

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
Open to Public Inspection

**A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
SOUTHERN MINNESOTA INITIATIVE FOUNDATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
525 FLORENCE AVE

City or town, state or province, country, and ZIP or foreign postal code  
OWATONNA, MN 55060

**D** Employer identification number  
36-3454285

**E** Telephone number  
(507) 455-3215

**G** Gross receipts \$ 24,471,347

**F** Name and address of principal officer:  
TIMOTHY PENNY  
525 FLORENCE AVE  
OWATONNA, MN 55060

**H(a)** Is this a group return for subordinates?  Yes  No

**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: ▶ WWW.SMIFFOUNDATION.ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1986

**M** State of legal domicile: MN

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities:  
INVESTS FOR ECONOMIC GROWTH IN THE 20 COUNTIES OF SOUTH CENTRAL AND SOUTHEASTERN MINNESOTA.

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

|  |           |    |
|--|-----------|----|
| <b>3</b> Number of voting members of the governing body (Part VI, line 1a)             | <b>3</b>  | 13 |
| <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) | <b>4</b>  | 13 |
| <b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)  | <b>5</b>  | 39 |
| <b>6</b> Total number of volunteers (estimate if necessary)                            | <b>6</b>  | 13 |
| <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12         | <b>7a</b> | 0  |
| <b>7b</b> Net unrelated business taxable income from Form 990-T, line 39               | <b>7b</b> | 0  |

|   | Prior Year                | Current Year |
|---|---------------------------|--------------|
| <b>8</b> Contributions and grants (Part VIII, line 1h)                                      | 3,637,021                 | 3,019,110    |
| <b>9</b> Program service revenue (Part VIII, line 2g)                                       | 243,813                   | 217,150      |
| <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)                     | 5,542,349                 | -294,994     |
| <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)          | 27,650                    | 6,316        |
| <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 9,450,833                 | 2,947,582    |
| <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)                  | 2,095,307                 | 2,115,508    |
| <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)                     | 0                         | 0            |
| <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 1,910,464                 | 1,918,511    |
| <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)                    | 0                         | 0            |
| <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶191,874                 |                           |              |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)                      | 1,277,316                 | 1,124,254    |
| <b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)         | 5,283,087                 | 5,158,273    |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                              | 4,167,746                 | -2,210,691   |
|   | Beginning of Current Year | End of Year  |
| <b>20</b> Total assets (Part X, line 16)  | 56,553,709                | 60,294,730   |
| <b>21</b> Total liabilities (Part X, line 26)   | 6,485,642                 | 10,031,699   |
| <b>22</b> Net assets or fund balances. Subtract line 21 from line 20                        | 50,068,067                | 50,263,031   |

**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 knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

\*\*\*\*\*  
Signature of officer  
Date 2021-01-25

BRIAN CONZEMIUS VICE PRESIDENT/CFO  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name Preparer's signature Date 2021-01-25 Check  if self-employed PTIN P01599614

Firm's name ▶ RSM US LLP Firm's EIN ▶ 42-0714325

Firm's address ▶ 801 NICOLLET MALL WEST TOWER STE 1100 MINNEAPOLIS, MN 554022526 Phone no. (612) 332-4300

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

SOUTHERN MINNESOTA INITIATIVE FOUNDATION IS A REGIONAL DEVELOPMENT AND PHILANTHROPIC ORGANIZATION THAT FOSTERS ECONOMIC AND COMMUNITY VITALITY IN 20 COUNTIES OF SOUTHERN MINNESOTA THROUGH A CULTURE OF COLLABORATION AND PARTNERSHIP, WITH A FOCUS ON ENTREPRENEURS AND EARLY CHILDHOOD DEVELOPMENT.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 1,334,728 including grants of \$ 263,774 ) (Revenue \$ 46,142 )  
See Additional Data

**4b** (Code: ) (Expenses \$ 1,788,166 including grants of \$ 918,593 ) (Revenue \$ 22,310 )  
See Additional Data

**4c** (Code: ) (Expenses \$ 358,268 including grants of \$ 87,720 ) (Revenue \$ 9,905 )  
See Additional Data

(Code: ) (Expenses \$ 845,421 including grants of \$ 845,421 ) (Revenue \$ 138,793 )  
COMMUNITY FOUNDATIONS AND AFFILIATE FUNDS

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ 845,421 including grants of \$ 845,421 ) (Revenue \$ 138,793 )

**4e Total program service expenses** ▶ 4,326,583

**Part IV Checklist of Required Schedules**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A   | Yes |    |
| <b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?   | Yes |    |
| <b>3</b> 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  |     | No |
| <b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II  | Yes |    |
| <b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III   |     | No |
| <b>6</b> 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  | Yes |    |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  |     | No |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III   |     | No |
| <b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV             |     | No |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V   | Yes |    |
| <b>11</b> 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.  |     |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI   | Yes |    |
| <b>b</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   | Yes |    |
| <b>c</b> 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   |     | No |
| <b>d</b> 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  |     | No |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | Yes |    |
| <b>f</b> 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  | Yes |    |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  | Yes |    |
| <b>b</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   |     | No |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  |     | No |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?   |     | No |
| <b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV |     | No |
| <b>15</b> 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   |     | No |
| <b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV   |     | No |
| <b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)  |     | No |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II   | Yes |    |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III   |     | No |
| <b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   |     | No |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  |     |    |
| <b>21</b> 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  | Yes |    |

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [ ]

Table with 3 main columns: Question/Description, Yes, No. Rows include 1a (Form 1096), 1b (Forms W-2G), and 1c (gambling winnings).

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Main form area containing questions 2a through 16, including sub-questions like 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b, 13a, 13b, 13c, 14a, 14b, 15, and 16.

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

**Section A. Governing Body and Management**

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year<br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. |     |    |
| <b>1b</b> | Enter the number of voting members included in line 1a, above, who are independent   |     |    |
| <b>2</b>  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  |     | No |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?  |     | No |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   |     | No |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?   |     | No |
| <b>6</b>  | Did the organization have members or stockholders?   |     | No |
| <b>7a</b> | 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?   |     | No |
| <b>7b</b> | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  |     | No |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |     |    |
| <b>8a</b> | The governing body?  | Yes |    |
| <b>8b</b> | Each committee with authority to act on behalf of the governing body?  | Yes |    |
| <b>9</b>  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O   |     | No |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

|            |  | Yes | No |
|------------|--|-----|----|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates?   |     | No |
| <b>10b</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?   |     |    |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | Yes |    |
| <b>11b</b> | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |     |    |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No," go to line 13  | Yes |    |
| <b>12b</b> | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | Yes |    |
| <b>12c</b> | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done   | Yes |    |
| <b>13</b>  | Did the organization have a written whistleblower policy?  | Yes |    |
| <b>14</b>  | Did the organization have a written document retention and destruction policy?   | Yes |    |
| <b>15</b>  | 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?   |     |    |
| <b>15a</b> | The organization's CEO, Executive Director, or top management official   | Yes |    |
| <b>15b</b> | Other officers or key employees of the organization  | Yes |    |
|            | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  |     |    |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  | Yes |    |
| <b>16b</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? | Yes |    |

**Section C. Disclosure**

|           |  |    |
|-----------|--|----|
| <b>17</b> | List the states with which a copy of this Form 990 is required to be filed   | MN |
| <b>18</b> | Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.<br><input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O) |    |
| <b>19</b> | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  |    |
| <b>20</b> | State the name, address, and telephone number of the person who possesses the organization's books and records:<br>BRIAN CONZEMIUS 525 FLORENCE AVE OWATONNA, MN 55060 (507) 455-3215  |    |

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A)<br>Name and title                           | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |         | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|---------|--|---|---|
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former  |  |   |   |
| (1) TIMOTHY PENNY<br>PRESIDENT/CEO              | 40.00  |   |                       | X       |              |                              | 155,079 | 0  | 34,558  |   |
| (2) BRIAN CONZEMIUS<br>VICE PRESIDENT/CFO       | 40.00  |   |                       | X       |              |                              | 126,946 | 0  | 13,133  |   |
| (3) PAMELA BISHOP<br>VP OF ECONOMIC DEVELOPMENT | 40.00  |   |                       |         |              | X                            | 104,026 | 0  | 26,494  |   |
| (4) COREY MENSINK<br>CHAIR                      | 2.00   | X   |                       |         |              |                              | 0       | 0  | 0   |   |
| (5) JOHN PETERSON<br>VICE CHAIR                 | 2.00   | X   |                       |         |              |                              | 0       | 0  | 0   |   |
| (6) CYNTHIA SCHEID<br>TREASURER                 | 2.00   | X   |                       |         |              |                              | 0       | 0  | 0   |   |
| (7) LISA HUGHES<br>SECRETARY                    | 2.00   | X   |                       |         |              |                              | 0       | 0  | 0   |   |
| (8) CASSIE HARRINGTON<br>MEMBER AT LARGE        | 2.00   | X   |                       |         |              |                              | 0       | 0  | 0   |   |
| (9) ADENUGA ATEWOLOGUN<br>MEMBER AT LARGE       | 2.00   | X   |                       |         |              |                              | 0       | 0  | 0   |   |
| (10) JAKE ANDERSON<br>DIRECTOR                  | 2.00   | X   |                       |         |              |                              | 0       | 0  | 0   |   |
| (11) CARISSA BUEGLER<br>DIRECTOR                | 2.00   | X   |                       |         |              |                              | 0       | 0  | 0   |   |
| (12) XAVIER FRIGOLA<br>DIRECTOR                 | 2.00   | X   |                       |         |              |                              | 0       | 0  | 0   |   |
| (13) SUSAN HARRIS<br>DIRECTOR                   | 2.00   | X   |                       |         |              |                              | 0       | 0  | 0   |   |
| (14) ERIN MEIER<br>DIRECTOR                     | 2.00   | X   |                       |         |              |                              | 0       | 0  | 0   |   |
| (15) CHRIS SCHAD<br>DIRECTOR                    | 2.00   | X   |                       |         |              |                              | 0       | 0  | 0   |   |
| (16) SHAWN VOGT SWEEN<br>DIRECTOR               | 2.00   | X   |                       |         |              |                              | 0       | 0  | 0   |   |

| Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) |  |   |                       |         |              |                              |         |  |   |   |
|--|--|---|-----------------------|---------|--------------|------------------------------|---------|--|---|---|
| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |         | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former  |  |   |   |
|  |  |   |                       |         |              |                              |         |  |   |   |
|  |  |   |                       |         |              |                              |         |  |   |   |
|  |  |   |                       |         |              |                              |         |  |   |   |
|  |  |   |                       |         |              |                              |         |  |   |   |
|  |  |   |                       |         |              |                              |         |  |   |   |
|  |  |   |                       |         |              |                              |         |  |   |   |
|  |  |   |                       |         |              |                              |         |  |   |   |
|  |  |   |                       |         |              |                              |         |  |   |   |
|  |  |   |                       |         |              |                              |         |  |   |   |
|  |  |   |                       |         |              |                              |         |  |   |   |
|  |  |   |                       |         |              |                              |         |  |   |   |
|  |  |   |                       |         |              |                              |         |  |   |   |
| <b>1b Sub-Total</b> . . . . .  |  |   |                       |         |              |                              |         |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . .                               |  |   |                       |         |              |                              |         |  |   |   |
| <b>d Total (add lines 1b and 1c)</b> . . . . .   |  |   |                       |         |              |                              | 386,051 | 0  | 74,185  |   |

|   |  |  |  |
|---|--|--|--|
| <b>2</b> Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ <b>3</b> |  |  |  |
|---|--|--|--|

|  | Yes | No |
|--|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .  |     | No |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . | Yes |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     | No |

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ **0**



Part VIII Statement of Revenue

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1g for Contributions, Gifts, Grants and Other Similar Amounts, and 1h Total.

Table for Program Service Revenue with columns for Business Code, (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, and (D) Revenue excluded from tax under sections 512 - 514. Rows include 2a LOAN INTEREST, 2b OTHER INCOME, and 2g Total.

Table for Other Revenue with columns for (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, and (D) Revenue excluded from tax under sections 512 - 514. Rows include 3 Investment income, 4 Income from investment of tax-exempt bond proceeds, 5 Royalties, 6a-6c Rental income, 7a-7c Gain or loss from sales of assets, 8a-8b Net income from fundraising events, 9a-9b Net income from gaming activities, 10a-10b Net income from sales of inventory, 11a-11d Miscellaneous Revenue, and 12 Total revenue.

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>   | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service expenses | <b>(C)</b><br>Management and general expenses | <b>(D)</b><br>Fundraising expenses |
|---|------------------------------|--|---|------------------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .   | 2,007,283                    | 2,007,283                              |   |                                    |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .  | 108,225                      | 108,225                                |   |                                    |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .  |                              |  |   |                                    |
| <b>4</b> Benefits paid to or for members . . . . .  |                              |  |   |                                    |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .   | 337,296                      | 251,089                                | 60,555  | 25,652                             |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .  |                              |  |   |                                    |
| <b>7</b> Other salaries and wages . . . . .   | 1,276,433                    | 990,480                                | 186,089                                       | 99,864                             |
| <b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .  | 47,095                       | 35,058                                 | 8,455   | 3,582                              |
| <b>9</b> Other employee benefits . . . . .  | 150,999                      | 112,406                                | 27,109  | 11,484                             |
| <b>10</b> Payroll taxes . . . . .   | 106,688                      | 65,742                                 | 31,732  | 9,214                              |
| <b>11</b> Fees for services (non-employees):  |                              |  |   |                                    |
| <b>a</b> Management . . . . .   |                              |  |   |                                    |
| <b>b</b> Legal . . . . .  | 6,077                        | 5,573                                  | 504   |                                    |
| <b>c</b> Accounting . . . . .   | 33,898                       | 4,526                                  | 29,372  |                                    |
| <b>d</b> Lobbying . . . . .   |                              |  |   |                                    |
| <b>e</b> Professional fundraising services. See Part IV, line 17  |                              |  |   |                                    |
| <b>f</b> Investment management fees . . . . .   | 227,942                      |  | 227,942                                       |                                    |
| <b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)   | 276,864                      | 246,320                                | 25,980  | 4,564                              |
| <b>12</b> Advertising and promotion . . . . .   | 31,599                       | 21,795                                 | 831   | 8,973                              |
| <b>13</b> Office expenses . . . . .   | 125,110                      | 105,756                                | 8,127   | 11,227                             |
| <b>14</b> Information technology . . . . .  | 41,739                       | 34,401                                 | 5,079   | 2,259                              |
| <b>15</b> Royalties . . . . .   |                              |  |   |                                    |
| <b>16</b> Occupancy . . . . .   | 5,872                        | 4,345                                  | 893   | 634                                |
| <b>17</b> Travel . . . . .  | 43,789                       | 29,532                                 | 9,619   | 4,638                              |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .  |                              |  |   |                                    |
| <b>19</b> Conferences, conventions, and meetings . . . . .  | 26,772                       | 23,654                                 | 463   | 2,655                              |
| <b>20</b> Interest . . . . .  | 7,199                        | 7,199                                  |   |                                    |
| <b>21</b> Payments to affiliates . . . . .  |                              |  |   |                                    |
| <b>22</b> Depreciation, depletion, and amortization . . . . .   | 30,390                       | 22,487                                 | 4,622   | 3,281                              |
| <b>23</b> Insurance . . . . .   | 23,960                       | 20,322                                 | 1,556   | 2,082                              |
| <b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)                                       |                              |  |   |                                    |
| <b>a</b> BAD DEBTS  | 108,590                      | 108,590                                |   |                                    |
| <b>b</b> OPERATING EXPENSES   | 101,330                      | 95,611                                 | 5,295   | 424                                |
| <b>c</b> JANITORIAL & MAINTENANC  | 22,350                       | 18,539                                 | 3,811   |                                    |
| <b>d</b> DUES AND SUBSCRIPTIONS   | 10,773                       | 7,650                                  | 1,782   | 1,341                              |
| <b>e</b> All other expenses   |                              |  |   |                                    |
| <b>25</b> Total functional expenses. Add lines 1 through 24e  | 5,158,273                    | 4,326,583                              | 639,816                                       | 191,874                            |
| <b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |                              |  |   |                                    |

**Part X Balance Sheet**

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

|   |  | (A)<br>Beginning of year |            | (B)<br>End of year                            |
|---|--|--------------------------|------------|---|
| <b>Assets</b>   | <b>1</b> Cash—non-interest-bearing . . . . .   |                          | <b>1</b>   |   |
|   | <b>2</b> Savings and temporary cash investments . . . . .  | 3,640,876                | <b>2</b>   | 4,437,988                                     |
|   | <b>3</b> Pledges and grants receivable, net . . . . .  | 1,426,147                | <b>3</b>   | 281,630                                       |
|   | <b>4</b> Accounts receivable, net . . . . .  |                          | <b>4</b>   |   |
|   | <b>5</b> Loans and other 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 . . . . .  |                          | <b>5</b>   |   |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .   |                          | <b>6</b>   |   |
|   | <b>7</b> Notes and loans receivable, net . . . . .   | 2,704,761                | <b>7</b>   | 3,878,977                                     |
|   | <b>8</b> Inventories for sale or use . . . . .   |                          | <b>8</b>   |   |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .   | 37,194                   | <b>9</b>   | 20,612  |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | 1,094,613                |            |   |
|   | <b>b</b> Less: accumulated depreciation  | 604,707                  | 514,063    | <b>10c</b> style="text-align: right;">489,906 |
|   | <b>11</b> Investments—publicly traded securities . . . . .   |                          | <b>11</b>  |   |
|   | <b>12</b> Investments—other securities. See Part IV, line 11 . . . . .   | 47,896,002               | <b>12</b>  | 50,847,130                                    |
|   | <b>13</b> Investments—program-related. See Part IV, line 11 . . . . .  |                          | <b>13</b>  |   |
|   | <b>14</b> Intangible assets . . . . .  |                          | <b>14</b>  |   |
|   | <b>15</b> Other assets. See Part IV, line 11 . . . . .   | 334,666                  | <b>15</b>  | 338,487                                       |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 56,553,709   | <b>16</b>                | 60,294,730 |   |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .  | 201,174                  | <b>17</b>  | 164,346                                       |
|   | <b>18</b> Grants payable . . . . .   | 21,375                   | <b>18</b>  | 13,300  |
|   | <b>19</b> Deferred revenue . . . . .   | 53,661                   | <b>19</b>  | 1,760,675                                     |
|   | <b>20</b> Tax-exempt bond liabilities . . . . .  |                          | <b>20</b>  |   |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D  |                          | <b>21</b>  |   |
|   | <b>22</b> Loans and other 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 . . . . . |                          | <b>22</b>  |   |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .   | 2,049,940                | <b>23</b>  | 3,678,290                                     |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .   |                          | <b>24</b>  |   |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D  | 4,159,492                | <b>25</b>  | 4,415,088                                     |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .   | 6,485,642                | <b>26</b>  | 10,031,699                                    |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>   |                          |            |   |
|   | <b>27</b> Net assets without donor restrictions . . . . .  | 16,239,889               | <b>27</b>  | 16,740,835                                    |
|   | <b>28</b> Net assets with donor restrictions . . . . .   | 33,828,178               | <b>28</b>  | 33,522,196                                    |
|   | <b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>  |                          |            |   |
|   | <b>29</b> Capital stock or trust principal, or current funds . . . . .   |                          | <b>29</b>  |   |
|   | <b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .  |                          | <b>30</b>  |   |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds   |                          | <b>31</b>  |   |
| <b>32</b> Total net assets or fund balances . . . . .                         | 50,068,067   | <b>32</b>                | 50,263,031 |   |
| <b>33</b> Total liabilities and net assets/fund balances . . . . .            | 56,553,709   | <b>33</b>                | 60,294,730 |   |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |            |
|-----------|--|-----------|------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 2,947,582  |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 5,158,273  |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | -2,210,691 |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | <b>4</b>  | 50,068,067 |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | 2,404,673  |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  | 982        |
| <b>7</b>  | Investment expenses  | <b>7</b>  |            |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |            |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)   | <b>9</b>  | 0          |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 50,263,031 |

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 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?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

|           | Yes | No |
|-----------|-----|----|
| <b>2a</b> |     | No |
| <b>2b</b> | Yes |    |
| <b>2c</b> | Yes |    |
| <b>3a</b> | Yes |    |
| <b>3b</b> | Yes |    |

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 36-3454285

**Name:** SOUTHERN MINNESOTA INITIATIVE FOUNDATION

Form 990 (2019)

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### Form 990, Part III, Line 4a:

SOUTHERN MINNESOTA INITIATIVE FOUNDATION PROVIDES GRANTS, LOANS AND TECHNICAL ASSISTANCE TO BUSINESSES, LOCAL GOVERNMENTS AND NONPROFIT ORGANIZATIONS THAT ACCELERATE THE CREATION OF NEW BUSINESSES AND INNOVATIVE VENTURES THAT WILL SHAPE OUR ECONOMY THROUGH PARTNERSHIPS IN OUR REGION.

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**Form 990, Part III, Line 4b:**

SOUTHERN MINNESOTA INITIATIVE FOUNDATION PROVIDES GRANTS, EDUCATIONAL RESOURCES AND TECHNICAL ASSISTANCE TO LOCAL GOVERNMENTS, COMMUNITY PARTNERSHIPS AND NONPROFIT ORGANIZATIONS IN EARLY CHILDHOOD EDUCATION. THE EARLY CHILDHOOD PROGRAM PROVIDES RESOURCES THAT STRENGTHEN EARLY CHILDHOOD EFFORTS SO THAT YOUNG CHILDREN WILL HAVE A HEALTHY LIFE OF LEARNING, ACHIEVING AND SUCCEEDING.

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**Form 990, Part III, Line 4c:**

SOUTHERN MINNESOTA INITIATIVE FOUNDATION ADMINISTERS THE AMERICORPS-SOUTHERN MINNESOTA GRANT FOCUSING ON EARLY CHILDHOOD. SUPPORTED AMERICORPS MEMBERS SERVE IN NON-PROFITS AND SCHOOLS THROUGHOUT THE 20 COUNTY AREA WORKING WITH PRESCHOOL CHILDREN ON EARLY LITERACY, SOCIAL-EMOTIONAL, AND SCHOOL READINESS SUPPORT

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

**Name of the organization**  
SOUTHERN MINNESOTA INITIATIVE FOUNDATION

**Employer identification number**  
36-3454285

**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.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  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:
- 5  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).**
- 7  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.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **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.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **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.**
  - d  **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.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . . \_\_\_\_\_
  - g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|--|---|----|---|---|
|                                    |          |  | Yes   | No |   |   |
|                                    |          |  |   |    |   |   |
| <b>Total</b>                       |          |  |   |    |   |   |



**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 failed to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year<br>(or fiscal year beginning in) ▶   | (a) 2015  | (b) 2016  | (c) 2017  | (d) 2018  | (e) 2019  | (f) Total  |
|--|-----------|-----------|-----------|-----------|-----------|------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .   | 4,426,529 | 6,170,191 | 4,394,846 | 3,637,021 | 3,019,110 | 21,647,697 |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .  |           |           |           |           |           |            |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge..   |           |           |           |           |           |            |
| <b>4 Total.</b> Add lines 1 through 3  | 4,426,529 | 6,170,191 | 4,394,846 | 3,637,021 | 3,019,110 | 21,647,697 |
| <b>5</b> 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) . . . |           |           |           |           |           | 5,524,767  |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |           |           |           |           |           | 16,122,930 |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ▶   | (a) 2015  | (b) 2016  | (c) 2017  | (d) 2018  | (e) 2019  | (f) Total  |
|--|-----------|-----------|-----------|-----------|-----------|------------|
| <b>7</b> Amounts from line 4. . .  | 4,426,529 | 6,170,191 | 4,394,846 | 3,637,021 | 3,019,110 | 21,647,697 |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . | 677,512   | 666,400   | 1,057,562 | 1,170,275 | 1,093,380 | 4,665,129  |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. . .                               |           |           |           | 27,650    | 6,316     | 33,966     |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .                                 |           |           |           |           |           |            |
| <b>11 Total support.</b> Add lines 7 through 10  |           |           |           |           |           | 26,346,792 |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .  |           |           |           |           | <b>12</b> | 1,128,642  |

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

**Section C. Computation of Public Support Percentage**

|  |           |          |
|--|-----------|----------|
| <b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . . | <b>14</b> | 61.200 % |
| <b>15</b> Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .                        | <b>15</b> | 61.090 % |

- 16a 33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .
- b 33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .
- 17a 10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .
- b 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .

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

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

**Section A. Public Support**

| Calendar year<br>(or fiscal year beginning in) ▶ |  | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b>   | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .   |          |          |          |          |          |           |
| <b>2</b>   | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . . |          |          |          |          |          |           |
| <b>3</b>   | Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .   |          |          |          |          |          |           |
| <b>4</b>   | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . .   |          |          |          |          |          |           |
| <b>5</b>   | The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .  |          |          |          |          |          |           |
| <b>6</b>   | <b>Total.</b> Add lines 1 through 5 . . . . .  |          |          |          |          |          |           |
| <b>7a</b>  | Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .   |          |          |          |          |          |           |
| <b>b</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. . . . .            |          |          |          |          |          |           |
| <b>c</b>   | Add lines 7a and 7b. . . . .   |          |          |          |          |          |           |
| <b>8</b>   | <b>Public support.</b> (Subtract line 7c from line 6.) . . . . .   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ▶ |   | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b>   | Amounts from line 6. . . . .  |          |          |          |          |          |           |
| <b>10a</b>                                       | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . . |          |          |          |          |          |           |
| <b>b</b>   | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . . . .                        |          |          |          |          |          |           |
| <b>c</b>   | Add lines 10a and 10b. . . . .  |          |          |          |          |          |           |
| <b>11</b>  | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .    |          |          |          |          |          |           |
| <b>12</b>  | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .                               |          |          |          |          |          |           |
| <b>13</b>  | <b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .   |          |          |          |          |          |           |

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.** . . . . .

**Section C. Computation of Public Support Percentage**

|           |  |           |  |
|-----------|--|-----------|--|
| <b>15</b> | Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . . | <b>15</b> |  |
| <b>16</b> | Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .                      | <b>16</b> |  |

**Section D. Computation of Investment Income Percentage**

|           |  |           |  |
|-----------|--|-----------|--|
| <b>17</b> | Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . . | <b>17</b> |  |
| <b>18</b> | Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .                        | <b>18</b> |  |

**19a 33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

|            |  | Yes | No |
|------------|--|-----|----|
| <b>1</b>   | Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>   |     |    |
|            | <b>1</b>   |     |    |
| <b>2</b>   | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>  |     |    |
|            | <b>2</b>   |     |    |
| <b>3a</b>  | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>   |     |    |
|            | <b>3a</b>  |     |    |
| <b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>  |     |    |
|            | <b>3b</b>  |     |    |
| <b>c</b>   | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>   |     |    |
|            | <b>3c</b>  |     |    |
| <b>4a</b>  | Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>   |     |    |
|            | <b>4a</b>  |     |    |
| <b>b</b>   | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>   |     |    |
|            | <b>4b</b>  |     |    |
| <b>c</b>   | 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)? <i>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.</i>  |     |    |
|            | <b>4c</b>  |     |    |
| <b>5a</b>  | Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> |     |    |
|            | <b>5a</b>  |     |    |
| <b>b</b>   | <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
|            | <b>5b</b>  |     |    |
| <b>c</b>   | <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
|            | <b>5c</b>  |     |    |
| <b>6</b>   | 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? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
|            | <b>6</b>   |     |    |
| <b>7</b>   | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>  |     |    |
|            | <b>7</b>   |     |    |
| <b>8</b>   | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>   |     |    |
|            | <b>8</b>   |     |    |
| <b>9a</b>  | 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))? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
|            | <b>9a</b>  |     |    |
| <b>b</b>   | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
|            | <b>9b</b>  |     |    |
| <b>c</b>   | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
|            | <b>9c</b>  |     |    |
| <b>10a</b> | 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)? <i>If "Yes," answer line 10b below.</i>   |     |    |
|            | <b>10a</b>   |     |    |
| <b>b</b>   | Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>  |     |    |
|            | <b>10b</b>   |     |    |

**Part IV Supporting Organizations** (continued)

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>11</b> | Has the organization accepted a gift or contribution from any of the following persons?   |     |    |
| <b>a</b>  | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? |     |    |
| <b>b</b>  | A family member of a person described in (a) above?   |     |    |
| <b>c</b>  | A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>  |     |    |

**Section B. Type I Supporting Organizations**

|          |  | Yes | No |
|----------|--|-----|----|
| <b>1</b> | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> |     |    |
| <b>2</b> | 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? <i>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.</i>  |     |    |

**Section C. Type II Supporting Organizations**

|          |   | Yes | No |
|----------|---|-----|----|
| <b>1</b> | 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> |     |    |

**Section D. All Type III Supporting Organizations**

|          |  | Yes | No |
|----------|--|-----|----|
| <b>1</b> | 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? |     |    |
| <b>2</b> | 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>  |     |    |
| <b>3</b> | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>  |     |    |

**Section E. Type III Functionally-Integrated Supporting Organizations**

|          |  |     |    |
|----------|--|-----|----|
| <b>1</b> | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):   |     |    |
| <b>a</b> | <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.   |     |    |
| <b>b</b> | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.  |     |    |
| <b>c</b> | <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)   |     |    |
| <b>2</b> | Activities Test. <b>Answer (a) and (b) below.</b>  |     |    |
| <b>a</b> | 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? <i>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.</i> | Yes | No |
| <b>b</b> | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>  |     |    |
| <b>3</b> | Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>  |     |    |
| <b>a</b> | 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? <i>Provide details in Part VI.</i>  |     |    |
| <b>b</b> | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>  |     |    |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| <b>Section A - Adjusted Net Income</b>  |  | (A) Prior Year | (B) Current Year<br>(optional) |
|---|--|----------------|--------------------------------|
| <b>1</b>                                | Net short-term capital gain  | <b>1</b>       |                                |
| <b>2</b>                                | Recoveries of prior-year distributions   | <b>2</b>       |                                |
| <b>3</b>                                | Other gross income (see instructions)  | <b>3</b>       |                                |
| <b>4</b>                                | Add lines 1 through 3  | <b>4</b>       |                                |
| <b>5</b>                                | Depreciation and depletion   | <b>5</b>       |                                |
| <b>6</b>                                | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | <b>6</b>       |                                |
| <b>7</b>                                | Other expenses (see instructions)  | <b>7</b>       |                                |
| <b>8</b>                                | <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)   | <b>8</b>       |                                |
| <b>Section B - Minimum Asset Amount</b> |  | (A) Prior Year | (B) Current Year<br>(optional) |
| <b>1</b>                                | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  | <b>1</b>       |                                |
| <b>a</b>                                | Average monthly value of securities  | <b>1a</b>      |                                |
| <b>b</b>                                | Average monthly cash balances  | <b>1b</b>      |                                |
| <b>c</b>                                | Fair market value of other non-exempt-use assets   | <b>1c</b>      |                                |
| <b>d</b>                                | <b>Total</b> (add lines 1a, 1b, and 1c)  | <b>1d</b>      |                                |
| <b>e</b>                                | <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):  |                |                                |
| <b>2</b>                                | Acquisition indebtedness applicable to non-exempt use assets   | <b>2</b>       |                                |
| <b>3</b>                                | Subtract line 2 from line 1d   | <b>3</b>       |                                |
| <b>4</b>                                | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).  | <b>4</b>       |                                |
| <b>5</b>                                | Net value of non-exempt-use assets (subtract line 4 from line 3)   | <b>5</b>       |                                |
| <b>6</b>                                | Multiply line 5 by .035  | <b>6</b>       |                                |
| <b>7</b>                                | Recoveries of prior-year distributions   | <b>7</b>       |                                |
| <b>8</b>                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)   | <b>8</b>       |                                |
| <b>Section C - Distributable Amount</b> |  |                | Current Year                   |
| <b>1</b>                                | Adjusted net income for prior year (from Section A, line 8, Column A)  | <b>1</b>       |                                |
| <b>2</b>                                | Enter 85% of line 1  | <b>2</b>       |                                |
| <b>3</b>                                | Minimum asset amount for prior year (from Section B, line 8, Column A)   | <b>3</b>       |                                |
| <b>4</b>                                | Enter greater of line 2 or line 3  | <b>4</b>       |                                |
| <b>5</b>                                | Income tax imposed in prior year   | <b>5</b>       |                                |
| <b>6</b>                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)   | <b>6</b>       |                                |
| <b>7</b>                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)                                 |                |                                |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

| <b>Section D - Distributions</b>   | <b>Current Year</b> |
|--|---------------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes   |                     |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity             |                     |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations   |                     |
| <b>4</b> Amounts paid to acquire exempt-use assets   |                     |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required)   |                     |
| <b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions   |                     |
| <b>7 Total annual distributions.</b> Add lines 1 through 6.  |                     |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions |                     |
| <b>9</b> Distributable amount for 2019 from Section C, line 6  |                     |
| <b>10</b> Line 8 amount divided by Line 9 amount   |                     |

| <b>Section E - Distribution Allocations</b><br>(see instructions)  | <b>(i)</b><br><b>Excess Distributions</b> | <b>(ii)</b><br><b>Underdistributions</b><br><b>Pre-2019</b> | <b>(iii)</b><br><b>Distributable</b><br><b>Amount for 2019</b> |
|--|---|---|--|
| <b>1</b> Distributable amount for 2019 from Section C, line 6  |   |   |  |
| <b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.   |   |   |  |
| <b>3</b> Excess distributions carryover, if any, to 2019:  |   |   |  |
| <b>a</b> From 2014. . . . .  |   |   |  |
| <b>b</b> From 2015. . . . .  |   |   |  |
| <b>c</b> From 2016. . . . .  |   |   |  |
| <b>d</b> From 2017. . . . .  |   |   |  |
| <b>e</b> From 2018. . . . .  |   |   |  |
| <b>f Total</b> of lines 3a through e   |   |   |  |
| <b>g</b> Applied to underdistributions of prior years  |   |   |  |
| <b>h</b> Applied to 2019 distributable amount  |   |   |  |
| <b>i</b> Carryover from 2014 not applied (see instructions)  |   |   |  |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |   |   |  |
| <b>4</b> Distributions for 2019 from Section D, line 7:  |   |   |  |
| \$   |   |   |  |
| <b>a</b> Applied to underdistributions of prior years  |   |   |  |
| <b>b</b> Applied to 2019 distributable amount  |   |   |  |
| <b>c</b> Remainder. Subtract lines 4a and 4b from 4.   |   |   |  |
| <b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions. |   |   |  |
| <b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.                        |   |   |  |
| <b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.  |   |   |  |
| <b>8</b> Breakdown of line 7:  |   |   |  |
| <b>a</b> Excess from 2015. . . . .   |   |   |  |
| <b>b</b> Excess from 2016. . . . .   |   |   |  |
| <b>c</b> Excess from 2017. . . . .   |   |   |  |
| <b>d</b> Excess from 2018. . . . .   |   |   |  |
| <b>e</b> Excess from 2019. . . . .   |   |   |  |

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 36-3454285

**Name:** SOUTHERN MINNESOTA INITIATIVE FOUNDATION

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

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

**Political Campaign and Lobbying Activities**  
**For Organizations Exempt From Income Tax Under section 501(c) and section 527**  
**▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.**  
**▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

**If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

|  |  |
|--|--|
| Name of the organization<br>SOUTHERN MINNESOTA INITIATIVE FOUNDATION | Employer identification number<br>36-3454285 |
|--|--|

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

**1** Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

**2** Political campaign activity expenditures (see instructions) ..... ▶ \$ \_\_\_\_\_

**3** Volunteer hours for political campaign activities (see instructions) .....

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

**1** Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_

**2** Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_

**3** If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No

**4a** Was a correction made? .....  Yes  No

**b** If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

**1** Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_

**2** Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_

**3** Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ \_\_\_\_\_

**4** Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No

**5** Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
| 1        |             |         |   |  |
| 2        |             |         |   |  |
| 3        |             |         |   |  |
| 4        |             |         |   |  |
| 5        |             |         |   |  |
| 6        |             |         |   |  |





**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

|           |   | (a) |    | (b)    |
|-----------|---|-----|----|--------|
|           |   | Yes | No | Amount |
| <b>1</b>  | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: |     |    |        |
| <b>a</b>  | Volunteers? .....   |     | No |        |
| <b>b</b>  | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....  | Yes |    |        |
| <b>c</b>  | Media advertisements? .....   |     | No |        |
| <b>d</b>  | Mailings to members, legislators, or the public? .....  | Yes |    |        |
| <b>e</b>  | Publications, or published or broadcast statements? .....   |     | No |        |
| <b>f</b>  | Grants to other organizations for lobbying purposes? .....  |     | No |        |
| <b>g</b>  | Direct contact with legislators, their staffs, government officials, or a legislative body? .....   | Yes |    | 2,944  |
| <b>h</b>  | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....   |     | No |        |
| <b>i</b>  | Other activities? .....   |     | No |        |
| <b>j</b>  | Total. Add lines 1c through 1i .....  |     |    | 2,944  |
| <b>2a</b> | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....   |     | No |        |
| <b>b</b>  | If "Yes," enter the amount of any tax incurred under section 4912 .....   |     |    |        |
| <b>c</b>  | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....  |     |    |        |
| <b>d</b>  | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....  |     |    |        |

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

|          |   | Yes      | No |
|----------|---|----------|----|
| <b>1</b> | Were substantially all (90% or more) dues received nondeductible by members? .....                      | <b>1</b> |    |
| <b>2</b> | Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....                 | <b>2</b> |    |
| <b>3</b> | Did the organization agree to carry over lobbying and political expenditures from the prior year? ..... | <b>3</b> |    |

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

|          |  |           |  |
|----------|--|-----------|--|
| <b>1</b> | Dues, assessments and similar amounts from members .....   | <b>1</b>  |  |
| <b>2</b> | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).   |           |  |
| <b>a</b> | Current year .....   | <b>2a</b> |  |
| <b>b</b> | Carryover from last year .....   | <b>2b</b> |  |
| <b>c</b> | Total .....  | <b>2c</b> |  |
| <b>3</b> | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .  | <b>3</b>  |  |
| <b>4</b> | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? ..... | <b>4</b>  |  |
| <b>5</b> | Taxable amount of lobbying and political expenditures (see instructions) .....   | <b>5</b>  |  |

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

| Return Reference   | Explanation   |
|--------------------|---|
| PART II-B, LINE 1: | SUPPORT FOR EARLY CHILDHOOD AND ECONOMIC DEVELOPMENT PROGRAMS |

**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

# Supplemental Financial Statements

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

▶ 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](http://www.irs.gov/Form990) for instructions and the latest information.

**Name of the organization**  
SOUTHERN MINNESOTA INITIATIVE FOUNDATION

**Employer identification number**  
36-3454285

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

|   | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|------------------------------|
| 1 Total number at end of year . . . . .             | 10                      |                              |
| 2 Aggregate value of contributions to (during year) | 51,280                  |                              |
| 3 Aggregate value of grants from (during year)      | 102,388                 |                              |
| 4 Aggregate value at end of year . . . . .          | 2,944,051               |                              |

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .  Yes  No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .  Yes  No

**Part II Conservation Easements.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area
- Protection of natural habitat  Preservation of a certified historic structure
- Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

|  | Held at the End of the Year |
|--|-----------------------------|
| a Total number of conservation easements . . . . .   | 2a                          |
| b Total acreage restricted by conservation easements . . . . .   | 2b                          |
| c Number of conservation easements on a certified historic structure included in (a) . . . . .   | 2c                          |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . . | 2d                          |

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- 4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .  Yes  No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .  Yes  No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_
- b Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .  **Yes**  **No**

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  **Yes**  **No**

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance . . . . .
- d** Additions during the year . . . . .
- e** Distributions during the year . . . . .
- f** Ending balance . . . . .

|           | Amount |
|-----------|--------|
| <b>1c</b> |        |
| <b>1d</b> |        |
| <b>1e</b> |        |
| <b>1f</b> |        |

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . .

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

|   | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance . . . . .                     | 38,790,595       | 37,308,295     | 35,185,071         | 31,115,350           | 32,125,746          |
| <b>b</b> Contributions . . . . .                                  | 832,429          | 1,344,200      | 868,288            | 633,376              | 874,139             |
| <b>c</b> Net investment earnings, gains, and losses               | 1,521,922        | 1,439,538      | 2,506,504          | 3,537,930            | -588,445            |
| <b>d</b> Grants or scholarships . . . . .                         |                  |                |                    |                      | 1,296,090           |
| <b>e</b> Other expenditures for facilities and programs . . . . . | 1,337,780        | 1,301,438      | 1,251,568          | 101,585              |                     |
| <b>f</b> Administrative expenses . . . . .                        |                  |                |                    |                      |                     |
| <b>g</b> End of year balance . . . . .                            | 39,807,166       | 38,790,595     | 37,308,295         | 35,185,071           | 31,115,350          |

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ 31.100 %
- b** Permanent endowment ▶ 57.000 %
- c** Temporarily restricted endowment ▶ 11.900 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations . . . . .
- (ii)** related organizations . . . . .

|               | Yes | No |
|---------------|-----|----|
| <b>3a(i)</b>  |     | No |
| <b>3a(ii)</b> |     | No |
| <b>3b</b>     |     |    |

**b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land . . . . .   |                                      | 68,687                          |                              | 68,687         |
| <b>b</b> Buildings . . . . .   |                                      | 744,825                         | 355,875                      | 388,950        |
| <b>c</b> Leasehold improvements  |                                      | 11,313                          | 11,313                       | 0              |
| <b>d</b> Equipment . . . . .   |                                      | 269,788                         | 237,519                      | 32,269         |
| <b>e</b> Other . . . . .   |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ |                                      |                                 |                              | 489,906        |

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security)   | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives . . . . .                                       |                |  |
| (2) Closely-held equity interests . . . . .                               |                |  |
| (3) Other _____   |                |  |
| (A) OTHER INVESTMENTS   | 50,847,130     | F  |
| (B)   |                |  |
| (C)   |                |  |
| (D)   |                |  |
| (E)   |                |  |
| (F)   |                |  |
| (G)   |                |  |
| (H)   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) | 50,847,130     |  |

**Part VIII Investments—Program Related.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment  | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|--|----------------|--|
| (1)  |                |  |
| (2)  |                |  |
| (3)  |                |  |
| (4)  |                |  |
| (5)  |                |  |
| (6)  |                |  |
| (7)  |                |  |
| (8)  |                |  |
| (9)  |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 13.) |                |  |

**Part IX Other Assets.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description  | (b) Book value |
|--|----------------|
| (1)  |                |
| (2)  |                |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.) |                |

**Part X Other Liabilities.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability  | (b) Book value |
|--|----------------|
| (1) Federal income taxes   |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.) | 4,415,088      |

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

|          |  |           |           |                     |
|----------|--|-----------|-----------|---------------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                       |           | <b>1</b>  | 5,145,400           |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                      |           |           |                     |
| <b>a</b> | Net unrealized gains (losses) on investments . . . . .   | <b>2a</b> | 2,404,673 |                     |
| <b>b</b> | Donated services and use of facilities . . . . .   | <b>2b</b> | 982       |                     |
| <b>c</b> | Recoveries of prior year grants . . . . .  | <b>2c</b> |           |                     |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .   | <b>2d</b> |           |                     |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .  |           |           | <b>2e</b> 2,405,655 |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .   |           |           | <b>3</b> 2,739,745  |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :                             |           |           |                     |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                               | <b>4a</b> | 227,942   |                     |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .   | <b>4b</b> | -20,105   |                     |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .  |           |           | <b>4c</b> 207,837   |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . . |           |           | <b>5</b> 2,947,582  |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

|          |   |           |          |                    |
|----------|---|-----------|----------|--------------------|
| <b>1</b> | Total expenses and losses per audited financial statements . . . . .                                      |           | <b>1</b> | 4,950,436          |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:   |           |          |                    |
| <b>a</b> | Donated services and use of facilities . . . . .  | <b>2a</b> |          |                    |
| <b>b</b> | Prior year adjustments . . . . .  | <b>2b</b> |          |                    |
| <b>c</b> | Other losses . . . . .  | <b>2c</b> |          |                    |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .  | <b>2d</b> | 20,105   |                    |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .   |           |          | <b>2e</b> 20,105   |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .  |           |          | <b>3</b> 4,930,331 |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :                                |           |          |                    |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                                | <b>4a</b> | 227,942  |                    |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .  | <b>4b</b> |          |                    |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .   |           |          | <b>4c</b> 227,942  |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . . |           |          | <b>5</b> 5,158,273 |

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

| Return Reference          | Explanation |
|---------------------------|-------------|
| See Additional Data Table |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |

**Part XIII** Supplemental Information *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
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## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 36-3454285

**Name:** SOUTHERN MINNESOTA INITIATIVE FOUNDATION

## Supplemental Information

| Return Reference | Explanation  |
|------------------|--|
| PART V, LINE 4:  | THE FOUNDATION HAS DEVELOPED A SPENDING POLICY WHICH USES UP TO 4.5% OF ITS ENDOWMENT BALANCE ANNUALLY TO SUPPORT ITS PROGRAMS AND ACTIVITIES. |



## Supplemental Information

| Return Reference | Explanation  |
|------------------|--|
| PART X, LINE 2:  | THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES AS A TAX-EXEMPT ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, EXCEPT FOR INCOME ON CERTAIN UNRELATED BUSINESS INCOME. AT JUNE 30, 2020, THERE IS NO MATERIAL AMOUNT OF UNRELATED BUSINESS INCOME. THE FOUNDATION IS ALSO EXEMPT FROM STATE INCOME TAXES UNDER APPLICABLE MINNESOTA STATUTES. THE FOUNDATION HAS REVIEWED ITS TAX POSITIONS FOR ALL OPEN YEARS AND HAS CONCLUDED THAT NO MATERIAL LIABILITIES EXIST AS OF JUNE 30, 2020 OR 2019. GENERALLY, THE FOUNDATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS PRIOR TO THE FISCAL YEAR ENDED JUNE 30, 2017. |

# Supplemental Information

| Return Reference                      | Explanation                   |
|---------------------------------------|-------------------------------|
| PART XI, LINE 4B - OTHER ADJUSTMENTS: | FUNDRAISING EXPENSES -20,105. |

# Supplemental Information

| Return Reference                       | Explanation                  |
|--|------------------------------|
| PART XII, LINE 2D - OTHER ADJUSTMENTS: | FUNDRAISING EXPENSES 20,105. |

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2019

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 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.

Department of the Treasury Internal Revenue Service

Name of the organization SOUTHERN MINNESOTA INITIATIVE FOUNDATION

Employer identification number 36-3454285

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations e Solicitation of non-government grants f Solicitation of government grants g Special fundraising events 2a Did the organization have a written or oral agreement with any individual... 2b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| Revenue  | (a) Event #1                         | (b) Event #2                | (c) Other events | (d) Total events                |
|--|--------------------------------------|-----------------------------|------------------|---------------------------------|
|  | <u>CHIPPE SHOPPE</u><br>(event type) | <u>CARE</u><br>(event type) | (total number)   | (add col. (a) through col. (c)) |
| <b>1</b> Gross receipts . . . . .  | 21,851                               | 17,920                      |                  | 39,771                          |
| <b>2</b> Less: Contributions . . . . .   |                                      | 13,350                      |                  | 13,350                          |
| <b>3</b> Gross income (line 1 minus line 2) . . . . .                              | 21,851                               | 4,570                       |                  | 26,421                          |
| <b>4</b> Cash prizes . . . . .   |                                      |                             |                  |                                 |
| <b>5</b> Noncash prizes . . . . .  |                                      | 4,130                       |                  | 4,130                           |
| <b>6</b> Rent/facility costs . . . . .   |                                      | 2,999                       |                  | 2,999                           |
| <b>7</b> Food and beverages . . . . .  |                                      | 561                         |                  | 561                             |
| <b>8</b> Entertainment . . . . .   |                                      |                             |                  |                                 |
| <b>9</b> Other direct expenses . . . . .   | 12,415                               |                             |                  | 12,415                          |
| <b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶  |                                      |                             |                  | 20,105                          |
| <b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶ |                                      |                             |                  | 6,316                           |

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| Revenue   | (a) Bingo   | (b) Pull tabs/Instant bingo/progressive bingo                       | (c) Other gaming  | (d) Total gaming (add col.(a) through col.(c)) |
|---|---|---|---|--|
|   | <b>1</b> Gross revenue . . . . .                                    |   |   |  |
| <b>2</b> Cash prizes . . . . .  |   |   |   |  |
| <b>3</b> Noncash prizes . . . . .   |   |   |   |  |
| <b>4</b> Rent/facility costs . . . . .  |   |   |   |  |
| <b>5</b> Other direct expenses . . . . .  |   |   |   |  |
| <b>6</b> Volunteer labor . . . . .  | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |  |
| <b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶        |   |   |   |  |
| <b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶ |   |   |   |  |

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No

**b** If "No," explain: \_\_\_\_\_

---

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No

**b** If "Yes," explain: \_\_\_\_\_

---

- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ .....

Address ▶ .....

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.

**c** If "Yes," enter name and address of the third party:

Name ▶ .....

Address ▶ .....

**16** Gaming manager information:

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

- Director/officer                       Employee                       Independent contractor

**17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

Note: To capture the full content of this document as Filed, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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 the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization SOUTHERN MINNESOTA INITIATIVE FOUNDATION

Employer identification number

36-3454285

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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 recipient that received more than \$5,000.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 93
3 Enter total number of other organizations listed in the line 1 table. 12

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| (1) SCHOLARSHIPS                | 47                       | 45,500                   |                                  |   |                                       |
| (2) HARDSHIP ASSISTANCE         | 37                       | 62,725                   |                                  |   |                                       |
| (2)                             |                          |                          |                                  |   |                                       |
| (3)                             |                          |                          |                                  |   |                                       |
| (4)                             |                          |                          |                                  |   |                                       |
| (5)                             |                          |                          |                                  |   |                                       |
| (6)                             |                          |                          |                                  |   |                                       |
| (7)                             |                          |                          |                                  |   |                                       |

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

| Return Reference | Explanation   |
|------------------|---|
| PART I, LINE 2:  | THE FOUNDATION PROVIDES GRANTS ON AN OPEN APPLICATION BASIS. THE REQUIREMENTS TO APPLY FOR GRANTS ARE POSTED ON THE SMIF WEBSITE, AND ALSO ON THE RFP'S THAT ARE SENT OUT. THE FOUNDATION ALSO PROVIDES ASSISTANCE TO GRANT APPLICANTS AS NEEDED. THE FOUNDATION APPROVES GRANTS BASED ON THE REQUIREMENTS LISTED FOR THE APPLICATION, AND ALSO BASED ON ORGANIZATIONAL GUIDELINES AND BUDGET CONSTRAINTS. THE FOUNDATION REQUIRES THE APPLICANT TO FILL OUT AN APPLICATION AND UPON APPROVAL WILL NOTIFY THE APPLICANT, HAVE THEM SIGN A CONTRACT AND THE FOUNDATION WILL REQUIRE ON-GOING CORRESPONDENCES, SITE VISITS AND FINAL REPORTS DEMONSTRATING DOLLARS WERE SPENT ACCORDING TO THE FOUNDATION GRANT GUIDELINES. |



## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 36-3454285

**Name:** SOUTHERN MINNESOTA INITIATIVE FOUNDATION

### Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| <b>(a)</b> Name and address of organization or government   | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance             |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| A CHANCE TO GROW<br>1800 2ND ST NE<br>MINNEAPOLIS, MN 55418 | 41-1444113     | 501C3                                | 15,000                          |  |  |   | TRANSFORMING LEARNING READINESS IN SOUTHERN MINNESOTA |
| BLUE EARTH COUNTY<br>1235 CALEDONIA ST<br>MANKATO, MN 56001 | 41-6005763     | GOVERNMENT                           | 26,758                          |  |  |   | VETERANS MEMORIAL - HWY 22 VICTORY DRIVE PROJECT      |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government         | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| BROWN COUNTY PUBLIC HEALTH<br>1117 CENTER ST<br>NEW ULM, MN 56073 | 41-6005765     | GOVERNMENT                           |                                 | 7,130                                    | FMV  | BOOKS   | LITERACY GRANT - CHILDRENS BOOKS          |
| BYRON PUBLIC SCHOOLS<br>630 1ST AVE NW<br>BYRON, MN 55920         | 41-6002825     | SCHOOL/EDUCATION                     |                                 | 10,075                                   | FMV  | BOOKS   | LITERACY GRANT - CHILDRENS BOOKS          |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government      | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CITY OF BLUE EARTH<br>125 7TH ST E<br>BLUE EARTH, MN 560130038 | 41-6004991     | GOVERNMENT                           | 26,563                          |  |  |   | MUSICAL INSTRUMENT FOR COMMUNITY PARK     |
| CITY OF FAIRMONT<br>100 DOWNTOWN PLAZA<br>FAIRMONT, MN 56031   | 41-6005147     | GOVERNMENT                           | 9,433                           |  |  |   | COMMUNITY CENTER FEASIBILITY              |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government      | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance                            |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| CITY OF HARMONY<br>225 3RD AVE SW<br>HARMONY, MN 559390488     | 41-6005218     | GOVERNMENT                           | 7,567                           |  |  |   | COMMUNITY FOUNDATION SUPPORT FOR NORTH PARK BASKETBALL COURT UPGRADE |
| CITY OF PLAINVIEW<br>241 BROADWAY W<br>PLAINVIEW, MN 559641253 | 41-1650465     | GOVERNMENT                           | 7,500                           |  |  |   | COMMUNITY FOUNDATION SUPPORT FOR COMMUNITY DOG PARK                  |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government               | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance                   |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CITY OF WABASHA<br>900 HIAWATHA DR E<br>WABASHA, MN 559810262           | 41-6005601     | GOVERNMENT                           | 11,500                          |  |  |   | POOL PASSES FOR COMMUNITY POOL/COMMUNITY ENHANCEMENT GRANTS |
| FREEBORN COUNTY PUBLIC HEALTH<br>411 S BROADWAY<br>ALBERT LEA, MN 56007 | 41-6005795     | GOVERNMENT                           |                                 | 6,200                                    | FMV  | BOOKS   | LITERACY GRANT - CHILDRENS BOOKS                            |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| KASSON-MANTORVILLE SCHOOLS<br>101 16TH ST NE<br>KASSON, MN 55944         | 41-6008530     | SCHOOL/EDUCATION                     | 9,000                           |  |  |   | CHILD CARE START UP/EXPANSION             |
| KINGSLAND PUBLIC SCHOOLS<br>705 SECTION AVE N<br>SPRING VALLEY, MN 55975 | 41-1740007     | SCHOOL/EDUCATION                     |                                 | 6,200                                    | FMV  | BOOKS   | LITERACY GRANT - CHILDRENS BOOKS          |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government             | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance  |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| KIWANIS CLUB OF MANKATO FOUNDATION<br>PO BOX 733<br>MANKATO, MN 56002 | 41-1908825     | 501C3                                |                                 | 78,275                                   | FMV  | BOOKS   | LITERACY GRANT - CHILDRENS BOOKS           |
| MN STATE UNIVERSITY- MANKATO<br>150 MORRIS HALL<br>MANKATO, MN 56001  | 41-1687554     | SCHOOL/EDUCATION                     | 20,000                          |  |  |   | ECONOMIC DEVELOPMENT - WOMEN MEAN BUSINESS |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                               | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| MN VALLEY ACTION COUNCIL<br>706 VICTORY DR N<br>MANKATO, MN 56001                       | 41-6050353     | 501C3                                |                                 | 6,898                                    | FMV  | BOOKS   | LITERACY GRANT - CHILDRENS BOOKS          |
| NEW PRAGUE AREA EARLY CHILDHOOD INITIATIVE<br>410 CENTRAL AVE N<br>NEW PRAGUE, MN 56071 | 41-6003815     | SCHOOL/EDUCATION                     |                                 | 6,355                                    | FMV  | BOOKS   | LITERACY GRANT - CHILDRENS BOOKS          |



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                  | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| NEW ULM PUBLIC SCHOOLS<br>910 14TH ST N<br>NEW ULM, MN 56073               | 41-6000373     | SCHOOL/EDUCATION                     |                                 | 7,750                                    | FMV  | BOOKS   | LITERACY GRANT - CHILDRENS BOOKS          |
| NORTHFIELD AREA FAMILY YMCA<br>1501 HONEYLOCUST DR<br>NORTHFIELD, MN 55057 | 59-3817686     | 501C3                                | 5,000                           |  |  |   | SUPPORT FOR LOCAL FAMILY PROGRAMS         |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government              | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance                             |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| NORTHFIELD PUBLIC SCHOOLS<br>201 ORCHARD ST S<br>NORTHFIELD, MN 55057  | 41-6008327     | SCHOOL/EDUCATION                     |                                 | 11,625                                   | FMV  | BOOKS   | EARLY CHILDHOOD NAVIGATORS/RICE COUNTY EARLY CHILDHOOD DENTAL NETWORK |
| RED WING DOWNTOWN MAIN STREET INC<br>419 BUSH ST<br>RED WING, MN 55066 | 41-1869035     | 501C3                                | 5,000                           |  |  |   | SUPPORT FOR DOWNTOWN PUBLIC ART PROJECT                               |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                  | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ROCHESTER AREA FAMILY YMCA<br>2364 VALLEYHIGH DR NW<br>ROCHESTER, MN 55901 | 45-2563299     | 501C3                                |                                 | 5,270                                    | FMV  | BOOKS   | LITERACY GRANT - CHILDRENS BOOKS          |
| SEMCAC HEAD START<br>204 ELM ST S<br>RUSHFORD, MN 55971                    | 41-0907135     | 501C3                                |                                 | 5,735                                    | FMV  | BOOKS   | LITERACY GRANT - CHILDRENS BOOKS          |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                         | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SIBLEY COUNTY PUBLIC HEALTH AND HUMAN SERVICES<br>111 8TH ST<br>GAYLORD, MN 55334 | 41-6005897     | GOVERNMENT                           |                                 | 6,588                                    |  |   | LITERACY CRANT - CHILDRENS BOOKS          |
| SLEEPY EYE PUBLIC SCHOOLS<br>400 4TH AVE SW<br>SLEEPY EYE, MN 56085               | 41-6000392     | SCHOOL/EDUCATION                     |                                 | 6,200                                    | FMV  | BOOKS   | LITERACY GRANT - CHILDRENS BOOKS          |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                    | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SOUTHERN MN EDUCATION CONSORTIUM<br>710 4TH AVE NE<br>GRAND MEADOW, MN 55936 | 27-0630742     | SCHOOL/EDUCATION                     |                                 | 8,060                                    | FMV  | BOOKS   | LITERACY GRANT - CHILDRENS BOOKS          |
| STEELE COUNTY PUBLIC HEALTH<br>635 FLORENCE AVE<br>OWATONNA, MN 55060        | 41-6005901     | GOVERNMENT                           |                                 | 5,425                                    | FMV  | BOOKS   | LITERACY GRANT - CHILDRENS BOOKS          |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                                 | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| THREE RIVERS COMMUNITY ACTION INCORPORATED<br>1651 JEFFERSON PKWY<br>NORTHFIELD, MN 55057 | 41-0906178     | 501C3                                |                                 | 12,400                                   | FMV  | BOOKS   | LITERACY GRANT - CHILDRENS BOOKS          |
| TRI-CITY UNITED PUBLIC SCHOOLS<br>101 2ND ST NE<br>MONTGOMERY, MN 56069                   | 45-3740004     | SCHOOL/EDUCATION                     |                                 | 6,588                                    | FMV  | BOOKS   | LITERACY GRANT - CHILDRENS BOOKS          |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                             | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| WATONWAN COUNTY HEALTH AND HUMAN SERVICES<br>715 2ND AVE S<br>ST JAMES, MN 56081      | 41-6005922     | GOVERNMENT                           |                                 | 6,975                                    | FMV  | BOOKS   | LITERACY GRANT - CHILDRENS BOOKS          |
| AB SEE PRESCHOOL AND EARLY LEARNING CENTER<br>5477 311TH ST<br>CANNON FALLS, MN 55009 |                | OTHER/EDUCATION                      | 9,000                           |  |  |   | CHILD CARE START-UP OR EXPANSION GRANT    |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                            | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance      |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| ALBERT LEA AREA SCHOOLS<br>211 RICHWAY DR W<br>ALBERT LEA, MN 56007                  | 41-6001171     | SCHOOL/EDUCATION                     |                                 | 6,200                                    | FMV  | BOOKS   | LITERACY GRANT - CHILDRENS BOOKS               |
| ALBERT LEA ECONOMIC DEVELOPMENT AGENCY<br>132 BROADWAY AVE N<br>ALBERT LEA, MN 56007 | 41-6004922     | GOVERNMENT                           | 10,000                          |  |  |   | COMMUNITIES ADDRESSING THE CHILD CARE SHORTAGE |



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                         | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ALINA HEALTHOWATONNA HOSPITAL FOUNDATION<br>2250 26TH ST NW<br>OWATONNA, MN 55060 | 27-4116873     | 501C3                                |                                 | 8,525                                    | FMV  | BOOKS   | LITERACY GRANT - CHILDRENS BOOKS          |
| AMBROY AREA COMMUNITY CLUB<br>PO BOX 443<br>AMBOY, MN 56010                       | 56-2465736     | 501C6                                | 10,000                          |  |  |   | REINVENTING HISTORIC DOWNTOWN AMBOY       |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government   | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| AUSTIN ASPIRES<br>301 MAIN ST N STE 104<br>AUSTIN, MN 55912 | 46-5424422     | 501C3                                |                                 | 6,200                                    | FMV  | BOOKS   | LITERACY GRANT - CHILDRENS BOOKS          |
| AUSTIN PUBLIC SCHOOLS<br>401 3RD ST NW<br>AUSTIN, MN 55912  | 41-6002526     | SCHOOL/EDUCATION                     |                                 | 7,750                                    | FMV  | BOOKS   | LITERACY GRANT - CHILDRENS BOOKS          |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                        | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance                             |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| BLUE EARTH ECONOMIC DEVELOPMENT<br>125 6TH ST W<br>BLUE EARTH, MN 56013          | 41-6004991     | GOVERNMENT                           | 10,000                          |  |  |   | ECONOMIC DEVELOPMENT - SHOP BLUE EARTH & RURAL ENTEPRENEURIAL VENTURE |
| BUILDING BLOCKS CHILDCARE & LEARNING CENTER<br>469 12TH ST<br>RED WING, MN 55066 | 83-3750903     | OTHER/EDUCATION                      | 6,000                           |  |  |   | CHILD CARE START-UP OR EXPANSION GRANT                                |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                            | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance           |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| BYRON PUBLIC SCHOOLS<br>1887 2ND AVE NW<br>BYRON, MN 559206035                       | 41-6002825     | SCHOOL/EDUCATION                     | 6,250                           |  |  |   | OUTDOOR GRADUATION CEREMONY/COVID-19 RELIEF FUNDING |
| CHILD CARE CENTER OF MAPLETON INCORPORATED<br>60 MAIN ST E<br>MAPLETON, MN 560650515 | 41-1267511     | 501C3                                | 10,000                          |  |  |   | CHILD CARE START-UP OR EXPANSION GRANT              |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government      | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CITY OF BLUE EARTH<br>125 6TH ST W<br>BLUE EARTH, MN 560130038 | 41-6004991     | GOVERNMENT                           | 37,753                          |  |  |   | POOL SLIDE FOR COMMUNITY POOL             |
| CITY OF EAGLE LAKE<br>705 PARKWAY AVE<br>EAGLE LAKE, MN 56024  | 41-6005110     | GOVERNMENT                           | 5,000                           |  |  |   | MUSIC IN THE PARK                         |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government     | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance      |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| CITY OF EAGLE LAKE<br>705 PARKWAY AVE<br>EAGLE LAKE, MN 56024 | 41-6005110     | GOVERNMENT                           | 10,000                          |  |  |   | COMMUNITIES ADDRESSING THE CHILD CARE SHORTAGE |
| CITY OF ELLENDALE<br>106 6TH AVE W<br>ELLENDALE, MN 56026     | 41-6005127     | GOVERNMENT                           | 18,000                          |  |  |   | COMMUNITY KITCHEN REMODEL                      |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government         | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CITY OF FAIRMONT<br>100 DOWNTOWN PLAZA<br>FAIRMONT, MN 56031      | 41-6005147     | GOVERNMENT                           | 124,136                         |  |  |   | FAIRMONT ADVENTURE PLAYGROUND FUND        |
| CITY OF GRAND MEADOW<br>112 GRAND AVE E<br>GRAND MEADOW, MN 55936 | 41-6005198     | GOVERNMENT                           | 6,300                           |  |  |   | GRAND MEADOW CIVIC GATHERINGS             |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government         | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance              |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| CITY OF KASOTA<br>200 WEBSTER ST N<br>KASOTA, MN 56050            | 41-1233431     | GOVERNMENT                           | 10,000                          |  |  |   | ECONOMIC DEVELOPMENT - GROWING BETTER TOGETHER         |
| CITY OF SAINT JAMES<br>124 ARMSTRONG BLVD S<br>ST JAMES, MN 56081 | 41-6005517     | GOVERNMENT                           | 20,000                          |  |  |   | EQUITABLE ACCESS TO BUSINESS CONSULTING IN SOUTHERN MN |



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government        | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance                        |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| CITY OF ST CHARLES<br>830 WHITEWATER AVE<br>ST CHARLES, MN 55972 | 41-6005513     | GOVERNMENT                           | 24,127                          |  |  |   | COMMUNITY FOUNDATION SUPPORT FOR COMMUNITY GATHERING GREEN SPACE |
| CITY OF WANAMINGO<br>401 MAIN ST<br>WANAMINGO, MN 55983          | 41-6005614     | GOVERNMENT                           | 34,181                          |  |  |   | COMMUNITY VETERANS MEMORIAL                                      |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government               | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CULTIVATE MAANKATO<br>227 MAIN ST<br>MANKATO, MN 56001                  | 83-0727659     | 501C3                                | 10,000                          |  |  |   | CHILD CARE START-UP OR EXPANSION GRANT    |
| DISCOVER TREE CHILDCARE CENTER LLC<br>1363 HOMER RD<br>WINONA, MN 55987 | 82-2619753     | 501C3                                | 9,000                           |  |  |   | CHILD CARE START-UP OR EXPANSION GRANT    |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                            | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| DISCOVER FAITH COMMUNITY<br>PO BOX 172<br>LANESBORO, MN 55949                        | 41-1476740     | 501C3                                | 6,625                           |  |  |   | SHARING FUND/COVID-19 RELIEF FUNDING      |
| DODGE COUNTY ECONOMIC DEVELOPMENT AUTHORITY<br>721 MAIN ST N<br>MANTOVILLE, MN 55955 | 41-6005790     | GOVERNMENT                           | 9,200                           |  |  |   | HISPANIC ECONOMIC DEVELOPMENT OUTREACH    |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| ELLENDALE AREA FOOD SHELF<br>UNITED METHODIST CHURCH<br>PO BOX 331<br>GENEVA, MN 56035 |                | 501C3                                | 6,250                           |  |  |   | COVID-19 RELIEF FUNDING FOR COMMUNITY FOOD SHELF |
| FAIRMONT AREA SCHOOLS<br>714 VICTORIA ST<br>FAIRMONT, MN 56031                         | 41-1833686     | SCHOOL/EDUCATION                     |                                 | 6,200                                    | FMV  | BOOKS   | LITERACY GRANT - CHILDRENS BOOKS                 |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FARIBAULT PUBLIC SCHOOLS<br>930 4TH AVE NW<br>FARIBAULT, MN 55021             | 41-6003618     | SCHOOL/EDUCATION                     |                                 | 10,850                                   | FMV  | BOOKS   | LITERACY GRANT - CHILDRENS BOOKS                  |
| FILLMORE CENTRAL SCHOOL DISTRICT<br>702 CHATFIELD AVE NW<br>PRESTON, MN 55965 | 41-1809022     | SCHOOL/EDUCATION                     | 7,209                           |  |  |   | COMMUNITY FOUNDATION SUPPORT FOR STUDENT PROGRAMS |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FILLMORE COUNTY PUBLIC HEALTH DEPARTMENT<br>902 HOUSTON ST NW STE 2<br>PRESTON, MN 55965 | 41-6005794     | GOVERNMENT                           |                                 | 6,200                                    | FMV  | BOOKS   | LITERACY GRANT - CHILDRENS BOOKS          |
| GIBBON FAIRFAX WINTHROP SCHOOLS<br>323 11TH ST E<br>GIBBON, MN 55335                     | 41-1721703     | SCHOOL/EDUCATION                     |                                 | 5,038                                    | FMV  | BOOKS   | LITERACY GRANT - CHILDRENS BOOKS          |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| GREENSEAM<br>3 CIVIC CENTER PL STE 100<br>MANKATO, MN 56001               | 36-3454285     | 501C3                                | 50,000                          |  |  |   | SUPPORT TO CONNECT THE REGION'S EXTENSIVE AGRICULTURAL BUSINESS ASSETS AND NETWORK |
| GUARDIAN ATHLETICS<br>1409 N RIVERFRONT DR SUITE 201<br>MANKATO, MN 56001 | 84-3373925     | OTHER                                | 5,000                           |  |  |   | MN CUP AWARD   |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| HISPANIC ADVOCACY & COMMUNITY EMPOWERMENT THROUGH RESEARCH<br>155 WABASHA AVE S STE 110<br>ST PAUL, MN 55107 | 41-1900934     | 501C3                                | 19,993                          |  |  |   | ECONOMIC DEVELOPMENT - CREANDO ANDO (CREATE AND ADVANCE) |
| JR'S ACADEMY<br>120 BIRKDALE DR<br>MANKATO, MN 56001   | 83-3253516     | OTHER/EDUCATION                      | 8,000                           |  |  |   | CHILD CARE START UP/EXPANSION                            |



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| KENYON-WANAMINGO SCHOOLS<br>225 3RD AVE<br>WANAMINGO, MN 55983 | 41-1780357     | SCHOOL/EDUCATION                     | 16,258                          |  |  |   | CHILD CARE START-UP OR EXPANSION GRANT    |
| KENYON-WANAMINGO SCHOOLS<br>225 3RD AVE<br>WANAMINGO, MN 55983 | 41-1780357     | SCHOOL/EDUCATION                     |                                 | 6,975                                    | FMV  | BOOKS   | LITERACY GRANT - CHILDRENS BOOKS          |

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| <b>(a)</b> Name and address of organization or government                            | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| KORTNEY ADAMS - SAINT JOHN LUTHERAN DAYCARE<br>137 HOUK ST<br>GOOD THUNDER, MN 56037 | 41-0711487     | OTHER/EDUCATION                      | 5,000                           |  |  |   | CHILD CARE START-UP OR EXPANSION GRANT    |
| LE SUEUR-HENDERSON PUBLIC SCHOOLS<br>115 1/2 FIFTH ST N<br>LE SUEUR, MN 56058        | 41-1716943     | SCHOOL/EDUCATION                     |                                 | 6,975                                    | FMV  | BOOKS   | LITERACY GRANT - CHILDRENS BOOKS          |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| LISTOS PRESCHOOL AND CHILDCARE<br>1503 2ND AVE NE<br>ROCHESTER, MN 55906        | 41-0846795     | OTHER/EDUCATION                      | 10,000                          |  |  |   | CHILD CARE START-UP OR EXPANSION GRANT    |
| LITTLE LAKERS EARLY LEARNING CENTER<br>50100 224TH ST<br>LAKE CRYSTAL, MN 56055 | 83-1392838     | OTHER/EDUCATION                      | 10,000                          |  |  |   | CHILD CARE START-UP OR EXPANSION GRANT    |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| LITTLE SPROUTS LEARNING CENTER<br>500 4TH AVE SW<br>SLEEPY EYE, MN 56085 | 84-4382693     | OTHER/EDUCATION                      | 9,000                           |  |  |   | CHILD CARE START-UP OR EXPANSION GRANT             |
| MADELIA STRONG INC<br>PO BOX 100<br>MADELIA, MN 56062                    | 81-1422448     | 501C3                                | 8,775                           |  |  |   | COMMUNITY FOUNDATION SUPPORT FOR COUNTY FOOD SHELF |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| MAPLE RIVER CHAMBER OF COMMERCE<br>PO BOX 288<br>MAPLETON, MN 56065                 | 41-1855221     | 501C6                                | 5,219                           |  |  |   | SNOWFLAKE DAZZLE COMMUNITY CELEBRATION    |
| MAPLE RIVER LOAVES AND FISHES FOOD SHELF<br>104 N CENTRAL AVE<br>MAPLETON, MN 56065 | 45-5336214     | 501C3                                | 5,000                           |  |  |   | COVID-19 RELIEF FUNDING FOR COMMUNITY     |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                         | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance                       |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| MONSTER BASH INC<br>155 4TH AVE SE<br>HARMONY, MN 55939                           | 81-4430355     | 501C3                                | 6,250                           |  |  |   | COVID-19 RELIEF FUNDING FOR COMMUNITY                           |
| MONTGOMERY ECONOMIC DEVELOPMENT AUTHORITY<br>206 1ST ST S<br>MONTGOMERY, MN 56069 | 41-6005383     | GOVERNMENT                           | 5,000                           |  |  |   | COVID-19 RELIEF/E-COMMERCE ASSISTANCE FOR MONTGOMERY BUSINESSES |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                         | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| OLMSTED COUNTY PUBLIC HEALTH SERVICES<br>2100 CAMPUS DR SE<br>ROCHESTER, MN 55904 | 41-6005859     | GOVERNMENT                           |                                 | 6,975                                    | FMV  | BOOKS   | LITERACY GRANT - CHILDRENS BOOKS          |
| PARENTING RESOURCE CENTER INCORPORATED<br>105 1ST ST SE STE A<br>AUSTIN, MN 55912 | 41-1307920     | 501C3                                |                                 | 5,425                                    | FMV  | BOOKS   | LITERACY GRANT - CHILDRENS BOOKS          |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                  | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| PARK NICOLLET FOUNDATION<br>6500 EXCELSIOR BLVD<br>ST LOUIS PARK, MN 55426 | 23-7346465     | 501C3                                | 7,000                           |  |  |   | LOVE & LEGACY CAMPAIGN                    |
| PLAINVIEW ELGIN AREA FOOD SHELF<br>PO BOX 274<br>ELGIN, MN 55932           | 42-1654116     | 501C3                                | 8,000                           |  |  |   | COVID-19 RELIEF FUNDING FOR COMMUNITY     |



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                                    | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance         |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| PLAINVIEW ELGIN MILLVILLE COMMUNITY SCHOOL DISTRICT<br>500 BROADWAY W<br>PLAINVIEW, MN 55964 | 33-1134777     | SCHOOL/EDUCATION                     | 11,935                          |  |  |   | COMMUNITY FOUNDATION SUPPORT FOR STUDENT PROGRAMS |
| PRESTON AREA ARTS COUNCIL<br>PO BOX 317<br>PRESTON, MN 55965                                 | 20-4945615     | 501C3                                | 5,000                           |  |  |   | VETERANS CEMETARY STAINED GLASS ARTWORK           |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                        | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance                                   |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| PRESTON ECONOMIC DEVELOPMENT AUTHORITY<br>210 FILLMORE ST W<br>PRESTON, MN 55965 | 41-6005468     | GOVERNMENT                           | 10,700                          |  |  |   | LOCAL EDA EMERGENCY LOAN PROGRAM/COMMUNITIES ADDRESSING CHILD CARE SHORTAGE |
| RED WING IGNITE<br>419 BUSH ST<br>RED WING, MN 55066                             | 46-1469707     | 501C3                                | 20,000                          |  |  |   | ECONOMIC DEVELOPMENT - IGNITING INNOVATION IN RURAL MINNESOTA               |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                            | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance                                      |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| RED WING INNOVATION<br>INCUBATOR<br>312 WEST AVE<br>RED WING, MN 55066               | 47-4656092     | 501C3                                | 5,000                           |  |  |   | FUNDING SUPPORT FOR<br>BIG TURN MUSIC FEST                                     |
| REGENTS OF THE UNIVERSITY<br>OF MN<br>200 OAK ST SE STE 450<br>MINNEAPOLIS, MN 55455 | 41-6007513     | SCHOOL/EDUCATION                     | 15,051                          |  |  |   | ECONOMIC<br>DEVELOPMENT -<br>ENHANCING<br>READINESS FOR<br>BUSINESS SUCCESSION |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                     | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance                  |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| RENEWING THE COUNTRYSIDE<br>2637 27TH AVE S STE 17<br>MINNEAPOLIS, MN 55406   | 20-0189339     | 501C3                                | 20,000                          |  |  |   | LOCAL FOODS GROW-A-FARMER GRANT ASSISTANCE PROGRAM         |
| RURAL RENAISSANCE PROJECT<br>530 RIVERFRONT DR N STE 260<br>MANKATO, MN 56001 | 83-0645699     | 501C3                                | 10,000                          |  |  |   | ECONOMIC DEVELOPMENT - THREE SISTERS PROJECT - RENOVATIONS |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government               | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance         |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| RUSHFORD-PETERSON SCHOOLS<br>1000 PINE MEADOWS LN<br>RUSHFORD, MN 55971 | 41-1655958     | SCHOOL/EDUCATION                     | 18,522                          |  |  |   | COMMUNITY FOUNDATION SUPPORT FOR STUDENT PROGRAMS |
| SAINT CHARLES PUBLIC SCHOOLS<br>600 6TH ST E<br>ST CHARLES, MN 55972    | 41-6004727     | SCHOOL/EDUCATION                     | 10,000                          |  |  |   | IT TAKES A VILLAGE:<br>ST CHARLES VISION<br>20/20 |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government               | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance      |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| SAINT JAMES COMMUNITY CHILD CARE<br>500 3RD AVE S<br>ST JAMES, MN 56081 | 41-6004625     | SCHOOL/EDUCATION                     | 9,000                           |  |  |   | CHILD CARE START-UP OR EXPANSION GRANT         |
| SAINT JAMES PUBLIC SCHOOLS<br>500 3RD AVE S<br>ST JAMES, MN 56081       | 41-6004625     | SCHOOL/EDUCATION                     | 20,000                          |  |  |   | COMMUNITIES ADDRESSING THE CHILD CARE SHORTAGE |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                             | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SAINT PAUL'S EVANGELICAL LUTHERAN CHURCH<br>304 MONROE AVE<br>NORTH MANKATO, MN 56003 | 41-0834570     | 501C3                                |                                 | 11,269                                   | FMV  | BOOKS   | LITERACY GRANT - CHILDRENS BOOKS          |
| SAINT PETER COMMUNITY CHILDCARE PROGRAM<br>600 5TH ST S STE 125<br>ST PETER, MN 56081 | 26-1170295     | 501C3                                |                                 | 11,439                                   | FMV  | BOOKS   | LITERACY GRANT - CHILDRENS BOOKS          |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government            | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance        |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| SEMCAC<br>204 ELM ST S<br>RUSHFORD, MN 559710549                     | 41-0907135     | 501C3                                | 7,250                           |  |  |   | MEAL DELIVERY BAGS/SENIOR DINING                 |
| SOUTH TROY WESLEYAN CHURCH<br>56817 HWY 63<br>ZUMBRO FALLS, MN 55991 |                | 501C3                                | 6,250                           |  |  |   | ZUMBRO VALLEY FOOD SHELF COVID-19 RELIEF FUNDING |



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                               | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance          |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| SUSTAINABLE FARMING ASSOCIATION OF MN<br>4924 UPTON AVE S<br>MINNEAPOLIS, MN 55410      | 41-1671893     | 501C3                                | 10,000                          |  |  |   | LOCAL FOODS GROW-A-FARMER GRANT ASSISTANCE PROGRAM |
| TAKARA KIDS CLUBHOUSE DAYCARE CENTER AND PRESCHOOL<br>900 4TH ST SW<br>WASECA, MN 56093 | 83-1154467     | OTHER                                | 8,000                           |  |  |   | CHILD CARE START-UP OR EXPANSION GRANT             |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government  | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| UNITED WAY OF GOODHUE WABASHA & PIERCE COUNTIES<br>1755 OLD WEST MAIN ST STE 101<br>RED WING, MN 550660319 | 41-6043633     | 501C3                                | 10,000                          |  |  |   | COVID-19 RELIEF FUNDING FOR COMMUNITY     |
| UNITED WAY OF GOODHUE WABASHA & PIERCE COUNTIES<br>1755 OLD WEST MAIN ST STE 101<br>RED WING, MN 550660319 | 41-6043633     | 501C3                                |                                 | 13,175                                   | FMV  | BOOKS   | LITERACY GRANT - CHILDRENS BOOK           |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government   | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance            |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| WABASHA COUNTY<br>DEVELOPMENTAL ACHIEVMENT<br>CENTER<br>611 BROADWAY AVE STE 110<br>WABASHA, MN 559810262 | 41-0957876     | 501C3                                | 10,491                          |  |  |   | COVID-19 RELIEF<br>FUNDING FOR<br>COMMUNITY          |
| WELLS ECONOMIC<br>DEVELOPMENT AUTHORITY<br>125 BROADWAY S<br>WELLS, MN 56097                              | 41-1744313     | GOVERNMENT                           | 10,000                          |  |  |   | COMMUNITIES<br>ADDRESSING THE<br>CHILD CARE SHORTAGE |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                              | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| WINONA PUBLIC LIBRARY<br>151 5TH ST W<br>WINONA, MN 55987                              | 41-6005651     | GOVERNMENT                           |                                 | 6,200                                    | FMV  | BOOKS   | LITERACY GRANT - CHILDRENS BOOKS          |
| WINONA-FILLMORE COUNTIES<br>HABITAT FOR HUMANITY<br>126 BAKER ST N<br>WINONA, MN 55987 | 41-1755549     | 501C3                                | 6,235                           |  |  |   | SUPPORT FOR LOCAL HOUSING INITIATIVES     |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| YOUTH FIRST<br>714 VICTORIA ST<br>FAIRMONT, MN 56031      | 20-0671259     | 501C3                                |                                 | 5,425                                    | FMV  | BOOKS   | LITERACY GRANT -<br>CHILDRENS BOOKS       |

**Schedule J**  
(Form 990)

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
SOUTHERN MINNESOTA INITIATIVE FOUNDATION

Employer identification number  
36-3454285

**Part I Questions Regarding Compensation**

|                                     |   | Yes                                 | No  |
|-------------------------------------|---|-------------------------------------|---|
| <b>1a</b>                           | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.   |                                     |   |
| <input type="checkbox"/>            | First-class or charter travel   | <input type="checkbox"/>            | Housing allowance or residence for personal use |
| <input type="checkbox"/>            | Travel for companions   | <input type="checkbox"/>            | Payments for business use of personal residence |
| <input type="checkbox"/>            | Tax idemnification and gross-up payments  | <input type="checkbox"/>            | Health or social club dues or initiation fees   |
| <input type="checkbox"/>            | Discretionary spending account  | <input type="checkbox"/>            | Personal services (e.g., maid, chauffeur, chef) |
| <b>b</b>                            | If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain  | <b>1b</b>                           |   |
| <b>2</b>                            | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?  | <b>2</b>                            |   |
| <b>3</b>                            | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. |                                     |   |
| <input checked="" type="checkbox"/> | Compensation committee  | <input type="checkbox"/>            | Written employment contract                     |
| <input type="checkbox"/>            | Independent compensation consultant   | <input checked="" type="checkbox"/> | Compensation survey or study                    |
| <input checked="" type="checkbox"/> | Form 990 of other organizations   | <input checked="" type="checkbox"/> | Approval by the board or compensation committee |
| <b>4</b>                            | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:  |                                     |   |
| <b>a</b>                            | Receive a severance payment or change-of-control payment?   | <b>4a</b>                           | No  |
| <b>b</b>                            | Participate in, or receive payment from, a supplemental nonqualified retirement plan?   | <b>4b</b>                           | No  |
| <b>c</b>                            | Participate in, or receive payment from, an equity-based compensation arrangement?  | <b>4c</b>                           | No  |
|                                     | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.   |                                     |   |
|                                     | <b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>   |                                     |   |
| <b>5</b>                            | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  |                                     |   |
| <b>a</b>                            | The organization?   | <b>5a</b>                           | No  |
| <b>b</b>                            | Any related organization?   | <b>5b</b>                           | No  |
|                                     | If "Yes," on line 5a or 5b, describe in Part III.   |                                     |   |
| <b>6</b>                            | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  |                                     |   |
| <b>a</b>                            | The organization?   | <b>6a</b>                           | No  |
| <b>b</b>                            | Any related organization?   | <b>6b</b>                           | No  |
|                                     | If "Yes," on line 6a or 6b, describe in Part III.   |                                     |   |
| <b>7</b>                            | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.  | <b>7</b>                            | No  |
| <b>8</b>                            | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  | <b>8</b>                            | No  |
| <b>9</b>                            | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?  | <b>9</b>                            |   |



**Part III**    **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

| <b>Return Reference</b> | <b>Explanation</b> |
|-------------------------|--------------------|
|-------------------------|--------------------|



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
SOUTHERN MINNESOTA INITIATIVE FOUNDATION

Employer identification number  
36-3454285

**Part I Types of Property**

|  | (a)<br>Check if applicable | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art—Works of art . . . . .   |                            |   |  |   |
| 2 Art—Historical treasures . . . . .                                 |                            |   |  |   |
| 3 Art—Fractional interests . . . . .                                 |                            |   |  |   |
| 4 Books and publications . . . . .                                   | X                          |   | 467,943  | FMV   |
| 5 Clothing and household goods . . . . .                             |                            |   |  |   |
| 6 Cars and other vehicles . . . . .                                  |                            |   |  |   |
| 7 Boats and planes . . . . .   |                            |   |  |   |
| 8 Intellectual property . . . . .                                    |                            |   |  |   |
| 9 Securities—Publicly traded . . . . .                               | X                          | 1   | 103,105  | FMV   |
| 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 organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

|   | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . . |     | No |
| b If "Yes," describe the arrangement in Part II.  |     |    |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?   | Yes |    |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .  |     | No |
| b If "Yes," describe in Part II.  |     |    |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.   |     |    |

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

**SCHEDULE O**  
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019****Open to Public Inspection**

Department of the Treasury

Name of the organization

SOUTHERN MINNESOTA INITIATIVE FOUNDATION

Employer identification number

36-3454285

**990 Schedule O, Supplemental Information**

| Return Reference                       | Explanation  |
|--|--|
| FORM 990, PART VI, SECTION B, LINE 11B | THE 990 IS REVIEWED AND APPROVED BY THE FINANCE COMMITTEE. THE 990 IS THEN MADE AVAILABLE FOR THE BOARD MEMBERS TO REVIEW AND THE FINANCE COMMITTEE'S APPROVAL IS RATIFIED BY THE BOARD. |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                         | <b>Explanation</b>  |
|---|---|
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 12C | EACH BOARD MEMBER IS REQUIRED TO SIGN A CONFLICT OF INTEREST FORM YEARLY. ALL BOARD AND COMMITTEE MEETINGS BEGIN WITH THE CONFLICT OF INTEREST STATEMENT "ASKING THE BOARD AS A WHOLE IF THERE ARE ANY CONFLICTS OF INTERESTS." THE EXECUTIVE COMMITTEE MONITORS ANY CONFLICTS ON AN ON-GOING BASIS. IF A CONFLICT EXISTS, THE EXECUTIVE COMMITTEE WILL SEEK LEGAL-COUNCIL ADVICE AND OPINION AND WILL BRING THIS INFORMATION BACK TO THE FULL BOARD FOR REVIEW OR TO MAKE ANY DECISION NEEDED. |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>               | <b>Explanation</b>  |
|---------------------------------------|---|
| FORM 990, PART VI, SECTION B, LINE 15 | THE EXECUTIVE COMMITTEE OF THE BOARD IS RESPONSIBLE FOR SETTING AND REVIEWING THE PRESIDENT/CEO COMPENSATION AND REVIEW. THE EXECUTIVE COMMITTEE LEADS AN ANNUAL REVIEW OF THE PRESIDENT/CEO AND PRESENTS ITS FINDINGS TO THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE THEN USES BENCHMARK INFORMATION FROM SIMILAR ORGANIZATIONS AND BUDGETING CONSTRAINTS TO SET THE PRESIDENT/CEO'S ANNUAL SALARY INCREASE. THE EXECUTIVE COMMITTEE ALSO, AS NEEDED, USES OUTSIDE CONSULTANTS IN GATHERING THIS DATA. THE PRESIDENT/CEO COMPLETES THE REVIEW PROCESS AND SALARY ADJUSTMENTS FOR ALL SENIOR STAFF ALONG WITH THE VICE PRESIDENT AND CFO. THE INCREASES ARE BASED ON THE BUDGETARY LIMITS AND IN-LINE WITH YEARLY CPI INCREASES. BENCHMARKING DATA IS ALSO GATHERED FROM SIMILAR ORGANIZATIONS AND AN OUTSIDE CONSULTANT IS USED ON AN AS NEEDED BASIS TO DETERMINE RELEVANT BENCHMARKING DATA. |

# 990 Schedule O, Supplemental Information

| Return Reference                               | Explanation  |
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| FORM 990,<br>PART VI,<br>SECTION C,<br>LINE 19 | FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE AVAILABLE UP ON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D). |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>              | <b>Explanation</b>  |
|--------------------------------------|---|
| FORM 990, PAGE 12, PART XII LINE 2C: | THE FINANCE COMMITTEE APPROVES AND MANAGES THE AUDITOR SELECTION AND PROCESS YEARLY. THE FINANCE COMMITTEE MEETS WITH THE AUDITOR PRIOR TO ENGAGEMENT TO ANSWER ANY QUESTIONS OR CONCERNS RELATED TO THE UPCOMING AUDIT, AT THAT POINT THE FINANCE COMMITTEE APPROVES THE AUDITOR SELECTION FOR THE YEAR. THE COMMITTEE WILL THEN HAVE ON-GOING COMMUNICATION WITH THE AUDIT TEAM AS NECESSARY AND WILL MEET WITH THE AUDITOR UPON COMPLETION OF THE AUDIT FOR REVIEW AND FINAL APPROVAL OF THE AUDIT REPORT. THE BOARD WILL ALSO, REVIEW AND MEET WITH THE AUDITOR AFTER THE AUDIT IS COMPLETED. |