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# 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 black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

Open to Public Inspection

Address charge	A Fo	r the 2012 ca		ing 07-01-2012 ,2012, and ending 06	-30-2013			
Doing Bosses As   Doing Bosses As   Total relation   Part   Par	<b>B</b> Che	eck if applicable	C Name of organization SOUTHERN MINNESOTA INITIATIV	E FOUNDATION		D Empl	oyer ider	ntification number
Name change   Intellation   Transmitted	☐ Add	ress change				36-3	454285	5
Terminated   Part	Nan	ne change	Doing business As					
Terminated Anneholder felum    Application proteing	┌ Inıtı	al return	Number and street (or P O box if	mail is not delivered to street address) Room	'suite	E Tolont	one num	hor
Application pending    Page	<b>Г</b> Теп	mınated		,				
Page   Controlled   Page	☐ Ame	ended return	City or town, state or country, an	 d ZIP + 4		(507	) 455-3	215
Filipse   Fil	Ann	dication nending	OWATONNA, MN 55060					16 245 220
BRIAN CONZENTUS 529FLORRICE AVERNUE OWATONNA, MN \$5060    Tax-exempt status	i App	neation pename			T			5 16,345,230
SZS FLORENCE AVENUE OWATONNA, MN 55060   H(b) Are all at If "No.";   Tax-exempt status			1	rincipal officer	H(a)		p return	for
Tax-exempt status						allillates.		1 1631 110
Tax-exempt status   Solic(3)   Solic(3)   Solic(3)   Solic(4)   Solic(3)			OWATONNA, MN 55060		Н(Ь)	Are all affiliate	es inclu	ded?
Website: ► HTTP //WWW SMIFOUNDATION ORG		v-evemnt statu	F F01/6//2) F F01/6// )	1/mcort no.)		If "No," attac	h a list	(see instructions)
Websites ► HTTP //WWW-SMIFOUNDATION ORG   K Form of organization   Corporation   Trisit   Association   Other ►   L Year of format		·			H(c)	Group exemp	tion nur	nber ►
1 Briefly describe the organization's mission or most significant activities PROVIDES GRANTS, LOANS AND TECHNICAL ASSISTANCE TO NON PROFITS, GOVERNM AGENCIES AND BUSINESSES IN THE 20 COUNTY REGION TO CREATE ECONOMIC GROW PARTNERSHIPS AND COLLABORATIONS  2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% and the continued its operations or disposed of more than 25% or the continued its operations or disposed of more than 25% or the continued its operations or disposed of more than 25% or the continued its operations or disposed of more than 25% or the continued its operations or disposed of more than 25% or the continued its operations or disposed of more than 25% or the continued its operations or disposed of more than 25% or the continued its operations or disposed of more than 25% or the continued its operations or disposed of more than 25% or the continued its operations or disposed of more than 25% or the continued its operations or disposed of more than 25% or the continued its operations or disposed of more than 25% or the continued its operations or disposed of more than 25% or the continued its operations or disposed of more than 25% or the continued its operations or disposed of more than 25% or the continued its operations or disposed of more than 25% or the continued its operations or disposed or								
The Briefly describe the organization's mission or most significant activities PROVIDES GRANTS, LOANS AND TECHNICAL ASSISTANCE TO NON PROFITS, GOVERNM AGENCIES AND BUSINESSES IN THE 20 COUNTY REGION TO CREATE ECONOMIC GROW PARTNERSHIPS AND COLLABORATIONS  2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% and the part of voting members of the governing body (Part VI, line 1a).  3 Number of voting members of the governing body (Part VI, line 1b).  4 Number of independent voting members of the governing body (Part VI, line 1b).  5 Total number of individuals employed in calendar year 2012 (Part V, line 2a).  6 Total number of volunteers (estimate if necessary).  7a Total unrelated business revenue from Part VIII, column (C), line 12.  b Net unrelated business revenue from Part VIII, line 2g).  10 Investment income (Part VIII, line 2g).  11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d).  12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12).  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).  14 Benefits paid to or for members (Part IX, column (A), lines 1-3).  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16 Professional fundraising fees (Part IX, column (A), line 11e).  5 Total fundraising expenses (Part IX, column (A), lines 11e).  5 Total fundraising expenses (Part IX, column (A), lines 11e).  5 Total sesses (Part IX, column (A), lines 11e-11d, 11f-24e).  18 Total fundraising fees (Part IX, column (A), lines 11e).  5 Total assets (Part X, line 26).  20 Total assets (Part X, line 26).  21 Total assets (Part X, line 26).  22 Total assets (Part X, line 26).  23 Total assets (Part X, line 26).  24 Expense (Part IX, column (A), lines 11e-11d, 11f-24e).  25 Total assets (Part X, line 26).  26 Total assets (Part X, line 26).  27 Total assets (Part X, line 26).  28 Total assets (Part X, line 26).  29 Total assets (Part X, line 26).  20 Total assets (Part X, line 26).  21 To	K Form	n of organizatio	n Corporation Trust Associate	tion Other 🕨	<b>L</b> Ye	ar of formation 1	986 <b>M</b>	State of legal domicile N
PROVIDES GRANTS, LOANS AND TECHNICAL ASSISTANCE TO NON PROFITS, GOVERNM AGENCIES AND BUSINESSES IN THE 20 COUNTY REGION TO CREATE ECONOMIC GROW PARTNERSHIPS AND COLLABORATIONS  2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% with the control of the county of th	Pai	rt I Sur	nmary					
PARTNERSHIPS AND COLLABORATIONS    Check this box   Tifthe organization discontinued its operations or disposed of more than 25%		PROVI	DES GRANTS, LOANS AND TE	CHNICAL ASSISTANCE TO NON PR				
3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business revenue from Part VIII, column (C), line 12 c	ce				ECONOM.	IC GROWIN B	TLEVE	RAGING
3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business revenue from Part VIII, column (C), line 12 c	nan							_
3 Number of voting members of the governing body (Part VI, line 1a)	γeľ							
7aTotal unmelated business revenue from Part VIII, column (C), line 12	3	<b>2</b> Check	this box 🔰 if the organization	discontinued its operations or dispose	d of more	than 25% of its	s net as	sets
7aTotal unmelated business revenue from Part VIII, column (C), line 12	<b>න්</b> ර	3 Numbe	r of voting members of the gove	rning body (Part VI, line 1a)			з	15
7aTotal unmelated business revenue from Part VIII, column (C), line 12	ij.						4	15
7aTotal unrelated business revenue from Part VIII, column (C), line 12	ЖIМ		· · · · · · · · · · · · · · · · · · ·		-		5	60
Ta Total unrelated business revenue from Part VIII, column (C), line 12  b Net unrelated business taxable income from Form 990-T, line 34  Prior Ye  8 Contributions and grants (Part VIII, line 1h)	ď						6	0
8 Contributions and grants (Part VIII, line 1h)			·				7a	0
8 Contributions and grants (Part VIII, line 1h)							7b	0
Program service revenue (Part VIII, line 2g)						Prior Year		Current Year
Total revenue (Part VIII, column (A), lines 5, 60, 8c, 9c, 10c, and 11e)  12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8 Cont	ributions and grants (Part VIII,	line 1h)		6,166	,598	3,356,376
Total revenue (Part VIII, column (A), lines 5, 60, 8c, 9c, 10c, and 11e)  12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	eli l	<b>9</b> Progi	ram service revenue (Part VIII,	line 2g)		243	,378	246,016
Total revenue (Part VIII, column (A), lines 5, 60, 8c, 9c, 10c, and 11e)  12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	ie Ac	<b>10</b> Inve	stment income (Part VIII, colur	nn (A), lines 3, 4, and 7d)		1,144	,546	1,707,854
12)	ά	<b>11</b> Othe	r revenue (Part VIII, column (A	), lines 5, 6d, 8c, 9c, 10c, and 11e)			0	0
Total fundraising expenses (Part IX, column (A), line 11e)					ıne	7,554	E 3 3	E 210 246
14 Benefits paid to or for members (Part IX, column (A), line 4)						· · · · · · · · · · · · · · · · · · ·		5,310,246
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5—10)  16a Professional fundraising fees (Part IX, column (A), line 11e)						1,017	0	1,474,725
10)  16a Professional fundraising fees (Part IX, column (A), line 11e)							$\overline{}$	0
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8		les, other compensation, emplo	yee benefits (Part 1X, Column (A), lines	5 -	1,682	,990	1,682,555
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	ens	<b>16a</b> Profe	ssional fundraising fees (Part I)	X, column (A), line 11e)			0	0
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	ŝ	<b>b</b> Total t	fundraising expenses (Part IX, column i	(D), line 25) • 151,339				
19   Revenue less expenses   Subtract line 18   from line 12	ш	<b>17</b> Othe	r expenses (Part IX, column (A)	), lines 11a-11d, 11f-24e)		851	,829	944,452
Beginning of Year  20 Total assets (Part X, line 16)		<b>18</b> Total	l expenses Add lines 13–17 (m	nust equal Part IX, column (A), line 25)	)	3,552	,670	4,101,732
Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules a my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is bas preparer has any knowledge  Sign Here		<b>19</b> Reve	nue less expenses Subtract lin	e 18 from line 12		4,001	,852	1,208,514
Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules a my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is bas preparer has any knowledge  Sign Here	ts or ances				Beg	ginning of Curre Year	ent	End of Year
Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules a my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is bas preparer has any knowledge  Sign Here	38. Bak	<b>20</b> Total	assets (Part X, line 16)			36,995	,607	39,952,173
Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules a my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is bas preparer has any knowledge  Sign Here	t ga	<b>21</b> Total	l liabilities (Part X, line 26) .			2,576	,053	2,782,158
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules a my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is bas preparer has any knowledge  Sign Here    Signature of officer   Date	ZĽ	<b>22</b> Neta	assets or fund balances Subtrac	t line 21 from line 20		34,419	,554	37,170,015
my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is bas preparer has any knowledge  Sign Here    ******   Signature of officer   Date   BRIAN CONZEMIUS VICE PRESIDENT/CFO								
Sign Here    Signature of officer   Date	my kr	nowledge and	belief, it is true, correct, and co					
Sign Here    Signature of officer   Date	-	T L				<u> </u>		
Here  BRIAN CONZEMIUS VICE PRESIDENT/CFO Type or print name and title  Print/Type preparer's name DANIEL W EDWARDS  Firm's name  MCGLADREY LLP  Preparer  Preparer's signature Date Check ∫ self-emp Firm's E.	۵.	<b>    -</b>				2013-12-02 Date		
Type or print name and title  Print/Type preparer's name DANIEL W EDWARDS  Preparer  Preparer  Preparer's signature  Date  Check  self-emp Firm's name  Firm's name  Preparer's signature  Date  Check  Firm's E.						Date		
Paid Print/Type preparer's name DANIEL W EDWARDS Prim's name MCGLADREY LLP Preparer  Preparer's signature Date Check   self-emp Firm's E:	пеге	I DIX.						
Paid  Preparer  DANIEL W EDWARDS  Firm's name ► MCGLADREY LLP  Firm's E.			'	Preparer's signature	Date	Charle C	PTIN	
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			Firm's name  MCGLADREY LLP			Firm's EIN 🕨	12-071432	25
Use Only Firm's address ►310 BROADWAY AVENUE S SUITE 300 Phone n	•	·	Firm's address > 310 BROADWAY AVE	NUE S SUITE 300		Phone no (50	7) 288-64	176

ROCHESTER, MN 55904

Ι	Statement of Program Service Accomplishments						
	Check if Schedule O contains a response to any question in this Part III	•	•	•	•	•	•

Briefly describe the organization's mission

PROVIDES GRANTS, LOANS AND TECHNICAL ASSISTANCE TO NON PROFITS, GOVERNMENT AGENCIES AND BUSINESSES IN THE 20 COUNTY REGION TO CREATE ECONOMIC GROWTH BY LEVERAGING PARTNERSHIPS AND COLLABORATIONS

- Did the organization undertake any significant program services during the year which were not listed on ☐ Yes ☑ No If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program □ Yes □ No
  - If "Yes." describe these changes on Schedule O 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
- 1,228,844 including grants of \$ 186,702 ) (Revenue \$ (Code ) (Expenses \$ 679,806) 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 WITHIN OUR REGION
- 863.466 ) (Revenue \$ 4b (Code ) (Expenses \$ 1,298,949 including grants of \$ 615,038) 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
- ) (Expenses \$ including grants of \$ (Code 523,437 103,922 ) (Revenue \$ 409,759) 4c SOUTHERN MINNESOTA INITIATIVE FOUNDATION ADMINISTERS THE AMERICORPS~SOUTHERN MINNESOTA GRANT FOCUSING ON EARLY CHILDHOOD SUPPORTED AMERICORPS MEMBERS SERVE IN NON-PROFITS THROUGHOUT THE 20 COUNTY AREA WORKING WITH PRESCHOOL CHILDREN AND PARENTS ON EARLY LITERACY AND SCHOOL READINESS SUPPORT
- 378,981 including grants of \$ 320,635 ) (Revenue \$ (Code ) (Expenses \$ 659,125) SOUTHERN MINNESOTA INITIATIVE FOUNDATION IS THE FICAL HOST FOR VARIOUS COMMUNITY FOUNDATIONS IN THE REGION, SO THEY MAY CONDUCT ASSET-
- BASED DEVELOPMENT ACTIVITIES IN THEIR LOCAL COMMUNITIES Other program services (Describe in Schedule O) 4d 320,635 ) (Revenue \$ (Expenses \$ 378,981 including grants of \$ 659,125) Total program service expenses ► 3,430,211 Form 990 (2012)

Part IV	Checklist	of Rec	uired	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{*}$	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part $X^{\bullet}$	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule $E$	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		N o
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Νο
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule $H$	20a		Νο
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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? If "Yes," complete Schedule J	23	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Schedule N, Part II	32		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</i> "Yes," complete Schedule R, Part I	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note, All Form 990 filers are required to complete Schedule O	38	Yes	

# Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 13	.		
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country •			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		N o
b	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		N o
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a	.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders	-		
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	ļ ļ	ļ	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N o
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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.

	ection A. Governing body and management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		Νο
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Did the organization have members or stockholders?	6		Νo
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Νο
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νο
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Cod	e.)
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod Yes	e.) <b>No</b>
	Did the organization have local chapters, branches, or affiliates?	evenu 10a		
10a				No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No

- 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 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
  - Own website Another's website Upon request Other (explain in Schedule O)
- 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
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►BRIAN CONZEMIUS 525 FLORENCE AVENUE OWATONNA, MN (507) 455-3215

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

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

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

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(1) (2) (5) (5)											
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related	more pers and	than on is	one bot ecto	not box h ar or/tr	ustee	ess er	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations	
(1) ROBERT HOFFMAN	2 00	х		х				0	0	0	
CHAIR		_ ^						0	0	0	
(2) STEPHEN WALDHOFF TREASURER	2 00	х		х				0	0	0	
(3) LINDA CRUZ LARES	2 00	-									
SECRETARY		Х		Х				0	0	0	
(4) JEAN BURKHARDT	2 00	х		х				0	0	0	
VICE CHAIR (5) JULIE BOYLAND	2.00										
	2 00	x						0	0	0	
BOARD MEMBER (6) DAVE FISK											
BOARD MEMBER	2 00	х						0	0	0	
(7) CAROL KAMPER	2 00	х						0	0	0	
BOARD MEMBER											
(8) BUKATA HAYES	2 00	×						0	0	0	
BOARD MEMBER  (9) COLLEEN SKILLINGS	2.00										
	2 00	×						0	0	0	
BOARD MEMBER	2.00										
(10) JOHN MONSON	2 00	x						0	0	0	
BOARD MEMBER											
(11) DANNY HARJO	2 00	×						0	0	0	
BOARD MEMBER											
(12) RAYMOND STAWARZ	2 00	×						0	0	0	
BOARD MEMBER											
(13) SUE KOLLING	2 00	×						0	0	0	
BOARD MEMBER											
(14) JUNE REINEKE	2 00	×						0	0	0	
BOARD MEMBER								Ŭ.			
(15) JENNIFER SAWYER	2 00	×						0	0	0	
BOARD MEMBER											
(16) TIMOTHY PENNY	40 00			x				157,647	0	14,082	
PRESIDENT/CEO		<u> </u>		L^				137,047		14,082	
(17) CAROL CERNEY	40 00							01.604		12 410	
VICE PRESIDENT/COO				Х	L			91,604	0	13,419	
										Form <b>990</b> (2012)	

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

Organizations   Delow dotted line   Organizations   Delow dotted line   Organizations   Delow dotted line   Organizations		( <b>A)</b> and Title	(B) Average hours per week (list any hours	more pers	than on is	one bot	not box h ar	chec k, unle n offic ustee	ss er	(D) Reportable compensation from the organization	(E) Reportable compensatio from related	5	<b>(F</b> Estim amount o compen from	ated of other sation the
X   S6,967   0   9,92			below	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)			and re	lated
## No    Sub-Total   Sub-Total	(18) BRIAN CONZEMIUS		40 00			,				06.067		$\downarrow$		0.022
c Total from continuation sheets to Part VII, Section A	VICE PRESIDENT/CFO					×				96,967		이		9,923
c Total from continuation sheets to Part VII, Section A														
c Total from continuation sheets to Part VII, Section A						-						$\dashv$		
c Total from continuation sheets to Part VII, Section A												$\dashv$		
c Total from continuation sheets to Part VII, Section A														
c Total from continuation sheets to Part VII, Section A												$\exists$		
c Total from continuation sheets to Part VII, Section A						$\vdash$			$\vdash$			+		
c Total from continuation sheets to Part VII, Section A												$\dashv$		
c Total from continuation sheets to Part VII, Section A														
c Total from continuation sheets to Part VII, Section A												П		
c Total from continuation sheets to Part VII, Section A												$\dashv$		
c Total from continuation sheets to Part VII, Section A						-	_					$\dashv$		
c Total from continuation sheets to Part VII, Section A														
c Total from continuation sheets to Part VII, Section A														
c Total from continuation sheets to Part VII, Section A												$\dashv$		
c Total from continuation sheets to Part VII, Section A							-					$\dashv$		
c Total from continuation sheets to Part VII, Section A														
Total (add lines 1b and 1c)	1b Sub-Total .							<b>&gt;</b>						
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1 Yes No  Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	c Total from con	tinuation sheets to Par	t VII, Section A					<b>P</b>						
\$100,000 of reportable compensation from the organization   1	d Total (add line	s 1b and 1c)				•		•		346,218	(			37,424
Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual						ed a	bove	e) who	rec	eived more than				
on line 1a? If "Yes," complete Schedule J for such individual													Yes	No
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? If "Yes," complete Schedule J for such individual	3 Did the organiza	ation list any <b>former</b> off	ıcer, dırector or	truste	e, key	y em	nplo	yee, o	r hıç	jhest compensate	d employee			
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	on line 1a? <i>If</i> ")	Yes," complete Schedule .	I for such individ	lual .								3		Νo
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	organization an										om the	_		
Section B. Independent Contractors  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)  (B)  (C)				•	٠.	•	•	•	•		· · · · · -	4	Yes	
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)  (B)  (C)										-	idividual for	5		No
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)  (B)  (C)	Section B Inde	ependent Contracto	ors											
(A) (B) (C)				ındepe	nder	ıt co	ntra	ctors	tha	t received more th	an \$100,000	of		
(A) Name and business address  Description of services  Compensation	compensation f	rom the organization Re		tion foi	the	cale	nda	r year	end			n's		
		Name and b	( <b>A)</b> ousiness address											
												1		
												+		
												+		
												ユ		

\$100,000 of compensation from the organization >0

			ule O contains a respon	ise to any question i	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
(0	1a	Federated cam	paigns 1a					314
ints unts	ь	Membership du	es <b>1b</b>					
Gra mot	С	Fundraising eve						
Contributions, Giffs, Grants and Other Similar Amounts	d	_	zations 1d					
Gii 1ila	e	Government grants		403,442				
ons, Sin								
utic 1er	f	similar amounts no	ons, gifts, grants, and <b>1f</b> ot included above	2,952,934				
dig	g	Noncash contribute 1a-1f \$	ons included in lines	590,870		Ī		
Cont and	h		s 1a-1f		3,356,376			
				Business Code				
Program Serwice Revenue	2a	LOAN INTEREST		900099	246,016	246,016		
eve Fe	ь				,	,		
Se F	С		_					
ervi	d							
3	e							
(Jrai	f	All other progra	am service revenue					
₹.	g	Total. Add lines	 		246,016			
	3	Investment inc	ome (including dividend	ls, interest,	727 102			727,182
			ar amounts) stment of tax-exempt bond p	F	727,182			727,182
	4 5	Royalties		noceeds •				
		Royalties	(ı) Real	(II) Personal				
	6a	Gross rents	( )	. ,				
	ь	Less rental expenses						
	с	Rental income						
	d	or (loss) Net rental inco	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	12,015,656					
	Ь	Less cost or other basis and sales expenses	11,034,984					
	c	Gain or (loss)	980,672					
	d	Net gain or (los	Г		980,672			980,672
Other Revenue	8a	Gross income f events (not inc  \$ of contributions See Part IV, lin	luding  s reported on line 1c)					
<u>.</u>	_		а					
Ţ.	ь		penses <b>b</b> [ (loss) from fundraising e	wents b				
3	c 9a		rom gaming activities	events p-				
	L	lass d	a					
	b c		penses <b>b</b> [ (loss) from gaming activ	vities				
		Gross sales of returns and allo	ınventory, less					
			a .					
	Ь		oods sold <b>b</b>	untory .				
	С	Miscellaneous	(loss) from sales of inve	Business Code				
	11a	ssamaneous						
	b							
	С							
	d	All other reven	ue					
	e	Total. Add lines	ι s 11a-11d	🕨				

	IX Statement of Functional Expenses			1 1 / / / / /	
sectio	on 501(c)(3) and 501(c)(4) organizations must complete all columns. All			ilete column (A.)	
	Check if Schedule O contains a response to any question in this Pa		(B)	(c)	 (D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	1,418,984	1,418,984		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	55,741	55,741		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	351,666	192,807	122,933	35,926
7	Other salaries and wages	1,091,703	928,298	101,432	61,973
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	21,862	16,228	962	4,672
9	Other employee benefits	122,901	105,659	9,369	7,873
10	Payroll taxes	94,423	73,787	14,299	6,337
11	Fees for services (non-employees)				
а	Management				
ь	Legal	6,016	5,791	225	
c	Accounting	33,315	1,878	31,437	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	161,039		161,039	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	9,172	6,111	390	2,671
13	Office expenses	129,280	103,897	<del>                                     </del>	12,887
14	Information technology	3,699	2,962	395	342
15	Royalties	3,099	2,902	393	342
	•				
16	Occupancy	72.011	F7 F00	0.047	7.264
17 18	Payments of travel or entertainment expenses for any federal,	72,811	57,500	8,047	7,264
19	state, or local public officials	21,103	19,120	763	1,220
20	Interest	32,810	32,197	386	227
21	Payments to affiliates	32,610	32,197	300	
22	Depreciation, depletion, and amortization	26,311	19,772	4,117	2,422
23	Insurance	2,683	2,016	420	2,422
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)	2,063	2,010	420	247
а	BAD DEBTS	239,174	239,174		
b	OTHER EXPENSES	120,187	111,941	3,252	4,994
С	CONSULTANTS	48,803	36,348	10,171	2,284
d	BOARD EXPENSE	38,049		38,049	
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	4,101,732	3,430,211	520,182	151,339
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

	L X	Check if Schedule O contains a response to any question in this I	art X				
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			2,323,994	2	2,624,864
	3	Pledges and grants receivable, net		-	4,806,297	3	4,766,498
	4	Accounts receivable, net		•	1,000,201	4	.,
	5	Loans and other receivables from current and former officers, dire				7	
	3	employees, and highest compensated employees. Complete Part Schedule L	: II of			5	
Assets	6	Loans and other receivables from other disqualified persons (as 4958(f)(1)), persons described in section 4958(c)(3)(B), and co and sponsoring organizations of section $501(c)(9)$ voluntary emporganizations (see instructions) Complete Part II of Schedule L	ntrıbut	ing employers		6	
Š	7	Notes and loans receivable, net			3,646,406	<del>-</del> -	3,100,045
ď	8	Inventories for sale or use			3,040,400	8	3,100,040
	-			31,739		19,123	
	9	Prepaid expenses and deferred charges	31,739	9	19,123		
	10a		10a	1,130,087			
	b	Less accumulated depreciation	10b	515,325	626,437	10c	614,762
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11			25,546,944	12	28,811,314
	13	Investments—program-related See Part IV, line 11		13			
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			13,790	15	15,567
	16	Total assets. Add lines 1 through 15 (must equal line 34)			36,995,607	16	39,952,173
	17	Accounts payable and accrued expenses			107,909	17	137,372
	18	Grants payable	65,984	18	71,572		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
ø	21	Escrow or custodial account liability Complete Part IV of Sched				21	
<u>a</u>	22	Loans and other payables to current and former officers, director key employees, highest compensated employees, and disqualifie	s, trus				
Liabiliti		persons Complete Part II of Schedule L		_		22	
ä	23	Secured mortgages and notes payable to unrelated third parties			2,119,941	23	1,802,374
	24	Unsecured notes and loans payable to unrelated third parties .				24	
	25	Other liabilities (including federal income tax, payables to relate and other liabilities not included on lines 17-24) Complete Part	d thırd	parties,			
		D			282,219	25	770,840
	26	Total liabilities. Add lines 17 through 25			2,576,053	26	2,782,158
es		Organizations that follow SFAS 117 (ASC 958), check here ▶					
änc	27	Unrestricted net assets			2,910,674	27	2,888,450
Fund Balance	28	Temporarily restricted net assets		_	13,360,505	28	15,050,402
<u>-</u>	29	Permanently restricted net assets			18,148,375	29	19,231,163
ဌ		Organizations that do not follow SFAS 117 (ASC 958), check her					,,
<u>.                                    </u>		complete lines 30 through 34.	- F	and			
s or	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .				31	
5 S (1	32	Retained earnings, endowment, accumulated income, or other fur				32	
Net /	33	Total net assets or fund balances		_	34,419,554	33	37,170,015
ž		Total liabilities and net assets/fund balances					
	34	i otal navinties and net assets/fund balances		•	36,995,607	34	39,952,173

Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				<u>Г</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5 3	310,246
2	Total expenses (must equal Part IX, column (A), line 25)				710,210
_		2		4,1	.01,732
3	Revenue less expenses Subtract line 2 from line 1	3			208,514
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			1,2	.00,514
•	Net assets of faile balances at beginning of year (mast equal 1 are X, fine 35, column (A))	4		34,4	19,554
5	Net unrealized gains (losses) on investments	5		4 6	. 24 E 20
6	Donated services and use of facilities	3		1,5	34,529
Ū	Donated Services and use of lacinities	6			7,418
7	Investment expenses	_			
8	Prior period adjustments	7			
0	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)				
10	Not accept an found belonger at and of coop Combine lines 2 through 0 /more accept Don't V line 22	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		37,1	.70,015
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. ᅜ
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
Ь	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	arate			
	▼ Separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	it of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain is Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	е	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3 <b>b</b>		

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As Filed Data -

DLN: 93493346009103

Employer identification number

OMB No 1545-0047

Open to Public Inspection

#### SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

SOUTHERN MINNESOTA INITIATIVE FOUNDATION

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

**Public Charity Status and Public Support** 

Attach to Form 990 or Form 990-EZ. See separate instructions.

36-3454285 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 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 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 that describes the type of supporting organization and complete lines 11e through 11h Type I **b** Type II **c** Type III - Functionally integrated **d** Type III - Non-functionally integrated By checking this box. I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization,

check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (III) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above?

Yes No 11g(i) 11g(ii) 11g(iii)

Provide the following information about the supported organization(s) h

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

(i) Name of support ed organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is t organizati col (i) list your gove docume	on in ed in rning	(v) Did you the organiz in col (i) o suppor	zation of your	(vi) Is t organizati col (i) orga in the U	on in anized	(vii) A mount of monetary support
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

Page 2

Part II

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

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

Section A. Public Support

Calendar year for fiscal year beginning

	Part III. II the Organiza	tion fails to que	anny under the	iesis listed beid	w, piedse com	Jiete Fait III.)	
	ection A. Public Support	1	1	Т		T	
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
_	membership fees received (Do not	2,336,261	1,773,883	2,027,218	6,166,508	3,356,376	15,660,246
	ınclude any "unusual	2,330,201	1,773,003	2,027,218	6,166,508	3,330,370	15,000,240
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
3	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2,336,261	1,773,883	2,027,218	6,166,508	3,356,376	15,660,246
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						6,399,431
	on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
_	(f)						
6	<b>Public support.</b> Subtract line 5 from line 4						9,260,815
<u> </u>	ection B. Total Support			L	L		
	endar year (or fiscal year	I					
Car	beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	( <b>d)</b> 2011	(e) 2012	(f) Total
7	A mounts from line 4	2,336,261	1,773,883	2,027,218	6,166,508	3,356,376	15,660,246
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	1,065,360	915,373	849,237	877,904	727,182	4,435,056
	and income from similar						
	sources						
9	Net income from unrelated						
	business activities, whether or						
	not the business is regularly carried on						
10	Other income Do not include						
10	gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
11	Total support (Add lines 7						20,095,302
	through 10)						20,033,302
12	Gross receipts from related activiti	es, etc (see insti	ructions)			12	1,350,573
13	First five years. If the Form 990 is	for the organizati	on's first, second,	, thırd, fourth, or f	ifth tax year as a	501(c)(3) organiz	zation, check
	this box and <b>stop here</b>			<u></u>		▶┌	
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public support percentage for 2012	(line 6, column (	(f) divided by line	11, column (f))		14	46 080 %
15	Public support percentage for 2011	Schedule A, Par	t II, line 14			15	38 220 %
162	33 1/3% support test-2012. If the	organization did r	not check the hox	on line 13 and li	ne 14 is 33 1/3% i		
100	and <b>stop here.</b> The organization qua				110 14 13 33 1/3/0	or more, eneck th	▶✓
ь	33 1/3% support test—2011. If the	•			and line 15 is 33	1/3% or more, che	•
	box and <b>stop here.</b> The organization					,	<b>▶</b> ┌
17a	10%-facts-and-circumstances test-	<b>–2012.</b> If the orga	anızatıon dıd not c	heck a box on lin	e 13, 16a, or 16b	, and line 14	
	ıs 10% or more, and ıf the organıza						
	in Part IV how the organization mee	ts the "facts-and	l-cırcumstances"	test The organiz	ation qualifies as	a publicly suppor	
_	organization						<b>►</b> □
b	10%-facts-and-circumstances test-	_				•	
	15 is 10% or more, and if the organ Explain in Part IV how the organization						u.
	supported organization	cion meets the Ta	acis-anu-circums	tances test ine	: organization qua	illes as a publici	y ▶□
18	Private foundation. If the organization	ion did not check	a box on line 13	16a, 16b, 17a o	or 17b, check this	box and see	-1
	instructions			-, =,, -, -, -, -, -, -, -, -, -	,		<b>▶</b> □

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

(Complete only if you checked the box on line 9 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🏲	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	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 The value of services or facilities		_				
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	A mounts included on lines 1, 2,						
	and 3 received from disqualified						
	persons						
Ь	A mounts 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						
Sa	rom line 6 ) ction B. Total Support						
	ndar year (or fiscal year beginning					l	
Caic	in) 🟲	<b>(a)</b> 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	(e) 2012	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar						
	sources						
ь	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						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part IV )						
13	Total support. (Add lines 9, 10c,						
	11, and 12)						
14	First five years. If the Form 990 is	for the organizati	on's first, second	d, third, fourth, or	fifth tax year as	a 501(c)(3) orga	·
<u> </u>	check this box and stop here	lia Summant D	orconto a a				<u>► </u>
	ction C. Computation of Pub Public support percentage for 2012			12 column (f))		14-1	
15				: 13, COIUIIII (I))		15	
16	Public support percentage from 201					16	
	ction D. Computation of Inv				(4)		
17	Investment income percentage for	<b>2012</b> (line 10c, c	olumn (f) divided	by line 13, colum	nn (f))	17	
18	Investment income percentage from	n <b>2011</b> Schedule	A, Part III, line	17		18	
					1 4 E	h 22 + 120/	d line 17 is not
19a	33 1/3% support tests—2012. If the	_		•		· · ·	d line 17 is not

33 1/3% support tests—2011. 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 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Fo	rm 990 or 990-E2) 2012 Page					
Part IV	<b>Supplemental Information.</b> Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).					
	Facts And Circumstances Test					
	Explanation					

Schedule A (Form 990 or 990-EZ) 2012

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DLN: 93493346009103

#### OMB No 1545-0047

## **Political Campaign and Lobbying Activities**

(Form 990 or 990-EZ)

SCHEDULE C

Department of the Treasury Internal Revenue Service

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. ► See separate instructions.

Inspection

If the organization answered "Yes" to 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" to 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" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** SOUTHERN MINNESOTA INITIATIVE FOUNDATION 36-3454285 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). 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 Was a correction made? 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). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 2 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 4 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 (e) A mount of political (a) Name (b) Address (c) EIN (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter -0-

Grassroots nontaxable amount

Grassroots lobbying expenditures

Grassroots ceiling amount (150% of line 2d, column (e))

	nedule C (Form 990 or 990-EZ) 2012						Page <b>2</b>
Pa	art II-A Complete if the organization under section 501(h)).	ı is exemp	t under	section 501(c	:)(3) and fi	led Form 5768	(election
	Check If the filing organization belongs to expenses, and share of excess lob Check If the filing organization checked both	byıng expendit	tures)		_	oup member's nam	e, address, EIN
	Limits on Lobbying I (The term "expenditures" means a	Expenditur	es			(a) Filing organization's totals	(b) Affiliated group totals
	Total lobbying expenditures to influence public	opinion (grass	roots lob	bying)			
ь	Total lobbying expenditures to influence a legisl	latıve body (dı	rect lobby	/ing)			
С	Total lobbying expenditures (add lines 1a and 1	b)					
d	Other exempt purpose expenditures						
e	Total exempt purpose expenditures (add lines 1	.c and 1d)					
f	Lobbying nontaxable amount Enter the amount columns	from the follow	ving table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbyin	g nontax	able amount is:			
	Not over \$500,000	20% of the ar	mount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the	e excess over \$500,00	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the	e excess over \$1,000,	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	00				
	Over \$17,000,000	\$1,000,000					
g	Grassroots nontaxable amount (enter 25% of li	ne 1f)					
h	Subtract line 1g from line 1a If zero or less, ent	ter -0-					
i	Subtract line 1f from line 1c If zero or less, ent	er-0-					
j	If there is an amount other than zero on either li section 4911 tax for this year?	ine 1h or line 1	Lı, dıd the	organization file I	Form 4720 rep	orting	┌ Yes ┌ No
	4-Year A (Some organizations that made a columns below. See t	section 50	1(h) el		havè to coi		he five
	Lobbying Exp	enditures	During	4-Year Avera	ging Period	T	T
	Calendar year (or fiscal year beginning in)	(a)	2009	<b>(b)</b> 2010	<b>(c)</b> 2011	( <b>d)</b> 2012	<b>(e)</b> Total
2a	Lobbying nontaxable amount						
ь	Lobbying ceiling amount (150% of line 2a, column(e))						
c	Total lobbying expenditures						

Sche	dule C (Form 990 or 990-EZ) 2012			Р	age <b>3</b>
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has filed Form 5768 (election under section 501(h)).	NOT			_
F	•	(a)		(b)	
ror e activ	ach "Yes" response to lines 1a through 11 below, provide in Part IV a detailed description of the lobbying ity.	Yes	No	A mou	nt
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				
а	Volunteers?		Νo		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes			
С	Media advertisements?		Νo		
d	Mailings to members, legislators, or the public?		Νo		
е	Publications, or published or broadcast statements?		Νo		
f	Grants to other organizations for lobbying purposes?		Νo		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes			1,050
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo		
i	Other activities?		Νo		
j	Total Add lines 1c through 1:				1,050
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo		
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?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c	)(5), o	r sectio	n
_	West and the Health (2007) and the Health Indiana and the Health Ind			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		<b>⊢</b>	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."

-	Dues, assessments and similar amounts from members		
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).		
а	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

Complete this part to 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, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Identifier Return Reference Explanation

DLN: 93493346009103

OMB No 1545-0047

Open to Public Inspection

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Name of the organization SOUTHERN MINNESOTA INITIATIVE FOUNDATION **Employer identification number** 

				3454285		
Par	Organizations Maintaining Donor Advorganization answered "Yes" to Form 990					
		(a) Donor advised funds		(b) Funds and	other accou	ınts
1	Total number at end of year	2				
2 .	Aggregate contributions to (during year)	3,850				
3	Aggregate grants from (during year)	3,500				
4	Aggregate value at end of year	84,435				
	Did the organization inform all donors and donor adviso Tunds are the organization's property, subject to the or		or advı	sed	√ Yes	┌ No
	Did the organization inform all grantees, donors, and do used only for charitable purposes and not for the benef conferring impermissible private benefit?	fit of the donor or donor advisor, or for an	ny othe	r purpose	<b>▽</b> Yes	┌ No
Part	<b>Conservation Easements.</b> Complete if	the organization answered "Yes" to	o Forn	n 990, Part I\	/, line 7.	
2	Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a	or education) Preservation of an Preservation of a c	ertifie	d historic struc	ture	
	easement on the last day of the tax year	Г		11-1-1-4-4-4-1-	F	W
_	Total number of conservation easements	-		Held at the	End of the	Year
_		-	2a			
	Total acreage restricted by conservation easements		2b			
_	Number of conservation easements on a certified histo	` '	2c			
	Number of conservation easements included in (c) acq nistoric structure listed in the National Register	juired after 8/17/06, and not on a	2d			
3	Number of conservation easements modified, transferr	ed, released, extinguished, or terminate	d by th	ie organization	during	
	he tax year 🛌					
4	Number of states where property subject to conservati	ion easement is located ►				
5	Does the organization have a written policy regarding tenforcement of the conservation easements it holds?		— Iling of	violations, and	│ ├ Yes	┌ No
6	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation easem	nents d	luring the year		
_	A mount of expenses incurred in monitoring, inspecting	and enforcing conservation easements	durina	the vear		
,	►\$	,, and emoreing conservation casements	, aariii	g the year		
8	Does each conservation easement reported on line 2(or and section 170(h)(4)(B)(ii)?	d) above satisfy the requirements of sec	tion 17	70(h)(4)(B)(ı)	☐ Yes	┌ No
9	In Part XIII, describe how the organization reports con palance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the organization's financial				
	Organizations Maintaining Collection Complete if the organization answered "Y	s of Art, Historical Treasures,	or Otl	her Similar	Assets.	
	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide, in Part XIII, the text of the footnote t	16 (ASC 958), not to report in its rever ts held for public exhibition, education, o	or rese	arch in furthera		
_	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide the following amounts relating to thes	ts held for public exhibition, education, o				ıc
	(i) Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$		
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, histor following amounts required to be reported under SFAS		r finan			
	Revenues included in Form 990, Part VIII, line 1	, , , , , , , , , , , , , , , , , , , ,		<b>►</b> \$		
	revenues included in Form 550, Fait VIII, ille I			<b>-</b> →		

**b** Assets included in Form 990, Part X

Par	t IIII Organizations Maintaining Co	ollections of Ar	t, Hist	orical 1	reasu	res, or O	uiei	Similar As	sets (	continued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other reco	rds, che	eck any of	f the follo	owing that a	are a	sıgnıfıcant use	ofits	
а	Public exhibition		d	┌ Loar	n or exch	nange progr	ams			
b	Scholarly research		e	Oth	er					
С	Preservation for future generations									
4	Provide a description of the organization's c Part XIII	ollections and expla	aın how	they furth	ner the o	rganızatıon	's ex	empt purpose	ın	
5	During the year, did the organization solicit	or receive donation	s of art	, historica	al treas u	res or othe	rsım		_	_
_	assets to be sold to raise funds rather than								Г Yes	│ No
Pa	rt IV Escrow and Custodial Arrang Part IV, line 9, or reported an ai					answere	a "Ye	es" to Form S	990,	
1a	Is the organization an agent, trustee, custo included on Form 990, Part X?					r other ass	ets n		┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	II and complete the	e follow	ng table		_				
						-		Ar	nount	
С	Beginning balance					-	<b>1</b> c			
d	Additions during the year					-	1d			
е	Distributions during the year						1e			
f	Ending balance					L	1f			
2a	Did the organization include an amount on F	orm 990, Part X, lın	ne 21?						☐ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	II Check here if the	e explar	nation has	been pr	ovided in P	art X	III		Γ
Pa	rt V Endowment Funds. Complete									
		(a)Current year	<b>(b)</b> P	nor year				hree years back	(e)Four	years back
1a	Beginning of year balance	24,773,912		26,222,26		21,592,132	-	19,669,559		25,371,668
b	Contributions	1,272,691		505,980	0	316,997		351,146		335,669
С	Net investment earnings, gains, and losses	3,033,613		-851,890	0	5,386,657		2,622,052		-4,888,793
d	Grants or scholarships	1,117,700		1,102,439	9	1,073,525		1,050,625		1,148,985
e	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance	27,962,516		24,773,912	2	26,222,261		21,592,132		19,669,559
2	Provide the estimated percentage of the cui	rent year end balan	ice (line	1g, colui	mn (a)) h	neld as				
а	Board designated or quasi-endowment 🕨	0 %								
b	Permanent endowment 🛌 68 770 %									
с	Temporarily restricted endowment > 31	230 %								
	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%								
3a	Are there endowment funds not in the posse	ssion of the organiz	zation tl	nat are he	ld and a	dmınıstere	d for t	:he		
	organization by								Yes	+
	(i) unrelated organizations						•	3a		No
	(ii) related organizations			 Shadula B				3a(		No I
h	If "Vac" to 3a(u) are the related organization	ilis listeu as leuulle	u on se	ileuule K			•	· · · 🗀	'	1
ь 4	If "Yes" to 3a(II), are the related organization  Describe in Part XIII the intended uses of the second of the second of the second or the second of the second or the sec	•	ndowme	nt funds					-	
4	Describe in Part XIII the intended uses of t	he organization's er			10.				•	
4		he organization's er		t X, line	or other	(b)Cost or o		(c) Accumulate depreciation	d (d)	Book value
4 Pa	Describe in Part XIII the intended uses of treated to the company of the company	he organization's er		t X, line (a) Cost	or other				d (b)	Book value
4 Pa	Describe in Part XIII the intended uses of t  rt VI Land, Buildings, and Equipm  Description of property	he organization's er		t X, line (a) Cost	or other	basis (oth				
Par	Describe in Part XIII the intended uses of t  rt VI Land, Buildings, and Equipm  Description of property  Land	he organization's er		t X, line (a) Cost	or other	basis (oth	er)	depreciation		
Pal	Describe in Part XIII the intended uses of t  TEVI Land, Buildings, and Equipm  Description of property  Land	he organization's er		t X, line (a) Cost	or other	basis (oth	er)	depreciation	34	472,815
Par 1a b c	Describe in Part XIII the intended uses of to the state of the state o	he organization's er		t X, line (a) Cost	or other	706	er) 5,349	depreciation	78	472,815 73,260 68,687

Part VIII Investments—Other Securities. Se	ee Form 990, Part X, line 12.	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
(3)0 ther		
(A) OTHER INVESTMENTS	28,811,314	F
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12)	28,811,314	
Part VIII Investments—Program Related. S	See Form 990, Part X, line 13	•
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
	+	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<b>*</b>	
Part IX Other Assets. See Form 990, Part X,		
(a) Desc	cription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line		
Part X Other Liabilities. See Form 990, Par	t X, line 25.	
Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability	t X, line 25.	
Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability  Federal income taxes	t X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability  Federal income taxes  REFUNDABLE ADVANCES	t X, line 25. (b) Book value 58,975	<b>.</b>
Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability  Federal income taxes  REFUNDABLE ADVANCES  LINE OF CREDIT	t X, line 25. (b) Book value 58,975 211,865	
Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability  Federal income taxes  REFUNDABLE ADVANCES	t X, line 25. (b) Book value 58,975	
Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability  Federal income taxes  REFUNDABLE ADVANCES  LINE OF CREDIT	t X, line 25. (b) Book value 58,975 211,865	
Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability  Federal income taxes  REFUNDABLE ADVANCES  LINE OF CREDIT	t X, line 25. (b) Book value 58,975 211,865	<b>.</b>
Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability  Federal income taxes  REFUNDABLE ADVANCES  LINE OF CREDIT	t X, line 25. (b) Book value 58,975 211,865	,
Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability  Federal income taxes  REFUNDABLE ADVANCES  LINE OF CREDIT	t X, line 25. (b) Book value 58,975 211,865	
Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability  Federal income taxes  REFUNDABLE ADVANCES  LINE OF CREDIT	t X, line 25. (b) Book value 58,975 211,865	
Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability  Federal income taxes  REFUNDABLE ADVANCES  LINE OF CREDIT	t X, line 25. (b) Book value 58,975 211,865	
Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability  Federal income taxes  REFUNDABLE ADVANCES  LINE OF CREDIT	t X, line 25. (b) Book value 58,975 211,865	
Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability  Federal income taxes  REFUNDABLE ADVANCES  LINE OF CREDIT	t X, line 25. (b) Book value 58,975 211,865	, , , , , , , , , , , , , , , , , , ,
Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability  Federal income taxes  REFUNDABLE ADVANCES  LINE OF CREDIT	t X, line 25. (b) Book value 58,975 211,865	
Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability  Federal income taxes  REFUNDABLE ADVANCES  LINE OF CREDIT	t X, line 25. (b) Book value 58,975 211,865	
Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability  Federal income taxes  REFUNDABLE ADVANCES  LINE OF CREDIT  AGENCY PAYABLE	t X, line 25. (b) Book value 58,975 211,865	
Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability  Federal income taxes  REFUNDABLE ADVANCES  LINE OF CREDIT	t X, line 25. (b) Book value 58,975 211,865	

Sched	ule D (	(Form 990) 2012				Page <b>4</b>
Part	XI	Reconciliation of Revenue per Audited Financial Stat	eme	nts With Revenue p	oer F	Return
1	Tota	l revenue, gains, and other support per audited financial statements			1	6,691,154
2	A mo	ounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net	unrealized gains on investments	2a	1,534,529		
b	Dona	ated services and use of facilities	2b	7,418		
c	Reco	overies of prior year grants	2c			
d	Othe	er (Describe in Part XIII )	2d	-161,039		
e	Add	lines 2a through 2d			2e	1,380,908
3	Subt	ract line <b>2e</b> from line <b>1</b>			3	5,310,246
4	A mo	ounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>				
а	Inve	stment expenses not included on Form 990, Part VIII, line 7b .	4a			
b	Othe	er (Describe in Part XIII )	4b			
c	Add	lines <b>4a</b> and <b>4b</b>			4c	0
5	Tota	ıl revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line	12)		5	5,310,246
Part	XII	Reconciliation of Expenses per Audited Financial Sta	teme	ents With Expenses	s pei	r Return
1	Tota	ll expenses and losses per audited financial statements			1	3,940,693
2	A mo	ounts included on line 1 but not on Form 990, Part IX, line 25				
а	Dona	ated services and use of facilities	2a			
b	Prioi	r year adjustments	2b		1	
c	Othe	erlosses	2c			
d	Othe	er (Describe in Part XIII )	2d		1	
e	Add	lines <b>2a</b> through <b>2d</b>			2e	0
3	Subt	rract line <b>2e</b> from line <b>1</b>			3	3,940,693
4	A mo	ounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Inve	stment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Othe	er (Describe in Part XIII )	4b	161,039	1	
c	Add	lines <b>4a</b> and <b>4b</b>			4c	161,039
5	Tota	ll expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, lin	e 18)		5	4,101,732
Part	XIII	Supplemental Information				•

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

Identifier	Return Reference	Explanation				
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE FOUNDATION HAS DEVELOPED A SPENDING POLICY WHICH USES UP TO 5% OF ITS ENDOWMENT BALANCE ANNUALLY TO SUPPORT ITS PROGRAMS AND ACTIVITIES				
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	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, 2013, THERE IS NO MATERIAL AMOUNT OF UNRELATED BUSINESS INCOME THE FOUNDATION IS ALSO EXEMPT FROM STATE INCOME TAXES UNDER APPLICABLE MINNESOTA STATUTES EFFECTIVE JULY 1, 2009, THE FOUNDATION ADOPTED THE PROVISIONS OF ASC 740, INCOME TAXES, RELATED TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES (PREVIOUSLY FIN 48) THESE PROVISIONS CLARIFY THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTERPRISE'S FINANCIAL STATEMENTS IN ACCORDANCE WITH ASC 740 THE STANDARD PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN THE STANDARD ALSO PROVIDES GUIDANCE ON DERECOGNITION OF TAX BENEFITS, CLASSIFICATION ON THE BALANCE SHEET, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE AND TRANSITION THE INTERPRETATION REQUIRES THAT THE ENTITY RECOGNIZE IN THE FINANCIAL STATEMENTS THE IMPACT OF A TAX POSITION IF THAT POSITION WILL MORE LIKELY THAN NOT BE SUSTAINED ON AUDIT, BASED ON THE TECHNICAL MERITS OF THE POSITION WILL BE EXAMINED BY THE APPROPRIATE TAXING AUTHORITY THAT HAS FULL KNOWLEDGE OF ALL RELEVANT INFORMATION A TAX POSITION THAT THE POSITION THE ENTITY SHOULD PRESUME THAT THE POSITION THE ENTITY SHOULD PRESUME THAT THE POSITION THE ENTITY SHOULD PRESUME THAT THE POSITION IS MEASURED AT THE LARGEST AMOUNT OF BENEFIT THAT IS GREATER THAN 50 PERCENT LIKELY OF BEING REALIZED UPON SETTLEMENT THAT THAY POSITION S MUST MEET A MORE-LIKELY-THAN-NOT THE FOONT THAT MEETS THE MORE- LIKELY-THAN-NOT THE SEPONTION OF THE ASC 740 PROVISIONS HAD NO IMPACT ON THAT HEETS THE MARCIAL STATEMENTS AT JUNE 30, 2013 THE FEDERAL AND MINNESOTA TAX RETURNS FOR THE FOUNDATION ARE OPEN FOR EXAMINATION BY TAXING AUTHORITIES FOR THE YEARS 2010 TO 2012 AT JUNE 30, 2013, THE FOUNDATION DID NOT				
PART XI, LINE 2D - OTHER ADJUSTMENTS		INVESTMENT FEES NETTED WITH REVENUE -161,039				
PART XII, LINE 4B - OTHER ADJUSTMENTS		INVESTMENT FEES NETTED WITH REVENUE 161,039				

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Schedule I

(Form 990)

DLN: 93493346009103

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

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

Department of the Treasury Internal Revenue Service			Attach to Form 990	<b>,</b>			Inspection
Name of the organization						Employer identificati	
SOUTHERN MINNESOTA INITIATIV	/E FOUNDATION					36-3454285	
Part I General Informatio	n on Grants and	l Assistance					
Does the organization maintain the selection criteria used to aw	ard the grants or as:	sıstance?					✓ Yes
2 Describe in Part IV the organiza							
Form 990, Part IV, line							'es" to
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grar or assistance
See Additional Data Table							
2 Enter total number of section 50						_	
3 Enter total number of other orga						<u> ► _</u>	
For Panerwork Reduction Act Notice see	the Instructions for I	Form 990		Cat No. 50055P		Schedu	ile I (Form 990) 2012

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIPS	17	9,500			
(2) HARDSHIP ASSISTANCE	36	46,241			

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Ident if ier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S		SCHEDULE I, PART I, LINE 2 THE FOUNDATION PROVIDES GRANTS ON AN OPEN APPLICATION BASIS IT LISTS ITS REQUIREMENTS APPLYING FOR GRANTS ON ITS WEBSITE AND ON THE RFP IT SENDS OUT THE FOUNDATION ALSO PROVIDES ASSISTANCE TO GRANT APPLICANTS AS NEEDED THE FOUNDATION APPROVES THESE GRANTS BASED ON THE REQUIREMENTS LISTED FOR THE APPLICATION AND AGAINST ORGANIZATIONAL GUIDELINES AND BUDGET CONSTRAINTS THE FOUNDATION REQUIRES THE APPLICANT FILL OUT AN APPLICATION AND UPON APPROVAL THE FOUNDATION WILL NOTIFY THE APPLICANT, HAVE THEM SIGN A CONTRACT AND THE FOUNDATION WILL REQUIRE ON-GOING CORRESPONDANCES, SITE VISITS, INTERIM AND FINAL REPORTS DEMONSTRATING DOLLARS WERE SPENT ACCORDING TO THE GUIDELINES THE FOUNDATION SET FORTH

Software ID:

**Software Version:** 

**EIN:** 36-3454285

Name: SOUTHERN MINNESOTA INITIATIVE FOUNDATION

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RURAL AMERICA ARTS PARTNERSHIP410 4TH ST SW PLAINVIEW, MN 55964	41-1918904	501C3	25,000				ZUMBRO VALLEY COMMUNITY GROWTH INITIATIVE
KASSON MANTORVILLE SCHOOLSCOMMUNITY EDUCATION KASSON,MN 55944	41-6008530	SCHOOL/EDUCATION	21,500				EARLY CHILDHOOD INITIATIVE

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROJECT FINE202 THIRD ST W WINONA,MN 55987	41-1883675	501C3	20,000				CONNECTING PARENTS, CHILDREN AND EARLY CHILDHOOD
GREATER MANKATO AREA UNITED WAY101 2ND ST N STE 100 MANKATO,MN 56001	41-6008819	501C3	10,000				FIRST STEPS TRAINING

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST CHILDREN'S FINANCE212 3RD AVE N STE 212 MINNEAPOLIS, MN 55401	41-1694837	501C3	50,000				ONE BIG THING BUSINESS DEVELOPMENT AND MENTORING FOR QUALITY FAMILY CHILD CARE
MN LICENSED FAMILY CHILD CARE ASSOCIATION1821 UNIVERSITY AVE W STE 324 S SAINT PAUL, MN 55104	41-6152641	501C3	50,000				ONE BIG THING BUSINESS DEVELOPMENT AND MENTORING FOR QUALITY FAMILY CHILD CARE

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUSTIN PUBLIC SCHOOLS COMMUNITY LEARNING CENTER AUSTIN,MN 55912	41-6002526	SCHOOL/EDUCATION	11,218				SCHOOL READINESS TRAINING
UNITED FOR KIDS - FARIBAULT EARLY CHILDHOOD COALITION 948 CARLTON AVE FARIBAULT, MN 55021	41-6017744	SCHOOL/EDUCATION	9,558				SOCIAL/EMOTIONAL SKILLSTREAMING

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	( <b>h)</b> Purpose of grant or assistance
MINNESOTA CHILDREN'S MUSEUM OF ROCHESTER 1643 1/2 BROADWAY ST N ROCHESTER, MN 55906	41-1354181	501C3	10,000				SPARKING LEARNING THROUGH LITERACY PLAY
NORTHFIELD PUBLIC SCHOOLSCOMMUNITY SERVICES NORTHFIELD, MN 55057	41-6008327	SCHOOL/EDUCATION	19,018				ECFE ON THE GO

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 MN19 REGENCY CT MANKATO,MN 56002	20-4351801	501C3	10,000				UNLEASH THE POWER OF SUPER PLAY
ROCHESTER AREA CHAMBER OF COMMERCE FOUNDATION220 BROADWAY S ROCHESTER, MN 55904	41-1675433	501C3	19,800				SUPPLIER DIVERSITY INITIATIVE

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	( <b>h</b> ) Purpose of grant or assistance
CITY OF ST JAMESPO BOX 70 SAINT JAMES,MN 56081	41-1849588	GOVERNMENT	19,459				ST JAMES ECONOMIC DEVELOPMENT AUTHORITY COMMERICAL KITCHEN INCUBATOR
CITY OF SPRING GROVE 155 MAIN ST W SPRING GROVE, MN 55974	41-6005553	GOVERNMENT	25,000				GREATER SPRING GROVE COMMUNITY GROWTH INITIATIVE

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	( <b>h)</b> Purpose of grant or assistance
FREEBORN COUNTY PUBLIC HEALTH411 BROADWAY S ALBERT LEA,MN 56007	41-6005795	GOVERNMENT	10,000				HOME VISITING PROGRAM
RICE COUNTY PUBLIC HEALTH320 3RD ST NW STE 1 FARIBAULT,MN 55021	41-6005882	GOVERNMENT	10,000				HOME VISITING PROGRAM

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WATERVILLE ELYSIAN MORRISTOWN SCHOOL DISTRICT500 PAQUIN ST E WATERVILLE, MN 560961596	41-1743364	SCHOOL/EDUCATION	10,000				HOME VISITING PROGRAM
WATONWAN COUNTY HUMAN SERVICES715 2ND AVE S SAINT JAMES, MN 56081	41-6005922	GOVERNMENT	4,000				HOME VISITING PROGRAM

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	( <b>h)</b> Purpose of grant or assistance
YOUTH FIRSTPO BOX 826 FAIRMONT, MN 56031	20-0671259	501C3	20,000				HOME VISITING PROGRAM
KASSON MANTORVILLE SCHOOLSCOMMUNITY EDUCATION KASSON,MN 55944	41-6008530	SCHOOL/EDUCATION	6,000				HOME VISITING PROGRAM

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BEST OF WASECA COUNTY 300 STATE ST N WASECA, MN 56093	43-2019578	501C3	20,000				EXPANDING ECONOMIC DEVELOPMENT EFFORTS IN WASECA
WABASHA KELLOGG PUBLIC SCHOOL2113 HIAWATHA DR E WABASHA, MN 559811783	41-6004412	SCHOOL/EDUCATION	20,000				SUCCESS THROUGH EARLY LEARNING

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUTH FIRSTPO BOX 826 FAIRMONT, MN 56031	20-0671259	501C3	8,000				KINDER PREP PRO GRAM
WINONA AREA PUBLIC SCHOOLSCOMMUNITY EDUCATION WINONA, MN 55987	41-6004759	SCHOOL/EDUCATION	14,482				PARTNERS IN EDUCATION/EARLY CHILDHOOD

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASECA PUBLIC SCHOOLSWASECA PUBLIC SCHOOLS COMMUNITY EDUCATION WASECA, MN 560933360	41-6008759	SCHOOL/EDUCATION	12,800				WASECA COUNTY EARLY CHILDHOOD INITIATIVE/INCREDIBLE YEARS PROGRAM
AUSTIN COMMUNITY CHARITABLE FUND329 MAIN ST N STE 106L AUSTIN,MN 559123478	36-3487772	501C3	5,000				ENTREPRENEUR EXCHANGE

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A CHANCE TO GROW1800 SECOND AVE NE MINNEAPOLIS,MN 55418	41-1444113	501C3	20,000				SMART PRE-K ALLIANCE
RED WING IGNITE315 W 4TH ST RED WING,MN 55066	46-1469707	501C3	20,000				RED WING IGNITE BUSINESS INCUBATOR

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROCHESTER AREA FOUNDATION200 1ST ST SW ROCHESTER, MN 55905	41-6017740	501C3	10,000				MAYO CLINIC VENTURES MBA INTERNSHIP
SOUTHWEST INITIATIVE FOUNDATION15 3RD AVE NW HUTCHINSON,MN 55350	41-1555592	501C3	30,000				YOUTH ENERGY SUMMIT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST CHILDREN'S FINANCE212 3RD AVE N STE 212 MINNEAPOLIS,MN 55401	41-1694837	501C3	10,000				CHILD CARE CENTER BUSINESS IMPROVEMENT PROGRAM
CITY OF JANESVILLE101 N MOTT ST PO BOX O JANESVILLE, MN 56048	41-6005263	GOVERNMENT		5,200	FMV		YOUNG EXPLORER COMPUTERS

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOLLOW ME PRESCHOOL 200 FRONT ST E PO BOX 16 SAINT CLAIR,MN 56080	41-2005389	501C3		5,200	FMV		YOUNG EXPLORER COMPUTERS
CLEVELAND PUBLIC SCHOOL400 6TH ST PO BOX 310 CLEVELAND,MN 56017	41-6001905	SCHOOL/EDUCATION		5,200	FMV		YOUNG EXPLORER COMPUTERS

(a) Name and address of organization or government	<b>(Þ)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEMCAC INCORPORATED 204 S ELM ST RUSHFORD,MN 55971	41-0907135	501C3		5,200	FMV		YOUNG EXPLORER COMPUTERS
FOLLOW ME PRESCHOOL 200 FRONT ST E SAINT CLAIR,MN 56080	41-2005389	501C3		5,035	FMV	воокѕ	BOOKSTART BOOKS

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRI-VALLEY OPPORTUNITY COUNCIL INCORPORATED ROCHESTER MIGRANT HEAD START ROCHESTER, MN 55901	41-0888488	501C3		5,485	FMV	воокѕ	BOOKSTART BOOKS
FREEBORN COUNTY PUBLIC HEALTH411 BROADWAY S ALBERT LEA,MN 56007	41-6005795	GOVERNMENT		9,433	FMV	воокѕ	BOOKSTART BOOKS

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW ULM PUBLIC SCHOOL CREATIVE KIDS PRESCHOOL NEW ULM,MN 56073	41-6000373	SCHOOL/EDUCATION		8,071	FMV	воокѕ	BOOKSTART BOOKS
BUTTERFIELD ODIN PUBLIC SCHOOL440 HUBBARD AVE BUTTERFIELD, MN 561200189	41-6004644	SCHOOL/EDUCATION		5,372	FMV	воокѕ	BOOKSTART BOOKS

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARENTING RESOURCE CENTER INCORPORATED 105 1ST ST SE STE A AUSTIN, MN 55912	41-1307920	501C3		5,372	FMV	воокѕ	BOOKSTART BOOKS
KASSON MANTORVILLE SCHOOLSCOMMUNITY EDUCATION KASSON,MN 55944	41-6008530	SCHOOL/EDUCATION		11,531	FMV	воокѕ	BOOKSTART BOOKS

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WABASHA KELLOGG PUBLIC SCHOOL2113 HIAWATHA DR E WABASHA,MN 559811783		SCHOOL/EDUCATION		9,245	FMV	воокѕ	BOOKSTART BOOKS
THREE RIVERS COMMUNITY ACTION INCORPORATED1414 NORTH STAR DR ZUMBROTA, MN 55992	41-0906178	501C3		5,110	FMV	воокѕ	BOOKSTART BOOKS

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW RICHLAND HARTLAND ELLENDALE GENEVA PUBLIC SCHOOLS COMMUNITY EDUCATION NEW RICHLAND, MN 56072	41-1769172	SCHOOL/EDUCATION		8,321	FMV	воокѕ	BOOKSTART BOOKS
MINNESOTA CHILDREN'S MUSEUM OF ROCHESTER 1643 1/2 BROADWAY ST N ROCHESTER.MN 55906	41-1354181	501C3		14,530	FMV	воокѕ	BOOKSTART BOOKS

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEMCAC INCORPORATED 204 ELM ST S RUSHFORD,MN 55971	41-0907135	501C3		6,597	FMV	BOOKS	BOOKSTART BOOKS
SOUTHLAND SCHOOL DISTRICTSOUTHLAND EARLY CHILDHOOD CENTER ADAMS,MN 55909	41-0972446	SCHOOL/EDUCATION		5,860	FMV	воокѕ	BOOKSTART BOOKS

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RICE COUNTY PUBLIC HEALTH320 3RD ST NW STE 1 FARIBAULT,MN 55021	41-6005882	GOVERNMENT		8,995	FMV	воокѕ	BOOKSTART BOOKS
ALBERT LEA AREA SCHOOLS211 RICHWAY DR W ALBERT LEA,MN 56007	41-6001171	SCHOOL/EDUCATION		5,297	FMV	воокѕ	BOOKSTART BOOKS

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRINITY LUTHERAN CHURCH & SCHOOL TRINITY LUTHERAN PRESCHOOL JANESVILLE, MN 56048	41-0705855	501C3		8,633	FMV	воокѕ	BOOKSTART BOOKS
MANKATO AREA PUBLIC SCHOOLSCOMMUNITY EDUCATION RECREATION MANKATO, MN 56001	41-6000310	SCHOOL/EDUCATION		5,357	FMV	воокѕ	PEARSON BOOKS

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHEASTERN LIBRARIES COOPERATING (SELCO)107 FRONTAGE ROAD W ROCHESTER, MN 55902	41-0986063	501C3		26,697	FMV	воокѕ	PEARSON BOOKS
MANKATO DOWNTOWN KIWANIS FOUNDATIONPO BOX 733 MANKATO,MN 56002	41-1908825	501C3		33,950	FMV	воокѕ	PEARSON BOOKS

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILD CARE RESOURCE & REFERRAL INC126 WOODLAKE DR SE ROCHESTER, MN 55904	41-0987753	501C3		33,200	FMV	BOOKS	PEARSON BOOKS
MN VALLEY ACTION COUNCI INCSOUTH CENTRAL WORKFORCE COUNCIL MFIP INNOVATIONS TEEN PARENT PROJEC MANKATO,MN 56001	41-6050353	501C3		45,150	FMV	воокѕ	PEARSON BOOKS

(a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEMCAC HEAD START204 S ELM ST RUSHFORD,MN 55971	41-0907135	501C3		17,283	FMV	воокѕ	ABDO BOOKS
NORTHFIELD PUBLIC SCHOOLS1651 JEFFERSON PKWY NORTHFIELD,MN 55057		SCHOOL/EDUCATION		6,367	FMV	воокѕ	ABDO BOOKS

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FILLMORE CENTRAL SCHOOL DISTRICT702 CHATFIELD ST PRESTON,MN 55965	41-1809022	SCHOOL/EDUCATION		7,049	FMV	воокѕ	ABDO BOOKS
MN VALLEY ACTION COUNCIL INC464 RAINTREE RD MANKATO, MN 56001	41-6050353	501C3		7,732	FMV	воокѕ	ABDO BOOKS

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILD CARE RESOURCE & REFERRAL126 WOODLAKE DRIVE SE ROCHESTER, MN 55904	41-0987753	501C3		12,734	FMV	воокѕ	ABDO BOOKS
CITY OF WANAMINGO 401 MAIN ST WANAMINGO, MN 55946	41-6005614	GOVERNMENT	37,892				VETERANS MEMORIAL & COMMUNITY SWIMMING POOL

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KENYON-WANAMINGO PUBLIC SCHOOLS400 6TH ST WANAMINGO,MN 55946	41-1780357	SCHOOL/EDUCATION	5,001				COMMUITH BALLFIELD
CITY OF EASTONPO BOX 136 EASTON,MN 56025	41-6005113	GOVERNMENT	6,850				COMMUNITY PLAYGROUND

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 SCHOOLS102 MILL ST N RUSHFORD,MN 55971	41-1655958	SCHOOL/EDUCATION	11,852				EDUCATION GRANTS
CITY OF RUSHFORD101 MILL ST N RUSHFORD,MN 55971	41-6005505	GOVERNMENT	23,453				BROOKLYN PARK REBUILD PROJECT & SAFE ROUTES TO SCHOOL STUDY

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAPLE RIVER SCHOOLSPO BOX 515 MAPLETON, MN 56065	41-1734559	SCHOOL/EDUCATION	34,240				EDUCATION GRANTS
PLAINVIEW ELGIN MILLVILLE COMMUNITY SCHOOL DISTRICT500 BROADWAY W PLAINVIEW, MN 55964	33-1134777	SCHOOL/EDUCATION	4,743				EDUCATION GRANTS

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF SAINT JAMESPO BOX 70 SAINT JAMES,MN 56081	41-1849588	GOVERNMENT	75,799				PRINCESS THEATER
CITY OF SAINT JAMESPO BOX 70 SAINT JAMES, MN 56082	41-1849588	GOVERNMENT	10,000				ST JAMES ECONOMIC DEVELOPMENT AUTHORITY INTERNSHIP PROGRAM

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	( <b>h)</b> Purpose of grant or assistance
WATERVILLE ELYSIAN MORRISTOWN SCHOOL DISTRICT500 PAQUIN ST E WATERVILLE,MN 56096	41-1743364	SCHOOL/EDUCATION	5,500				RESOURCES WITH EXTRA ATTENTION TO CHILDREN IN THEIR HOME (REACH)
NEW PRAGUE AREA SCHOOLS410 CENTRAL AVE N NEW PRAGUE, MN 56071	41-6003815	SCHOOL/EDUCATION	8,150				SEEDS TRAINING INITIATIVE GRANT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF HARMONYPO BOX 488 HARMONY,MN 55939	41-1526181	GOVERNMENT	16,097				SELVIG PARK EQUIPMENT GRANT
FILLMORE CENTRAL SCHOOL DISTRICT702 CHATFIELD ST PRESTON,MN 55965	41-1809022	SCHOOL/EDUCATION	5,500				SCHOLARSHIPS

DLN: 93493346009103

OMB No 1545-0047

Open to Public Inspection

#### **Schedule J** (Form 990)

Department of the Treasury Internal Revenue Service

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

**Compensation Information** 

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Name of the organization SOUTHERN MINNESOTA INITIATIVE FOUNDATION **Employer identification number** 

36-3<u>454285</u>

Рa	ri I	Questions Regarding Compensation	<u> </u>				
						Yes	No
la				ny of the following to or for a person listed in Form ide any relevant information regarding these items			
		st-class or charter travel	$\vdash$	Housing allowance or residence for personal use			
	┌ ⊤ra	avel for companions		Payments for business use of personal residence			
	Та	x idemnification and gross-up payments	Г	Health or social club dues or initiation fees			
	☐ Dis	scretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b		•	_	on follow a written policy regarding payment or above? If "No," complete Part III to explain	1b		
2		organization require substantiation prior to rrs, trustees, and the CEO/Executive Director		ing or allowing expenses incurred by all officers, ing the items checked in line 1a?	2		
3	organız	e which, if any, of the following the filing orgai ation's CEO/Executive Director Check all th a related organization to establish compens	nat apply				
	<b>▽</b> c∘	mpensation committee		Written employment contract			
	☐ Ind	dependent compensation consultant	굣	Compensation survey or study			
	<b>F</b> For	m 990 of other organizations	<b>⋈</b>	Approval by the board or compensation committee			
1		the year, did any person listed in Form 990, l ated organization	Part VII	, Section A , line 1a with respect to the filing organization			
а	Receive	e a severance payment or change-of-control	paymen	t?	4a		Νo
b	Particip	oate in, or receive payment from, a supplemei	ntal none	qualified retirement plan?	4b		Νo
c	Particip	pate in, or receive payment from, an equity-ba	ased cor	mpensation arrangement?	4c		Νo
	If"Yes	" to any of lines 4a-c, list the persons and pr	ovide th	e applicable amounts for each item in Part III			
	Only 50	01(c)(3) and 501(c)(4) organizations only mu	ıst comp	elete lines 5-9.			
5		sons listed in Form 990, Part VII, Section A, nsation contingent on the revenues of	, lıne 1a,	, did the organization pay or accrue any			
а	The org	anization?			5a		Νo
b	A ny rel	ated organization?			5b		Νo
	If "Yes	," to line 5a or 5b, describe in Part III					
5		sons listed in Form 990, Part VII, Section A, isation contingent on the net earnings of	, line 1a,	, did the organization pay or accrue any			
а	The org	ianization?			6a		Νo
b	A ny rel	ated organization?			6b		Νo
	If"Yes	," to line 6a or 6b, describe in Part III					
7	-	sons listed in Form 990, Part VII, Section A, its not described in lines 5 and 6? If "Yes," o			7		No
3	Were a	ny amounts reported in Form 990, Part VII, p	aid or a	ccured pursuant to a contract that was			
		to the initial contract exception described in		tions section 53 4958-4(a)(3)? If "Yes," describe	8		No
•		to line 8, did the organization also follow the	e rebutta	able presumption procedure described in Regulations			

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		<b>(B)</b> Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns (B)(ı)-(D)	(F) Compensation	
		(i) Base compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits		reported as deferred in prior Form 990	
(1)TIMOTHY PENNY PRESIDENT/CEO	(i) (ii)	157,647 0	0 0	0 0	4,159 0	9,923 0	171,729 0	0	

Schedule J (Form 990) 2012

#### Part III Supplemental Information

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

Identifier Return Reference Explanation

Schedule J (Form 990) 2012

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DLN: 93493346009103

OMB No 1545-0047

Inspection

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

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

**Noncash Contributions** 

Name of the organization SOUTHERN MINNESOTA INITIATIVE FOUNDATION **Employer identification number** 

36-3454285

Pa	rt I T	ypes of Property							
			(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d Method of d noncash contrib	etermı	_	ts
1	A rt—Wor	ks of art							
2	Art—Hist	torical treasures .							
3	Art—Fra	ctional interests							
4	Books ar	nd publications	Х		506,430	FMV			
		and household			,				
	goods								
6	Cars and	other vehicles							
7	Boats an	d planes							
8	Intellect	ual property							
9	Securitie	s—Publicly traded .							
10	Securitie	s—Closely held stock .							
11		s—Partnership, LLC, nterests							
12	Securitie	s—Miscellaneous							
13	contribut	conservation tion—Historic es							
14	Qualified	conservation							
15	Realesta	ate—Residential .							
16	Realesta	ate—Commercial							
17	Real esta	ate—Other							
18	Collectib	les							
19	Food inv	entory							
20	Drugs ar	d medical supplies .							
21	Taxıdern	ту							
22	Historica	ıl artıfacts							
23	Scientific	specimens							
24	Archeolo	gical artifacts							
25	Other ► (	COMPUTERS )	Х	24	62,400				
26	Other ► (	-	Х	736	19,136	FMV			
				_	2004	EMA			
		SUPPLIES )	X	1	2,904	FIM V			
	Other ► (	·	L + b						
29				inization during the tax yea 283, Part IV, Donee Ackno		29		I., I	
20-	D	L d.d &L	<b>.</b>	- h.,h.,h.,h.,	who was a subard on Danie I. Ionaa	1 20 16-1 1		Yes	No
30a				e by contribution any prope					
		•		date of the initial contribution	on, and which is not require	a to be usea			
		npt purposes for the entir					30a		No
b	If"Yes,	describe the arrangeme	ent in Part 1	Π					
31				ce policy that requires the r			31	Yes	
32a	Does th contribu	=	e third part • • •	es or related organizations	to solicit, process, or sell	noncash • • •	32a		Νο
ь	If"Yes,	" describe in Part II							
33			an amount	in column (c) for a type of	property for which column (	a) is checked,			
		e in Part II				,			

Schedule M (Form 990) (2012)

Part II Supplemental Information. Complete this part to 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 red	ceived, or a combination of both.	Also complete this part for any additional information.			
Identifier	Return Reference	Explanation			

Schedule M (Form 990) (2012)

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As Filed Data -

DLN: 93493346009103

**SCHEDULE 0** 

(Form 990 or 990-EZ)

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 to provide any additional information.

Attach to Form 990 or 990-EZ.

2012

Open to Public Inspection

Name of the organization	
SOUTHERN MINNESOTA INITIATIVE FOUNDATION	

Employer identification number

36-3454285

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 4	BY-LAW AMENDMENT ARTICLE III SECTION 3 03 NUMBER, QUALIFICATION AND TERM OF OFFICE CURRENT LANGUAGE. THE NUMBER OF TRUSTEES SHALL BE NOT LESS THAN THREE (3), AND MAY BE COMPRISED OF UP TO SEVENTEEN (17) PERSONS, BY THE AFFIRMATIVE VOTE OF A MAJORITY OF THE REMAINING TRUSTEES EACH TRUSTEE SHALL BE A RESIDENT OF THE 20 COUNTY SOUTHERN MINNESOTA AREA EACH TRUSTEE SHALL HOLD OFFICE FOR THE LENGTH OF TIME PRESCRIBED WITHIN THE RESOLUTION OF APPOINTMENT OR UNTIL HIS OR HER DEATH, RESIGNATION, OR REMOVAL AS HEREINAFTER PROVIDED TERMS MAY OR MAY NOT BE CONTIGUOUS TO THE CORPORATIONS FISCAL YEAR PROPOSED CHANGE. THE NUMBER OF TRUSTEES SHALL BE NOT LESS THAN THREE (3), AND MAY BE COMPRISED OF UP TO SEVENTEEN (17) PERSONS, BY THE AFFIRMATIVE VOTE OF A MAJORITY OF THE REMAINING TRUSTEES EACH TRUSTEE SHALL BE A RESIDENT OF THE 20 COUNTIES OR CITIES WITHIN THE SOUTHERN MINNESOTA AREA, OR AS DETERMINED BY THE BOARD OF TRUSTEES EACH TRUSTEE SHALL HOLD OFFICE FOR THE LENGTH OF TIME PRESCRIBED WITHIN THE RESOLUTION OF APPOINTMENT OR UNTIL HIS OR HER DEATH, RESIGNATION, OR REMOVAL AS HEREINAFTER PROVIDED TERMS MAY OR MAY NOT BE CONTIGUOUS TO THE CORPORATIONS FISCAL YEAR ADOPTED BY SMIF BOARD OF TRUSTEES 7/19/2012

Identifier	Return Reference	Explanation			
	FORM 990, PART VI, SECTION B, LINE 11	THE FINANCE COMMITTEE WILL REVIEW THE 990 PRIOR TO FILING AND PRESENT TO THE BOARD FOR FULL APPROVAL			

ldentifier	Return Reference	Explanation
	,	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

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE FOUNDATION USES BENCHMARK INFORMATION TO DETERMINE COMPENSATION OF EMPLOYEES THE BENCHMARK INFORMATION IS PULLED FROM SIMILAR NON-PROFITS, NATIONAL FOUNDATION SURVEYS, AND BUSINESS SALARY REPORTS THE BOARD SETS THE COMPENSATION OF THE PRESIDENT WITH REVIEW AND APPROVAL BY THE EXECUTIVE COMMITTEE THE REMAINING STAFF SALARIES ARE APPROVED BY LEADERSHIP TEAM WITH AT LEAST TWO OTHER MEMBERS SIGNING OFF ON ALL APPROVALS THE FINANCE COMMITTEE AND BOARD APPROVES THE OVERALL ALLOCATION FOR SALARIES AND MONITORS THIS THROUGHOUT THE YEAR ALL INCREASES ARE DONE ANNUALLY FOR ALL EMPLOYEES

ldentifier	Return Reference Explanation	
	FORM 990, PART VI, SECTION C, LINE 19	INFORMATION IS GIVEN ON OUR WEBSITE FOR REQUESTS AND THE CFO WILL MAKE ANY DOCUMENTS AVAILABLE UPON REQUEST

ldentifier	Return Reference	Explanation
	FORM 990, PAGE 12, PART XII LINE 2C	THE FINANCE COMMITTEE APPROVES AND MANAGES THE AUDITOR SELECTION AND PROCESS YEARLY THE FOUNDATION 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