

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 for instructions and the latest information.

OMB No. 1545-0047
2021
Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 07-01-2021, and ending 06-30-2022

- 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 \$ 53,977,072

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.SMIFOUNDATION.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.

3 Number of voting members of the governing body (Part VI, line 1a)	14
4 Number of independent voting members of the governing body (Part VI, line 1b)	14
5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	39
6 Total number of volunteers (estimate if necessary)	14
7a Total unrelated business revenue from Part VIII, column (C), line 12	-11,070
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	15,422,166	18,206,800
9 Program service revenue (Part VIII, line 2g)	208,688	184,745
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,357,022	3,778,487
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,882	-5,947
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20,001,758	22,164,085
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	12,394,180	12,999,364
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,932,679	1,916,108
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 247,994		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,009,466	1,839,672
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	15,336,325	16,755,144
19 Revenue less expenses. Subtract line 18 from line 12	4,665,433	5,408,941
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	74,043,196	67,371,961
21 Total liabilities (Part X, line 26)	11,582,756	9,809,939
22 Net assets or fund balances. Subtract line 21 from line 20	62,460,440	57,562,022

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 2023-04-24

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date 2023-04-24	Check <input type="checkbox"/> if self-employed	PTIN P01278549
Firm's name ▶ RSM US LLP	Firm's EIN ▶ 42-0714325			
Firm's address ▶ 227 WEST FIRST STREET SUITE 700 DULUTH, MN 55802	Phone no. (218) 727-5025			

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 \$ 11,103,565 including grants of \$ 10,786,464) (Revenue \$ 179,579)
See Additional Data

4b (Code:) (Expenses \$ 2,802,803 including grants of \$ 564,357) (Revenue \$ 833)
See Additional Data

4c (Code:) (Expenses \$ 259,355 including grants of \$ 77,924) (Revenue \$ 4,333)
See Additional Data

(Code:) (Expenses \$ 1,635,547 including grants of \$ 1,570,619) (Revenue \$)
COMMUNITY FOUNDATIONS AND AFFILIATE FUNDS

4d Other program services (Describe in Schedule O.)
(Expenses \$ 1,635,547 including grants of \$ 1,570,619) (Revenue \$)

4e Total program service expenses ▶ 15,801,270

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a-f for items 11 and 12. Questions cover topics like political activities, lobbying, donor funds, and financial reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
25b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		No
28b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		No
28c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
35b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with 4 columns: Question/Section, Sub-question, Yes/No, and a column for '39'. Rows include sections 2a through 17, covering topics like employee reporting, federal employment tax returns, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, charitable contributions, and various organizational requirements.

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

Table with 3 columns: Question, Yes, No. Rows include: 1a (14), 1b (14), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MN
18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: 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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) 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 PRESIDENT/CEO	40.00			X			153,871	0	34,213	
(2) BRIAN CONZEMIUS VICE PRESIDENT/CFO	40.00			X			132,810	0	13,386	
(3) PAMELA BISHOP VP OF ECONOMIC DEVELOPMENT	40.00					X	108,442	0	27,081	
(4) RAE JEAN HANSEN VP OF EARLY CHILDHOOD	40.00					X	106,200	0	20,181	
(5) ERIN BAILEY MEMBER AT LARGE	2.00	X					0	0	0	
(6) CARISSA BUEGLER DIRECTOR	2.00	X					0	0	0	
(7) XAVIER FRIGOLA DIRECTOR	2.00	X					0	0	0	
(8) MATT GOLDADE MEMBER AT LARGE	2.00	X					0	0	0	
(9) JAMILA IBRAHIM DIRECTOR	2.00	X					0	0	0	
(10) HEATHER MILLARD DIRECTOR	2.00	X					0	0	0	
(11) COREY MENSINK MEMBER AT LARGE	2.00	X					0	0	0	
(12) CHRIS SCHAD DIRECTOR	2.00	X					0	0	0	
(13) ANGEL URIBE MEMBER AT LARGE	2.00	X					0	0	0	
(14) SHAWN VOGT SWEEN MEMBER AT LARGE	2.00	X					0	0	0	
(15) JOHN PETERSON CHAIR	2.00	X		X			0	0	0	
(16) CASSIE HARRINGTON VICE CHAIR	2.00	X		X			0	0	0	
(17) ERIN MEIER SECRETARY	2.00	X		X			0	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JAKE ANDERSON TREASURER	2.00	X		X				0	0	0
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							501,323	0		94,861

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ **4**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 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	
5 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) Name and business address	(B) Description of services	(C) 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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	5,985				
	d Related organizations	1d					
	e Government grants (contributions)	1e	13,074,037				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,126,778				
	g Noncash contributions included in lines 1a - 1f:\$	1g	542,013				
	h Total. Add lines 1a-1f		18,206,800				
	Program Service Revenue	2a LOAN INTEREST	Business Code				
		525990	136,468	136,468			
b PROJECT FEES & REVENUE		525990	48,277	48,277			
c							
d							
e							
f All other program service revenue.							
g Total. Add lines 2a-2f.		184,745					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,242,092			2,242,092	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		6b Less: rental expenses					
		6c Rental income or (loss)					
		d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		7b Less: cost or other basis and sales expenses					
		7c Gain or (loss)					
		d Net gain or (loss)		1,536,395			1,536,395
	8a Gross income from fundraising events (not including \$ 5,985 of contributions reported on line 1c). See Part IV, line 18	8a	26,880				
		8b Less: direct expenses		21,757			
		c Net income or (loss) from fundraising events		5,123			5,123
	9a Gross income from gaming activities. See Part IV, line 19	9a					
9b Less: direct expenses							
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	10a						
	10b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11a OWATONNA REAL ESTATE FUND LP K-1	901101	-774			-774		
b NORTHFIELD REAL ESTATE FUND II LL	901101	-10,296			-10,296		
c							
d All other revenue							
e Total. Add lines 11a-11d		-11,070					
12 Total revenue. See instructions		22,164,085	184,745	-11,070	3,783,610		

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,478,723	2,478,723		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	10,520,641	10,520,641		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	344,435	257,478	52,795	34,162
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,253,354	972,313	150,159	130,882
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	46,879	35,043	7,186	4,650
9 Other employee benefits	148,401	110,935	22,747	14,719
10 Payroll taxes	123,039	73,201	38,434	11,404
11 Fees for services (non-employees):				
a Management				
b Legal	3,183	549	2,634	
c Accounting	58,956	2,772	56,184	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	291,819		291,819	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	391,796	352,306	38,587	903
12 Advertising and promotion	46,190	35,024	525	10,641
13 Office expenses	117,022	107,726	9,296	
14 Information technology	14,930	7,471	595	6,864
15 Royalties				
16 Occupancy	8,566	6,283	1,268	1,015
17 Travel	41,488	28,310	8,186	4,992
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	54,360	52,038	987	1,335
20 Interest	9,117	9,117		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	37,692	27,647	5,580	4,465
23 Insurance	25,951	21,636	2,397	1,918
24 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.)				
a BAD DEBTS	436,178	436,178		
b OPERATING EXPENSES	197,564	190,425	5,227	1,912
c JANITORIAL & MAINTENANC	93,535	67,014	9,713	16,808
d DUES AND SUBSCRIPTIONS	11,325	8,440	1,561	1,324
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	16,755,144	15,801,270	705,880	247,994
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	5,905,309	2	5,826,848
	3 Pledges and grants receivable, net	462,991	3	1,453,564
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	3,686,016	7	3,915,976
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	88,084	9	91,671
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,113,942		
	b Less: accumulated depreciation	655,239	479,411	10c 458,703
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11	63,088,397	12	55,559,567
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	332,988	15	65,632
16 Total assets. Add lines 1 through 15 (must equal line 33)	74,043,196	16	67,371,961	
Liabilities	17 Accounts payable and accrued expenses	197,189	17	166,867
	18 Grants payable	21,600	18	1,140,176
	19 Deferred revenue	1,682,083	19	200,317
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties	3,641,406	23	3,013,526
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	6,040,478	25	5,289,053
	26 Total liabilities. Add lines 17 through 25	11,582,756	26	9,809,939
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	27,412,545	27	21,650,500
	28 Net assets with donor restrictions	35,047,895	28	35,911,522
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	62,460,440	32	57,562,022	
33 Total liabilities and net assets/fund balances	74,043,196	33	67,371,961	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	22,164,085
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,755,144
3	Revenue less expenses. Subtract line 2 from line 1	3	5,408,941
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	62,460,440
5	Net unrealized gains (losses) on investments	5	-10,318,429
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	11,070
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	57,562,022

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 on 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
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 36-3454285

Name: SOUTHERN MINNESOTA INITIATIVE FOUNDATION

Form 990 (2021)

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.

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.

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

SCHEDULE A
(Form 990)

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 for instructions and the latest information.

OMB No. 1545-0047

2021

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).)
- 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 on 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		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.
 If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	4,394,846	3,637,021	3,019,110	15,422,166	18,206,800	44,679,943
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3	4,394,846	3,637,021	3,019,110	15,422,166	18,206,800	44,679,943
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,892,609
6 Public support. Subtract line 5 from line 4.						41,787,334

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4.	4,394,846	3,637,021	3,019,110	15,422,166	18,206,800	44,679,943
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	1,057,562	1,170,275	1,093,380	1,265,809	2,242,092	6,829,118
9 Net income from unrelated business activities, whether or not the business is regularly carried on.		27,650	6,316	13,882	0	47,848
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						51,556,909
12 Gross receipts from related activities, etc. (see instructions)					12	1,045,973
13 First 5 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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))	14	81.050 %
15 Public support percentage for 2020 Schedule A, Part II, line 14	15	72.480 %
16a 33 1/3% support test—2021. 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 ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test—2020. 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 ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2021. 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 ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2020. 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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		

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 (or fiscal year beginning in) ►		(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 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

15	Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2020 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2020 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2021. 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—2020. 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 box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

		Yes	No
1	Did the officers, 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>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<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)

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (<i>prior IRS approval required - provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
9 Distributable amount for 2021 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required-- <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021:			
a From 2016.			
b From 2017.			
c From 2018.			
d From 2019.			
e From 2020.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017.			
b Excess from 2018.			
c Excess from 2019.			
d Excess from 2020.			
e Excess from 2021.			

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)

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 for instructions and the latest information.

OMB No. 1545-0047
2021
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 SOUTHERN MINNESOTA INITIATIVE FOUNDATION	Employer identification number 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
1	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:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		1,300
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		490
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			1,790
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	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
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

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."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4	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?	4	
5	Taxable amount of lobbying and political expenditures. See Instructions	5	

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 Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2021 Open to Public Inspection

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate value of contributions to (during year), Aggregate value of grants from (during year), Aggregate value at end of year.

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? 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?

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), Protection 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. Table with 2 columns: Held at the End of the Year, rows 2a-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? 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)? 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 FASB 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. 1b If the organization elected, as permitted under FASB 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 FASB 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:
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 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
1a Beginning of year balance	49,348,545	39,807,166	38,790,595	37,308,295	35,185,071
b Contributions	1,606,157	841,819	832,429	1,344,200	868,288
c Net investment earnings, gains, and losses	-6,524,466	10,273,770	1,521,922	1,439,538	2,506,504
d Grants or scholarships					
e Other expenditures for facilities and programs	1,654,839	1,574,210	1,337,780	1,301,438	1,251,568
f Administrative expenses					
g End of year balance	42,775,397	49,348,545	39,807,166	38,790,595	37,308,295

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 29.801 %
 - b** Permanent endowment ▶ 55.174 %
 - c** Term endowment ▶ 15.025 %
- 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:
- | | Yes | No |
|--|---------------|----|
| (i) Unrelated organizations | 3a(i) | No |
| (ii) Related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 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
1a Land		68,687		68,687
b Buildings		744,825	401,952	342,873
c Leasehold improvements		11,313	11,313	0
d Equipment		289,117	241,974	47,143
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				458,703

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 (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) INVESTMENT IN PRIVATE COMPANIES	952,344	F
(B) ENDOWMENT FUNDS	42,439,292	F
(C) OTHER INVESTMENTS	12,167,931	F
(D)		
(E)		
(F)		
(G)		
(H)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	55,559,567	

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: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (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)	
(10)	
Total. (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	
(2) REFUNDABLE ADVANCES	1,165,918
(3) ASSETS HELD FOR OTHERS	4,123,135
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	5,289,053

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.

1	Total revenue, gains, and other support per audited financial statements	1	11,586,664
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-10,318,429
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	11,070
e	Add lines 2a through 2d	2e	-10,307,359
3	Subtract line 2e from line 1	3	21,894,023
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	291,819
b	Other (Describe in Part XIII.)	4b	-21,757
c	Add lines 4a and 4b	4c	270,062
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	22,164,085

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.

1	Total expenses and losses per audited financial statements	1	16,485,082
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	21,757
e	Add lines 2a through 2d	2e	21,757
3	Subtract line 2e from line 1	3	16,463,325
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	291,819
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	291,819
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	16,755,144

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	

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, 2022, 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, 2022 OR 2021. 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, 2019.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	UNRELATED BUSINESS LOSS 11,070.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	FUNDRAISING EXPENSES -21,757.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	FUNDRAISING EXPENSES 21,757.

SCHEDULE G
(Form 990)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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 (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(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
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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	
		PRESTON ANNUAL EVENT (event type)	SMIF SILENT AUCTION (event type)	4 (total number)	(add col. (a) through col. (c))	
1	Gross receipts	13,005	6,317	13,543	32,865	
2	Less: Contributions	985	1,250	3,750	5,985	
3	Gross income (line 1 minus line 2)	12,020	5,067	9,793	26,880	
Direct Expenses	4	Cash prizes	5,500		5,500	
	5	Noncash prizes	3,785	5,112	4,800	13,697
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses		1,260	1,300	2,560
10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				21,757	
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				5,123	

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))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d) ▶				
8	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:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

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
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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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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, (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 86
3 Enter total number of other organizations listed in the line 1 table 0

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	33	27,500			
(2) HARDSHIP ASSISTANCE	41	83,141			
(3) BUSINESS COVID HARDSHIP GRANTS STATE OF MN ALLOCATION	943	10,410,000			
(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.

(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 non-cash assistance	(h) Purpose of grant or assistance
BLUE EARTH AREA SCHOOLS & COMMUNITY EDUCATION 315 6TH ST E BLUE EARTH, MN 56013	41-1866487	GOVT/PUBLIC SCHOOL	30,000	0			CREATE READERS PROGRAMS IN SCHOOL/COMMUNITY FUND PROJECT TO EXPAND EDUCATION RESOURCES/ELEMENTARY SCHOOL PLAYGROUND BASKETBALL COURT UPDATE
BYRON PUBLIC SCHOOLS & COMMUNITY EDUCATION 630 1ST AVE NW BYRON, MN 55920	41-6002825	GOVT/PUBLIC SCHOOL	10,000	7,650	FMV	BOOKS	IDENTIFY AND DESIGN SPACES IN THE SOUTH HALF OF AN EXISTING SCHOOL BUILDING TO MEET THE NEEDS OF THE COMMUNITY/CHILDRENS BOOKS DISTRIBUTED THROUGH EARLY CHILDHOOD PROGRAM LITERACY GRANTS

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

(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 non-cash assistance	(h) Purpose of grant or assistance
CANNON VALLEY TRAIL 825 CANNON RIVER AVE CANNON FALLS, MN 55009	41-6005482	501C3	10,000	0			COMMUNITY FUND PROJECT TO EXPAND TRAIL ACCESS
CHILDREN'S MUSEUM OF ROCHESTER INC 1201 12TH STREET SOUTHWEST ROCHESTER, MN 55902	84-2749957	501C3	0	15,300	FMV	BOOKS	CHILDRENS BOOKS DISTRIBUTED THROUGH EARLY CHILDHOOD PROGRAM LITERACY GRANTS

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

(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 non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S MUSEUM OF SOUTHERN MN 224 LAMM ST MANKATO, MN 56001	20-4351801	501C3	7,250	7,650	FMV	BOOKS	CHILDRENS BOOKS DISTRIBUTED THROUGH EARLY CHILDHOOD PROGRAM LITERACY GRANTS/CONNECT SERVICES AND COMMUNITY PARTNERS TO CHILDREN AND FAMILIES
CHURCH OF ST ANNE OF LE SUEUR 503 N 4TH ST LE SUEUR, MN 56058	41-0724077	501C3	10,000	0			SUPPORT GENERAL PROGRAMMING

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

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CITY OF ALDEN 174 WATER ST ALDEN, MN 560090325	41-0197511	GOVERNMENT	8,000	0			COMMUNITY FUND SUPPORT FOR PROGRAMMING
CITY OF ARLINGTON (CHOOSE ARLINGTON) 204 SHAMROCK DR W ARLINGTON, MN 55307	41-6004941	GOVERNMENT	6,450	0			ARLINGTON DOG PARK

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

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CITY OF BYRON 680 BYRON MAIN CT NE BYRON, MN 559201637	81-3527745	GOVERNMENT	74,133	0			COMMUNITY FUND PROJECT FOR VETERANS PARK
CITY OF DOVER 218 CHATFIELD ST N DOVER, MN 559290116	41-1261130	GOVERNMENT	10,000	0			COMMUNITY CENTER KITCHEN

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

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CITY OF EAGLE LAKE 705 PARKWAY AVE EAGLE LAKE, MN 560240159	41-6005110	GOVERNMENT	10,000	0			STRATEGIC ECONOMIC DEVELOPMENT PLAN AND INITIATIVE
CITY OF FAIRMONT - FAIRMONT ECONOMIC DEVELOPMENT AUTHORITY 100 DOWNTOWN PLZ FAIRMONT, MN 560311709	41-6005147	GOVERNMENT	63,535	0			COMMUNITY FUND PROJECT TO SUPPORT COMMUNITY CENTER/FAIRMONT BUSINESS SUCCESSION PLANNING PROJECT

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

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CITY OF HARMONY 225 3RD AVE SW HARMONY, MN 559390488	41-6005218	GOVERNMENT	20,000	0			COMMUNITY FUND PROJECT TO EXPAND TRAIL ACCESS
CITY OF HARTLAND 407 BROADWAY ST HARTLLAND, MN 560420487	41-1769172	GOVERNMENT	10,000	0			TORNADO RELIEF FOR DOWNTOWN

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

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CITY OF HENERSON (HENDERSON AREA CHAMBER) 600 MAIN ST HENDERSON, MN 56044	41-6005226	GOVERNMENT	7,500	0			RENEWED LOOK AT THE CITY OF HENDERSON'S COMPREHENSIVE PLAN
CITY OF MAPLETON (MAPLETON AREA FOUNDATION) 104 2ND AVE NE MAPLETON, MN 56065	41-6005347	GOVERNMENT	6,000	0			CREATE A MUSIC FESTIVAL

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

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CITY OF PINE ISLAND 250 MAIN ST S PINE ISLAND, MN 559631000	41-6005457	GOVERNMENT	5,500	0			BOOKKEEPING WORKSHOP FOR SMALL BUSINESSES
CITY OF RED WING 315 4TH ST W RED WING, MN 550662504	40-6005482	GOVERNMENT	15,000	0			COMMUNITY FUND PROJECT TO EXPAND TRAIL ACCESS

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

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CITY OF WABASHA 900 HIAWATHA DR E WABASHA, MN 559810262	41-6005601	GOVERNMENT	19,000	0			WABASHA AMBULANCE SERVICE RURAL RESILIENCY PROJECT/COMMUNITY FUND PROJECT TO EXPAND TRAIL ACCESS
DIVERSITY COUNCIL (SOUTHEAST MINNESOTA FOOD RESCUE AND REDISTRIBUTION) 11301/2 7TH ST NW STE 204 ROCHESTER, MN 55901	41-1709139	501C3	20,000	0			EMERGING BIPOC FOOD GROWERS, AND ENTREPRENEUR BUSINESSES ECONOMIC EQUALITY AND MARKETSHARE GAIN PROGRAM

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

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EAGLE BLUFF ENVIRONMENTAL LEARNING CENTER 28097 GOODVIEW DR LANESBORO, MN 55949	41-1431959	501C3	9,982	0			EXPANSION OF EAGLE BLUFF'S NATURE PRESCHOO
FAIRMONT AREA COMMUNITY CENTER INC 204 LAKE AVE FAIRMONT, MN 56031	87-2722786	501C3	43,799	0			COMMUNITY FUND PROJECT TO SUPPORT COMMUNITY CENTER

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FAIRMONT OPERA HOUSE 45 DOWNTOWN PLZ FAIRMONT, MN 56031	41-1408912	501C3	10,000	0			CHILDREN'S THEATER EDUCATION
FARIBAULT COUNTY SHERIFF'S OFFICE 320 DR H RUSS ST FARIBAULT, MN 56013	45-5359334	GOVERNMENT	16,989	0			COMMUNITY FUND PROJECT TO PURCHASE EQUIPMENT

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FARIBAULT PUBLIC SCHOOLS 930 4TH AVE FARIBAULT, MN 55021	41-6003618	GOVT/PUBLIC SCHOOL	0	6,120	FMV	BOOKS	CHILDRENS BOOKS DISTRIBUTED THROUGH EARLY CHILDHOOD PROGRAM LITERACY GRANTS
FILLMORE CENTRAL PUBLIC SCHOOLS 700 CHATFIELD AVENUE PRESTON, MN 55965	41-1809022	GOVT/PUBLIC SCHOOL	15,000	0			COMMUNITY FUND PROJECT TO EXPAND EDUCATION RESOURCES

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FILLMORE COUNTY PUBLIC HEALTH 902 HOUSTON STREET NW SUITE 2 PRESTON, MN 55965	41-6005794	GOVERNMENT	0	6,885	FMV	BOOKS	CHILDRENS BOOKS DISTRIBUTED THROUGH EARLY CHILDHOOD PROGRAM LITERACY GRANTS
FREEBORN COUNTY PUBLIC HEALTH 411 S BROADWAY AVE ALBERT LEA, MN 56007	41-6005795	GOVERNMENT	0	6,885	FMV	BOOKS	CHILDRENS BOOKS DISTRIBUTED THROUGH EARLY CHILDHOOD PROGRAM LITERACY GRANTS

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GIANTS OF THE EARTH HERITAGE CENTER INC BALLARD HOUSE SPRING GROVE, MN 55974	26-4545682	501C3	10,000	0			PASSPORTS TO OTHER CULTURES PROGRAMMING
HARMONY AMERICAN LEGION PO BOX 512 HARMONY, MN 55939	35-0839899	501C3	36,000	0			COMMUNITY FUND PROJECT TO EXPAND TRAIL ACCESS

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HARMONY AREA CHAMBER OF COMMERCE PO BOX 141 HARMONY, MN 55939	26-1108183	501C3	5,500	0			COMMUNITY FUND PROJECT TO EXPAND TRAIL ACCESS
HEATHER CURLING CLUB 315 SILVER ST W MAPLETON, MN 56065	36-3454285	501C3	11,729	0			COMMUNITY FUND PROJECT TO PURCHASE EQUIPMENT

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

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HOUSTON COUNTY ECONOMIC DEVELOPMENT AUTHORITY 304 MARSHALL ST S CALEDONIA, MN 55921	41-6005804	GOVERNMENT	10,000	0			PROJECT KEEP COMPANY CO-WORKING, A SHARED SPACE WITH PROFESSIONAL RESOURCES FOR LOCAL BUSINESSES
JEREMIAH PROGRAM 2915 JEREMIAH LANE NW ROCHESTER, MN 55901	41-1801834	501C3	10,000	0			INCREASE ACCESS TO HIGH-QUALITY EARLY CHILDHOOD EDUCATION FOR CHILDREN OF LOW-INCOME SINGLE MOTHERS

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

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KASSON-MANTORVILLE SCHOOLS 606 16TH ST NE KASSON, MN 55944	41-6008530	GOVT/PUBLIC SCHOOL	18,500	0			ADD AN EARLY CHILDHOOD COUNSELOR/SOCIAL WORKER TO OUR CURRENT COMMUNITY EDUCATION STAFF/COMMUNITY WELLNESS EXPANSION
KENYON-WANAMINGO SCHOOLS COMMUNITY EDUCATION 400 6TH ST KENYON, MN 55946	41-1780357	GOVT/PUBLIC SCHOOL	10,450	0			CREATION OF SUMMER PROGRAMMING/MIDDLE SCHOOL MENTORING

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

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KINGSLAND PUBLIC SCHOOLS 705 NORTH SECTION AVE SPRING VALLEY, MN 55975	41-1740007	GOVT/PUBLIC SCHOOL	0	6,120	FMV	BOOKS	CHILDRENS BOOKS DISTRIBUTED THROUGH EARLY CHILDHOOD PROGRAM LITERACY GRANTS
KIWANIS CLUBS OF SOUTHERN MINNESOTA 6907 BLUFF LANE NW ROCHESTER, MN 55901	41-1908825	501C3	0	116,280	FMV	BOOKS	CHILDRENS BOOKS DISTRIBUTED THROUGH EARLY CHILDHOOD PROGRAM LITERACY GRANTS

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LA CRESCENT-HOKAH PUBLIC SCHOOLS LA CRESCENT MIDDLE/HIGH SCHOOL LA CRESCENT, MN 55947	41-6001467	GOVT/PUBLIC SCHOOL	10,000	0			CREATING A PIPELINE FOR TECHNICAL EDUCATION EMPLOYEES
LA LUMIERE SCHOOL 6801 NORTH WILHELM RD LA PORTE, MN 46350	35-1085350	501C3	10,000	0			SUPPORT FOR PROGRAMMING

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LANESBORO ECONOMIC DEVELOPMENT AUTHORITY 202 PARKWAY AVE S LANESBORO, MN 55949	41-6005308	501C3	9,500	0			IDENTIFY NEW WAYS TO BOOST THE WELL-BEING OF INDIVIDUALS AND THE QUALITY OF LIFE IN THEIR SMALL COMMUNITY
LANESBORO PUBLIC LIBRARY (CITY OF LANESBORO MN) 202 PARKWAY AVE S LANESBORO, MN 55949	34-2037323	GOVERNMENT	0	7,880	FMV	BOOKS	CHILDRENS BOOKS DISTRIBUTED THROUGH EARLY CHILDHOOD PROGRAM LITERACY GRANTS

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LAURA BAKER SERVICES ASSOCIATIONS 211 OAK ST NORTHFIELD, MN 55057	41-1291483	501C3	10,000	0			SUPPORT FOR CLIENTS WITH DISABILITIES
LE SUEUR-HENDERSON PUBLIC SCHOOLS & ECFE 706 TURRIL ST LE SUEUR, MN 56058	41-1716943	GOVT/PUBLIC SCHOOL	10,000	6,120	FMV	BOOKS	BRING A CHILDREN'S MUSEUM-LIKE EXPERIENCE TO ALL FAMILIES IN LE SUEUR-HENDERSON COMMUNITY/CHILDRENS BOOKS DISTRIBUTED THROUGH EARLY CHILDHOOD PROGRAM LITERACY GRANTS

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LEO AUGUSTA CHILDREN'S ACADEMY 824 CENTER AVE N BLOOMING PRAIRIE, MN 55917	86-2879682	501C3	356,636	0			PROVIDING RESOURCES TO EXPAND EDUCATIONAL OPPORTUNITIES/SUPPORT FOR BUILDING CONSTRUCTION
LEAD FOR AMERICAN (MINNESOTA) PO BOX 56 DODGE CITY, KS 67801	83-1839530	501C3	75,000	0			SUPPORT FOR MN COMMUNITIES TO BRING MORE RESOURCES TO IDENTIFY DIVERSE PROGRAMMING OPPORTUNITES

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LION'S CLUB PO BOX 258 PRESTON, MN 55965	41-0987543	501C3	7,000	0			COMMUNITY FUND PROJECT TO EXPAND PROGRAM RESOURCES
LISTOS PRESCHOOL AND CHILDCARE 1503 2ND AVE NE ROCHESTER, MN 55906	41-0846795	501C3	10,000	0			CONNECTING THE CONSCIOUS DISCIPLINE SOCIAL- EMOTIONAL CURRICULUM USED AT LISTOS

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

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MADELIA PUBLIC SCHOOLS MADELIA ELEMENTARY SCHOOL MADELIA, MN 560621730	41-6008617	GOVT/PUBLIC SCHOOL	10,000	0			VOLUNTEERS FOR COMMUNITY READING PROGRAM
MANKATO AREA PUBLIC SCHOOLS 110 FULTON STREET MANKATO, MN 56001	41-6000310	GOVT/PUBLIC SCHOOL	10,000	0			RELOCATE PROGRAMMING TO ONE CENTRAL LOCATION AND EXPAND SERVICES OFFERED TO DIVERSE COMMUNITY MEMBERS.

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MAPLE RIVER CHAMBER OF COMMERCE PO BOX 288 MAPLE RIVER, MN 56065	41-1855221	501C3	6,212	0			COMMUNITY FUND PROJECT TO EXPAND PROGRAM RESOURCES
MAPLE RIVER SCHOOLS 101 6TH AVE NE MAPLETON, MN 56065	41-1734559	GOVT/PUBLIC SCHOOL	15,000	0			CREATE READERS PROGRAMS IN SCHOOL

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MASSACHUSETTS INSTITUTE OF TECHNOLOGY 600 MEMORIAL DRIVE CAMBRIDGE, MA 02139	04-2103594	501C3	20,000	0			PROGRAM SUPPORT
MINNESOTA STATE UNIVERSITY-MANKATO FOUNDATION 126 ALUMNI FOUNDATION CENTER MANKATO, MN 56001	41-6033423	501C3	10,000	0			COMMUNITY FUND PROJECT TO EXPAND PROGRAM RESOURCES

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MINNESOTA VALLEY ACTION COUNCIL HEAD START 706 N VICTORY DR MANKATO, MN 56001	41-6050353	501C3	0	10,328	FMV	BOOKS	CHILDRENS BOOKS DISTRIBUTED THROUGH EARLY CHILDHOOD PROGRAM LITERACY GRANTS
MN RIVER AREA AGENCY ON AGING INCORPORATED 201 BROAD ST N STE 102 MANKATO, MN 56001	26-1632413	OTHER	10,000	0			AGE-FRIENDLY COMMUNITY PROJECT WILL CREATE AN OPPORTUNITY FOR DEVELOPMENT OF A COMMUNITY LEADERSHIP TEAM

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(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 non-cash assistance	(h) Purpose of grant or assistance
MONTGOMERY ARTS AND HERITAGE CENTER (MONTGOMERY COMMUNITY FOUNDATION) 206 1ST ST N MONTGOMERY, MN 56069	27-0441502	501C3	10,000	0			MONTGOMERY FARMERS MARKET IN THE PARK
NEW FOUNDATIONS SAINT PETER 611 JEFFERSON AVE ST PETER, MN 56082	86-2615110	GOVT/PUBLIC SCHOOL	10,000	0			A YOUTH-SERVING COLLABORATIVE OF CHILDREN PROVIDERS AND EARLY CHILDHOOD PROFESSIONALS

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

(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 non-cash assistance	(h) Purpose of grant or assistance
NEW PRAGUE AREA COMMUNITY EDUCATION - NEW PRAGUE AREA SCHOOLS 410 CENTRAL AVE N SUITE 300 NEW PRAGUE, MN 56071	41-6003815	GOVT/PUBLIC SCHOOL	0	7,650	FMV	BOOKS	CHILDRENS BOOKS DISTRIBUTED THROUGH EARLY CHILDHOOD PROGRAM LITERACY GRANTS
NEW PRAGUE ROTARY FOUNDATION PO BOX 92 NEW PRAGUE, MN 56071	30-1090564	501C3	10,000	0			CREATION OF PEACE GARDEN

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

(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 non-cash assistance	(h) Purpose of grant or assistance
NEW ULM ISD 88 - ECFESR 910 14TH ST N NEW ULM, MN 56073	41-6000373	GOVT/PUBLIC SCHOOL	0	7,650	FMV	BOOKS	CHILDRENS BOOKS DISTRIBUTED THROUGH EARLY CHILDHOOD PROGRAM LITERACY GRANTS
NORTHFIELD PUBLIC SCHOOLS COMMUNITY EDUCATION 700 LINCOLN PARKWAY NORTHFIELD, MN 55057	41-6008327	GOVT/PUBLIC SCHOOL	10,000	11,475	FMV	BOOKS	WRAP-AROUND CHILDCARE FOR STUDENTS ENROLLED IN THE FULL-DAY PRESCHOOL SECTION/CHILDRENS BOOKS DISTRIBUTED THROUGH EARLY CHILDHOOD PROGRAM LITERACY GRANTS

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

(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 non-cash assistance	(h) Purpose of grant or assistance
PARK NICOLLET FOUNDATION 6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426	23-7346465	501C3	12,000	0			COMMUNITY FUND PROJECT TO EXPAND PROGRAM RESOURCES
PRESTON HISTORICAL SOCIETY 305 CHATFIELD AVE NW PRESTON, MN 55965	41-1843934	501C3	10,000	0			PLAN, DESIGN, IDENTIFY FUNDING TO ELEVATE THE TRAILHEAD HISTORIC CAMPUS INTO A YEAR ROUND ATTRACTION

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

(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 non-cash assistance	(h) Purpose of grant or assistance
RED COTTAGE MONTESSORI SCHOOL 5225 HWY 61 3 RED WING, MN 55066	27-3425655	501C3	10,000	0			HIRE AND TRAIN AN AID TO WORK IN OUR CHILDREN'S HOUSES (AGES 3-6) TO HELP OUR DIVERSE LEARNERS
RED WING ARTS 418 LEVEE STREET RED WING, MN 55066	41-6039135	501C3	17,500	0			COMMUNITY FUND PROJECT TO EXPAND PROGRAM RESOURCES

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

(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 non-cash assistance	(h) Purpose of grant or assistance
RED WING DOWNTOWN MAIN STREET INC 419 BUSH ST RED WING, MN 55066	41-1869035	501C3	15,000	0			COMMUNITY FUND PROJECT TO EXPAND PROGRAM RESOURCES
RED WING PUBLIC SCHOOLS COMMUNITY EDUCATION COMMUNITY EDUCATION RED WING, MN 55066	41-6001250	GOVT/PUBLIC SCHOOL	6,027	0			COMMUNITY FUND PROJECT TO EXPAND PROGRAM RESOURCES

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

(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 non-cash assistance	(h) Purpose of grant or assistance
RETHOS PLACES REIMAGINED 164 E 3RD ST WINONA, MN 55987	41-1427970	501C3	8,000	0			DOWNTOWN ASSESSMENTS IN 3 SMIF COMMUNITIES
ROCHESTER COMMUNITY & TECH COLLEGE FDN 851 30TH AVE SE ROCHESTER, MN 55904	41-1687554	GOVT/PUBLIC SCHOOL	20,000	0			SUPPORT FOR SBDC AND TECHNICAL ASSISTANCE

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

(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 non-cash assistance	(h) Purpose of grant or assistance
RUSHFORD-PETERSON SCHOOLS 1000 PINE MEADOWS LN RUSHFORD, MN 55971	41-1655958	GOVT/PUBLIC SCHOOL	9,163	0			COMMUNITY FUND PROJECT TO EXPAND PROGRAM RESOURCES
SAINT CHARLES PUBLIC SCHOOLS 925 CHURCH AVE SAINT CHARLES, MN 55972	41-6004727	GOVT/PUBLIC SCHOOL	10,000	0			PROVIDING AN OPPORTUNITY FOR STUDENTS TO LEARN THE FOUNDATIONAL SKILLS IN READING AND WRITING

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

(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 non-cash assistance	(h) Purpose of grant or assistance
SLEEPY EYE EARLY CHILDHOOD FAMILY EDUCATION 400 4TH AVE SW SLEEPY EYE, MN 56085	41-6000392	GOVT/PUBLIC SCHOOL	0	5,355	FMV	BOOKS	CHILDRENS BOOKS DISTRIBUTED THROUGH EARLY CHILDHOOD PROGRAM LITERACY GRANTS
SPRING GROVE ECONOMIC DEVELOPMENT AUTHORITY 118 1ST AVE NW SPRING GROVE, MN 55974	41-6005553	GOVERNMENT	5,500	0			PLACEMAKING INITIATIVE TO SPUR SOCIAL, CULTURAL, AND ECONOMIC ACTIVITY IN DOWNTOWN SPRING GROVE

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

(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 non-cash assistance	(h) Purpose of grant or assistance
SPRING GROVE PUBLIC SCHOOL 113 2ND AVE NW SPRING GROVE, MN 55974	41-6001501	GOVT/PUBLIC SCHOOL	10,000	0			WE WANT TO BRING TOGETHER AND EXPAND THE EARLY LEARNING TO REACH INTO EVERY ENTITY OF OUR COMMUNITY
ST JOHN'S LUTHERAN CHURCH 36620 COUNTY 4 BLVD GOODHUE, MN 55027	41-0944600	501C3	20,000	0			PROGRAM SUPPORT

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

(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 non-cash assistance	(h) Purpose of grant or assistance
SUSTAINABLE FARMING ASSOCIATION OF MN 4924 UPTON AVE S MINNEAPOLIS, MN 55410	41-1671891	501C3	10,000	0			REVIVING CRSFA CHAPTER THAT PROVIDES VALUED PROGRAMS AND SERVICES TO OUR MEMBERS AND THE BROADER SUSTAINABLE FARMING COMMUNITY AFTER COVID.
THREE RIVERS COMMUNITY ACTION INC HEAD START 1414 NORTH STAR DR NORTHFIELD, MN 55992	41-0906178	501C3	0	9,180	FMV	BOOKS	CHILDRENS BOOKS DISTRIBUTED THROUGH EARLY CHILDHOOD PROGRAM LITERACY GRANTS

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

(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 non-cash assistance	(h) Purpose of grant or assistance
TRI-CITY UNITED EARLY LEARNING 101 2ND ST NE MONTGOMERY, MN 56069	45-3740004	GOVT/PUBLIC SCHOOL	0	9,563	FMV	BOOKS	CHILDRENS BOOKS DISTRIBUTED THROUGH EARLY CHILDHOOD PROGRAM LITERACY GRANTS
UNITED SOUTH CENTRAL PUBLIC SCHOOLS 600 11 ST SW WELLS, MN 56097	41-1738058	GOVT/PUBLIC SCHOOL	19,000	0			CREATE READERS PROGRAMS IN SCHOOL/CAREER EXPLORATION EVENTS

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

(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 non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF STEELE COUNTY SAFE AND DRUG FREE COALITION 1850 AUSTIN RD STE 103 OWATONNA, MN 55060	23-7366680	501C3	0	8,415	FMV	BOOKS	CHILDRENS BOOKS DISTRIBUTED THROUGH EARLY CHILDHOOD PROGRAM LITERACY GRANTS
UNIVERSITY OF NOTRE DAME 1251 N EDDY ST SOUTH BEND, IN 466171487	35-0868188	501C3	11,000	0			PROGRAM SUPPORT

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

(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 non-cash assistance	(h) Purpose of grant or assistance
WELLCOME MANOR FAMILY SERVICES 114 PLEASANT ST W GARDEN CITY, MN 56034	20-8341986	501C3	6,750	0			EDUCATING MOTHERS ON THE IMPORTANCE OF POSITIVE PARENTING IN REGARDS TO CHILDREN WHO HAVE EXPERIENCED TRAUMA
YWCA MANKATO 127 S 2ND ST 200 MANKATO, MN 56001	41-0711619	501C3	10,000	0			ELIMINATE BARRIERS USING THE PARENTS AS TEACHERS CURRICULUM

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

(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 non-cash assistance	(h) Purpose of grant or assistance
ZUMBRO EDUCATION DISTRICT 2002 MANTORVILLE AVE N BYRON, MN 55944	41-1645079	GOVT/PUBLIC SCHOOL	0	6,426	FMV	BOOKS	CHILDRENS BOOKS DISTRIBUTED THROUGH EARLY CHILDHOOD PROGRAM LITERACY GRANTS

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047
2021
Open to Public Inspection

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 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 Questions Regarding Compensation

	Yes	No								
<p>1a 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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<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)		
<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)									
<p>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</p>	1b									
<p>2 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?</p>	2									
<p>3 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.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<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				
<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									
<p>4 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:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	No								
	4b	No								
	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a	No								
	5b	No								
<p>6 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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a	No								
	6b	No								
<p>7 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.</p>	7	No								
<p>8 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.</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

▶ **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 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) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		416,208	FMV
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	515	125,805	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
PART I, COLUMN (B):	REPORTING THE NUMBER OF CONTRIBUTIONS

SCHEDULE O
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021**Open to Public
Inspection**

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 PRIOR TO FILING WITH THE IRS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, 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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	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. THE ORGANIZATION MAINTAINS CONTEMPORANEOUS DOCUMENTATION RELATED TO THE COMPENSATION SETTING PROCESS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, 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

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	UNRELATED BUSINESS LOSS 11,070.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.