



MINNESOTA CAMPAIGN FINANCE BOARD

Complaint for Violation of the Campaign Finance and Public Disclosure Act

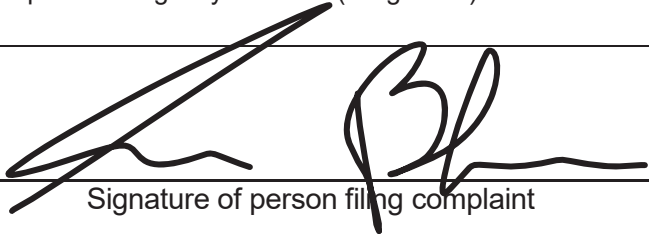
All information on this form is confidential until a decision is issued by the Board.
A photocopy of the entire complaint, however, will be sent to the respondent.

Information about complaint filer

| | | | |
|-------------------------|-----------------|---------------------|------------------------|
| Name of complaint filer | Isaac Blum | | |
| Address | PO Box 66 | Email address | isaacblum510@gmail.com |
| City, state, and zip | Eyota, MN 55934 | Telephone (Daytime) | 5072799488 |

Identify person/entity you are complaining about

| | |
|--|-------------------------------------|
| Name of person/entity being complained about | WIN Minnesota Political Action Fund |
| Address | 1600 University Ave W, Suite 309 |
| City, state, zip | St. Paul, MN 55104 |
| Title of respondent (If applicable) | |
| Board/Department/Agency/District # (If legislator) | |


Signature of person filing complaint

10/01/2025
Date

Send completed form to:

Campaign Finance & Public Disclosure Board
190 Centennial Office Building
658 Cedar Street
St. Paul, MN 55155

If you have questions call 651-539-1189, 800-657-3889, or for TTY/TDD communication contact us via the Minnesota Relay Service at 800-627-3529. Board staff may be reached by email at cf.board@state.mn.us.

This document is available in alternative formats to individuals with disabilities by calling 651-539-1180, 800-657-3889, or through the Minnesota Relay Service at 800-627-3529.

Give the statutory cite to the section of Chapter 10A, Chapter 211B, or Minnesota Rules you believe has been violated:

Minnesota Statutes §§ 10A.20; 10A.27, subd. 13; 10A.01, subd. 11; and 10A.121, subd. 2

You will find links to the complete text of Chapter 10A, Chapter 211B, and Minnesota Rules chapters 4501 - 4525 on the Board's website at cfb.mn.gov.

Nature of complaint

Explain in detail why you believe the respondent has violated the campaign finance and public disclosure laws. Attach extra sheet(s) of paper if necessary. Attach any documents, photographs, or other evidence needed to support your allegations. Electronic files may be provided to the Board by email or via a file transfer service.

See attached; WIN Complaint and exhibits 1-4.

Minnesota Statutes section 10A.022 and Minnesota Rules Chapter 4525 describe the procedures required for investigating complaints. A full description of the complaint process is available on the Board's website. Briefly, the Board will notify you when it has received your complaint. The Board must send a copy of the complaint to the respondent. Complaints and investigations are confidential. Board members and staff cannot talk about an investigation except as required to carry out the investigation or to take action in the matter. After the Board issues a decision, the record of the investigation is public.

The law requires a complaint to go through two stages before the Board can begin an investigation: a prima facie determination and a probable cause decision. If the complaint does not pass one of the stages, it must be dismissed. The Board chair or their designee has 10 business days after receiving your complaint to determine whether the complaint alleges a prima facie violation. If the complaint alleges a prima facie violation, the Board has 60 days to decide whether probable cause exists to believe a violation that warrants a formal investigation has occurred. Both you and the respondent have the right to be heard on the issue of probable cause before the Board makes this decision. The Board will notify you if the complaint moves to the probable cause stage.

If the Board determines that probable cause does not exist, the Board will dismiss the complaint. If the Board determines that probable cause exists, the Board may start an investigation. In some cases the Board will issue findings, conclusions, and an order as its decision. In other cases the Board will instead enter into a conciliation agreement with the respondent. The Board's final decision will be posted on the Board's website.



Chalmers, Adams, Backer
& Kaufman, LLC

525 PARK ST. SUITE #255,
ST. PAUL, MN 55103
(651) 397 - 0089
RLEBEAU@CHALMERSADAMS.COM

October 1, 2025

Jeff Sigurdson
Executive Director
Minnesota Campaign Finance and Public Disclosure Board
190 Centennial Office Building
658 Cedar St., St. Paul, MN 55155

RE: Complaint Against WIN Minnesota Political Action Fund for Failure to Accurately Report Contributions (2018 and 2020)

Dear Mr. Sigurdson:

This complaint is brought under Minnesota Statutes Chapter 10A. The provisions of that chapter require political funds to provide transparent and accurate reports of all contributions received, and they prohibit concealment of the source or amount of funds used to influence Minnesota elections. The following facts demonstrate that WIN Minnesota Political Action Fund (“WIN MPAF”) did not meet those obligations in its 2018 and 2020 reporting, and that its filings with the Campaign Finance and Public Disclosure Board are inconsistent with related disclosures filed by its affiliated nonprofit corporation, WIN Minnesota. These inconsistencies constitute violations of Minn. Stat. §§ 10A.20; 10A.27, subd. 13; 10A.01, subd. 11; and 10A.121, subd. 2.

For calendar year 2018, WIN MPAF reported to the Board that it received \$1,500,000 in cash contributions and \$52,202.58 in in-kind contributions from WIN Minnesota (Exhibit 1). In contrast, WIN Minnesota’s IRS Form 990, Schedule C, for the same year reports transfers totaling \$1,550,000 to WIN MPAF (Exhibit 2). The difference between the state filing and the federal disclosure, \$2,202.58, has never been reconciled in the reports filed with the Board.

The gap widens dramatically in 2020. WIN MPAF's 2020 Board report shows \$118,212.99 in cash and \$70,544.44 in in-kind contributions from WIN Minnesota, for a combined total of \$188,757.43 (Exhibit 3). Yet WIN Minnesota's 2020 Form 990, Schedule C, lists contributions to WIN MPAF of \$1,646,213 (Exhibit 4). That leaves \$1,457,455.57 in contributions reported at the federal level but absent from WIN MPAF's state filings.

These are not minor discrepancies. Together, they represent more than \$1.5 million in contributions that were never properly disclosed to Minnesota regulators. Minnesota law does not allow a political fund to pick and choose which receipts it reports. Section 10A.20 requires complete disclosure of all contributions and expenditures. Section 10A.27, subdivision 13 obligates funds to accurately disclose contributions from associations such as WIN Minnesota. Section 10A.01, subdivision 11 defines "contribution" broadly to include both cash and in-kind support, leaving no ambiguity about the types of transfers that must be reported. And section 10A.121, subdivision 2 prohibits concealing or misrepresenting the source or amount of a contribution, and authorizes the Board to impose penalties when those obligations are violated.

The filings demonstrate that WIN MPAF received significantly more support from WIN Minnesota than it disclosed to the Board. Whether the missing funds were misclassified, omitted, or otherwise concealed, the result is that the public reports required under Chapter 10A are incomplete and misleading. These omissions undermine the transparency and accountability that Minnesota campaign finance law is designed to protect.

The complainant, Isaac Blum, therefore asks the Board to investigate whether WIN MPAF's 2018 and 2020 reports complied with Minn. Stat. §§ 10A.20, 10A.27, subd. 13, 10A.01, subd. 11, and 10A.121, subd. 2. If the Board concludes that the reports are inaccurate, it should require amended filings. In addition, if the Board finds that WIN MPAF failed to disclose contributions in violation of Chapter 10A, the complainant requests that civil penalties and any other appropriate remedies be imposed under section 10A.121, subdivision 2.


Exhibit 1: 2018 Report of Receipts and Expenditures filed with the Minnesota Campaign Finance and Public Disclosure Board by WIN Minnesota Political Action Fund (reporting \$1,500,000 in cash and \$52,202.58 in in-kind contributions from WIN Minnesota).

Exhibit 2: WIN Minnesota 2018 IRS Form 990, Schedule C (reporting \$1,550,000 in contributions to WIN Minnesota Political Action Fund).

Exhibit 3: 2020 Report of Receipts and Expenditures filed with the Minnesota Campaign Finance and Public Disclosure Board by WIN Minnesota Political Action Fund (reporting \$118,212.99 in cash and \$70,544.44 in in-kind contributions from WIN Minnesota, for a total of \$188,757.43).

Exhibit 4: WIN Minnesota 2020 IRS Form 990, Schedule C (reporting \$1,646,213 in contributions to WIN Minnesota Political Action Fund).

Respectfully submitted,

A handwritten signature in blue ink, appearing to read "R. Reid LeBeau II", is written over a horizontal line.

R. Reid LeBeau II

**Campaign Finance &
Public Disclosure Board**

First Floor South . Centennial Office Building . 658 Cedar Street . St. Paul MN 55155-1603 . 800/657-3889 . TTY 800/657-3529

**Report of Receipts and Expenditures
for Political Committee or Political Fund**

Period Covered: 1/1/2018 through 12/31/2018

Committee Information:

Registration number: 30625
Committee name: WIN Minnesota Political Action Fund
Treasurer name: Cardinal, Denise
Treasurer address: 1600 University Ave W, #309C
St Paul MN 55104

Received by the Board January 31, 2019

Special Report Indicators

- No change since last report** The committee received no contributions and made no expenditures during the reporting period.
Previous Report Cash Balance:
Current Cash Balance:
- Amendment** This report amends a previously filed report for the same period.
- Termination** The committee has settled all its debts, disposed of all its assets in excess of \$100 and dissolved.

Committee Transaction Summary

WIN Minnesota Political Action Fund

Reg Num 30625

Independent Expenditure Fund

1 Beginning cash balance 1/1/2018 (should be the same as the previous year ending cash balance) 195,020.21

| A Receipts | | Cash | In-Kind | Total |
|--------------------------------|---------------------|---------------------|------------------|---------------------|
| 2 Total Contributions Received | Sch. A1 - CR | 3,705,531.84 | 52,202.58 | 3,757,734.42 |
| 3 Receipts from loans payable | Sch. A2 - LP | | | |
| 4 Miscellaneous income | Sch. A2 - MISC | | | |
| 5 Total Receipts | Sum #2 to #4 | 3,705,531.84 | 52,202.58 | 3,757,734.42 |

| B Disbursements | | Cash | Unpaid Bills | In-Kind | Total |
|---|-----------------------|-------------------|--------------|-----------|--------------|
| 6 Expenditures | Sch. B1 - EXP | 559,712.05 | 0.00 | 52,202.58 | 611,914.63 |
| 7A Direct Contributions to candidate committees | Sch. B2A - PCC | | | | |
| 7B Approved Expenditures for Candidate Committees | Sch. B2B - CAN | | | | |
| 7C Total Contributions to Candidate Committees | Sum #7A + #7B | | | | |
| 8 Contributions to political parties | Sch. B2 - PTY | | | | |
| 9 Contributions to political committees and political funds | Sch. B2 - PCF | 3,190,840.00 | | 0.00 | 3,190,840.00 |
| 10 Independent expenditures | Sch. B3 - IND | | | | |
| 11 Ballot question expenditures | Sch. B4 - BQ | | | | |
| 12 Total Expenditures and Disbursements | Sum #6 + #7C thru #11 | 3,750,552.05 | 0.00 | 52,202.58 | 3,802,754.63 |
| 13 Ending cash balance on 12/31/2018 | #1 + #5 - #12 | 150,000.00 | | | |

Loans and Unpaid Obligations Summary

| | |
|---|-----------------------|
| 14A Total Outstanding balance of all loans incurred during the current year | Sch. A2-LP |
| 14B Total outstanding balance of all loans incurred during any year prior to the reporting year | Sch. C |
| 14C Total Outstanding balance of all loans | Sum #14A + #14B |
| 15A Total unpaid obligations incurred during the current year | Line 12 Unpaid |
| 15B Total unpaid obligations incurred during any year prior to the reporting year | Sch. D |
| 15C Total unpaid obligations | Sum #15A + 15B |
| 16 Total debt of committee | Sum #14C + 15C |

Certification

I certify that this report is complete, true and correct.

Denise Cardinal
Signature of Treasurer or Deputy Treasurer

January 31, 2019
Date

Certified Electronically By Valid Person

Any person who signs and certifies to be true a report or statement which the person knows contains false information, or who knowingly omits required information, is subject to a civil penalty imposed by the Board of up to \$3,000 and is subject to criminal prosecution for a gross misdemeanor.

Amendments to Filed Report

WIN Minnesota Political Action Fund

Reg Num 30625

Independent Expenditure Fund

| Trans. Type | Entity | Orig. Date Revised Date | Current Amt. | Description of Amendment |
|--------------------|---------------|------------------------------------|---------------------|---|
| RCP | WIN Minnesota | 7/23/2018 7/23/2018 | 10,321.46 | Changes effective on 12/20/2018 were: Receipt Amount was changed from 550,000.00 to 10,321.46 Reason for change: Committee refunded all or part of receipt. |

Schedule A1-CR Contributions Received

WIN Minnesota Political Action Fund

Reg Num 30625

Independent Expenditure Fund

Anderson, Jeff

119 W Chestnut St Stillwater, MN 55082

Employer: Jeff Anderson & Associates

| Date | Cash | In Kind | Total |
|----------|-----------|---------|-----------|
| 08/23/18 | 50,000.00 | 0.00 | 50,000.00 |

Bartley, Anne

3580 Clay Street San Francisco, CA 94118

Self-employed Investor

| Date | Cash | In Kind | Total |
|----------|-----------|---------|-----------|
| 09/10/18 | 10,000.00 | 0.00 | 10,000.00 |

Deal, Jim

PO Box 159 Anoka, MN 55303

Employer: PSD Land Development

| Date | Cash | In Kind | Total |
|----------|-----------|---------|-----------|
| 07/17/18 | 50,000.00 | 0.00 | 50,000.00 |

Education Minn PAC (Registered Id: 30558)

41 Sherburne Ave St Paul, MN 55103

| Date | Cash | In Kind | Total |
|----------|-----------|---------|-----------|
| 02/09/18 | 10,000.00 | 0.00 | 10,000.00 |

Forster, Barbara

901 South Second Street, #603 Minneapolis, MN 55415

Self-employed Retired

| Date | Cash | In Kind | Total |
|----------|-----------|---------|-----------|
| 08/17/18 | 25,000.00 | 0.00 | 25,000.00 |

Graves, John

5110 Meadville St Excelsior, MN 55331

Self-employed Retired

| Date | Cash | In Kind | Total |
|----------|------------|---------|------------|
| 06/01/18 | 50,000.00 | 0.00 | 50,000.00 |
| 08/20/18 | 50,000.00 | 0.00 | 50,000.00 |
| Total | 100,000.00 | 0.00 | 100,000.00 |

Grossman, Tom

4350 Baker Rd, Suite 230 Minnetonka, MN 55343

Self-employed Metropolitan Corporation

| Date | Cash | In Kind | Total |
|----------|-----------|---------|-----------|
| 07/12/18 | 50,000.00 | 0.00 | 50,000.00 |

Hale, Roger

117 Portland Ave, Apt 501 Minneapolis, MN 55401

Self-employed Retired

| Date | Cash | In Kind | Total |
|----------|-----------|---------|-----------|
| 04/11/18 | 25,000.00 | 0.00 | 25,000.00 |
| 07/31/18 | 10,000.00 | 0.00 | 10,000.00 |
| Total | 35,000.00 | 0.00 | 35,000.00 |

Heins, Sam

2730 Woolsey Lane Wayzata, MN 55391

Self-employed Retired

| Date | Cash | In Kind | Total |
|----------|-----------|---------|-----------|
| 05/11/18 | 25,000.00 | 0.00 | 25,000.00 |

Howard, Timothy

2733 Slate Court Superior, CO 80027

Employer: Stonecroft Capital LLC

| Date | Cash | In Kind | Total |
|----------|----------|---------|----------|
| 08/06/18 | 5,400.00 | 0.00 | 5,400.00 |

Huss, Alvin J

59 W 4th St Apt 21A Saint Paul, MN 55102

Self-employed Retired

| Date | Cash | In Kind | Total |
|----------|-----------|---------|-----------|
| 04/09/18 | 20,000.00 | 0.00 | 20,000.00 |

Laborers District Council of Minn & ND Pol Fund (Registered Id: 40712)

81 E Little Canada Rd St Paul, MN 55117

| Date | Cash | In Kind | Total |
|----------|----------|---------|----------|
| 03/07/18 | 5,000.00 | 0.00 | 5,000.00 |

Laufer, Chani

15 Lenox St Chevy Chase, MD 20815

Self-employed Not Employed

| Date | Cash | In Kind | Total |
|----------|------------|---------|------------|
| 09/05/18 | 125,000.00 | 0.00 | 125,000.00 |

Laufer, Steven

15 W Lenox St Chevy Chase, MD 20815

Employer: US Government

| Date | Cash | In Kind | Total |
|----------|------------|---------|------------|
| 09/05/18 | 125,000.00 | 0.00 | 125,000.00 |

Lenfestey, Susan

1833 Girard Ave S Minneapolis, MN 55403

Self-employed Writer

| Date | Cash | In Kind | Total |
|----------|----------|---------|----------|
| 05/25/18 | 2,500.00 | 0.00 | 2,500.00 |

MAPE-PAC (Registered Id: 30270)

3460 Lexington Ave N Ste 300 Shoreview, MN 55126

| Date | Cash | In Kind | Total |
|----------|----------|---------|----------|
| 01/24/18 | 5,000.00 | 0.00 | 5,000.00 |

Messinger, Alida

PO Box 4277 St Paul, MN 55104

Self-employed Community Volunteer

| Date | Cash | In Kind | Total |
|----------|--------------|---------|--------------|
| 01/04/18 | 50,000.00 | 0.00 | 50,000.00 |
| 06/14/18 | 350,000.00 | 0.00 | 350,000.00 |
| 08/17/18 | 750,000.00 | 0.00 | 750,000.00 |
| Total | 1,150,000.00 | 0.00 | 1,150,000.00 |

Middle Class Majority (Registered Id: 41126)

345 Randolph Ave #200 St Paul, MN 55102

| Date | Cash | In Kind | Total |
|----------|-----------|---------|-----------|
| 10/25/18 | 12,631.84 | 0.00 | 12,631.84 |

Minn AFL-CIO (Registered Id: 30025)

175 Aurora Ave St Paul, MN 55103

| Date | Cash | In Kind | Total |
|----------|----------|---------|----------|
| 01/04/18 | 5,000.00 | 0.00 | 5,000.00 |

Minn Assoc of Professional Employees Political Fund (Registered Id: 80026)

3460 Lexington Ave N Ste 300 Shoreview, MN 55126

| Date | Cash | In Kind | Total |
|----------|------------|---------|------------|
| 08/06/18 | 100,000.00 | 0.00 | 100,000.00 |

Minneapolis Regional Labor Federation (Registered Id: 30011)

312 Central Ave Ste 542 Minneapolis, MN 55414

| Date | Cash | In Kind | Total |
|----------|-----------|---------|-----------|
| 07/20/18 | 65,000.00 | 0.00 | 65,000.00 |

Nielsen, Katherine

2420 Lake Place Minneapolis, MN 55405

Self-employed Artist

| Date | Cash | In Kind | Total |
|----------|-----------|---------|-----------|
| 04/12/18 | 50,000.00 | 0.00 | 50,000.00 |

Opperman, Vance

225 South Sixth Street Suite 5200 Minneapolis, MN 55402

Employer: Key Investment

| Date | Cash | In Kind | Total |
|----------|------------|---------|------------|
| 01/23/18 | 100,000.00 | 0.00 | 100,000.00 |

SEIU Minn State Council Political Fund (Registered Id: 30037)

2233 University Ave W Ste 422 St Paul, MN 55114

| Date | Cash | In Kind | Total |
|----------|----------|---------|----------|
| 03/08/18 | 5,000.00 | 0.00 | 5,000.00 |

Steiner, Julie

144 Edgewood Ave Wayzata, MN 55391

Self-employed Retired

| Date | Cash | In Kind | Total |
|----------|-----------|---------|-----------|
| 02/12/18 | 25,000.00 | 0.00 | 25,000.00 |

Sternal, Karen

117 Portland Ave, #710 Minneapolis, MN 55401

Self-employed Retired

| Date | Cash | In Kind | Total |
|----------|-----------|---------|-----------|
| 07/16/18 | 25,000.00 | 0.00 | 25,000.00 |

Sternal, Ron

2712 Glenhurst Ave Saint Louis Park, MN 55416

Self-employed Retired

| Date | Cash | In Kind | Total |
|----------|-----------|---------|-----------|
| 05/07/18 | 25,000.00 | 0.00 | 25,000.00 |

WIN Minnesota

1600 University Ave, Suite 401C Saint Paul, MN 55104

| Date | | Cash | In Kind | Total |
|----------|-------------------------------------|------------|----------|------------|
| 01/31/18 | In Kind: Operations and staff costs | 0.00 | 1,611.89 | 1,611.89 |
| 02/28/18 | In Kind: Operations and staff costs | 0.00 | 1,705.89 | 1,705.89 |
| 03/31/18 | In Kind: Operations and staff costs | 0.00 | 2,491.55 | 2,491.55 |
| 04/30/18 | In Kind: Operations and staff costs | 0.00 | 1,981.64 | 1,981.64 |
| 05/31/18 | In Kind: Operations and staff costs | 0.00 | 2,345.18 | 2,345.18 |
| 06/30/18 | In Kind: Operations and staff costs | 0.00 | 4,936.46 | 4,936.46 |
| 07/03/18 | | 450,000.00 | 0.00 | 450,000.00 |
| 07/19/18 | | 500,000.00 | 0.00 | 500,000.00 |
| 07/23/18 | | 550,000.00 | 0.00 | 550,000.00 |

Reversal History: Changes effective on 12/20/2018 were: Receipt Amount was changed from 550,000.00 to 10,321.46
Reason for change: Committee refunded all or part of receipt.

| | | | | |
|----------|-------------------------------------|---------------------|------------------|---------------------|
| 07/31/18 | In Kind: Operations and staff costs | 0.00 | 5,430.03 | 5,430.03 |
| 08/31/18 | In Kind: Operations and staff costs | 0.00 | 7,268.05 | 7,268.05 |
| 09/30/18 | In Kind: Operations and staff costs | 0.00 | 12,277.25 | 12,277.25 |
| 10/31/18 | In Kind: Operations and staff costs | 0.00 | 12,154.64 | 12,154.64 |
| | Total | 1,500,000.00 | 52,202.58 | 1,552,202.58 |

Schedule A1-CR Contributions Received

| | Cash | In Kind | Total |
|------------------------------|--------------|----------------|--------------|
| Total of itemized | 3,705,531.84 | 52,202.58 | 3,757,734.42 |
| Total of non-itemized | 0.00 | 0.00 | 0.00 |
| | Cash | In Kind | Total |
| Totals | 3,705,531.84 | 52,202.58 | 3,757,734.42 |

Schedule B1 Expenditures

WIN Minnesota Political Action Fund

Reg Num 30625

Independent Expenditure Fund

Vendor: Democratic Attorneys General Association

PO Box 34445
Washington, DC 20005

| Date | Specific purpose of expenditure | Paid | Unpaid | In Kind | Total |
|----------|---|-----------|--------|---------|-----------|
| 10/29/18 | Miscellaneous: Contribution to out of state committee | 15,000.00 | 0.00 | 0.00 | 15,000.00 |

Vendor: Square, Inc

1455 Market Street, Suite 600
San Francisco, CA 94103

| Date | Specific purpose of expenditure | Paid | Unpaid | In Kind | Total |
|----------|---------------------------------|--------|--------|---------|--------|
| 09/10/18 | Credit Card Processing Fees | 350.15 | 0.00 | 0.00 | 350.15 |

Vendor: WIN Minnesota

1600 University Ave, Suite 401C
Saint Paul, MN 55104

| Date | Specific purpose of expenditure | Paid | Unpaid | In Kind | Total |
|------------------------------------|--|-------------------|-------------|------------------|-------------------|
| 01/31/18 | Miscellaneous: Operations and staff costs In Kind: Operations and staff costs | 0.00 | 0.00 | 1,611.89 | 1,611.89 |
| 02/28/18 | Miscellaneous: Operations and staff costs In Kind: Operations and staff costs | 0.00 | 0.00 | 1,705.89 | 1,705.89 |
| 03/31/18 | Miscellaneous: Operations and staff costs In Kind: Operations and staff costs | 0.00 | 0.00 | 2,491.55 | 2,491.55 |
| 04/30/18 | Miscellaneous: Operations and staff costs In Kind: Operations and staff costs | 0.00 | 0.00 | 1,981.64 | 1,981.64 |
| 05/31/18 | Miscellaneous: Operations and staff costs In Kind: Operations and staff costs | 0.00 | 0.00 | 2,345.18 | 2,345.18 |
| 06/30/18 | Miscellaneous: Operations and staff costs In Kind: Operations and staff costs | 0.00 | 0.00 | 4,936.46 | 4,936.46 |
| 07/31/18 | Miscellaneous: Operations and staff costs In Kind: Operations and staff costs | 0.00 | 0.00 | 5,430.03 | 5,430.03 |
| 08/31/18 | Miscellaneous: Operations and staff costs In Kind: Operations and staff costs | 0.00 | 0.00 | 7,268.05 | 7,268.05 |
| 09/30/18 | Miscellaneous: Operations and staff costs In Kind: Operations and staff costs | 0.00 | 0.00 | 12,277.25 | 12,277.25 |
| 10/31/18 | Miscellaneous: Operations and staff costs In Kind: Operations and staff costs | 0.00 | 0.00 | 12,154.64 | 12,154.64 |
| 12/20/18 | Return of Current Year Contribution | 539,678.54 | 0.00 | 0.00 | 539,678.54 |
| 12/20/18 | Miscellaneous: Operations and staff costs | 4,683.36 | 0.00 | 0.00 | 4,683.36 |
| Vendor Total: WIN Minnesota | | 544,361.90 | 0.00 | 52,202.58 | 596,564.48 |

Schedule B1 Expenditures

| | Paid | Unpaid | Inkind | Total |
|-------------------------------|-------------------|-------------|------------------|-------------------|
| Total of itemized: | 559,712.05 | 0.00 | 52,202.58 | 611,914.63 |
| Total of non-itemized: | 0.00 | 0.00 | 0.00 | 0.00 |
| Totals: | 559,712.05 | 0.00 | 52,202.58 | 611,914.63 |

Schedule B2-PCF Contributions to Political Committees and Political Funds

WIN Minnesota Political Action Fund

Reg Num 30625

Independent Expenditure Fund

Affected Committee: Alliance for a Better Minnesota Action Fund (Registered Id: 80024)

1600 University Ave W Ste 309B
St Paul, MN 55104

| Date | Cash | In Kind | Total |
|--|-------------|----------------|--------------|
| 03/29/18 | 65,000.00 | 0.00 | 65,000.00 |
| 05/22/18 | 450,000.00 | 0.00 | 450,000.00 |
| 06/19/18 | 425,000.00 | 0.00 | 425,000.00 |
| 07/03/18 | 457,000.00 | 0.00 | 457,000.00 |
| 07/19/18 | 625,000.00 | 0.00 | 625,000.00 |
| 07/23/18 | 615,500.00 | 0.00 | 615,500.00 |
| 08/31/18 | 553,340.00 | 0.00 | 553,340.00 |
| Total For: Alliance for a Better Minnesota Action Fund | | 3,190,840.00 | 3,190,840.00 |

Schedule B2-PCF Contributions to Political Committees and Political Funds

| | Cash | In Kind | Total |
|------------------------------|--------------|----------------|--------------|
| Total of itemized | 3,190,840.00 | 0.00 | 3,190,840.00 |
| Total of non-itemized | 0.00 | 0.00 | 0.00 |
| | Cash | In Kind | Total |
| Totals | 3,190,840.00 | 0.00 | 3,190,840.00 |

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

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

C Name of organization WIN MINNESOTA, Doing business as, Number and street (or P.O. box if mail is not delivered to street address) 1600 University Avenue West, Room/suite, City or town, state or province, country, and ZIP or foreign postal code Saint Paul, MN 55104

D Employer identification number 74-3238362, E Telephone number, G Gross receipts \$ 6,414,734

F Name and address of principal officer:

H(a) Is this a group return for subordinates? Yes No, H(b) Are all subordinates included? Yes No

I Tax-exempt status: 501(c)(3), 501(c)(4) (insert no.), 4947(a)(1) or 527

J Website: N/A

H(c) Group exemption number

K Form of organization: Corporation, Trust, Association, Other

L Year of formation: 2007, M State of legal domicile: MN

Part I Summary

1 Briefly describe the organization's mission or most significant activities: WIN Minnesota educates and informs Minnesota residents about the positions of public officials and candidates for office on issues related to health care, the environment, economic justice, and human rights.

Table with 4 columns: Activity, 3, 4, 5, 6, 7a, 7b. Rows include: 2 Check this box, 3 Number of voting members, 4 Number of independent voting members, 5 Total number of individuals employed, 6 Total number of volunteers, 7a Total unrelated business revenue, 7b Net unrelated business taxable income.

Table with 3 columns: Revenue, Prior Year, Current Year. Rows include: 8 Contributions and grants, 9 Program service revenue, 10 Investment income, 11 Other revenue, 12 Total revenue.

Table with 3 columns: Expenses, Prior Year, Current Year. Rows include: 13 Grants and similar amounts paid, 14 Benefits paid to or for members, 15 Salaries, other compensation, 16a Professional fundraising fees, 17 Other expenses, 18 Total expenses, 19 Revenue less expenses.

Table with 3 columns: Net Assets or Fund Balances, Beginning of Current Year, End of Year. Rows include: 20 Total assets, 21 Total liabilities, 22 Net assets or fund balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: Denise Cardinal Executive Direc
 Date: 2019-11-14

Paid Preparer Use Only

Print/Type preparer's name: Schutz CPA Ltd
 Preparer's signature: [Signature]
 Date: 2019-11-14
 Check if self-employed
 PTIN: P01272516
 Firm's EIN: 81-1374244
 Firm's address: PO Box 251545, Saint Paul, MN 55125
 Phone no. (651) 252-9754

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2018)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
 WIN Minnesota educates and informs Minnesota residents about the positions of public officials and candidates for office on issues related to health care, the environment, economic justice, and human rights.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
 If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
 If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 3,860,809 including grants of \$ 3,435,580) (Revenue \$)
 Supporting issue education and advocacy efforts: Working with organizations in the state to inform and engage Minnesotans on issues related to the environment, womens issues, human rights and economic justice.

4b (Code:) (Expenses \$ 770,453 including grants of \$ 305,730) (Revenue \$)
 Program Evaluation: Providing direction to organizations receiving support on what key program elements require evaluation of the work funded in state to ensure objective analysis that can improve the effectiveness and efficiency of funded programs in the future.

4c (Code:) (Expenses \$ 233,952 including grants of \$ 225,000) (Revenue \$)
 Donor Education: Researching best practices for donor collaboration. Providing information to donors to help guide their plans for supporting organizations active advocacy, capacity building, civic engagement, and voter engagement.

4d Other program services (Describe in Schedule O.)
 (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 4,865,214

Part IV Checklist of Required Schedules

| | Yes | No |
|--|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | | No |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? | Yes | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | No |
| 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? <i>If "Yes," complete Schedule C, Part II</i> | | |

| | | | |
|------------|--|------------|-----|
| 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? <i>If "Yes," complete Schedule C, Part III</i> | 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? <i>If "Yes," complete Schedule D, Part I</i> | 6 | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | 7 | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | 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? <i>If "Yes," complete Schedule D, Part IV</i> | 9 | No |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | 10 | No |
| 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. | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI. 🗑️</i> | 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? <i>If "Yes," complete Schedule D, Part VII</i> | 11b | No |
| 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? <i>If "Yes," complete Schedule D, Part VIII</i> | 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? <i>If "Yes," complete Schedule D, Part IX</i> | 11d | No |
| e | Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | 11e | No |
| 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)? <i>If "Yes," complete Schedule D, Part X</i> | 11f | No |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII 🗑️</i> | 12a | Yes |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | 12b | No |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | 13 | No |
| 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? <i>If "Yes," complete Schedule F, Parts I and IV</i> | 14b | No |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | 15 | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> | 16 | No |
| 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? <i>If "Yes," complete Schedule G, Part I(see instructions)</i> | 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? <i>If "Yes," complete Schedule G, Part II</i> | 18 | No |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | 19 | No |
| 20a | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | 20a | No |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> 🗑️ | 21 | Yes |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | 22 | No |

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Part IV Checklist of Required Schedules (continued)

| | | Yes | No |
|------------|--|-----|-----|
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> 🗑️ | 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K, Form 990.</i> | | No |

| | | | | |
|---|--|------------|-----|----|
| <i>complete Schedule K. If "No," go to line 25a</i> | | 24a | | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i> | 25b | | No |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> | 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? <i>If "Yes," complete Schedule L, Part III</i> | 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): | | | |
| a | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 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? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 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 "Yes," complete Schedule R, Part I</i> | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | 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 or note to any line in this Part V

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

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| | | | | | | |
|-----------|---|-----------|-----|---|----|--|
| 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 | 2a | | 5 | | |
| b | 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 | | | |
| 3a | 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" to line 3b, 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 | 4a | | | No | |

1a Enter the number of voting members of the governing body at the end of the tax year

| | |
|-----------|---|
| 1a | 4 |
| 1b | 4 |

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 | No |
| 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 | No |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | No |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | No |
| 6 Did the organization have members or stockholders? | 6 | No |
| 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 | No |
| 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 | No |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a 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 | No |

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

| | | Yes | No |
|---|------------|-----|----|
| 10a Did the organization have local chapters, branches, or affiliates? | 10a | | No |
| b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes | |
| b Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | |
| b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | |
| c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | Yes | |
| 13 Did the organization have a written whistleblower policy? | 13 | | No |
| 14 Did the organization have a written document retention and destruction policy? | 14 | | No |
| 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| a The organization's CEO, Executive Director, or top management official | 15a | Yes | |
| b Other officers or key employees of the organization | 15b | | No |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | No |
| b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | |

Section C. Disclosure

| | |
|--|----|
| 17 List the States with which a copy of this Form 990 is required to be filed | MN |
| 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O) | |
| 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. | |
| 20 State the name, address, and telephone number of the person who possesses the organization's books and records: Denise Cardinal 1600 University Ave Ste 309C Saint Paul, MN 55104 (651) 647-2647 | |

| | | | | | |
|--|---------------|-----------|---|---|---|
| b Less: direct expenses | b | | | | |
| c Net income or (loss) from gaming activities | | | | | |
| 10a Gross sales of inventory, less returns and allowances | a | | | | |
| b Less: cost of goods sold | b | | | | |
| c Net income or (loss) from sales of inventory | | | | | |
| Miscellaneous Revenue | Business Code | | | | |
| 11a | | | | | |
| b | | | | | |
| c | | | | | |
| d All other revenue | | | | | |
| e Total. Add lines 11a-11d | | | | | |
| 12 Total revenue. See Instructions. | | 6,414,734 | 0 | 0 | 0 |

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Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|------------------------------|--|---|------------------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 4,417,605 | 4,417,605 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16. | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 155,532 | 77,766 | 46,659 | 31,107 |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 114,990 | 57,495 | 34,497 | 22,998 |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 6,805 | 4,083 | 2,041 | 681 |
| 9 Other employee benefits | 19,078 | 11,446 | 5,723 | 1,909 |
| 10 Payroll taxes | 21,740 | 13,045 | 6,521 | 2,174 |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 19,691 | 15,753 | 3,938 | |
| c Accounting | 6,996 | 5,597 | 1,399 | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | | | | |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 15,896 | 7,949 | 4,767 | 3,180 |
| 14 Information technology | | | | |
| 15 Royalties | | | | |

| | | | | |
|---|-----------|-----------|---------|---------|
| 16 Occupancy | 22,728 | 11,364 | 6,818 | 4,546 |
| 17 Travel | 27,209 | 16,328 | 2,720 | 8,161 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 26,131 | 20,905 | 2,613 | 2,613 |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 1,157 | 578 | 347 | 232 |
| 23 Insurance | 2,883 | | 2,883 | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a Consultants | 257,120 | 175,868 | 21,983 | 59,269 |
| b Telephone | 3,330 | 2,662 | 334 | 334 |
| c Printing | 3,606 | 2,884 | 361 | 361 |
| d Meals and Entertainment | 13,174 | 10,538 | 1,318 | 1,318 |
| e All other expenses | 27,859 | 13,348 | 9,172 | 5,339 |
| 25 Total functional expenses. Add lines 1 through 24e | 5,163,530 | 4,865,214 | 154,094 | 144,222 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | | | | |

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Part X **Balance Sheet**

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

| | | (A) Beginning of year | | (B) End of year |
|---|---|--------------------------|-----------|--------------------|
| Assets | 1 Cash—non-interest-bearing | 98,096 | 1 | 1,400,683 |
| | 2 Savings and temporary cash investments | | 2 | |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 50,000 | 4 | |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | | 9 | |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 11,307 | | |
| | b Less: accumulated depreciation | 11,006 | 1,457 | 10c 301 |
| | 11 Investments—publicly traded securities | | 11 | |
| | 12 Investments—other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments—program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | | 15 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 149,553 | 16 | 1,400,984 | |
| 17 Accounts payable and accrued expenses | 4,249 | 17 | 4,476 | |
| 18 Grants payable | | 18 | | |
| 19 Deferred revenue | | 19 | | |
| 20 Tax-exempt bond liabilities | | 20 | | |

| | | | | | | |
|------------------------------------|--|--|---------|-----------|--|-----------|
| Liabilities | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | | |
| | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . | | 22 | | |
| | 23 | Secured mortgages and notes payable to unrelated third parties . . . | | 23 | | |
| | 24 | Unsecured notes and loans payable to unrelated third parties . . . | | 24 | | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D | | 25 | | |
| | 26 | Total liabilities. Add lines 17 through 25 . . . | 4,249 | 26 | | 4,476 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | | |
| | 27 | Unrestricted net assets | -34,696 | 27 | | 1,396,508 |
| | 28 | Temporarily restricted net assets | 180,000 | 28 | | |
| | 29 | Permanently restricted net assets | | 29 | | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | | | |
| | 30 | Capital stock or trust principal, or current funds | | 30 | | |
| | 31 | Paid-in or capital surplus, or land, building or equipment fund | | 31 | | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | | |
| | 33 | Total net assets or fund balances | 145,304 | 33 | | 1,396,508 |
| | 34 | Total liabilities and net assets/fund balances | 149,553 | 34 | | 1,400,984 |

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Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|---|-----------|-----------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 6,414,734 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 5,163,530 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 1,251,204 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . | 4 | 145,304 |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 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 | 1,396,508 |

Part XII Financial Statements and Reporting

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

| | Yes | No |
|---|-----|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | No |
| b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | Yes | |
| c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | Yes | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | No |

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

3b

Form 990 (2018)

Form 990 (2018)

Additional Data

[Return to Form](#)

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

| | | |
|--|---|---|
| efile Public Visual Render | ObjectID: 201923189349314647 - Submission: 2019-11-14 | TIN: 74-3238362 |
| Schedule B (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small> | Schedule of Contributors Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. | <small>OMB No. 1545-0047</small> 2018 |

| | |
|--|---|
| Name of the organization WIN MINNESOTA | Employer identification number 74-3238362 |
|--|---|

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)() (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

| | |
|--|---|
| Name of organization WIN MINNESOTA | Employer identification number 74-3238362 |
|--|---|

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| RESTRICTED | | \$ RESTRICTED | Person <input type="checkbox"/> |
| | | | Payroll <input type="checkbox"/> |
| | | | Noncash <input type="checkbox"/> |
| | | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| - | | \$ | Person <input type="checkbox"/> |
| | | | Payroll <input type="checkbox"/> |
| | | | Noncash <input type="checkbox"/> |
| | | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| - | | \$ | Person <input type="checkbox"/> |
| | | | Payroll <input type="checkbox"/> |
| | | | Noncash <input type="checkbox"/> |
| | | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| - | | \$ | Person <input type="checkbox"/> |
| | | | Payroll <input type="checkbox"/> |
| | | | Noncash <input type="checkbox"/> |
| | | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| - | | \$ | Person <input type="checkbox"/> |
| | | | Payroll <input type="checkbox"/> |
| | | | Noncash <input type="checkbox"/> |
| | | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| - | | \$ | Person <input type="checkbox"/> |
| | | | Payroll <input type="checkbox"/> |
| | | | Noncash <input type="checkbox"/> |
| | | | (Complete Part II for noncash contributions.) |

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

| | |
|--|---|
| Name of organization WIN MINNESOTA | Employer identification number 74-3238362 |
|--|---|

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

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
|------------------------|--|--|----------------------|
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

| | |
|--|---|
| Name of organization WIN MINNESOTA | Employer identification number 74-3238362 |
|--|---|

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|------------------------|---------------------------------------|-----------------|--|
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP 4 | | Relationship of transferor to transferee |
| | | | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---------------------|--|-------------------------------------|
| - | | | |
| (e) Transfer of gift Transferee's name, address, and ZIP 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Additional Data

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Software ID:
Software Version:

| | | |
|---|---|---|
| efile Public Visual Render | ObjectID: 201923189349314647 - Submission: 2019-11-14 | TIN: 74-3238362 |
| SCHEDULE C (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service | Political Campaign and Lobbying Activities For Organizations Exempt From Income Tax Under section 501(c) and section 527 | OMB No. 1545-0047 2018 Open to Public Inspection |
| | ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. | |

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

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

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

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

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

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

| | |
|---|--|
| Name of the organization WIN MINNESOTA | Employer identification number 74-3238362 |
|---|--|

Part I-A 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 (see instructions for definition of "political campaign activities")
- Political campaign activity expenditures (see instructions) ▶ \$ 2,175,000
- Volunteer hours for political campaign activities (see instructions)

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 ▶ \$ _____
- Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

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

- Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ 2,175,000
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ 2,175,000
- Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ 4,350,000
- Did the filing organization file **Form 1120-POL** for this year? Yes No
- Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|---|---|------------|---|--|
| (1) WIN Minnesota Political Action Fund | 1600 University Avenue W Ste 309C Saint Paul, MN 55104 | 74-3238362 | 1,550,000 | |
| (2) 2018 Fund | 1600 University Avenue W Ste 309C Saint Paul, MN 55104 | 74-3238362 | 475,000 | |
| (3) America Votes Action Fund Minnesota | 1600 University Avenue W Ste 309C Saint Paul, MN 55104 | 27-4522665 | 150,000 | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |

For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ. Cat. No. 50084S Schedule C (Form 990 or 990-EZ) 2018

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|--|--|--|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) | | | | | | | | | | | | | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | | | | | | | | | | | | | | |
| c Total lobbying expenditures (add lines 1a and 1b) | | | | | | | | | | | | | | |
| d Other exempt purpose expenditures | | | | | | | | | | | | | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | | | | | | | | | | | | | | |
| f Lobbying nontaxable amount. Enter the amount from the following table in both columns. | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e. | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000. | | | | | | | | | | | | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | | | | | | | | | | | | | | |
| h Subtract line 1g from line 1a. If zero or less, enter -0- | | | | | | | | | | | | | | |
| i Subtract line 1f from line 1c. If zero or less, enter -0- | | | | | | | | | | | | | | |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | |

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|--|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) Total |
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

Schedule C (Form 990 or 990-EZ) 2018

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

| For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. | (a) | | (b) |
|--|-----|----|--------|
| | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a Volunteers? | | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | |
| c Media advertisements? | | | |
| d Mailings to members, legislators, or the public? | | | |
| e Publications, or published or broadcast statements? | | | |
| f Grants to other organizations for lobbying purposes? | | | |

| | | | | |
|-----------|---|--|--|--|
| f | Grants to other organizations for lobbying purposes? | | | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | |
| i | Other activities? | | | |
| j | Total. Add lines 1c through 1i | | | |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

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

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

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

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

Part IV Supplemental Information

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

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

Schedule C (Form 990 or 990EZ) 2018

Additional Data

[Return to Form](#)

Software ID:
Software Version:

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2018

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Table with 2 columns: Name of the organization (WIN MINNESOTA) and Employer identification number (74-3238362)

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

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Table with 3 columns: Question number, description, and Yes/No checkboxes. Includes questions 1-9 regarding conservation easements.

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

Table with 3 columns: Question number, description, and Yes/No checkboxes. Includes questions 1a, 1b, 2a, 2b regarding art and historical treasures.

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

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

- a Board designated or quasi-endowment
b Permanent endowment
c Temporarily restricted endowment
The percentages on lines 2a, 2b, and 2c should equal 100%.

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

Table with 2 columns: Yes, No. Rows: 3a(i) unrelated organizations, 3a(ii) related organizations, 3b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

- (i) unrelated organizations
(ii) related organizations
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment (values: 11,307, 11,006, 301), e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 301

Part VII Investments Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.

See Form 990, Part X, line 12.

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

Part VIII Investments Program Related.

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

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

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

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

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

| 1. (a) Description of liability | (b) Book value |
|---------------------------------|----------------|
| (1) Federal income taxes | |
| (2) | |
| (3) | |

| | |
|--|--|
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) | |

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

Schedule D (Form 990) 2018

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

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

| | | | | |
|----------|--|-----------|-----------|-----------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 6,414,734 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a | Net unrealized gains (losses) on investments | 2a | | |
| b | Donated services and use of facilities | 2b | | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | 6,414,734 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 : | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | | 4c | |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | | 5 | 6,414,734 |

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

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

| | | | | |
|----------|---|-----------|-----------|-----------|
| 1 | Total expenses and losses per audited financial statements | | 1 | 5,163,530 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| a | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | 5,163,530 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 : | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | | 4c | |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | | 5 | 5,163,530 |

Part XIII Supplemental Information

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

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

Schedule D (Form 990) 2018

Additional Data

Return to Form

Software ID:

Software Version:

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

Schedule I (Form 990)

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization WIN MINNESOTA

Employer identification number 74-3238362

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of noncash assistance, (h) Purpose of grant or assistance. Contains 18 rows of data.

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

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

Table with 6 columns: (a) Type of grant or assistance, (b) Number of recipients, (c) Amount of cash grant, (d) Amount of noncash assistance, (e) Method of valuation, (f) Description of noncash assistance.

| | | | | | |
|-----|--|--|--|--|--|
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |

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

| Return Reference | Explanation |
|--|---|
| Monitoring procedures (Part I, line 2) | Grant documentation is maintained by the organization. Grantees eligibility is evaluated and awarded based on criteria determined by the Board. |

Schedule I (Form 990) 2018

Additional Data

[Return to Form](#)

Software ID:
Software Version:

Schedule J (Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Table with 2 columns: Name of the organization (WIN MINNESOTA) and Employer identification number (74-3238362)

Part I Questions Regarding Compensation

Form with multiple sections (1a-9) and columns for Yes/No. Includes questions about travel, housing, substantiation, and compensation committees.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

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 on 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.

Table with 7 main columns: (A) Name and Title, (B) Breakdown of W-2 and/or 1099-MISC compensation, (C) Retirement and other deferred compensation, (D) Nontaxable benefits, (E) Total of columns (B)(i)-(D), (F) Compensation in column (B) reported as deferred on prior Form 990. Row 1: Denise Cardinal, Executive Director.

| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| | | | | | | | | |
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Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

Part III Supplemental Information

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

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

Schedule J (Form 990) 2018

Additional Data

[Return to Form](#)

Software ID:
Software Version:

| | | |
|---|---|---|
| efile Public Visual Render | ObjectID: 201923189349314647 - Submission: 2019-11-14 | TIN: 74-3238362 |
| SCHEDULE O (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 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information. | OMB No. 1545-0047 <div style="font-size: 2em; font-weight: bold; color: green;">2018</div> Open to Public Inspection |

| | |
|---|--|
| Name of the organization WIN MINNESOTA | Employer identification number 74-3238362 |
|---|--|

| Return Reference | Explanation |
|---|---|
| Form 990 governing body review Part VI line 11 | Board of Directors reviews and approves at Board meeting. |
| Conflict of interest policy compliance Part VI line 12c | Enforced and voted on by the Board of Directors |
| CEO executive director top management comp Part VI line 15a | Approved by Board of Directors |
| Governing documents etc available to public Part VI line 19 | No documents available to the public. |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 51056K Schedule O (Form 990 or 990-EZ) 2018

Additional Data

[Return to Form](#)

Software ID:
Software Version:

**Campaign Finance &
Public Disclosure Board**

First Floor South . Centennial Office Building . 658 Cedar Street . St. Paul MN 55155-1603 . 800/657-3889 . TTY 800/627-3529

**Report of Receipts and Expenditures
for Political Committee or Political Fund**

Period Covered: 1/1/2020 through 12/31/2020

Committee Information:

Registration number: 30625
Committee name: WIN Minnesota Political Action Fund
Treasurer name: Cardinal, Denise
Treasurer address: 1600 University Ave W, #309C
St Paul MN 55104

Received by the Board April 26, 2022

Special Report Indicators

- No change since last report** The committee received no contributions and made no expenditures during the reporting period.
Previous Report Cash Balance:
Current Cash Balance:
- Amendment** This report amends a previously filed report for the same period.
- Termination** The committee has settled all its debts, disposed of all its assets in excess of \$100 and dissolved.

Committee Transaction Summary

WIN Minnesota Political Action Fund

Reg Num 30625

Independent Expenditure Fund

1 Beginning cash balance 1/1/2020 (should be the same as the previous year ending cash balance) 902,000.00

| A Receipts | | Cash | In-Kind | Total |
|--------------------------------|---------------------|---------------------|------------------|---------------------|
| 2 Total Contributions Received | Sch. A1 - CR | 4,240,212.99 | 70,544.44 | 4,310,757.43 |
| 3 Receipts from loans payable | Sch. A2 - LP | | | |
| 4 Miscellaneous income | Sch. A2 - MISC | | | |
| 5 Total Receipts | Sum #2 to #4 | 4,240,212.99 | 70,544.44 | 4,310,757.43 |

| B Disbursements | | Cash | Unpaid Bills | In-Kind | Total |
|---|-----------------------|-----------------|--------------|-----------|--------------|
| 6 Expenditures | Sch. B1 - EXP | 1,963,000.00 | 0.00 | 70,544.44 | 2,033,544.44 |
| 7A Direct Contributions to candidate committees | Sch. B2A - PCC | | | | |
| 7B Approved Expenditures for Candidate Committees | Sch. B2B - CAN | | | | |
| 7C Total Contributions to Candidate Committees | Sum #7A + #7B | | | | |
| 8 Contributions to political parties | Sch. B2 - PTY | | | | |
| 9 Contributions to political committees and political funds | Sch. B2 - PCF | 3,178,212.99 | | 0.00 | 3,178,212.99 |
| 10 Independent expenditures | Sch. B3 - IND | | | | |
| 11 Ballot question expenditures | Sch. B4 - BQ | | | | |
| 12 Total Expenditures and Disbursements | Sum #6 + #7C thru #11 | 5,141,212.99 | 0.00 | 70,544.44 | 5,211,757.43 |
| 13 Ending cash balance on 12/31/2020 | #1 + #5 - #12 | 1,000.00 | | | |

Loans and Unpaid Obligations Summary

| | |
|---|-----------------------|
| 14A Total Outstanding balance of all loans incurred during the current year | Sch. A2-LP |
| 14B Total outstanding balance of all loans incurred during any year prior to the reporting year | Sch. C |
| 14C Total Outstanding balance of all loans | Sum #14A + #14B |
| 15A Total unpaid obligations incurred during the current year | Line 12 Unpaid |
| 15B Total unpaid obligations incurred during any year prior to the reporting year | Sch. D |
| 15C Total unpaid obligations | Sum #15A + 15B |
| 16 Total debt of committee | Sum #14C + 15C |

Certification

I certify that this report is complete, true and correct.

Denise Cardinal
Signature of Treasurer or Deputy Treasurer

April 26, 2022
Date

Certified Electronically By Valid Person

Any person who signs and certifies to be true a report or statement which the person knows contains false information, or who knowingly omits required information, is subject to a civil penalty imposed by the Board of up to \$3,000 and is subject to criminal prosecution for a gross misdemeanor.

Amendments to Filed Report

WIN Minnesota Political Action Fund

Reg Num 30625

Independent Expenditure Fund

| Trans. Type | Entity | Orig. Date Revised Date | Current Amt. | Description of Amendment |
|--------------------|--|------------------------------------|---------------------|---|
| RCP | Planned Parenthood of Minn Pol Action Fund | | | Changes effective on 12/31/2020 were: Receipt Amount was changed from 80,000.00 to 0.00 Reason for change: Original check was dishonored. |

Schedule A1-CR Contributions Received

WIN Minnesota Political Action Fund

Reg Num 30625

Independent Expenditure Fund

2022 Fund (fka 2018 Fund) (Registered Id: 41144)

1600 University Ave W #309C St Paul, MN 55104

| Date | Cash | In Kind | Total |
|----------|------------|---------|------------|
| 03/30/20 | 477,000.00 | 0.00 | 477,000.00 |
| 05/01/20 | 150,000.00 | 0.00 | 150,000.00 |
| 05/29/20 | 55,000.00 | 0.00 | 55,000.00 |
| 09/01/20 | 275,000.00 | 0.00 | 275,000.00 |
| 11/19/20 | 10,000.00 | 0.00 | 10,000.00 |
| Total | 967,000.00 | 0.00 | 967,000.00 |

Braun, Alan

4231 Woodland Trail Minneapolis, MN 55422

Self-employed Retired

| Date | Cash | In Kind | Total |
|----------|----------|---------|----------|
| 09/08/20 | 2,500.00 | 0.00 | 2,500.00 |

Braun, Ken

4231 Woodland Trail Minneapolis, MN 55422

Self-employed Retired

| Date | Cash | In Kind | Total |
|----------|----------|---------|----------|
| 09/08/20 | 2,500.00 | 0.00 | 2,500.00 |

Conner, Joel

1201 Harmon Place, #302 Minneapolis, MN 55403

Employer: Bellisio Foods

| Date | Cash | In Kind | Total |
|----------|-----------|---------|-----------|
| 09/23/20 | 25,000.00 | 0.00 | 25,000.00 |

Conservation Minnesota Voter Center

1101 West River Parkway, Suite 250 Minneapolis, MN 55415

| Date | Cash | In Kind | Total |
|----------|-----------|---------|-----------|
| 09/04/20 | 50,000.00 | 0.00 | 50,000.00 |

Cowles, Jay

475 Grand Hill Saint Paul, MN 55102

Self-employed Retired

| Date | Cash | In Kind | Total |
|----------|----------|---------|----------|
| 08/31/20 | 5,000.00 | 0.00 | 5,000.00 |

Dayton, Caroline

2005 Queen Ave S Minneapolis, MN 55405

Self-employed Student

| Date | Cash | In Kind | Total |
|----------|-----------|---------|-----------|
| 09/15/20 | 10,000.00 | 0.00 | 10,000.00 |

Dayton, David

1800 IDS Center 80 S 8th Street Minneapolis, MN 55402

Employer: AlumiPlate

| Date | Cash | In Kind | Total |
|----------|-----------|---------|-----------|
| 05/12/20 | 50,000.00 | 0.00 | 50,000.00 |

Deal, Jim

PO Box 159 Anoka, MN 55303

Employer: PSD Land Development

| Date | Cash | In Kind | Total |
|----------|-----------|---------|-----------|
| 04/17/20 | 50,000.00 | 0.00 | 50,000.00 |
| 10/27/20 | 5,000.00 | 0.00 | 5,000.00 |
| Total | 55,000.00 | 0.00 | 55,000.00 |

Forster, Barbara

901 South Second Street, #603 Minneapolis, MN 55415

Self-employed Retired

| Date | Cash | In Kind | Total |
|----------|-----------|---------|-----------|
| 05/22/20 | 10,000.00 | 0.00 | 10,000.00 |

Graves, John

5110 Meadville St Excelsior, MN 55331

Self-employed Retired

| Date | Cash | In Kind | Total |
|----------|------------|---------|------------|
| 04/21/20 | 100,000.00 | 0.00 | 100,000.00 |

Grossman, Tom

4350 Baker Rd, Suite 230 Minnetonka, MN 55343

Self-employed Metropolitan Corporation

| Date | Cash | In Kind | Total |
|----------|-----------|---------|-----------|
| 06/09/20 | 50,000.00 | 0.00 | 50,000.00 |

Hale, Roger

117 Portland Ave, Apt 501 Minneapolis, MN 55401

Self-employed Retired

| Date | Cash | In Kind | Total |
|----------|-----------|---------|-----------|
| 04/03/20 | 25,000.00 | 0.00 | 25,000.00 |

Harrison, Brian

180 Mississippi River Blvd S St. Paul, MN 55105

Employer: University of Minnesota

| Date | Cash | In Kind | Total |
|----------|-----------|---------|-----------|
| 08/11/20 | 50,000.00 | 0.00 | 50,000.00 |

IBEW 110 PAC (Registered Id: 30316)

1330 Conway St Ste 110 St Paul, MN 55106

| Date | Cash | In Kind | Total |
|----------|----------|---------|----------|
| 10/30/20 | 5,000.00 | 0.00 | 5,000.00 |

IBEW Minn State Council PAC (Registered Id: 40404)

445 Etna St Ste 61 St Paul, MN 55106

| Date | Cash | In Kind | Total |
|----------|-----------|---------|-----------|
| 10/27/20 | 15,000.00 | 0.00 | 15,000.00 |

Larsen, John

2002 W Lake of the Isles Pkwy Minneapolis, MN 55405

Employer: Design 45

| Date | Cash | In Kind | Total |
|----------|-----------|---------|-----------|
| 03/12/20 | 25,000.00 | 0.00 | 25,000.00 |

Lurie, Keith

4751 Girard Ave S Minneapolis, MN 55419

Self-employed Physician

| Date | Cash | In Kind | Total |
|----------|-----------|---------|-----------|
| 03/02/20 | 50,000.00 | 0.00 | 50,000.00 |

Messinger, Alida

PO Box 4277 St Paul, MN 55104

Self-employed Community Volunteer

| Date | Cash | In Kind | Total |
|----------|------------|---------|------------|
| 01/16/20 | 50,000.00 | 0.00 | 50,000.00 |
| 08/27/20 | 250,000.00 | 0.00 | 250,000.00 |
| 10/02/20 | 400,000.00 | 0.00 | 400,000.00 |
| Total | 700,000.00 | 0.00 | 700,000.00 |

Minn Nurses Assn Pol Comm (MNA-PC) (Registered Id: 30245)

345 Randolph Ave Ste 200 St Paul, MN 55102

| Date | Cash | In Kind | Total |
|----------|-----------|---------|-----------|
| 08/31/20 | 80,000.00 | 0.00 | 80,000.00 |

MN Assoc of Professional Employees Political Fund (Registered Id: 80026)

3460 Lexington Ave N Ste 300 Shoreview, MN 55126

| Date | Cash | In Kind | Total |
|-------------|-------------|----------------|--------------|
| 09/08/20 | 175,000.00 | 0.00 | 175,000.00 |

NEA Advocacy Fund

1201 16th Street, NW Washington, DC 20036

| Date | Cash | In Kind | Total |
|-------------|-------------|----------------|--------------|
| 09/23/20 | 300,000.00 | 0.00 | 300,000.00 |

Saario, Terry

PO Box 33 Schroeder, MN 55613

Self-employed Retired

| Date | Cash | In Kind | Total |
|-------------|-------------|----------------|--------------|
| 08/25/20 | 10,000.00 | 0.00 | 10,000.00 |

Smith-Dewey, Chuck

19350 Ireland Court Lakeville, MN 55044

Self-employed Retired

| Date | Cash | In Kind | Total |
|-------------|-------------|----------------|--------------|
| 09/08/20 | 25,000.00 | 0.00 | 25,000.00 |

Smith-Dewey, Elise

19350 Ireland Court Lakeville, MN 55044

Self-employed Not employed

| Date | Cash | In Kind | Total |
|-------------|-------------|----------------|--------------|
| 09/08/20 | 25,000.00 | 0.00 | 25,000.00 |

State Victory Action

PO Box 645 Raleigh, NC 27602

| Date | Cash | In Kind | Total |
|-------------|--------------|----------------|--------------|
| 09/11/20 | 1,000,000.00 | 0.00 | 1,000,000.00 |

Steiner, Bruce

144 Edgemwood Ave Wayzata, MN 55391

Self-employed Retired

| Date | Cash | In Kind | Total |
|-------------|-------------|----------------|--------------|
| 09/08/20 | 30,000.00 | 0.00 | 30,000.00 |

Steiner, Julie

144 Edgewood Ave Wayzata, MN 55391

Self-employed Retired

| Date | Cash | In Kind | Total |
|-------------|-------------|----------------|--------------|
| 04/10/20 | 25,000.00 | 0.00 | 25,000.00 |

Strategic Victory Fund

PO Box 685 Raleigh, NC 27602

| Date | Cash | In Kind | Total |
|-------------|-------------|----------------|--------------|
| 09/01/20 | 250,000.00 | 0.00 | 250,000.00 |

Utne, Nina

4025 Linden Hills Blvd Minneapolis, MN 55401

Self-employed Writer

| Date | Cash | In Kind | Total |
|-------------|-------------|----------------|--------------|
| 10/06/20 | 5,000.00 | 0.00 | 5,000.00 |

WIN Minnesota

1600 University Ave, Suite 401C Saint Paul, MN 55104

| Date | | Cash | In Kind | Total |
|-------------|-------------------------------------|-------------------|------------------|-------------------|
| 01/31/20 | In Kind: Operations and staff costs | 0.00 | 1,331.99 | 1,331.99 |
| 02/29/20 | In Kind: Operations and staff costs | 0.00 | 1,499.78 | 1,499.78 |
| 03/31/20 | In Kind: Operations and staff costs | 0.00 | 1,325.78 | 1,325.78 |
| 04/30/20 | In Kind: Operations and staff costs | 0.00 | 2,469.36 | 2,469.36 |
| 05/29/20 | | 118,212.00 | 0.00 | 118,212.00 |
| 05/31/20 | In Kind: Operations and staff costs | 0.00 | 3,182.64 | 3,182.64 |
| 06/02/20 | | 0.99 | 0.00 | 0.99 |
| 06/09/20 | In Kind: Operations and staff costs | 0.00 | 5,663.71 | 5,663.71 |
| 07/31/20 | In Kind: Operations and staff costs | 0.00 | 6,806.18 | 6,806.18 |
| 08/31/20 | In Kind: Operations and staff costs | 0.00 | 5,894.68 | 5,894.68 |
| 09/30/20 | In Kind: Operations and staff costs | 0.00 | 14,377.07 | 14,377.07 |
| 10/31/20 | In Kind: Operations and staff costs | 0.00 | 22,499.29 | 22,499.29 |
| 11/30/20 | In Kind: Operations and staff costs | 0.00 | 4,729.44 | 4,729.44 |
| 12/31/20 | In Kind: Operations and staff costs | 0.00 | 764.52 | 764.52 |
| | Total | 118,212.99 | 70,544.44 | 188,757.43 |

Schedule A1-CR Contributions Received

| | Cash | In Kind | Total |
|------------------------------|---------------------|------------------|---------------------|
| Total of itemized | 4,240,212.99 | 70,544.44 | 4,310,757.43 |
| Total of non-itemized | 0.00 | 0.00 | 0.00 |
| | Cash | In Kind | Total |
| Totals | 4,240,212.99 | 70,544.44 | 4,310,757.43 |

Schedule B1 Expenditures

WIN Minnesota Political Action Fund

Reg Num 30625

Independent Expenditure Fund

Vendor: WIN Minnesota

1600 University Ave, Suite 401C
Saint Paul, MN 55104

| Date | Specific purpose of expenditure | Paid | Unpaid | In Kind | Total |
|-----------------------------|--|------|--------|-----------|-----------|
| 01/31/20 | Miscellaneous: Operations and staff costs In Kind: Operations and staff costs | 0.00 | 0.00 | 1,331.99 | 1,331.99 |
| 02/29/20 | Miscellaneous: Operations and staff costs In Kind: Operations and staff costs | 0.00 | 0.00 | 1,499.78 | 1,499.78 |
| 03/31/20 | Miscellaneous: Operations and staff costs In Kind: Operations and staff costs | 0.00 | 0.00 | 1,325.78 | 1,325.78 |
| 04/30/20 | Miscellaneous: Operations and staff costs In Kind: Operations and staff costs | 0.00 | 0.00 | 2,469.36 | 2,469.36 |
| 05/31/20 | Miscellaneous: Operations and staff costs In Kind: Operations and staff costs | 0.00 | 0.00 | 3,182.64 | 3,182.64 |
| 06/09/20 | Miscellaneous: Operations and staff costs In Kind: Operations and staff costs | 0.00 | 0.00 | 5,663.71 | 5,663.71 |
| 07/31/20 | Miscellaneous: Operations and staff costs In Kind: Operations and staff costs | 0.00 | 0.00 | 6,806.18 | 6,806.18 |
| 08/31/20 | Miscellaneous: Operations and staff costs In Kind: Operations and staff costs | 0.00 | 0.00 | 5,894.68 | 5,894.68 |
| 09/30/20 | Miscellaneous: Operations and staff costs In Kind: Operations and staff costs | 0.00 | 0.00 | 14,377.07 | 14,377.07 |
| 10/31/20 | Miscellaneous: Operations and staff costs In Kind: Operations and staff costs | 0.00 | 0.00 | 22,499.29 | 22,499.29 |
| 11/30/20 | Miscellaneous: Operations and staff costs In Kind: Operations and staff costs | 0.00 | 0.00 | 4,729.44 | 4,729.44 |
| 12/31/20 | Miscellaneous: Operations and staff costs In Kind: Operations and staff costs | 0.00 | 0.00 | 764.52 | 764.52 |
| Vendor Total: WIN Minnesota | | 0.00 | 0.00 | 70,544.44 | 70,544.44 |

Vendor: WIN Minnesota Federal PAC

1600 University Ave W Suite 309C
Saint Paul, MN 55104

| Date | Specific purpose of expenditure | Paid | Unpaid | In Kind | Total |
|---|---|--------------|--------|---------|--------------|
| 02/21/20 | Miscellaneous: Federal Committee Contribution | 551,461.03 | 0.00 | 0.00 | 551,461.03 |
| 03/30/20 | Miscellaneous: Federal Committee Contribution | 942,538.97 | 0.00 | 0.00 | 942,538.97 |
| 05/01/20 | Miscellaneous: Federal Committee Contribution | 350,000.00 | 0.00 | 0.00 | 350,000.00 |
| 09/01/20 | Miscellaneous: Federal Committee Contribution | 80,000.00 | 0.00 | 0.00 | 80,000.00 |
| 11/19/20 | Miscellaneous: Federal Committee Contribution | 39,000.00 | 0.00 | 0.00 | 39,000.00 |
| Vendor Total: WIN Minnesota Federal PAC | | 1,963,000.00 | 0.00 | 0.00 | 1,963,000.00 |

Schedule B1 Expenditures

| | Paid | Unpaid | Inkind | Total |
|-------------------------------|--------------|--------|-----------|--------------|
| Total of itemized: | 1,963,000.00 | 0.00 | 70,544.44 | 2,033,544.44 |
| Total of non-itemized: | 0.00 | 0.00 | 0.00 | 0.00 |
| Totals: | 1,963,000.00 | 0.00 | 70,544.44 | 2,033,544.44 |

Schedule B2-PCF Contributions to Political Committees and Political Funds

WIN Minnesota Political Action Fund

Reg Num 30625

Independent Expenditure Fund

Affected Committee: 2022 Fund (fka 2018 Fund) (Registered Id: 41144)

1600 University Ave W #309C
St Paul, MN 55104

| Date | Cash | In Kind | Total |
|--------------------------------------|-------------|----------------|--------------|
| 07/13/20 | 10,000.00 | 0.00 | 10,000.00 |
| 10/06/20 | 500,000.00 | 0.00 | 500,000.00 |
| 10/19/20 | 65,000.00 | 0.00 | 65,000.00 |
| Total For: 2022 Fund (fka 2018 Fund) | 575,000.00 | 0.00 | 575,000.00 |

Affected Committee: Alliance for a Better Minnesota Action Fund (Registered Id: 80024)

1600 University Ave W Ste 309B
St Paul, MN 55104

| Date | Cash | In Kind | Total |
|--|--------------|----------------|--------------|
| 05/29/20 | 238,212.99 | 0.00 | 238,212.99 |
| 06/15/20 | 40,000.00 | 0.00 | 40,000.00 |
| 09/01/20 | 575,000.00 | 0.00 | 575,000.00 |
| 09/14/20 | 550,000.00 | 0.00 | 550,000.00 |
| 09/17/20 | 700,000.00 | 0.00 | 700,000.00 |
| 10/15/20 | 500,000.00 | 0.00 | 500,000.00 |
| Total For: Alliance for a Better Minnesota Action Fund | 2,603,212.99 | 0.00 | 2,603,212.99 |

Schedule B2-PCF Contributions to Political Committees and Political Funds

| | Cash | In Kind | Total |
|------------------------------|--------------|----------------|--------------|
| Total of itemized | 3,178,212.99 | 0.00 | 3,178,212.99 |
| Total of non-itemized | 0.00 | 0.00 | 0.00 |
| | Cash | In Kind | Total |
| Totals | 3,178,212.99 | 0.00 | 3,178,212.99 |

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

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

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

A For the 2020 calendar year, or tax year beginning 01-01-2020 , and ending 12-31-2020

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

C Name of organization
WIN MINNESOTA

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1600 University Avenue West STE 309

City or town, state or province, country, and ZIP or foreign postal code
Saint Paul, MN 55104

D Employer identification number
74-3238362

E Telephone number

G Gross receipts \$ 5,203,293

F Name and address of principal officer:

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

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

H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) (4) ◀(insert no.) 4947(a)(1) or 527

J Website: ▶ N/A

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 2007 **M** State of legal domicile: MN

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 WIN Minnesota educates and informs Minnesota residents about the positions of public officials and candidates for office on issues related to health care, the environment, economic justice, and human rights.

| | | |
|------------------------------------|--|---|
| Activities & Governance | 2 Check this box <input type="checkbox"/> | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 3 |
| | 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) | 3 |
| | 6 Total number of volunteers (estimate if necessary) | 3 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 0 |
| | 7b Net unrelated business taxable income from Form 990-T, line 39 | 0 |

| | | Prior Year | Current Year |
|----------------|--|------------|--------------|
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | 1,764,593 | 5,203,293 |
| | 9 Program service revenue (Part VIII, line 2g) | | 0 |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 0 |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 0 |
| | 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 1,764,593 | 5,203,293 |

| | | | |
|-----------------|---|-----------|-----------|
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 2,225,174 | 4,140,689 |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | | 0 |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 344,097 | 323,326 |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | | 0 |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶119,857 | | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 327,447 | 357,766 |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 2,896,718 | 4,821,781 |

| | | Beginning of Current Year | End of Year |
|------------------------------------|--|---------------------------|-------------|
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | 420,512 | 662,755 |
| | 21 Total liabilities (Part X, line 26) | 156,129 | 16,860 |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 264,383 | 645,895 |

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: Denise Cardinal Executive Direc
Date: 2021-09-14

Paid Preparer Use Only

| | | | | |
|--|--------------------------|-----------------|---|----------------|
| Print/Type preparer's name | Preparer's signature | Date 2021-09-14 | Check <input type="checkbox"/> if self-employed | PTIN P01272516 |
| Firm's name ▶ Schutz CPA Ltd | Firm's EIN ▶ 81-1374244 | | | |
| Firm's address ▶ PO Box 251545 Saint Paul, MN 55125 | Phone no. (651) 252-9754 | | | |

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2020)

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:
WIN Minnesota educates and informs Minnesota residents about the positions of public officials and candidates for office on issues related to health care, the environment, economic justice, and human rights.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 2,791,306 including grants of \$ 2,593,689) (Revenue \$)
Supporting issue education and advocacy efforts: Working with organizations in the state to inform and engage Minnesotans on issues related to the environment, womens issues, human rights and economic justice.


4b (Code:) (Expenses \$ 1,552,200 including grants of \$ 1,547,000) (Revenue \$)
Program Evaluation: Providing direction to organizations receiving support on what key program elements require evaluation of the work funded in state to ensure objective analysis that can improve the effectiveness and efficiency of funded programs in the future.

4c (Code:) (Expenses \$ 210,059 including grants of \$) (Revenue \$)
Donor Education: Researching best practices for donor collaboration. Providing information to donors to help guide their plans for supporting organizations active advocacy, capacity building, civic engagement, and voter engagement.

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 4,553,565

Part IV **Checklist of Required Schedules**

| | Yes | No |
|---|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | | No |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  | 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 | | No |
| 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 | | |

| | | | |
|------------|--|-----|----|
| 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? <i>If "Yes," complete Schedule C, Part III . . .</i> | | 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? <i>If "Yes," complete Schedule D, Part I . . .</i> | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II . . .</i> | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III . . .</i> | | 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? <i>If "Yes," complete Schedule D, Part IV . . .</i> | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V . . .</i> | | No |
| 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. | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI. 🗺️ . . .</i> | 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? <i>If "Yes," complete Schedule D, Part VII . . .</i> | | No |
| 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? <i>If "Yes," complete Schedule D, Part VIII . . .</i> | | 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? <i>If "Yes," complete Schedule D, Part IX . . .</i> | | No |
| e | Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X . . .</i> | | No |
| 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)? <i>If "Yes," complete Schedule D, Part X . . .</i> | | No |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII 🗺️ . . .</i> | Yes | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . .</i> | | No |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E . . .</i> | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? . . . | | 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? <i>If "Yes," complete Schedule F, Parts I and IV . . .</i> | | No |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV . . .</i> | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV . . .</i> | | No |
| 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? <i>If "Yes," complete Schedule G, Part I(see instructions) . . .</i> | | 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? <i>If "Yes," complete Schedule G, Part II . . .</i> | | No |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III . . .</i> | | No |
| 20a | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . .</i> | | No |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . 🗺️</i> | Yes | |

Form 990 (2020)

Part IV Checklist of Required Schedules (continued)

| | | Yes | No |
|------------|---|-----|----|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . .</i> | | No |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . 🗺️</i> | Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . .</i> | | No |

| | | | | |
|------------|--|------------|-----|----|
| | | 24a | | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i> | 25b | | No |
| 26 | Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | 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): | | | |
| a | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | | No |
| b | A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | | No |
| c | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 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 "Yes," complete Schedule R, Part I</i> | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | 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 or note to any line in this Part V

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

Form 990 (2020)

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

| | | | | | | |
|-----------|---|-----------|-----|---|--|----|
| 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 | 2a | | 3 | | |
| b | 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 | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | | | No |

Section A. Governing Body and Management

Table with 5 columns: Question ID, Question Text, Answer, Yes, No. Rows include questions 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 5 columns: Question ID, Question Text, Answer, Yes, No. Rows include questions 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 5 columns: Question ID, Question Text, Answer, Yes, No. Rows include questions 17, 18, 19, 20.

Form 990 (2020)

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

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

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

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

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Table with columns (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional Trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization (W-2/1099-MISC), (E) Reportable compensation from related organizations (W-2/1099-MISC), and (F) Estimated amount of other compensation from the organization and related organizations.

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|-----------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
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| 1b Sub-Total | | | |
| 1c Total from continuation sheets to Part VII, Section A | | | |
| 1d Total (add lines 1b and 1c) | 128,000 | 0 | 22,684 |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|--------------------------------|---------------------|
| Grassroots Solutions Inc, 861 East Hennepin Ave Mpls, MN 55414 | Consultant | 127,057 |
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 1

Part VIII **Statement of Revenue**

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

| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
|--|--|----------------------|--|---|--|
| Contributions, Gifts, Grants and Other Similar Amounts | Coordinated campaigns | 1a | | | |
| | Membership dues | 1b | | | |
| | Fundraising events | 1c | | | |
| | Related organizations | 1d | | | |
| | Government grants (contributions) | 1e | | | |
| | All other contributions, gifts, grants, and similar amounts not included above | 1f | | | |
| | <u>5,203,293</u> | | | | |
| g Noncash contributions included in lines 1a - 1f:\$ | 1g | | | | |
| h Total. Add lines 1a-1f | | 5,203,293 | | | |

| Program Service Revenue | | | Business Code | | | |
|---|-----------|--|---------------|--|--|--|
| | 2a | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| f All other program service revenue. | | | | | | |
| g Total. Add lines 2a-2f. | | | | | | |

| | | | | | |
|---|----------------|---------------|--|--|--|
| 3 Investment income (including dividends, interest, and other similar amounts) | | | | | |
| 4 Income from investment of tax-exempt bond proceeds | | | | | |
| 5 Royalties | | | | | |
| | (i) Real | (ii) Personal | | | |
| 6a Gross rents | 6a | | | | |
| b Less: rental expenses | 6b | | | | |
| c Rental income or (loss) | 6c | | | | |
| d Net rental income or (loss) | | | | | |
| | (i) Securities | (ii) Other | | | |
| 7a Gross amount from sales of assets other than inventory | 7a | | | | |
| b Less: cost or other basis and sales expenses | 7b | | | | |
| c Gain or (loss) | 7c | | | | |
| d Net gain or (loss) | | | | | |
| 8a Gross income from fundraising events (not including \$ _____ of _____) | | | | | |

| | | | | | | |
|---|---|---------------|---|---|---|--|
| Other Revenue | contributions reported on line 1c). See Part IV, line 18 | 8a | | | | |
| | b Less: direct expenses | 8b | | | | |
| | c Net income or (loss) from fundraising events ▶ | | | | | |
| | Gross income from gaming activities. See Part IV, line 19 | 9a | | | | |
| | b Less: direct expenses | 9b | | | | |
| | c Net income or (loss) from gaming activities ▶ | | | | | |
| | 10a Gross sales of inventory, less returns and allowances | 10a | | | | |
| | b Less: cost of goods sold | 10b | | | | |
| | c Net income or (loss) from sales of inventory ▶ | | | | | |
| | 11a Miscellaneous Revenue | Business Code | | | | |
| b | | | | | | |
| c | | | | | | |
| d All other revenue | | | | | | |
| e Total. Add lines 11a–11d ▶ | | | | | | |
| 12 Total revenue. See instructions ▶ | | 5,203,293 | 0 | 0 | 0 | |

Form 990 (2020)

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 4,140,689 | 4,140,689 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 128,000 | 64,000 | 38,400 | 25,600 |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 151,428 | 75,714 | 45,428 | 30,286 |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 6,132 | 3,679 | 1,840 | 613 |
| 9 Other employee benefits | 16,054 | 9,633 | 4,816 | 1,605 |
| 10 Payroll taxes | 21,712 | 13,027 | 6,514 | 2,171 |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 68,763 | 55,010 | 13,753 | |
| c Accounting | 10,397 | 8,318 | 2,079 | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A)) | | | | |

| 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 | | | | |
| 13 Office expenses | 7,623 | 3,811 | 2,287 | 1,525 |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 20,356 | 10,178 | 6,107 | 4,071 |
| 17 Travel | 9,041 | 5,425 | 904 | 2,712 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 16,288 | 13,030 | 1,629 | 1,629 |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 326 | 163 | 98 | 65 |
| 23 Insurance | 2,621 | | 2,621 | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a Consultants | 210,732 | 143,298 | 18,966 | 48,468 |
| b Telephone and Technology | 5,941 | 4,753 | 594 | 594 |
| c Dues | 693 | 555 | 69 | 69 |
| d Meals and Entertainment | 1,973 | 1,579 | 197 | 197 |
| e All other expenses | 3,012 | 703 | 2,057 | 252 |
| 25 Total functional expenses. Add lines 1 through 24e | 4,821,781 | 4,553,565 | 148,359 | 119,857 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | | | | |

Form 990 (2020)

Part X **Balance Sheet**

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

| | | (A) Beginning of year | | (B) End of year |
|---|---|--------------------------|------------|--------------------|
| Assets | 1 Cash—non-interest-bearing | 420,512 | 1 | 661,140 |
| | 2 Savings and temporary cash investments | | 2 | |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | | 4 | |
| | 5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | | 9 | |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 5,739 | | |
| | b Less: accumulated depreciation | 10b 4,124 | 10c | 1,615 |
| | 11 Investments—publicly traded securities | | 11 | |
| | 12 Investments—other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments—program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | | 15 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | | 420,512 | 16 | 662,755 |

| | | | | |
|---|--|-----------|-----------|---------|
| Liabilities | 17 Accounts payable and accrued expenses | 156,129 | 17 | 16,860 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| 24 Unsecured notes and loans payable to unrelated third parties | | 24 | | |
| 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D | | 25 | | |
| 26 Total liabilities. Add lines 17 through 25 | 156,129 | 26 | 16,860 | |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 264,383 | 27 | 645,895 |
| | 28 Net assets with donor restrictions | | 28 | |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 264,383 | 32 | 645,895 |
| | 33 Total liabilities and net assets/fund balances | 420,512 | 33 | 662,755 |

Form 990 (2020)

Form 990 (2020)

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Part XI Reconciliation of Net Assets

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

| | |
|--|-----------|
| 1 Total revenue (must equal Part VIII, column (A), line 12) | 5,203,293 |
| 2 Total expenses (must equal Part IX, column (A), line 25) | 4,821,781 |
| 3 Revenue less expenses. Subtract line 2 from line 1 | 381,512 |
| 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 264,383 |
| 5 Net unrealized gains (losses) on investments | |
| 6 Donated services and use of facilities | |
| 7 Investment expenses | |
| 8 Prior period adjustments | |
| 9 Other changes in net assets or fund balances (explain in Schedule O) | 0 |
| 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 645,895 |

Part XII Financial Statements and Reporting

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

| | Yes | No |
|---|-----|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | No |
| b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | Yes | |
| c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | Yes | |

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

| | | |
|-----------|--|----|
| | | |
| 3a | | No |
| 3b | | |

Form **990** (2020)

Form 990 (2020)

Additional Data

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Software ID:

Software Version:

Form 990, Special Condition Description:

| |
|-------------------------------|
| Special Condition Description |
|-------------------------------|

| | | | |
|--|---|---|-------------------|
| efile Public Visual Render | | ObjectID: 202102579349301745 - Submission: 2021-09-15 | TIN: 74-3238362 |
| Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service | Schedule of Contributors Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. | | OMB No. 1545-0047 |
| | | | 2020 |
| Name of the organization WIN MINNESOTA | | Employer identification number 74-3238362 | |

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)() (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Part I

Contributors

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|--|
| RESTRICTED | | \$ RESTRICTED | <input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.) |
| - | | \$ | <input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.) |
| - | | \$ | <input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.) |
| - | | \$ | <input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.) |
| - | | \$ | <input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.) |
| - | | \$ | <input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.) |
| - | | \$ | <input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.) |

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Page 3

| | |
|---------------------------------------|--|
| Name of organization WIN MINNESOTA | Employer identification number 74-3238362 |
|---------------------------------------|--|

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
|------------------------|--|--|----------------------|
|------------------------|--|--|----------------------|

| | | | | |
|---------------------------|--|--|----------------------|--|
| - | | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received | |
| - | | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received | |
| - | | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received | |
| - | | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received | |
| - | | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received | |
| - | | | \$ | |

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

| | |
|---------------------------------------|--|
| Name of organization WIN MINNESOTA | Employer identification number 74-3238362 |
|---------------------------------------|--|

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------------------------|---------------------|--|-------------------------------------|
| - | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| - | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP 4 | | Relationship of transferor to transferee | |
| | | | |

| | | | |
|---------------------------|---------------------|-----------------|-------------------------------------|
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------------|---------------------|-----------------|-------------------------------------|

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------------------------|---------------------|--|-------------------------------------|
| - | _____ _____ | _____ _____ | _____ _____ |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP 4 | | Relationship of transferor to transferee | |
| _____ _____ | | _____ _____ | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| - | _____ _____ | _____ _____ | _____ _____ |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP 4 | | Relationship of transferor to transferee | |
| _____ _____ | | _____ _____ | |

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Additional Data

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|---|---|---|
| efile Public Visual Render | ObjectID: 202102579349301745 - Submission: 2021-09-15 | TIN: 74-3238362 |
| SCHEDULE C (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service | Political Campaign and Lobbying Activities For Organizations Exempt From Income Tax Under section 501(c) and section 527 | OMB No. 1545-0047 2020 Open to Public Inspection |
| | ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. | |

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

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

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

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

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

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

| | |
|---|--|
| Name of the organization WIN MINNESOTA | Employer identification number 74-3238362 |
|---|--|

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ 2,136,213
- 3 Volunteer hours for political campaign activities (see instructions)

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ 2,136,213
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ 2,136,213
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|---|---|------------|---|--|
| (1) WIN Minnesota Political Action Fund | 1600 University Avenue W Ste 309C Saint Paul, MN 55104 | 74-3238362 | 1,646,213 | |
| (2) America Votes Action Fund Minnesota | 1600 University Avenue W Ste 309C Saint Paul, MN 55104 | 27-4522665 | 490,000 | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |

For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ. Cat. No. 50084S **Schedule C (Form 990 or 990-EZ) 2020**

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|---|--|--|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) | | | | | | | | | | | | | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | | | | | | | | | | | | | | |
| c Total lobbying expenditures (add lines 1a and 1b) | | | | | | | | | | | | | | |
| d Other exempt purpose expenditures | | | | | | | | | | | | | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | | | | | | | | | | | | | | |
| f Lobbying nontaxable amount. Enter the amount from the following table in both columns. | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e. | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000. | | | | | | | | | | | | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | | | | | | | | | | | | | | |
| h Subtract line 1g from line 1a. If zero or less, enter -0- | | | | | | | | | | | | | | |
| i Subtract line 1f from line 1c. If zero or less, enter -0- | | | | | | | | | | | | | | |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | |

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|--|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) Total |
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

Schedule C (Form 990 or 990-EZ) 2020

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

| For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. | (a) | | (b) |
|--|-----|----|--------|
| | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a Volunteers? | | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | |
| c Media advertisements? | | | |
| d Mailings to members, legislators, or the public? | | | |
| e Publications, or published or broadcast statements? | | | |

| | | | | |
|-----------|---|--|--|--|
| f | Grants to other organizations for lobbying purposes? | | | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | |
| i | Other activities? | | | |
| j | Total. Add lines 1c through 1i | | | |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

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

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

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

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

Part IV Supplemental Information

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

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

Schedule C (Form 990 or 990EZ) 2020

Additional Data

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Software ID:
Software Version:

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Table with 2 columns: Name of the organization (WIN MINNESOTA) and Employer identification number (74-3238362)

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

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Table with 3 columns: Question number, description, and Yes/No options. Includes questions 1-9 regarding conservation easements.

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

Table with 2 columns: Question number and description. Includes questions 1a, 1b, and 2 regarding collections of art and historical treasures.

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

Table with 2 columns: Description, Amount. Rows: 1c, 1d, 1e, 1f

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

Part V Endowment Funds.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance

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

- a Board designated or quasi-endowment
b Permanent endowment
c Term endowment

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

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

- (i) Unrelated organizations
(ii) Related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

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

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

Part VI Land, Buildings, and Equipment.

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

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Part VII Investments Other Securities.

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

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

Part VIII Investments Program Related.

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

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|--|----------------|--|
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| (10) | | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) | | |

Part IX Other Assets.

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

| (a) Description | (b) Book value |
|--|----------------|
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) | |

Part X Other Liabilities.

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

| 1. (a) Description of liability | (b) Book value |
|---------------------------------|----------------|
|---------------------------------|----------------|

| | |
|--------------------------|--|
| (1) Federal income taxes | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |

Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)

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

Schedule D (Form 990) 2020

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

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

| | | | | |
|----------|--|-----------|-----------|-----------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 5,203,293 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a | Net unrealized gains (losses) on investments | 2a | | |
| b | Donated services and use of facilities | 2b | | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | 5,203,293 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 : | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | | 4c | |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | | 5 | 5,203,293 |

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

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

| | | | | |
|----------|---|-----------|-----------|-----------|
| 1 | Total expenses and losses per audited financial statements | | 1 | 4,821,781 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| a | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | 4,821,781 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 : | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | | 4c | |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | | 5 | 4,821,781 |

Part XIII Supplemental Information

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

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

Schedule D (Form 990) 2020

Additional Data

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Software ID:
Software Version:

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

Schedule I (Form 990)

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization WIN MINNESOTA

Employer identification number 74-3238362

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000.

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

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

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

Cat. No. 50055P

Schedule I (Form 990) 2020

Schedule I (Form 990) 2020

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

Table with 6 columns: (a) Type of grant or assistance, (b) Number of recipients, (c) Amount of cash grant, (d) Amount of noncash assistance, (e) Method of valuation, (f) Description of noncash assistance.

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

Table with 2 columns: Return Reference, Explanation. Row 1: Monitoring procedures (Part I, line 2); Grant documentation is maintained by the organization.

Schedule I (Form 990) 2020

Additional Data

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Software ID:
Software Version:

Schedule J (Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Table with 2 columns: Name of the organization (WIN MINNESOTA), Employer identification number (74-3238362)

Part I Questions Regarding Compensation

Form with multiple sections (1a-9) and columns for Yes/No. Includes questions about travel, housing, reimbursement, substantiation, and compensation committees.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T Schedule J (Form 990) 2020

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 on 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.

Table with 6 main columns: (A) Name and Title, (B) Breakdown of W-2 and/or 1099-MISC compensation, (C) Retirement and other deferred compensation, (D) Nontaxable benefits, (E) Total of columns (B)(i)-(D), (F) Compensation in column (B) reported as deferred on prior Form 990. Includes data for Denise Cardinal, Executive Director.

| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
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Schedule J (Form 990) 2020

Schedule J (Form 990) 2020

Page 3

Part III Supplemental Information

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

| Return Reference | Explanation |
|------------------|-------------|
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Schedule J (Form 990) 2020

Additional Data

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SCHEDULE O
(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 990-EZ or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
WIN MINNESOTA

Employer identification number

74-3238362

| Return Reference | Explanation |
|---|---|
| Form 990 governing body review Part VI line 11 | Board of Directors reviews and approves at Board meeting. |
| Conflict of interest policy compliance Part VI line 12c | Enforced and voted on by the Board of Directors |
| CEO executive director top management comp Part VI line 15a | Approved by Board of Directors |
| Governing documents etc available to public Part VI line 19 | Documents available to the public only as required by direct request. |

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

Cat. No. 51056K

Schedule O (Form 990 or 990-EZ) 2020

Additional Data

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