 3
11 Does the organization conduct gaming activities with nonmembers	s?	Yes	No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a		•	
to administer charitable gaming?		Yes	No
13 Indicate the percentage of gaming activity conducted in:			
a The organization's facility		13a	%
			——————————————————————————————————————
b An outside facility		ISD	70
14 Enter the name and address of the person who prepares the organ	nization's gaming/special events books and records:		
Name			
Address			
<b>15a</b> Does the organization have a contract with a third party from who	m the organization receives gaming revenue?	Yes	No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the orga	nization \$ and the amount		
of gaming revenue retained by the third party \$			
c If "Yes," enter the name and address of the third party:			
- · · · · · · · · · · · · · · · · · · ·			
Name			
Address			
Address			
<b>16</b> Gaming manager information:			
Name			
Gaming manager compensation \$			
Description of services provided			
Director/officer Employee	Independent contractor		
17 Mandatory distributions:			
•			
a Is the organization required under state law to make charitable dis	<b>5</b> 5.		
retain the state gaming license?		L Yes	∟ No
<b>b</b> Enter the amount of distributions required under state law to be di	stributed to other exempt organizations or spent in the		
organization's own exempt activities during the tax year \$			
Part IV Supplemental Information. Provide the explanation		art III, lines 9,	9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any ad-	ditional information. See instructions.		

Schedule G (Form 990) My Very Own Bed Part IV Supplemental Information (continued)	46-5071773 Page 4
Part IV Supplemental Information (continued)	
	_
	_
	_

#### SCHEDULE I (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of	Employer identification number											
Part I	46-5071773											
	General Information on Grants a											
<b>2</b> D	criteria used to award the grants or assistance?  X Yes No											
Part II	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.  Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any											
1 di tii	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.											
1 (a	1 (a) Name and address of organization or government  (b) EIN  (c) IRC section (if applicable)  (d) Amount of cash grant  (e) Amount of noncash assistance  (f) Method of valuation (book, FMV, appraisal, other)  (g) Description of noncash assistance or assistance											
	······································											

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.  Part I J. Line 2:  To provide new beds and linens to children of families who have recently secured stable housing. All program participants are contacted one month	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.  Part I I, Line 2:  2: Part III of a many other additional information.  Part I I, Line 2:  2: Part III of a many other additional information.  Part I I in 2:  2: Part III of a many other additional information.  Part I I in 2:  2: Part III of a many other additional information.  Part I I in 2:  2: Part III of a many other additional information.  Part I I in 2:  Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.  Part I I in 2:  Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.  Part I I in 2:  Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.  Part I I in 2:  Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.  Part I I in 2:  Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.  Part I I in 2:  Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.		recipients	Casii giani	Casii assistance	(book, 1 WV, appraioai, othor)	Mattrogg platform from
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.  Part I I, Line 2:  Co provide new beds and linens to children of families who have recently secured stable housing. All program participants are contacted one month						
Part IV   Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.  Part I   Line 2:  Part IV   Supplemental Information required in Part I, line 2; Part III, column (b); and any other additional information.  Part I   Line 2:  Part IV   Supplemental Information Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.  Part I   Line 2:  Part IV   Supplemental Information Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.  Part I   Line 2:  Part IV   Supplemental Information Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.  Part IV   Supplemental Information Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.  Part IV   Supplemental Information Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.  Part IV   Supplemental Information Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.  Part IV   Supplemental Information Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.						
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.  Part I, Line 2: To provide new beds and linens to children of families who have recently secured stable housing. All program participants are contacted one month	ed and Dream Wit	1806	0	518 642	Fair Market Value	1
Part I, Line 2: To provide new beds and linens to children of families who have recently secured stable housing. All program participants are contacted one month	ed and Diedm Kit	1800	0.	310,042.	rail Market Value	and a book.
Part I, Line 2: To provide new beds and linens to children of families who have recently secured stable housing. All program participants are contacted one month						
Part I, Line 2: To provide new beds and linens to children of families who have recently secured stable housing. All program participants are contacted one month						
Part I, Line 2: To provide new beds and linens to children of families who have recently secured stable housing. All program participants are contacted one month						
Part I, Line 2: To provide new beds and linens to children of families who have recently secured stable housing. All program participants are contacted one month						+
Part I, Line 2: To provide new beds and linens to children of families who have recently secured stable housing. All program participants are contacted one month						
Part I, Line 2: To provide new beds and linens to children of families who have recently secured stable housing. All program participants are contacted one month						
Part I, Line 2: To provide new beds and linens to children of families who have recently secured stable housing. All program participants are contacted one month						
Part I, Line 2: To provide new beds and linens to children of families who have recently secured stable housing. All program participants are contacted one month						<u> </u>
Part I, Line 2: To provide new beds and linens to children of families who have recently secured stable housing. All program participants are contacted one month						
Part I, Line 2: To provide new beds and linens to children of families who have recently secured stable housing. All program participants are contacted one month						
Part I, Line 2: To provide new beds and linens to children of families who have recently secured stable housing. All program participants are contacted one month						
Part I, Line 2: To provide new beds and linens to children of families who have recently secured stable housing. All program participants are contacted one month						
Part I, Line 2: To provide new beds and linens to children of families who have recently secured stable housing. All program participants are contacted one month						
Part I, Line 2: To provide new beds and linens to children of families who have recently secured stable housing. All program participants are contacted one month						
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.  Part I, Line 2: To provide new beds and linens to children of families who have recently secured stable housing. All program participants are contacted one month after delivery.						
Part I, Line 2: To provide new beds and linens to children of families who have recently secured stable housing. All program participants are contacted one month	Part IV Supplemental Information. Provide the information red	uired in Part I lin	e 2: Part III. column	(b): and any other ac	I Iditional information	I .
To provide new beds and linens to children of families who have recently secured stable housing. All program participants are contacted one month	Part I. Line 2:	and mir are i, mi	5 L, 1 are III, 551ai III	(b), and any other ac	adional information.	
secured stable housing. All program participants are contacted one month		children	of familie	s who have	recently	
		paroro	parros aro	0011040004	0110 111011	

### **SCHEDULE M** (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30. Attach to Form 990.

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

Employer identification number

	My Very Own	Bed					46-5	071	773	
Pai	rt I Types of Property									
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash cont amounts repo Form 990, Part \	rted on	no	(d) Method of do ncash contrib	etermin	•	s
1	Art - Works of art									
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications									
5	77 1 117 067 1 2 2 2								1ue	
6	Cars and other vehicles				-					
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded									
10	Securities - Closely held stock									
11	Securities - Partnership, LLC, or									
	trust interests									
12	Securities - Miscellaneous									
13	Qualified conservation contribution -									
	Historic structures									
14	Qualified conservation contribution - Other									
15	Real estate - Residential									
16	Real estate - Commercial									
17	Real estate - Other									
18	Collectibles									
19	Food inventory									
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other ( )									
26	Other ()									
27	Other (									
28	Other (									
29	Number of Forms 8283 received by the organ	ization during	the tax vear for c	ontributions						
	for which the organization completed Form 82	•	•		29					
		, .							Yes	No
30a	During the year did the organization receive h	ov contributio	on any property rep	orted on Part I lir	nes 1 throug	nh 28 t	hat it		100	110
30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for						. rac re				
	exempt purposes for the entire holding period		Titribution, and wit					30a		Х
b	If "Yes," describe the arrangement in Part II.							504		
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?							х		
	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash									
<u>J</u>			_	· ·				32a		х
b	If "Yes," describe in Part II.							OZ.U		
33	If the organization didn't report an amount in	column (c) fo	r a type of property	for which column	n (a) is chec	ked				
-	describe in Part II.		. a type of property	Willon Column	. (a) 13 01 16C	cu,				

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2024

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#### **SCHEDULE 0** (Form 990)

(Rev. December 2024) Department of the Treasury

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ

OMB No. 1545-0047

Open to Public Inspection

Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization **Employer identification number** My Very Own Bed 46-5071773 Form 990, Part I, Line 1, Description of Organization Mission: Founded in 2014 as a non-profit, the primary goal of the Organization is to provide new beds to children moving into stable housing. By 2024, the Organization has provided more than 9,000 beds and Dream Kits to children ages 2-17 in the Twin Cities and surrounding suburbs. Form 990, Part III, Line 1, Description of Organization Mission: Organization has provided more than 9,000 beds and Dream Kits to children ages 2-17 in the Twin Cities and surrounding suburbs. Form 990, Part VI, Section B, line 11b: The Organization's 990 was reviewed and discussed by the Board of Directors prior to filing. Line 12c: Form 990, Part VI, Section B, Two times each year the Board of Directors reviews the conflict of interest policy and any conflict of interest submissions by directors or employees. Form 990, Part VI, Section B, Line 15a: The Board reviews salary and benefits at the December board meeting. The Minnesota Council of Nonprofits salary and benefits guide is used for comparable compensation. Form 990, Part VI, Section C, Line 18: The Organization makes it's Form 1023 and Form 990 available to the public upon request. Form 990, Part VI, Section C, Line 19: The Organization makes it's governing documents and conflict of interest policy available to the public upon request. The Organization makes financial statement information available to the public on it's website. Form 990, Part XII, Line 2c: The Organization has a committee that assumes responsibility for the oversight of the audit, of its financial statements, and selection of the independent accountant.

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

Schedule O (Form 990) (Rev. 12-2024)