

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)				

10/01/2025

Date

Send completed form to:

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

Signature of person filing complaint

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.

Give the statutory cite to the section of Chapter 10A, Chapter 211B,	Minnesota Statutes §§ 10A.20; 10A.27, subd. 13; 10A.01, subd. 11; and 10A.121, subd.
or Minnesota Rules you believe has been violated:	

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.

C A 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,

R. Reid LeBeau II

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 N	lum 30625			Ir	ndependent Exp	penditure Fund
	Beginning cash balance 1/1/2018 (shoul 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
В	Disbursements		Cash	Unpaid Bills	In-Kind	Total
6	Expenditures	Sch. B1 - EXP	559,712.05	0.00	52,202.58	611,914.63
	Direct Contributions to candidate committees	Sch. B2A - PCC				
	Approved Expenditures for Candidate Committees	Sch. B2B - CAN				
	Total Contributions to Candidate Committees	Sum #7A + #7B				
3	Contributions to political parties	Sch. B2 - PTY				
	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			
	Lo	oans and Unpaid	Obligations Sur	nmary		
14A	Total Outstanding balance of all loans in	curred during the	current year	Sch.	A2-LP	
14B	Total outstanding balance of all loans in	curred during any	year prior to the r	eporting year Sch.	С	
I4C	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 tl	ne reporting year	Sch.	D	
I5C	Total unpaid obligations				#15A + 15B	
16	Total debt of committee			Sum	#14C + 15C	
		Certi	fication			
certif	y that this report is complete, true and	d correct.				
Denise	e Cardinal				January :	31, 2019
Signat	ure of Treasurer or Deputy Treasure	r			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 Orig. Date **Description of** Trans. **Revised Date** Amendment Type Current Amt. **Entity RCP** WIN Minnesota 7/23/2018 10,321.46 Changes effective on 12/20/2018 were: Receipt Amount was changed from 550,000.00 to 7/23/2018 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** 50,000.00 50,000.00 08/23/18 0.00 Bartley, Anne 3580 Clay Street San Francisco, CA 94118 Self-employed Investor Cash In Kind **Date Total** 09/10/18 10,000.00 10,000.00 0.00 Deal, Jim PO Box 159 Anoka, MN 55303 Employer: PSD Land Development Cash In Kind **Date** Total 50,000.00 50,000.00 07/17/18 0.00 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 0.00 08/20/18 50,000.00 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 In Kind Cash **Total** 07/12/18 50.000.00 50.000.00 0.00 Hale, Roger 117 Portland Ave, Apt 501 Minneapolis, MN 55401 Self-employed Retired In Kind **Date** Cash **Total** 04/11/18 25,000.00 0.00 25,000.00 07/31/18 10,000.00 0.00 10,000.00 0.00 Total 35,000.00 35,000.00 Heins, Sam 2730 Woolsey Lane Wayzata, MN 55391 Self-employed Retired In Kind Date Cash Total 05/11/18 25,000.00 0.00 25,000.00

Howard, Timothy

2733 Slate Court Superior, CO 80027

Employer: Stonecroft Capital LLC

Employer: Stonecroft Capital LLC			
Date 08/06/18	Cash 5,400.00	In Kind 0.00	Total 5,400.00
Huss, Alvin J 59 W 4th St Apt 21A Saint Paul, MN 55102			
Self-employed Retired			
Date 04/09/18	Cash 20,000.00	In Kind 0.00	Total 20,000.00
Laborers District Council of Minn & ND Pol Fund (Registe 81 E Little Canada Rd St Paul, MN 55117	red ld: 40712)		
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	Cook	In Kind	Total
09/05/18	Cash 125,000.00	0.00	Total 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 01/04/18	Cash 50,000.00	In Kind 0.00	Total 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 (Re	gistered ld: 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

312 Centr	al Ave Ste 542 Minneapolis, MN 55414			
Date 07/20/18		Cash 65,000.00	In Kind 0.00	Total 65,000.00
Nielsen, I	Katherine			
2420 Lake	e Place Minneapolis, MN 55405			
Self-em	ployed Artist			
Date		Cash	In Kind	Total
04/12/18		50,000.00	0.00	50,000.00
Opperma	n, Vance			
	Sixth Street Suite 5200 Minneapolis, MN 5	5402		
	er: Key Investment			
Date 01/23/18		Cash	In Kind	Total
01/23/16		100,000.00	0.00	100,000.00
	n State Council Political Fund (Registered	d ld: 30037)		
2233 Univ	rersity 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, J	lulie			
144 Edge	wood Ave Wayzata, MN 55391			
Self-em	ployed Retired			
Date		Cash	In Kind	Total
02/12/18		25,000.00	0.00	25,000.00
Sternal, K	Karen			
117 Portla	and Ave, #710 Minneapolis, MN 55401			
Self-em	ployed Retired			
Date		Cash	In Kind	Total
07/16/18		25,000.00	0.00	25,000.00
Sternal, F	Ron			
2712 Gler	hurst Ave Saint Louis Park, MN 55416			
Self-em	ployed Retired			
Date 05/07/18		Cash	In Kind	Total
05/07/16		25,000.00	0.00	25,000.00
WIN Minn				
	rersity Ave, Suite 401C Saint Paul, MN 5510			
Date	In Kinds Operations and staff costs	Cash	In Kind	Total
01/31/18 02/28/18	In Kind: Operations and staff costs In Kind: Operations and staff costs	0.00 0.00	1,611.89 1,705.89	1,611.89 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 a part of receipt.	all or		
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 **Paid** Unpaid In Kind **Total Date** Specific purpose of expenditure 15,000.00 10/29/18 Miscellaneous: Contribution to out of state 15,000.00 0.00 0.00 committee 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 0.00 0.00 350.15 350.15 Vendor: WIN Minnesota 1600 University Ave, Suite 401C Saint Paul, MN 55104 **Paid** Unpaid In Kind Total **Date** Specific purpose of expenditure 01/31/18 Miscellaneous: Operations and staff costs 0.00 0.00 1,611.89 1,611.89 In Kind: Operations and staff costs 02/28/18 Miscellaneous: Operations and staff costs 0.00 0.00 1,705.89 1,705.89 In Kind: Operations and staff costs 0.00 03/31/18 Miscellaneous: Operations and staff costs 0.00 2.491.55 2,491.55 In Kind: Operations and staff costs 04/30/18 0.00 0.00 Miscellaneous: Operations and staff costs 1,981.64 1,981.64 In Kind: Operations and staff costs 05/31/18 Miscellaneous: Operations and staff costs 0.00 0.00 2,345.18 2,345.18 In Kind: Operations and staff costs 06/30/18 Miscellaneous: Operations and staff costs 0.00 0.00 4,936.46 4,936.46 In Kind: Operations and staff costs 07/31/18 Miscellaneous: Operations and staff costs 0.00 0.00 5,430.03 5,430.03 In Kind: Operations and staff costs 08/31/18 Miscellaneous: Operations and staff costs 0.00 0.00 7,268.05 7,268.05 In Kind: Operations and staff costs 09/30/18 Miscellaneous: Operations and staff costs 0.00 0.00 12,277.25 12,277.25 In Kind: Operations and staff costs 10/31/18 Miscellaneous: Operations and staff costs 0.00 0.00 12.154.64 12.154.64 In Kind: Operations and staff costs 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 0.00 52,202.58 544,361.90 596,564.48 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 **Paid** Unpaid Inkind **Total** 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	0.00	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

Page 1 of 1

efile Public Visual Render ObjectId: 201923:

ObjectId: 201923189349314647 - Submission: 2019-11-14

TIN: 74-3238362

Form **990**

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

OMB No. 1545-0047

2018

Inspection

A F	or the 2019 ca	alendar year, or tax year beginning 01-01-2018 , and ending 1	2-31-2018			
B Che	ck if applicable:	C Name of organization WIN MINNESOTA		D Employe	r identifi	ication number
	dress change			74-32383	362	
_	me change tial return	Doing business as		— <u> </u>		
	al return/terminated			<u> </u>		
_	ended return	Number and street (or P.O. box if mail is not delivered to street address) Room	m/suite	E Telephone	number	
ОАр	olication pending	1600 University Avenue West				
		City or town, state or province, country, and ZIP or foreign postal code				
		Saint Paul, MN 55104		G Gross rece	eipts \$ 6,	414,734
	ſ	F Name and address of principal officer:	H(a) Is	this a group retu	ırn for	
			SI	ubordinates?		☐Yes ☑No
			H(b) A	re all subordinate	!S	☐ Yes ☐No
I Tax	e-exempt status:	☐ 501(c)(3) ☑ 501(c) (4) ◄ (insert no.) ☐ 4947(a)(1) or ☐ 52		icluded? [:] "No," attach a lis	st (see	
1 W	ebsite: ► N/A			roup exemption r		
	.,,,	•				
K Forn	of organization:	: 🗸 Corporation 🗆 Trust 🗀 Association 🗀 Other	L Year of f			of legal domicile:
14 1 011	r or organization.	Corporation C Music C Association C other P		['	MN	
Pa	ırt I Sum ı	mary	•	•		
		scribe the organization's mission or most significant activities:				
œ		esota educates and informs Minnesota residents about the positions of re, the environment, economic justice, and human rights.	public officials	and candidates f	or office	e on issues related to
ĕ	- Tourier car					
Ë						
Activities & Governance						
Ğ	2 Check thi 3 Number of	is box ► □ of voting members of the governing body (Part VI, line 1a)			3	l 4
×ĕ		of independent voting members of the governing body (Part VI, line 1b)			4	4
iles		nber of individuals employed in calendar year 2018 (Part V, line 2a) .	•		5	5
Ē.				• •	6	4
ACI		nber of volunteers (estimate if necessary)			_	
		elated business revenue from Part VIII, column (C), line 12		•	7a	0
	b Net unrel	lated business taxable income from Form 990-T, line 34			7b	0
				Prior Year	_	Current Year
9		tions and grants (Part VIII, line 1h)		1,134,65	56	6,414,734
Revenue	9 Program	service revenue (Part VIII, line 2g)				0
æ	10 Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d)				0
_	11 Other rev	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				0
	12 Total reve	enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12	2)	1,134,65	56	6,414,734
	13 Grants an	nd similar amounts paid (Part IX, column (A), lines 1-3)		480,29	93	4,417,605
	14 Benefits p	paid to or for members (Part IX, column (A), line 4)				0
92	15 Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-1	.0)	403,13	10	318,145
Expenses	16a Professio	onal fundraising fees (Part IX, column (A), line 11e)				0
Б	b Total fundra	raising expenses (Part IX, column (D), line 25) 144,222				
ă		penses (Part IX, column (A), lines 11a–11d, 11f–24e)	•	214,24	48	427,780
	1	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		1,097,65		5,163,530
		less expenses. Subtract line 18 from line 12		37,00		1,251,204
_ 0	La Revenue	ress expenses. Subtract line to from fille 12	Rogin	ning of Current Ye	_	End of Year
Net Assets or Fund Balances			begini	mig or current re	u i	LIIG OF TEGI
ala	20 Total asse	ets (Part X, line 16)		149,55	53	1,400,984
AB BB		ilities (Part X, line 26)		4,24	_	4,476
S S		ts or fund balances. Subtract line 21 from line 20		145.30	_	1.396.508

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

ully Ki	lowicage.							
					2019-11-14			
Sign	Sig	nature of officer			Date			
Here	De	nise Cardinal Executive Direc						
		oe or print name and title						
	L'	Print/Type preparer's name	Preparer's signature	Date	Check if PTIN	2516		
Paid	I			2019-11-14	Check if P01272 self-employed	2516		
Prep	oarer	Firm's name Schutz CPA Ltd			Firm's EIN ► 81-13742	244		
Use	Only	Firm's address ▶ PO Box 251545			Phone no. (651) 252-93	754		
		Saint Paul, MN 551	25		, ,			
March	a a IDC dias	· · · · · · · · · · · · · · · · · · ·)		✓ Yes		
		uss this return with the preparer sh Reduction Act Notice, see the s	•	<u> </u>				0 (2018)
. 0	ирсі Могк	Reduction Act Notice, see the s	cparate motractions.	Cat.	No. 11282Y	Г	פכ וווו	U (2016)
			Page	2				
			T dgC	_				
Form 9	990 (2018))						Page 2
Parl	t III Sta	atement of Program Service	Accomplishments					
		eck if Schedule O contains a respon	se or note to any line in th	nis Part III	<u></u>			
1	Briefly des	scribe the organization's mission:						
		ducates and informs Minnesota res ment, economic justice, and huma		of public officials and can	didates for office on iss	sues rel	ated to	health
care, t	the environ	intent, economic justice, and numa	ii rigiits.					
i								
2	Did the or	ganization undertake any significan	t program services during	the year which were not I	isted on			
	the prior F	form 990 or 990-EZ?				□ Y	es 🔽	No
	If "Yes," d	escribe these new services on Sche	dule O.					
3	Did the or	ganization cease conducting, or ma	ke significant changes in h	ow it conducts, any progr	am			
	services?						Yes	✓ No
	If "Yes," d	escribe these changes on Schedule	0.					
4	Describe t	he organization's program service a	ccomplishments for each	of its three largest progra	m services, as measure	ed by ex	xpenses	
		1(c)(3) and $501(c)(4)$ organization		e amount of grants and a	llocations to others, the	e total e	expense	s,
	and reven	ue, if any, for each program service	reported.					
4a	(Code:) (Expenses \$	3,860,809 including gra	ants of \$ 3,435,58	30) (Revenue \$)	
		issue education and advocacy efforts: Wo	orking with organizations in the	state to inform and engage N	linnesotans on issues relat	ed to the	e environ	ment,
	womens iss	ues, human rights and economic justice.						
4b	(Code:) (Expenses \$	770,453 including gra	ants of \$ 305.73	30) (Revenue \$		```	
70	`	aluation: Providing direction to organizati			, ,	nded in) state to e	nsure
		alysis that can improve the effectiveness			o cranadion of the work ra			
4c	(Code:) (Expenses \$	233,952 including gra		00) (Revenue \$)	
		ation: Researching best practices for don- apacity building, civic engagement, and v		rmation to donors to help guid	le their plans for supportin	g organi:	zations a	ctive
		5, 1 - 1 - 3, 1 - 1 - 3, 3 - 1 - 4, 1 - 1						
4d	Other prod	gram services (Describe in Schedule	e O.)					
	(Expenses	•	ding grants of \$) (Revenue	\$)		
4e	Total pro	gram service expenses	4,865,214					
						F	orm 99	0 (2018)
			Page :	3 —				
Form (000 (2010)							
	990 (2018)							Page 3
Part	IV Ch	ecklist of Required Schedul	es				Yes	No
	Ic the ora	enization described in section 501/s	(2) or 4047(2)(1) (other	than a private foundation)? If "Voc " complete		165	
		anization described in section 501(c			j: 11 Tes, complete	1		No
2	Is the ora	anization required to complete Sche	edule B, Schedule of Contri	ibutors (see instructions)?	· 📆	2	Yes	
		ganization engage in direct or indire				\Box		No
		office? If "Yes," complete Schedule				3		
		01(c)(3) organizations.	thing an best of the Co.	1/h) alaahii (C	ma bha briinn 2			
		ganization engage in lobbying activions			ng the tax year?	4		
	, -	•	_					

and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and

Nο

Yes

23

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Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **14a** Did the organization receive any payments for indoor tanning services during the tax year? . **b** If "Yes," has it filed a Form 720 to report these payments?*If "No," provide an explanation in Schedule O*. Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

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No

15

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Form 990 (2018) Page 6

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

Section A. Governing Body and Management

Section 501(c)(7) organizations. Enter:

Section 501(c)(12) organizations. Enter:

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10

11

Yes No

1a	Enter the number of voting members of the governing body at the end of the tax year 1a 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 1b 4						
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	$ \hbox{ 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	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?						
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:						
а	The governing body?	8a	Yes				
b	Each committee with authority to act on behalf of the governing body?	8b	Yes				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No			
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)				
			Yes	No			
	Did the organization have local chapters, branches, or affiliates?	10a		No			
	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	12a Did the organization have a written conflict of interest policy? If "No," go to line 13						
b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?						
С	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?						
а	The organization's CEO, Executive Director, or top management official	15a	Yes				
b	Other officers or key employees of the organization	15b		No			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a						
b	taxable entity during the year?	16a		No			
_	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					
Se	ction C. Disclosure						
17	List the States with which a copy of this Form 990 is required to be filed						
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.						
40	Own website Another's website Vpon request Other (explain in Schedule O)						
19 20	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, 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						
		F	orm 99	0 (2018)			
	Page 7						
Form	990 (2018)			Page 7			

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

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

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

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

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

Check this box if neither the organization no	r any related o	ganiza	tion c	omp	ens	ated a	ny c	urrent officer, direc	ctor, or trustee.	
(A) Name and Title	(B) Average hours per week (list any hours for related		ne bo	ox, ι n of tor/t	t che unles ficer rust	s per and a ee)	son	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
(1) Dan McGrath	1.00	х						0	0	0
Director	0.00	^						Ŭ		
(2) Brandon Rettke	1.00	Х							0	0
Director	0.00	^						Ü	0	0
(3) Alida Messinger	1.00	х						0	0	0
Director	0.00	^						Ü		0
(4) Denise Cardinal	45.00			х				155,532	0	21,461
Executive Director	0.00			^				133,332		21,401
(5) Jeff Blodgett	1.00			х				0	0	0
Chair	0.00			_				Ü		0
					\vdash					
										Form 990 (2018)

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Page 8

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

	(A) Name and Title	(B) Average hours per week (list any hours	than o	one b	ox, ι ın of	t che unle: ficer	r and a	son	Repo compe fron organiza	D) ortable ensation or the ation (W-	(E) Reportable compensation from related organizations (2/1099-MISC	W-	Estima amount o compens from	ated of other sation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099	9-MISC)			organizati relat organiza	ed
								_				_		
								_						
												+		
c T	Gub-Total	art VII , Section					*		1	.55,532		0		21,461
2	Total number of individuals (including of reportable compensation from the			e list	ed a	bove	e) who	rece	eived mor	e than \$10	00,000			
3	Did the organization list any former line 1a? If "Yes," complete Schedule 2			ee, k	ey e	mplo	oyee, o	or hi	ghest com	npensated	employee on	3	Yes	No No
4	For any individual listed on line 1a, is organization and related organization individual										n the			
5	Did any person listed on line 1a receiservices rendered to the organization									ion or indi	vidual for	5	Yes	No
	ection B. Independent Contract													_
1	Complete this table for your five high from the organization. Report competents	nsation for the	ed indep calendar	endei year	nt co enc	ntra ling	actors with o	that or wit	received hin the or	more than rganizatior	n's tax year.	mpen		
_	Name a	(A) and business addr	ess							Desc	(B) ription of services		Comper	
_														
2	Total number of independent contractor compensation from the organization	s (including but	not lim	ited t	o th	ose	listed	abov	ve) who re	eceived mo	ore than \$100,00	00 of		
					Page	e 9							Form 99	0 (2018)

Part VIII Statement of Revenue

Form 990 (2018)

Check if Schedule O contains a response	or note to an	y line in this Part VIII	1		\square
·		(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
austral commission			revenue		512 - 514
erated campaigns 1a					
The contributions of the contr					
draising events 1c					
ated organizations 1d					
ernment grants (contributions) 1e					
ther contributions, gifts, grants, and similar amounts not included above					
6,414,734					
g					
Noncash contributions included					
in lines 1a - 1f:\$					
h Total. Add lines 1a-1f	6,414,734	1			
© B	usiness Code				
Tie en					
φ,					
Service Bevenue					
All other program service revenue.					
All other program service revenue.			•	•	•
Total. Add lines 2a-2f ▶					
3 Investment income (including dividends, interest	t, and other				
similar amounts)	•				
4 Income from investment of tax-exempt bond pro	oceeds >				
5 Royalties	. ▶				
(i) Real (ii) Personal				
6a Gross rents					
h Lossy wented synoness					
b Less: rental expenses					
c Rental income or					
(loss)					
d Net rental income or (loss)	•				
(i) Securities	(ii) Other				
7a Gross amount]			
from sales of assets other					
than inventory					
b Less: cost or other basis and sales expenses					
C Gain or (loss)]			
d Net gain or (loss)	•]			
8a Gross income from fundraising events					
(not including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b					
See Part IV, line 18 a		-			
		J			
c Net income or (loss) from fundraising events . Gross income from gaming activities. See Part IV, line 19	• •	1			
Gross income from gaming activities. See Part IV, line 19					

ı	"		ı	1	1	Ĭ
	b Less: direct expenses b					
	c Net income or (loss) from gaming activiti	ies	•	li di		
	10aGross sales of inventory, less returns and allowances a					
	b Less: cost of goods sold b					
	© Net income or (loss) from sales of invent	ory Þ	·			
	Miscellaneous Revenue	Business Code				
	11a					
	ь					
	с					
	d All other revenue					
	e Total. Add lines 11a-11d	•				
	12 Total revenue. See Instructions		6,414,734	0	0	C
						Form 000 (2010)

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Form 990 (2018) Page **10**

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 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) Fundraisingexpenses
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				
-				

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Ś	21	Escrow or custodial account liability. Complete Part IV of Schedule D	21			
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified				
ap		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	· · · · · · · · · · · · · · · · · · ·	26			4,476
Balances	27	Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets -34,696	27		1,	396,508
ala	28		28			
d B	29		29			
Fund		Organizations that do not follow SFAS 117 (ASC 958),				
9	30	check here ▶ □ and complete lines 30 through 34.	30			
ets	31	Paid-in or capital surplus, or land, building or equipment fund	31			
Assets	32	Retained earnings, endowment, accumulated income, or other funds	32			
	33	Total net assets or fund balances	33		1,	396,508
Net	34	Total liabilities and net assets/fund balances	34		1	,400,984
				F	orm 99	0 (2018)
		Page 12 ———————————————————————————————————				
Forn	n 990	(2018)				Page 12
Pi	art XI	Reconcilliation of Net Assets				
		Check if Schedule O contains a response or note to any line in this Part XI				
1		al revenue (must equal Part VIII, column (A), line 12)	1			,414,734
2		al expenses (must equal Part IX, column (A), line 25)	2	-,,		
3		enue less expenses. Subtract line 2 from line 1	3			
4		assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			145,304
5		unrealized gains (losses) on investments	5			
6		nated services and use of facilities	6			
7		estment expenses	7			
8		or period adjustments	8			0
9		er changes in net assets or fund balances (explain in Schedule O)	9			.396,508
	art XII	Financial Statements and Reporting	10		1,	,390,306
	ail Aii					
		Check if Schedule O contains a response or note to any line in this Part XII		 i	Yes	No
		ounting method used to prepare the Form 990:				
1	If th	ounting method used to prepare the Form 990: U Cash V Accrual U Other ne organization changed its method of accounting from a prior year or checked "Other," explain in edule O.				
2	a Wer	re the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
		'es,' check a box below to indicate whether the financial statements for the year were compiled or reviewed of arate basis, consolidated basis, or both:	n a			
		Separate basis Consolidated basis Both consolidated and separate basis				
t	If 'Y	re the organization's financial statements audited by an independent accountant? 'es,' check a box below to indicate whether the financial statements for the year were audited on a separate be solidated basis, or both:	oasis,	2b	Yes	
	•	Separate basis				
c		Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight he audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If th	ne organization changed either its oversight process or selection process during the tax year, explain in Scheo	dule O	·		
3		a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir lit Act and OMB Circular A-133?	ngle	3a		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)

orm 990	(2018))
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Additional Data Return to Form

Software ID: Software Version:

Form 990, Special Condition Description:

Special Condition Description

efile Public Visual Rende	r ObjectId: 20192318934931464	7 - Submission: 2019-11-14		TIN: 74-3238362					
Schedule B	Schedu	ule of Contributors		OMB No. 1545-0047					
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service		Form 990, 990-EZ, or 990-PF. ov/Form990 for the latest information		2018					
Name of the organization WIN MINNESOTA				dentification number					
Organization type (check	one):		74-3238362	!					
Filers of:	Section:								
Form 990 or 990-EZ	501(c)() (enter number) o	organization							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation								
	☐ 527 political organization								
Form 990-PF		527 pointical organization 501(c)(3) exempt private foundation							
1 0mi 930-i 1	4947(a)(1) nonexempt charitable trust treated as a private foundation								
		501(c)(3) taxable private foundation							
	(-)(-)	— 55 T(5)(5) taxable private foundation							
money or other properties. Special Rules For an organization under sections 50% received from any	on filing Form 990, 990-EZ, or 990-Froperty) from any one contributor. Con described in section 501(c)(3) filing (a)(1) and 170(b)(1)(A)(vi), that che one contributor, during the year, tota 1h, or (ii) Form 990-EZ, line 1. Com	omplete Parts I and II. See instructing Form 990 or 990-EZ that met the cked Schedule A (Form 990 or 990 al contributions of the greater of (1)	ons for determining 33 ¹ / ₃ % support test (-EZ), Part II, line 13,	a contributor's total of the regulations 16a, or 16b, and that					
during the year, to	n described in section 501(c)(7), (8), al contributions of more than \$1,000 e prevention of cruelty to children or	exclusively for religious, charitable	e, scientific, literary, o						
during the year, co If this box is check purpose. Don't cor	n described in section 501(c)(7), (8), ntributions exclusively for religious, ed, enter here the total contributions applete any of the parts unless the Ge, etc., contributions totaling \$5,000	charitable, etc., purposes, but no su that were received during the year eneral Rule applies to this organiza	uch contributions total for an exclusively real ation because it rece	aled more than \$1,000. eligious, charitable, etc., eived nonexclusively					
990-EZ, or 990-PF), but it	that isn't covered by the General Ru must answer "No" on Part IV, line 2 m 990PF, Part I, line 2, to certify tha	, of its Form 990; or check the box	on line H of its `	•					
For Paperwork Reduction Act for Form 990, 990-EZ, or 990-		Cat. No. 30613X	Schedule B (Form 996	0, 990-EZ, or 990-PF) (2018)					
		Page 2							
Schedule B (Form 990, 99	0-EZ. or 990-PF) (2018)			Page 2					
Name of organization	-, -, -, -, (-0.0)		Employer identific						
WIN MINNESOTA			74-3238362						

Part I

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
RESTRICTED			Payroll
		\$ RESTRICTED	Noncash
,			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	, ,		Person
- -			Payroll
<u> </u>		\$\$	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	, ,		Person
- —			Payroll
		\$_	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
- -			Payroll
		\$_	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	Name, address, and Zii 1 4	Total Contributions	Person
- _			Payroll
		\$_	Noncash
			(Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
Ño.	Name, address, and ZIP + 4	Total contributions	Type of contribution Person
		\$	Payroll Noncash
-			
			(Complete Part II for noncash contributions.)
		Schedule B (F	orm 990, 990-EZ, or 990-PF) (2018
	Page 3 —		

Schedule B (Form 990, 9	Page 3		
Name of organization WIN MINNESOTA		Employer identification 74-3238362	number
Part II Nonc	ash Property (See instructions). Use duplicate copies of Part II if additional space is need	ded.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a)	(b)	(c) FMV (or estimate)	(d)

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

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

Additional Data

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TIN: 74-3238362 OMB No. 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

►Complete if the organization is described below. ►Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. • Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. Section 527 organizations: Complete Part I-A only. If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of the organization **Employer identification number** WIN MINNESOTA 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 1 "political campaign activities") 2 Political campaign activity expenditures (see instructions) 3 Volunteer hours for political campaign activities (see instructions) Part I-B Complete if the organization is exempt under section 501(c)(3). 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? ☐ No Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Part I-C Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 2,175,000 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 2 function activities 2,175,000 3 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? 4 ☐ 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 (e) Amount of political filing organization's contributions received funds. If none, enter and promptly and directly delivered to a -0-. separate political organization. If none, enter -0-. (1) WIN Minnesota Political Action Fund 1600 University Avenue W Ste 309C 74-3238362 1,550,000 Saint Paul, MN 55104 1600 University Avenue W Ste 309C Saint Paul, MN 55104 (2) 2018 Fund 74-3238362 475,000 (3) America Votes Action Fund Minnesota 1600 University Avenue W Ste 309C 27-4522665 150,000 Saint Paul, MN 55104 5 For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2018

Page 2

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under

Schedule C (Form 990 or 990-EZ) 2018

Α	5, 2:58 PM Check If the filing organization belongs to ar expenses, and share of excess lobbying	g expenditures).	t in Part IV each a	1		ne, add	ress, EIN,	
В	Check if the filing organization checked box Limits on Lobbying (The term "expenditures" means	g Expenditures			a) Filing anization's totals		b) Affiliated group totals	
1a	Total lobbying expenditures to influence public opini	on (grass roots lobbying))					
b	Total lobbying expenditures to influence a legislative	e body (direct lobbying) .						
С	Total lobbying expenditures (add lines 1a and 1b)			_				
d	Other exempt purpose expenditures			_				
e f	Total exempt purpose expenditures (add lines 1c an Lobbying nontaxable amount. Enter the amount froi columns.							
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able 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 \$500,00	0.				
	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 ex	xcess over \$1,500,0	00.				
	Over \$17,000,000	\$1,000,000.		\dashv				
g h i j	Grassroots nontaxable amount (enter 25% of line 1 Subtract line 1g from line 1a. If zero or less, enter - Subtract line 1f from line 1c. If zero or less, enter - If there is an amount other than zero on either line section 4911 tax for this year?	.0	anization file Forn				Yes O No	
	(Some organizations that made a columns below. See		ction do not ha	ave to comple s 2a through 2		ne five	e	
	Lobbying Exp		- real Averagii	ig Periou		$\overline{}$		
	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))							
С	Total lobbying expenditures					_		
d	Grassroots nontaxable amount							
e	Grassroots ceiling amount (150% of line 2d, column (e))							
f	Grassroots lobbying expenditures							
		Page 3		Schedul	e C (Form 9	90 or	990-EZ) 2018	
	edule C (Form 990 or 990-EZ) 2018 art II-B Complete if the organization is		on 501(c)(3)	and has NOT	filed		Page 3	
_	Form 5768 (election under sect			I I I I I I I I I	(a)		(b)	
	each "Yes" response on lines 1a through 1i below, pr vity.	ovide in Part IV a detaile	ed description of ti	he lobbying	Yes	No	Amount	
1 a b	Paid staff or management (include compensation i	n a legislative matter or	referendum, thro	ugh the use of: i)?				
d								
е	Publications, or published or broadcast statements	s?						
f	Grants to other organizations for Johnving nurnose	nc2						

	2:58 PM	Win Minnesota - Full Filing - Nonprofit Explorer - ProPublica				
ı q		eir staffs, government officials, or a legislative body?				
h	, , , , , , , , , , , , , , , , , , ,	s, conventions, speeches, lectures, or any similar means?				
i		-, conventions, specialies, rectaries, or any similar means:				
i						
2a	•	the organization to be not described in section 501(c)(3)?				
b		tax incurred under section 4912				
c	The state of the s	tax incurred by organization managers under section 4912		⊢		
d	•	a section 4912 tax, did it file Form 4720 for this year?				
		ganization is exempt under section 501(c)(4), section 501(c)	(E) 0	r costion		
Par	501(c)(6).	gamzation is exempt under section 501(c)(4), section 501(c)	(5), 0	r section		
	301(0)(0):				Yes	No
1	Were substantially all (90% or m	ore) dues received nondeductible by members?		1		
2	Did the organization make only in	n-house lobbying expenditures of \$2,000 or less?		2	1 1	
3	Did the organization agree to car	ry over lobbying and political expenditures from the prior year?		3		
1	answered "Yes."	OTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part mounts from members	111-A,	, iiie 3, i		
2	,	bying and political expenditures (do not include amounts of political				
а			2a			
b	,		2b			
С			2c			
3		ction 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3			
4	the organization agree to carryov	unt on line 2c exceeds the amount on line 3, what portion of the excess does exer to the reasonable estimate of nondeductible lobbying and political	4			
5		political expenditures (see instructions)	5			
Pa	rt IV Supplemental Info		_			
Pro	vide the descriptions required for F	Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); I o, complete this part for any additional information.	Part II-	A, lines 1 a	nd 2 (se	e
	Return Reference	Explanation				
		Schedule	C (For	m 990 or 9	990EZ)	2018
Ac	ditional Data			Return t	o Form	1

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ObjectId: 201923189349314647 - Submission: 2019-11-14

TIN: 74-3238362

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public

Interna	Revenue Service Go to www.irs.g	ov/Form990 for the latest informati	on. Inspection						
	me of the organization I MINNESOTA		Employer identification number 74-3238362						
Pa	rt I Organizations Maintaining Donor Advis Complete if the organization answered "Yes								
	1 3	(a) Donor advised funds	(b)Funds and other accounts						
1	Total number at end of year								
2	Aggregate value of contributions to (during year)								
3	Aggregate value of grants from (during year)								
4	Aggregate value at end of year								
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?								
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, or for any other purpo	ose conferring impermissible						
Pa	rt II Conservation Easements. Complete if th	e organization answered "Yes" on F	Form 990, Part IV, line 7.						
1	Purpose(s) of conservation easements held by the organ	nization (check all that apply).							
	Preservation of land for public use (e.g., recreation	or education) \square Preservation o	of an historically important land area						
	Protection of natural habitat	Preservation o	of a certified historic structure						
	Preservation of open space								
2	Complete lines 2a through 2d if the organization held a	qualified conservation contribution in the	e form of a conservation						
	easement on the last day of the tax year.		Held at the End of the Year						
а	Total number of conservation easements		2a						
b	Total acreage restricted by conservation easements . $% \left(1\right) =\left(1\right) \left(1\right) $. 2b						
С	Number of conservation easements on a certified historic	c structure included in (a)	2c						
d	Number of conservation easements included in (c) acqui structure listed in the National Register	red after 7/25/06, and not on a historic	2d						
3	Number of conservation easements modified, transferred tax year \blacksquare	d, released, extinguished, or terminated	l by the organization during the						
4	Number of states where property subject to conservation								
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds		ling of violations, Yes No						
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcin	ng conservation easements during the year						
7	Amount of expenses incurred in monitoring, inspecting, ▶ \$	handling of violations, and enforcing cor	nservation easements during the year						
8	Does each conservation easement reported on line 2(d)	above satisfy the requirements of section	on 170(h)(4)(B)(i)						
	and section 170(h)(4)(B)(ii)?		☐ Yes ☐ No						
9	In Part XIII, describe how the organization reports consibalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easement	footnote to the organization's financial s							
Par	t III Organizations Maintaining Collections Complete if the organization answered "Yes		Other Similar Assets.						
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	public exhibition, education, or research	in furtherance of public service,						
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publ following amounts relating to these items:								
(i) Revenue included on Form 990, Part VIII, line $1 \ \dots \ \dots$		> \$						
	i)Assets included in Form 990, Part X								
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS 1	cal treasures, or other similar assets for							
а	Revenue included on Form 990, Part VIII, line 1	, ,	. \$						
b	Assets included in Form 990, Part X		> \$						
For I	Paperwork Reduction Act Notice, see the Instruction	ns for Form 990. Cat.	No. 52283D Schedule D (Form 990) 20:						

Schedule D (Form 990) 2018 Page **2**

Par	t III	Organizations M	aintaining Col	lections of Art,	, Histori	ical Tr	easures	or Other	Similar As	ssets (conti	nued)	
3		g the organization's acq s (check all that apply):		, and other record	ds, check	any of t	he followir	ng that are a	significant u	ise of its colle	ection	
а		Public exhibition			d		Loan or ex	change prog	grams			
b		Scholarly research			е		Other					
С		Preservation for future	e generations									
4	Provi Part	de a description of the XIII.	organization's coll	ections and explai	n how the	ey furth	er the orga	anization's ex	xempt purpo	se in		
5	Durir	ng the year, did the orga ts to be sold to raise fur								Yes		lo
Pa	rt IV	Escrow and Cust Complete if the or- line 21.			orm 990	, Part 1	V, line 9,	or reporte	d an amou			
1a		e organization an agent ded on Form 990, Part I								☐ Yes		lo
b	If "Ye	es," explain the arrange	ement in Part XIII	and complete the	following	table:			A	mount		_
c		nning balance		•	_			1c				_
d	Addit	tions during the year .						1d				_
е	Distr	ibutions during the year	r					1e				<u></u>
f	Endir	ng balance						1f				
2a	Did t	he organization include	an amount on Fo	rm 990, Part X, lin	e 21, for	escrow	or custodi	al account lia	ability?	☐ Yes		lo
b		es," explain the arrange										
Pa	rt V	Endowment Fun										
				(a)Current year	(b) P	rior year	(c) Tw	o years back	(d)Three yea	ars back (e)F	our yea	rs back
1a	Beginr	ning of year balance .										
b	Contril	butions										
C	Net in	vestment earnings, gair	ns, and losses									
d	Grants	or scholarships										
е		expenditures for faciliting controls of the control o	es									
f	Admin	istrative expenses .										
g	End of	year balance										
2	Provi	de the estimated perce	ntage of the curre	ent year end balan	ce (line 1	g, colun	nn (a)) he	d as:				
а	Board	d designated or quasi-e	endowment 🟲									
b	Perm	anent endowment 🛌										
С		porarily restricted endov										
_		percentages on lines 2a										
3а		here endowment funds nization by:	not in the posses	sion of the organiz	zation tha	t are he	ld and adr	ninistered fo	r the		Yes	No
	(i) u	nrelated organizations								3a(i)		
	(ii) r	elated organizations .								3a(ii)		
b		es" on 3a(ii), are the re	_	-						3b		
4		ribe in Part XIII the inte			lowment	funds.						
Ра	rt VI	Land, Buildings, Complete if the or			orm 990	Part 1	V line 1	la See For	m 990 Par	t X line 10		
	Descr	iption of property	(a) Cost or oth (investme	er basis (b) Co	ost or other			Accumulated of			ok valu	е
1a	Land											
		ngs										
		nold improvements										
		nent				1:	1,307		11,006			301
									, .			
		lines 1a through 1e.(Co	l Olumn (d) must ed	qual Form 990, Pa	rt X, colu	mn (B),	line 10(c)	.)	>			301
									Sch	edule D (Fo	rm 99	0) 2018

——— Page 3 ——

Schedule D (Form 990) 2018

Page 3

See Form 990, Part X, line 12.				
(a) Description of security or category (including name of security)	Во	b) ook alue		d of valuation: -year market value
(1) Financial derivatives				
(2) Closely-held equity interests	<u>·</u>			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	Þ			
Part VIII Investments Program Related. Complete if the organization answered 'Yes' on Form 99	90. Part I'	V. line 11	c. See Form 990. Pa	art X. line 13.
	(b) Book v		(c) Method	d of valuation: -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 (a) Description	n Form 990	0, Part IV,	line 11d. See Form 99	0, Part X, line 15. (b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
				•
Part X Other Liabilities. Complete if the organization answere See Form 990, Part X, line 25.				e or 11f.
1. (a) Description of liability	(b) Book va	alue	
(1) Federal income taxes (2)				
(2)				

Additional Data

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(Form 990)

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Schedule I

Grants and Other Assistance to Organizations. **Grants and Other Assistance to Organizations,**

TIN: 74-3238362

OMB No. 1545-0047 2018

Department of the Treasury		Complete if the	organiza	and Indivion tion answered " Attach to the control of the contro	'Yes," o o Form	n Form 990, Pa 990.	art IV,	line 21 oı				(Open to Public Inspection
Internal Revenue Service Name of the organization WIN MINNESOTA											Employer 74-32383		tion number
Part I General Informa	ation on Grar	nts and Assista	ance							/	4-32383	562	
Does the organization main the selection criteria used t	o award the gra	nts or assistance?								ce, and			✓ Yes □ No
2 Describe in Part IV the organization Part II Grants and Other A							the org	anization a	answered "Yes	" on Form 9	990, Part	IV, line 2	1, for any recipient
that received more t	han \$5,000. Par	t II can be duplica	ted if add	itional space is ne	eded.					ı			1
(a) Name and address of organization or government	(b) EIN	(c) IRC so (if application		(d) Amount of grant	casn	(e) Amount of cash assistance		(book, FN	d of valuation IV, appraisal, ther)		Descriptionship		(h) Purpose of grant or assistance
(1) Alliance for a Better MN 1600 University Ave W Ste 309C Saint Paul, MN 55104	26-1317208	3	501c4		520,000								Operations
(2) OutFront Minnesota 310 East 38th St Ste 209 Minneapolis, MN 55409	41-189289	7	501c4		34,000								Youth Grant
(3) Planned Parenthood MN ND SD Action 671 Vandalia St Saint Paul, MN 55114	41-170970	2	501c4		34,000								Youth Grant
(4) Wellstone Action 2446 University Ave W Ste 170 Saint Paul, MN 55114	33-104143	3	501c4	1	125,000								Operations
(5) Clean Water Action 144 Eye Street NW Suite 400 Washington, DC 20005	23-712061	1	501c4		35,000								MNYC Canvas
(6) Working America 815 16th St NW Washington, DC 20006	20-026361	1	501c4	į	549,580								Grant for Canvas
(7) American Bridge 21st Century Fdn 455 Massachusetts Ave NW Washington, DC 20001	27-5278038	3	501c4		25,000								Operations
(8) Black Civic Network 986 Maryland Avenue East Saint Paul, MN 55106	82-4728514	4	501c4		82,000								Operations
(9) COPAL Minnesota 3702 E Lake St Minneapolis, MN 55406	83-1278469	Э	501c3		40,000								Youth Program
(10) Faith in Minnesota 2356 University Ave W Ste 405 Saint Paul, MN 55114	82-227196	3	501c4		40,000								Youth Program
(11) Conservation Minnesota Voter Center 1101 W River Parkway Ste 250 Minneapolis, MN 55415	41-194962	5	501c4	2	225,000								Operations
(12) Minnesota Voice 1600 University Avenue W Ste 309 Saint Paul, MN 55104	46-4457692	2	501c4		75,000								Canvas
(13) Minnesota Youth Collective 1600 University Ave W Ste 309 Saint Paul, MN 55104	82-3554493	3	501c4	2	225,000								Operations
(14) State Innovation Exchange PO Box 26030 Madison, WI 53726	46-136853	1	501c3		40,241								Operations
(15) The Voter Participation Center 1707 L Street NW Ste 300 Washington, DC 20036	55-088974	3	501c3		46,784								Operations
(16) Tioga Fund CO OJ Flanagan 60 East 42 Street	46-5206843	3	501c4	j	100,000								Operations
New York, NY 10165 (17) Unidos Minnesota 3715 Chicago Ave Minneapolis, MN 55407	38-382869	5	501c3		40,000								Operations
(18) Working America 1030 15th St NW Washington, DC 20005	27-0585219	9	501c4	ţ	549,580								Canvas
2 Enter total number of section											. •		
3 Enter total number of other For Paperwork Reduction Act Notice							50055P				· · •	Sched	dule I (Form 990) 2018
			— Page	2 ———									
Schedule I (Form 990) 2018			, age										
Part III Grants and Other A Part III can be duplic				plete if the organi	ization a	nswered "Yes" o	n Form	990, Part	IV, line 22.				Page 2
(a) Type of grant or assis	1	(b) Number of recipients	(c)	Amount of sh grant		Amount of (hod of valu	uation (book, I, other)	(f)	Descript	tion of no	ncash assistance
(1)													

	L				Schedule I (Form 990) 2018
onitoring procedures (Part I,	line Grant documentatio	n is maintained by the organization.	Grantees eligibility is evaluate	ed and awarded based on criteria	determined by the Board.
Return Reference	Explanation	ide the information required in Fi	art I, illie 2, Fart III, colu	iiii (b), and any other addit	ional information.
Part IV Supplemen	tal Information Prov	ide the information required in P	art I line 2: Part III colu	mn (h): and any other addit	ional information
5)					
5)					
1)					
3)					
<u> </u>					
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Software ID: Software Version:

9/2/25, 2:58 PM ObjectId: 201923189349314647 - Submission: 2019-11-14 efile Public Visual Render TIN: 74-3238362 OMB No. 1545-0047 **Compensation Information** Schedule J (Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
omplete if the organization answered "Yes" on Form 990. Part TV. line 23

2018

					to Form 990.	, line 23.		, , ,	
		the Treasury			instructions and the latest inform	nation.	Open		
		ue Service the organiza	ation			Employer identif		ectio	
	MINN		ation				ication in	iiiibei	
						74-3238362			
Pa	rt I	Questic	ons Regarding Compensation						
							_	Yes	No
1a			opiate box(es) if the organization provided a ection A, line 1a. Complete Part III to provide						
		First-class	s or charter travel		Housing allowance or residence for	personal use			
		Travel for	companions		Payments for business use of perso	nal residence			
		Tax idemn	nification and gross-up payments		Health or social club dues or initiati	on fees			
		Discretion	nary spending account		Personal services (e.g., maid, chauf	ffeur, chef)			
b			xes in line 1a are checked, did the organizat				ent . 1b		
2			ation require substantiation prior to reimbur les, officers, including the CEO/Executive Di			e 1a? . .	2		
3	orga	nization's C	if any, of the following the filing organizatio EO/Executive Director. Check all that apply. ed organization to establish compensation of	Do n	ot check any boxes for methods				
		Compensa	ation committee		Written employment contract				
		Independe	ent compensation consultant		Compensation survey or study				
		Form 990	of other organizations	\checkmark	Approval by the board or compensa	ition committee			
4	Duri relat	ng the year, ed organiza	, did any person listed on Form 990, Part VI tion:	I, Se	ction A, line 1a, with respect to the fi	iling organization or	а		
а	Rece	eive a severa	ance payment or change-of-control paymen	t? .			4a		No
b			r receive payment from, a supplemental nor				4b		No
С	Parti	cipate in, or	r receive payment from, an equity-based co	mper	nsation arrangement?		4c		No
	If "Y	es" to any o	of lines 4a-c, list the persons and provide the	е арр	licable amounts for each item in Par	t III.			
	Only	501(c)(3), 501(c)(4), and 501(c)(29) organizat	ions	must complete lines 5-9.				
5			ed on Form 990, Part VII, Section A, line 1a,	, did t	the organization pay or accrue any				
	com	pensation co	ontingent on the revenues of:						
а	The	organizatior	n?				5a		No
b	-	_	anization?				5b		No
			5a or 5b, describe in Part III.						
6			ed on Form 990, Part VII, Section A, line 1a, ontingent on the net earnings of:	, did t	the organization pay or accrue any				
а	The	organization	n?				6a		No
b	Any	related orga	anization?				6b		No
	If "Y	es," on line	6a or 6b, describe in Part III.						
7			ed on Form 990, Part VII, Section A, line 1a, escribed in lines 5 and 6? If "Yes," describe			d 	7		No
8	subj	ect to the in	nts reported on Form 990, Part VII, paid or nitial contract exception described in Regulat			escribe			
	ın Pa	ort III					8		No
9			8, did the organization also follow the rebut			Regulations section	9		
For I	lanor	work Bodu	iction Act Notice see the Instructions f	or Ec	orm 990 Cat No. 1	50053T Schedu	e 1 (Forn	000)	2019

Page 2 -

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.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other	(D) Nontaxable benefits	columns	(F) Compensation in	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990	
1Denise Cardinal Executive Director	(i)	155,532				21,461	176,993	
	(ii)							

Page 2

9/2/25, 2:58 PM	,	Win Minnesota	- Full Filing - I	Nonprofit Explo	orer - ProPublic	a		
						Sch	edule J (Form 99)) 2018
		 1	Page 3 ———					
Schedule J (Form 990) 2018								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 Par	t II. Also complete	this part for any ad	ditional information	
Return Reference			E	xplanation				
						Sch	edule J (Form 99	0) 2018
Additional Data							Return to	Form
Softwai	re ID:							
Software Ve								

efile Public Visual Render

ObjectId: 201923189349314647 - Submission: 2019-11-14

TIN: 74-3238362

OMB No. 1545-0047

SCHEDULE 0 Supplemental Information to Form 990 or 990-EZ (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

WIN MINNESOTA

Name of the organization

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 <u>www.irs.gov/Form990</u> for the latest information.

Open to Public Inspection **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: 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

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: 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

_		VIN Minnesota F	Political Action				
Reg	Num 30625			<u> </u>	dependent Exp	penditure Fund	
1	Beginning cash balance 1/1/2020 (shou as the previous year ending cash balance)		902,000.00				
Α	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	
В	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				
		oans and Unpaid	Obligations Sur	mmarv			
14A	Total Outstanding balance of all loans in	·			A2-LP		
14B	Total outstanding balance of all loans in		<u> </u>				
14C	Total Outstanding balance of all loans		year pries to tile :	1 0,	#14A + #14B		
15A	Total unpaid obligations incurred during	the current year		Line 12 Unpaid			
15B	Total unpaid obligations incurred during	Sch.	D				
15C	Total unpaid obligations			Sum	#15A + 15B		
16	Total debt of committee			Sum	#14C + 15C		
		Certi	fication				
I cert	tify that this report is complete, true an	d correct.					
Deni	se Cardinal				April 26,	2022	
	ature of Treasurer or Deputy Treasure	r			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

Orig. Date **Description of** Trans. **Revised Date** Amendment Type Current Amt. **Entity**

Planned Parenthood of Minn Pol Action Fund

RCP

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 Cash In Kind **Total** 03/30/20 477,000.00 0.00 477,000.00 0.00 05/01/20 150,000.00 150,000.00 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 In Kind Cash **Total** 09/08/20 2.500.00 0.00 2.500.00 Braun, Ken 4231 Woodland Trail Minneapolis, MN 55422 Self-employed Retired Date In Kind Cash 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** 25,000.00 09/23/20 25.000.00 0.00 **Conservation Minnesota Voter Center** 1101 West River Parkway, Suite 250 Minneapolis, MN 55415 Cash Date In Kind **Total** 50,000.00 09/04/20 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 50,000.00 0.00 Deal, Jim PO Box 159 Anoka, MN 55303 Employer: PSD Land Development Cash In Kind Date Total 04/17/20 50,000.00 0.00 50,000.00 10/27/20 5.000.00 0.00 5,000.00 0.00 Total 55,000.00 55,000.00

901 South Second Street, #603 Minneapolis, MN 55415 Self-employed Retired			
Date 05/22/20	Cash 10,000.00	In Kind 0.00	Total 10,000.00
Graves, John			
5110 Meadville St Excelsior, MN 55331 Self-employed Retired			
Date 04/21/20	Cash 100,000.00	In Kind 0.00	Total 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 10/30/20	Cash 5,000.00	In Kind 0.00	Total 5,000.00
	0,000.00	0.00	0,000.00
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	Cash	In Kind	Total
Date 03/02/20	50,000.00	In Kind 0.00	50,000.00
Messinger, Alida			
PO Box 4277 St Paul, MN 55104			
Self-employed Community Volunteer			
Date 01/16/20	Cash 50,000.00	In Kind 0.00	Total 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: 302	245)		
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
Schedule A1-CR Contributions Received			Printed April 26, 2022
CF Reporter Version 2.4.95 Servi	ce Pack 33		Page 2 of 4

Forster, Barbara

MN Assoc of Professional Employees Political Fund (Registered Id: 80026) 3460 Lexington Ave N Ste 300 Shoreview, MN 55126 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 Cash In Kind Date **Total** 09/23/20 300,000.00 0.00 300,000.00 Saario, Terry PO Box 33 Schroeder, MN 55613 Self-employed Retired In Kind Date Cash **Total** 10,000.00 08/25/20 10,000.00 0.00 Smith-Dewey, Chuck 19350 Ireland Court Lakeville, MN 55044 Self-employed Retired Date Cash In Kind **Total** 25,000.00 09/08/20 25,000.00 0.00 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** 1,000,000.00 1,000,000.00 09/11/20 0.00 Steiner, Bruce 144 Edgemwood Ave Wayzata, MN 55391 Self-employed Retired **Date** Cash In Kind **Total** 30,000.00 09/08/20 30,000.00 0.00 Steiner, Julie 144 Edgewood Ave Wayzata, MN 55391 Self-employed Retired **Date** Cash In Kind **Total** 25.000.00 25.000.00 04/10/20 0.00 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

10/06/20

Cash

5,000.00

In Kind

0.00

Total

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

Totals

Cash

4,240,212.99

In Kind

70,544.44

Total

4,310,757.43

Schedule B1 Expenditures

WIN Minnesota Political Action Fund

Independent Expenditure Fund

30625

Reg Num

Vendor: WIN Minnesota 1600 University Ave, Suite 401C Saint Paul, MN 55104 **Paid** Unpaid In Kind **Total** Date Specific purpose of expenditure 01/31/20 Miscellaneous: Operations and staff costs 0.00 0.00 1,331.99 1,331.99 In Kind: Operations and staff costs 02/29/20 Miscellaneous: Operations and staff costs 0.00 0.00 1,499.78 1,499.78 In Kind: Operations and staff costs 03/31/20 Miscellaneous: Operations and staff costs 0.00 0.00 1,325.78 1,325.78 In Kind: Operations and staff costs 04/30/20 Miscellaneous: Operations and staff costs 0.00 0.00 2,469.36 2,469.36 In Kind: Operations and staff costs Miscellaneous: Operations and staff costs 0.00 0.00 05/31/20 3,182.64 3,182.64 In Kind: Operations and staff costs 06/09/20 Miscellaneous: Operations and staff costs 0.00 0.00 5,663.71 5,663.71 In Kind: Operations and staff costs 07/31/20 Miscellaneous: Operations and staff costs 0.00 0.00 6.806.18 6.806.18 In Kind: Operations and staff costs 08/31/20 Miscellaneous: Operations and staff costs 0.00 0.00 5,894.68 5,894.68 In Kind: Operations and staff costs 09/30/20 0.00 0.00 Miscellaneous: Operations and staff costs 14,377.07 14.377.07 In Kind: Operations and staff costs 10/31/20 Miscellaneous: Operations and staff costs 0.00 0.00 22,499.29 22,499.29 In Kind: Operations and staff costs 11/30/20 Miscellaneous: Operations and staff costs 0.00 0.00 4,729.44 4,729.44 In Kind: Operations and staff costs 12/31/20 Miscellaneous: Operations and staff costs 0.00 0.00 764.52 764.52 In Kind: Operations and staff costs 70,544.44 0.00 70,544.44 Vendor Total: WIN Minnesota 0.00 Vendor: WIN Minnesota Federal PAC 1600 University Ave W Suite 309C Saint Paul, MN 55104 Paid Unpaid Total Date Specific purpose of expenditure In Kind 02/21/20 Miscellaneous: Federal Committee 551,461.03 0.00 0.00 551,461.03 Contribution Miscellaneous: Federal Committee 03/30/20 942,538.97 0.00 0.00 942,538.97 Contribution 05/01/20 Miscellaneous: Federal Committee 350,000.00 0.00 0.00 350,000.00 Contribution Miscellaneous: Federal Committee 0.00 0.00 09/01/20 80,000.00 80,000.00 Contribution 11/19/20 Miscellaneous: Federal Committee 39,000.00 0.00 0.00 39,000.00 Contribution Vendor Total: WIN Minnesota Federal PAC 0.00 0.00 1,963,000.00 1,963,000.00 Schedule B1 **Expenditures** Unpaid Inkind Paid **Total** Total of itemized: 1.963.000.00 70.544.44 0.00 2.033.544.44 Total of non-itemized: 0.00 0.00 0.00 0.00 **Paid** Unpaid Inkind **Total** 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

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

efile Public Visual Render

ObjectId: 202102579349301745 - Submission: 2021-09-15

TIN: 74-3238362 OMB No. 1545-0047

Form **990**

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

Inspection

A F	or the 2020 ca	lendar year, or tax year beginning 01-01-2020 , and endin	g 12-31-2020	_		
B Che	ck if applicable:	C Name of organization WIN MINNESOTA		D Employer id	dentifi	cation number
	dress change	WWW.Interest		74-323836	2	
	me change	Doing business as				
	tial return al return/terminated					
_	nended return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone nu	ımber	
	plication pending	1600 University Avenue West STE 309	,	1		
		City or town, state or province, country, and ZIP or foreign postal code		-		
		Saint Paul, MN 55104		G Gross receip	ts \$ 5,	203,293
	ľ	F Name and address of principal officer:	H(a) Is thi	s a group return	n for	
		·		dinates?		□Yes ✓No
			H(b) Are a	II subordinates		Yes No
I Ta:	-exempt status:	☐ 501(c)(3) ✓ 501(c) (4) ◀ (insert no.) ☐ 4947(a)(1) or ☐	includ		(
7 100	- I II -	U 501(c)(3) ✓ 501(c) (4) ◀ (insert no.) U 4947(a)(1) or U		o," attach a list. o exemption nu	•	•
) W	ebsite:▶ N/A		11(0) Group	exemption nui	ilibei	
			L Year of form	ation: 2007 M	State of	of legal domicile:
K Forr	n of organization:	✓ Corporation ☐ Trust ☐ Association ☐ Other ►	- 1001 01 101111	MN		or regar dormener
P:	art I Sumi	marv				
- 1 0		cribe the organization's mission or most significant activities:				
	WIN Minne	sota educates and informs Minnesota residents about the positions	of public officials and	d candidates for	office	e on issues related to
Ce	health care	e, the environment, economic justice, and human rights.				
<u>a</u>						
le le						
90	2 Check this	s box 🕨 🗌				
×	3 Number o	f voting members of the governing body (Part VI, line 1a)			3	3
Se	4 Number o	f independent voting members of the governing body (Part VI, line	1b)		4	3
Ĕ	5 Total num	ber of individuals employed in calendar year 2020 (Part V, line 2a)			5	3
Activities & Governance	6 Total num	ber of volunteers (estimate if necessary)			6	3
٩	7a Total unre	elated business revenue from Part VIII, column (C), line 12			7a	0
	b Net unrela	ated business taxable income from Form 990-T, line 39			7b	0
				ior Year	<u>'</u>	Current Year
_	8 Contributi	ons and grants (Part VIII, line 1h)		1,764,593		5,203,293
Revenue		service revenue (Part VIII, line 2g)		, , , , , , , , , , , , , , , , , , , ,		0
<u>a</u>	_	nt income (Part VIII, column (A), lines 3, 4, and 7d)	· —			0
æ			-			0
		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12)	1,764,593		5,203,293
		nue—add lines 8 through 11 (must equal Part VIII, column (A), line	12)			
		d similar amounts paid (Part IX, column (A), lines 1-3)		2,225,174		4,140,689
		aid to or for members (Part IX, column (A), line 4)				0
88	15 Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5	5–10)	344,097		323,326
SUK	16a Profession	nal fundraising fees (Part IX, column (A), line 11e)				0
Expenses	b Total fundra	aising expenses (Part IX, column (D), line 25) ▶119,857				
Œ	17 Other exp	enses (Part IX, column (A), lines 11a-11d, 11f-24e)		327,447		357,766
	18 Total expe	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		2,896,718		4,821,781
	19 Revenue l	ess expenses. Subtract line 18 from line 12		-1,132,125		381,512
≽ s			Beginning	of Current Year		End of Year
DO C						
SSe	20 Total asse	ets (Part X, line 16)		420,512		662,755
Net Assets or Fund Balances		lities (Part X, line 26)		156,129		16,860
ž	22 Net assets	s or fund balances. Subtract line 21 from line 20		264,383		645,895

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

	- I				2021 00 14			
Sign	Sig	nature of officer			2021-09-14 Date			
Here	De	nise Cardinal Executive Direc						
		pe or print name and title						
Paid	•	Print/Type preparer's name	Preparer's signature	Date 2021-09-14	Check if PTIN P01272	2516		
Prep		Firm's name Schutz CPA Ltd	•	•	Firm's EIN ► 81-13742	44		
Use (Only	Firm's address ▶ PO Box 251545			Phone no. (651) 252-97	'54		
		Saint Paul, MN 5512	5					
May the	e IRS disc	uss this return with the preparer sho	own above? (see instructions)			Yes	\square No	
For Pa	perwork	Reduction Act Notice, see the se	parate instructions.	Cat. I	No. 11282Y	Fo	orm 99	0 (2020)
			Dogo 2					
			———— Page 2 —					
Form 9	90 (2020)							Page 2
Part	III Sta	atement of Program Service	Accomplishments					
		eck if Schedule O contains a respons	se or note to any line in this P	art III				
_	•	cribe the organization's mission: ducates and informs Minnesota resi	dents about the positions of p	ublic officials and cand	idates for office on iss	ues rel	ated to	health
		ment, economic justice, and human		abile officials and carra	idutes for office off iss	465 161	atca to	
2 [oid the or	ganization undertake any significant	program services during the	vear which were not lis	eted on			
		orm 990 or 990-EZ?		year writeri were not its		□ Y	es 🔽	No
	-	escribe these new services on Sched						
3 [Did the org	ganization cease conducting, or mak	e significant changes in how i	t conducts, any progra	m			
							Yes	✓ No
_	,	escribe these changes on Schedule (
		ne organization's program service ac 1(c)(3) and 501(c)(4) organizations						
		ue, if any, for each program service		nounc or grants and an	ocacions to others, the	. total t	гирспос	.5,
4a (Code:) (Expenses \$	2,791,306 including grants	of ¢ 2 503 680) (Revenue \$		```	
- '	•) (Expenses \$ ssue education and advocacy efforts: Wor	, ,			ed to the) e environ	ment,
<u> </u>	womens issu	ues, human rights and economic justice.						
4b (Code:) (Expenses \$	1,552,200 including grants	of \$ 1.547.000) (Revenue \$)	
(•	aluation: Providing direction to organization			, ,	nded in s	,	ensure
-	objective an	alysis that can improve the effectiveness	and efficiency of funded programs	in the future.				
4c (Code:) (Expenses \$	210,059 including grants	of \$) (Revenue \$)	
- (•	ation: Researching best practices for dono				g organiz	,	ctive
ā	advocacy, ca	apacity building, civic engagement, and vo	oter engagement.					
4d (Other proc	gram services (Describe in Schedule	0)					
	(Expenses	,	ing grants of \$) (Revenue	\$)		
4e	Total pro	gram service expenses▶	4,553,565					
						F	orm 99	0 (2020)
			D 2					
			———— Page 3 —					
Form 9	90 (2020)							Page 3
Part I	∨ Ch	ecklist of Required Schedule	es				-	
4 7		mination described in section FO1(s)	(2) au 4047(a)(1) (ath au thau	· · · · · · · · · · · · · · · · · · ·	7 T6 Vaa aa manlaka		Yes	No
		nization described in section 501(c)			c 11 "Yes," complete	1		No
2 I	s the orga	nization required to complete Scheo	dule B, Schedule of Contributo	ors (see instructions)?	🐒	2	Yes	
		ganization engage in direct or indire				3		No
Ť	or public (office? If "Yes," complete Schedule (o, Faill					<u> </u>
		01(c)(3) organizations. Did the o						
		real factor four in 103,	zzp.ozo odnowale o, i with			4		<u> </u>

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . .

Form **990** (2020)

D	a	a	Δ	4

Form 990 (2020) Page 4 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? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25a	245		No

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or X as applicable.

		24 d		<u></u>			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b					
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?						
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,</i> Part I	25a		No			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <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? If "Yes," complete Schedule L, Part II	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</i> ,Part III	27		No			
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):						
а	A current or former officer, director, trustee, 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? If "Yes," complete Schedule L, Part IV	28b					
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes,"</i> complete Schedule L, Part IV	28c		No No			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule ${\tt M}$	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? If "Yes," complete Schedule N, Part 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? If "Yes," complete Schedule R, Part I	33		No			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No			
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No			
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b					
36	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? If "Yes," complete Schedule R, Part VI	37		No			
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes				
Pa	rt 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	· ;	Vac	N'-			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2		Yes	No			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0						
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes				
				0 (2020)			
	Dans 5						
	Page 5						
Form	990 (2020)			Page 5			
Pa	rt 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						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes				
3а	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No			

	If "Yes," has it filed a Form 990-1 for this year? If "No" to line 3b, provide an explanation in Schedule U	3b	1
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4a	No
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		
D	If "Yes," enter the name of the foreign country: \[\] See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	6a	No
	solicit any contributions that were not tax deductible as charitable contributions?		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
C	but the organization receive any funds, directly of indirectly, to pay premiums on a personal benefit contract:	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	No
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	No
9	Sponsoring organizations maintaining donor advised funds.		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	No
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
	Gross income from members or shareholders		
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?. If "Yes," complete Form 4720, Schedule O.	16	No
			rm 990 (20

---- Page 6 -

Form 990 (2020) Page 6

Part VI

Section	Α.	Gove	erning	Body	and	Mar	agem	ent

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 3			
	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 1b 3			
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:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	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		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990		.,	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	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?			
а	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).			
	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?			
C.		16b		
<u>5e</u> 17	ction C. Disclosure List the states with which a copy of this Form 990 is required to be filed▶			
18	MN 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.			
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
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			
		F	orm 99 0	0 (2020)
	Page 7 ———————————————————————————————————			

Form 990 (2020) Page **7**

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

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

- 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 no	r any related o	rganiza	tion c	omp	ens	ated a	any c	urrent officer, dire	ctor, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)		one b	ox, in of tor/t	t chunle: ficer frust	ss per and a	son	(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
		99	ustee			ensated				
(1) Denise Cardinal Executive Director	45.00			х				128,000	0	22,684
(2) Carrie Lucking Director	0.00	Х						0	0	(
(3) Alida Messinger Director	1.00	Х						0	0	(
(4) Jeff Blodgett Chair	0.00			Х				0	0	(
										Form 990 (2020

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https://projects.propublica.org/nonprofits/organizations/743238362/202102579349301745/full

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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	than d	one b	ox, ι in of	t che unles ficer	eck moss pers and a	son	Repo compo froi organiz	(D) ortable ensation m the ration (W-	(E) Reportable compensatio from related organizations 2/1099-MISO	on d (W-	(F) Estimated amount of other compensation from the organization and		
organizations below dotted line) Individual trustee Orficer Institutional Trustee														
											\dashv			
											\dashv			
											\Box			
1b Sub-Total	•			٠.	ı	*			128,000		0		22,684	
Total number of individuals (in of reportable compensation from the compensation fr	including but not limited	to thos					rece			00,000	U		22,004	
												Yes	No	
3 Did the organization list any 1 line 1a? If "Yes," complete So			ee, k	ey eı	mplo •	yee, o	or hig •	ghest con	npensated	employee on	3		No	
4 For any individual listed on lin organization and related organization and related organization.										n the				
5 Did any person listed on line		•			,			_	tion or indi	vidual for	4	Yes		
services rendered to the organization? If "Yes," complete Schedule J for such person												No		
Complete this table for your f from the organization. Report	five highest compensate										mpen	sation		
Grassroots Solutions Inc,	(A) Name and business addr	ess							Desc Consultant	(B) ription of services		Compe	nsation 127,057	
861 East Hennepin Ave Mpls, MN 55414									Consultant				127,037	
2 Total number of independent co	ontractors (including but	not lim	nited t	o th	ose	listed	abov	/e) who r	eceived mo	ore than \$100,0	00 of			
compensation from the organize										· ·		Form 99	0 (2020)	
			_ ,	Page	9									

Form 990 (2020) Page **9**

	Check if Schedul	e O contains a res	ponse or note to an	y line in this Part VII			U
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
e ederate	ed campaigns .	. 1a					
ember	ed campaigns .	1b					
indrais	sing events	1c					
y and other other	organizations ent grants (contributio	1d					
P vernme	ent grants (contributio	ns) 1e					
An other of and similar above	contributions, gifts, gr ar amounts not include	ants, ed 1f					
5,20	3,293						
g Noncash o lines 1a -	contributions included 1f:\$	in 1g					
h Total. A	dd lines 1a-1f .		5,203,293				
			Business Code				
2a							
<u> </u>							
ē ,							
æ —							
¥							
Ser							
E							
Program Service Revenue							
	than aragram comi						
	ther program servi						
	al. Add lines 2a-2f			ı	Γ	1	1
3 Invest	tment income (incl r amounts)	uding dividends, in	iterest, and other				
	ne from investment		nd proceeds				
5 Royali	ties		▶				
		(i) Real	(ii) Personal				
6a Gros	s rents 6a						
b Less			<u> </u>				
	enses 6b						
c Rent or (le	al income oss) 6c						
d Net	rental income or (I	oss)	•				
		(i) Securities	(ii) Other				
asset	s amount sales of 7a s other inventory						
other	cost or basis and expenses						
c Gain							
	gain or (loss) .						
(not i	income from fundrais	of					

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

Page **10**

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Check if Schedule O contains a response or note to any line in this Part IX (B) (C) (D) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. Total expenses expenses general expenses expenses 1 Grants and other assistance to domestic organizations and 4,140,689 4,140,689 domestic governments. See Part IV, line 21 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 **4** Benefits paid to or for members . . . Compensation of current officers, directors, trustees, and 128,000 64,000 38,400 25,600 kev employees . 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . 151,428 75,714 45,428 30,286 **7** Other salaries and wages . Pension plan accruals and contributions (include section 6,132 3,679 1,840 613 401(k) and 403(b) employer contributions) . . . 16,054 9,633 4,816 1,605 **9** Other employee benefits **10** Payroll taxes 21,712 13,027 6,514 2,171 11 Fees for services (non-employees): **a** Management .

68.763

10,397

55,010

8,318

13.753

2,079

Statement of Functional Expenses

Form 990 (2020)

b Legal .

c Accounting .

d Lobbying

A Other /If line 11a amount exceeds 100% of line 25 column

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P	art X	Balance Sheet					
		Check if Schedule O contains a response or not	te to a	ny line in this Part IX			🗆
					(A) Beginning of year		(B) End of year
	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	
s	5	Loans and other payables to any current or form employee, creator or founder, substantial contri or family member of any of these persons	or 35% controlled entity		5		
	6	Loans and other receivables from other disquali section $4958(f)(1)$), and persons described in s		6			
	7	Notes and loans receivable, net			7		
ssets	8	Inventories for sale or use			8		
¥S,	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			12		
	13	Investments—program-related. See Part IV, line			13		
	14	Intangible assets	[14		
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must eq	ual line	e 33)	420,512	16	662,755

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15 Royalties .

23 Insurance .

a Consultants

c Dues

17 Travel .

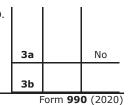
If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

2c

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.



Form 990 (2020)

Additional Data Return to Form

Software ID: Software Version:

Form 990, Special Condition Description:

Special Condition Description

Scriedule of Contributors Secretaria	Schodula B	ObjectId: 2021025793493017	45 - Submission: 2021-09-15		TIN: 74-3238362
Post treat of the Treaty programment of the Programme		Sched	lule of Contributors		OMB No. 1545-0047
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 4947(a)(1) nonexempt charitable trust not treated as a private foundation 5497(a)(1) nonexempt charitable trust treated as a private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation 501(c)(3) taxable private foundation 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special 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 33 se support test of the requisitions under sections 500(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 the received from any one contributions or contributions or organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributions or more than \$1,000 or exclusively 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 or evolusively 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. For an organization desc	or 990-PF) Department of the Treasury			nation.	2020
Organization type (check one): Filers of: Section: Form 990 or 990-EZ				Employer i	dentification number
Filers of: Section: 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 527 political organization 54947(a)(1) nonexempt charitable trust not treated as a private foundation 54947(a)(1) nonexempt charitable trust treated as a private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) exempt private foundation 501(c)(3) taxable private foundation 501(c)(3) taxable private foundation 501(c)(3) taxable private foundation 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. 601(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. 601(c)(7), 601(c)(7	Organization type (check	one):		74-3238362	:
Gold	3. (,			
4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 527 political organization 54947(a)(1) nonexempt charitable trust treated as a private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation 501(c)(3) taxable private foundation 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. For an organization filling 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 331/8% 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 treceived from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) F 990, Part VIII, line 11, 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 the greater of (1) \$5,000 or (2) 2% of the amount on (i) F 990, Part VIII, line 11, 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 contri	Filers of:	Section:			
527 political organization 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation 501(c)(3) taxable private foundation 501(c)(7), (8), or (10) 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. 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. For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33½% 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 the received from any one contributor, during the year, total contributions of the greater or (1) \$5,000 or (2) 2% of the amount on (i) F 990, Part VIII, line 11, h, 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 to a raintable. Form 11, 11, and 11, 11, 11, 11, 11, 11, 11, 11, 11, 11	Form 990 or 990-EZ	☐ 501(c)() (enter number)	organization		
Gorm 990-PF		4947(a)(1) nonexempt cha	aritable trust not treated as a p	rivate foundation	
4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation 501(c)(3) taxable private foundation 501(c)(3) taxable private foundation 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. 601		☐ 527 political organization			
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 the 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) F 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, total contributions of more than \$1,000 exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 exclusively lightly for religious, charitable, etc., complete any of the parts unless the General Rule applies to this organization because it received more than \$1,000 exclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year. Caution: An organization that isn't covered by the General Rule applies to this organization because it received nonexclusively	Form 990-PF	☐ 501(c)(3) exempt private f	oundation		
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 it 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) F 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 \$1.1 (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purposes, but no such contributions totaled more than \$1.1 (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year for an exclusively reli		4947(a)(1) nonexempt cha	aritable trust treated as a privat	e foundation	
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 1 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 33½% 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 the 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) F 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts 1 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 \$1,100 this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received monexclusively religious, charitable, etc., contributions totaled more than \$1,100 this power is a contribution of the parts unless the General Rule applies to this organization because it received monexclusively religious, charitable, etc., contributi		☐ 501(c)(3) taxable private f	oundation		
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). For Paperwork Reduction Act Notice, see the Instructions Cat. No. 30613X Schedule B (Form 990, 990-EZ, or 990-PF) (under sections 509(received from any o 990, Part VIII, line 1 For an organization during the year, tota	(a)(1) and 170(b)(1)(A)(vi), that chone contributor, during the year, to h, or (ii) Form 990-EZ, line 1. Cordescribed in section 501(c)(7), (8 al contributions of more than \$1,00	necked Schedule A (Form 990 on the greater of the greater of the greater of the greater of the properties of the greater of th	or 990-EZ), Part II, line 13, of (1) \$5,000 or (2) 2% of 0-EZ that received from ar	of the regulations 16a, or 16b, and that
	For an organization during the year, con If this box is checke purpose. Don't com	described in section 501(c)(7), (8 tributions exclusively for religious d, enter here the total contribution plete any of the parts unless the C	3), or (10) filing Form 990 or 990 c, charitable, etc., purposes, but ns that were received during the General Rule applies to this org	and III. D-EZ that received from an no such contributions total year for an exclusively reganization because it received.	the amount on (i) Form my one contributor, or educational my one contributor, aled more than \$1,000. eligious, charitable, etc., vived nonexclusively
	For an organization during the year, con If this box is checke purpose. Don't com religious, charitable Caution: An organization the 1990-EZ, or 990-PF), but it in or on its Form 990PF, Part	described in section 501(c)(7), (8 atributions exclusively for religious ed, enter here the total contribution plete any of the parts unless the 0, etc., contributions totaling \$5,000 and isn't covered by the General Rust answer "No" on Part IV, line	B), or (10) filing Form 990 or 990 or, charitable, etc., purposes, but is that were received during the General Rule applies to this or 0 or more during the year. Rule and/or the Special Rules do 2, of its Form 990; or check the	and III. D-EZ that received from ar no such contributions total year for an exclusively reganization because it received from the contributions total years for an exclusively reganization because it received from the contribution of the contribu	the amount on (i) Form ny one contributor, or educational ny one contributor, aled more than \$1,000. eligious, charitable, etc., ived nonexclusively rm 990,
Page 2 ————	For an organization during the year, con If this box is checke purpose. Don't com religious, charitable Caution: An organization the second s	described in section 501(c)(7), (8 tributions exclusively for religious d, enter here the total contribution plete any of the parts unless the C, etc., contributions totaling \$5,000 hat isn't covered by the General R must answer "No" on Part IV, line I, line 2, to certify that it doesn't m	B), or (10) filing Form 990 or 990 or, charitable, etc., purposes, but is that were received during the General Rule applies to this org 0 or more during the year Rule and/or the Special Rules do 2, of its Form 990; or check the leet the filing requirements of S	and III. D-EZ that received from ar no such contributions total year for an exclusively reganization because it received	the amount on (i) Form my one contributor, or educational my one contributor, aled more than \$1,000. eligious, charitable, etc., vived nonexclusively mm 990, 990-EZ

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

Page 2

4-3230302

Part I Contributo	Contributors (see instructions). Use duplicate copies of Part I if additional sp	ace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTE			Person
		\$ RESTRICTED	Payroll
		\$ RESTRICTED	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		φ.	Payroll
		\$_	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
•		φ.	Payroll
		\$_	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		<u> </u>	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		<u> </u>	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		<u> </u>	Noncash
			(Complete Part II for noncash contributions.)
		Schedule B (Fo	orm 990, 990-EZ, or 990-PF) (2020)
	Page 3		
Schedule E	(Form 990, 990-EZ, or 990-PF) (2020)		Page 3
Name of org	anization	Employer identificati	
		74-3238362	
Part II (a)	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.	(c)	T
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received

-				\$_	
(a) No. from Part I	(b) Description of noncash	property given		(c) or estimate)	(d) Date received
-				\$_	
(a) No. from Part I	(b) Description of noncash	property given		(c) or estimate)	(d) Date received
-				\$_	
(a) No. from Part I	(b) Description of noncash	property given		(c) or estimate) ostructions)	(d) Date received
-				\$_	
(a) No. from Part I	(b) Description of noncash	property given		(c) or estimate) ostructions)	(d) Date received
-				\$_	
(a) No. from Part I	(b) Description of noncash	property given		(c) or estimate) ostructions)	(d) Date received
-				\$_	
Schedule	B (Form 990, 990-EZ, or 990-PF) (2020)	———— Page 4 —————			Page 4
	rganization				ntification number
Part III	Exclusively religious, charitable, etc., cor than \$1,000 for the year from any one cor organizations completing Part III, enter the year. (Enter this information once. See insulate the deplicate copies of Part III if additional seconds.)	ntributor. Complete columns (a) the total of exclusively religious, chestructions.) ► \$	rough (e) a	nd the followin	g line entry. For
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descri	ption of how gift is held
-	Transferee's name, address, and	(e) Transfer of gift ZIP 4 R	Relationship	o of transferor to	o transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descri	ption of how gift is held
-					
	Transferee's name, address, and	(e) Transfer of gift ZIP 4 R	Relationship	of transferor to	o transferee
(0)					
(a)	(b) Durnoss of gift	(a) Hop of gift		(d) Deceri	ntion of how gift is hold

/2/25, 2:55 PM	(b) Furpose or grit	Win Minnesota - Full Filing - Nonprofi (C) USE OI YIII	t Explorer - ProPublica (u) Description of now gift is neigh
· <u> </u>	Transferee's name, address, and	(e) Transfer of gift ZIP 4 Re	elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift ZIP 4 Re	elationship of transferor to transferee
			Schedule B (Form 990, 990-EZ, or 990-PF) (2020
Additiona	l Data		Return to Form

Software ID: Software Version:

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

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

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

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

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• Section 501(c)(4) (5) or (6) organizations: Complete Part III

	me of the organization N MINNESOTA			Employer	ident	tification nu	mber
AA11,				74-323830	-		
Par	t I-A Complete if the orga	nization is exempt under section	n 501(c) or is	a section 527 or	ganiz	ation.	
1	Provide a description of the orga "political campaign activities")	nization's direct and indirect political can	npaign activities in	Part IV (see instruct	ions fo	or definition of	f
2	Political campaign activity expen	ditures (see instructions)			• \$	\$	2,136,213
3	Volunteer hours for political cam	paign activities (see instructions)					
Par	t I-B Complete if the orga	nization is exempt under section	n 501(c)(3).				
1	Enter the amount of any excise t	ax incurred by the organization under se	ection 4955		> \$	\$	
2	Enter the amount of any excise t	ax incurred by organization managers u	nder section 4955		• \$	\$	
3	If the organization incurred a sec	tion 4955 tax, did it file Form 4720 for t	his year?			☐ Yes	☐ No
4a	Was a correction made?					☐ Yes	□ No
b	If "Yes," describe in Part IV.						
Par	t I-C Complete if the orga	nization is exempt under sectio	n 501(c), exce	pt section 501(c	:)(3).	ı	
1	Enter the amount directly expend	ded by the filing organization for section	527 exempt funct	ion activities 🕨	\$	\$	2,136,213
2	Enter the amount of the filing or function activities		\$	\$			
3	Total exempt function expenditure	es. Add lines 1 and 2. Enter here and or	Form 1120-POL,	line 17b ▶	9	\$	2,136,213
4	Did the filing organization file Fo	rm 1120-POL for this year?				☐ Yes	✓ No
5	organization made payments. Fo of political contributions received	employer identification number (EIN) of r each organization listed, enter the amo that were promptly and directly deliver ee (PAC). If additional space is needed,	ount paid from the ed to a separate p	filing organization's folitical organization, s	funds.	Also enter the	
(a)	Name	(b) Address	(c) EIN	(d) Amount paid fi filing organizatior funds. If none, en -0	า'ร	(e) Amount contribution and prom directly deli separate organizatio enter	ns received aptly and ivered to a political n. If none,
(1) V	VIN Minnesota Political Action Fund	1600 University Avenue W Ste 309C Saint Paul, MN 55104	74-3238362	1,646	5,213		
(2) A	America Votes Action Fund Minnesota	1600 University Avenue W Ste 309C Saint Paul, MN 55104	27-4522665	490	0,000		
3							
4							

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

Page 2

Schedule C (Form 990 or 990-EZ) 2020

5

6

Page **2**

	Check if the filing organization belongs to an expenses, and share of excess lobbying	expenditures).		iffiliated group m	ember's name	, address, EIN,
В	Check if the filing organization checked box A Limits on Lobbying (The term "expenditures" means	g Expenditures			(a) Filing panization's totals	(b) Affiliated group totals
1a b c d	Total lobbying expenditures to influence public opinio Total lobbying expenditures to influence a legislative Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures	body (direct lobbying) .				
f	Lobbying nontaxable amount. Enter the amount from columns.	n the following table in b	oth			
	If the amount on line 1e, column (a) or (b) is:					
	Not over \$500,000	20% of the amount on line				
		\$100,000 plus 15% of the 6				
		\$175,000 plus 10% of the 6				
	Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000	\$225,000 plus 5% of the ex	ccess over \$1,500,00	00.		
	Over \$17,000,000	\$1,000,000.				
g h i	Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a. If zero or less, enter -0- Subtract line 1f from line 1c. If zero or less, enter -0-)				
j	If there is an amount other than zero on either line 1 section 4911 tax for this year?					☐ Yes ☐ No
	(Some organizations that made a s columns below. See t		tion do not hat tions for lines	ave to comple s 2a through 2		e five
	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))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures			Schedule	e C (Form 99	0 or 990-EZ) 2020
		———— Page 3 -				
Coh	edule C (Form 990 or 990-EZ) 2020	_				
	rrt II-B Complete if the organization is e Form 5768 (election under secti		on 501(c)(3)	and has NOT	filed	Page 3
For a	each "Yes" response on lines 1a through 1i below, pro vity.	ovide in Part IV a detaile	d description of ti	he lobbying	(a) Yes No	(b) Amount
1	During the year, did the filing organization attempt including any attempt to influence public opinion or	to influence foreign, nat n a legislative matter or	ional, state or loo referendum, thro	cal legislation, ugh the use of:		
a b c d	Volunteers?	expenses reported on I	ines 1c through 1			

/2/25,	2:55 PM	Win Minnesota - Full Filing - Nonprofit Explorer - ProPublica					
f	Grants to other organizations for lo	obbying purposes?					
g	Direct contact with legislators, the	ir 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 th	e organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any t	ax incurred under section 4912					
C	If "Yes," enter the amount of any t	ax incurred by organization managers under section 4912					
d	If the filing organization incurred a	section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the org 501(c)(6).	panization is exempt under section 501(c)(4), section 501(c)	(5), o	r secti	on		
						Yes	No
1		re) dues received nondeductible by members?			1		
2	,	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		
1 2	Section 162(e) nondeductible lobb	ounts from members	1				
	expenses for which the section	527(f) tax was paid).					
a			2a				
b	,		2b				
С			2c				
3		tion 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	ļ			
4	the organization agree to carryove	nt on line 2c exceeds the amount on line 3, what portion of the excess does in to the reasonable estimate of nondeductible lobbying and political	4				
5	Taxable amount of lobbying and po	olitical expenditures (see instructions)	5				
Pa	rt IV Supplemental Info	rmation					
		rt I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); complete this part for any additional information.	Part II-	A, lines	1 and	d 2 (se	е
	Return Reference	Explanation					
		Schedule	C (For	m 990	or 99	90EZ)	2020
		Schedule	٠,٠٠١	555	J. J .	/	
			_				

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Software ID: Software Version:

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ObjectId: 202102579349301745 - Submission: 2021-09-15

TIN: 74-3238362

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

OMB No. 1545-0047

	tment of the Treasury	1	Attach to Form 9						n to Public
	al Revenue Service me of the organ	► Go to <u>www.irs.gov/Forn</u>	1990 for instruction	ns a	nd the latest info		on. Dloyer iden		spection
	N MINNESOTA					-	-	cation	umbei
_					o: :: = :		3238362		
Pa		izations Maintaining Donor Adviete if the organization answered "Ye				or Acc	ounts.		
			(a) Donor				(b) Funds a	and other	accounts
1	Total number at	end of year							
2	Aggregate value	of contributions to (during year)							
3	Aggregate value	of grants from (during year)							
4	Aggregate value	at end of year							
5		ation inform all donors and donor adviso property, subject to the organization's ex					funds are th	_	Yes 🗌 No
6	charitable purpo	ation inform all grantees, donors, and donors and not for the benefit of the donor	or donor advisor, or	for	any other purpose of			ssible	Yes 🗆 No
Pa	rt II Conser	rvation Easements.							Yes U No
		ete if the organization answered "Ye	s" on Form 990, P	art	IV, line 7.				
1	Purpose(s) of co	onservation easements held by the orga	nization (check all th	at a	pply).				
	Preservation	on of land for public use (e.g., recreation	n or education)		Preservation of an	histor	ically import	ant land a	area
	Protection	of natural habitat			Preservation of a	certifie	d historic str	ructure	
	Preservation	on of open space							
2		2a through 2d if the organization held a le last day of the tax year.	qualified conservation	n co	ontribution in the for	rm of a			of the Year
а	Total number of	conservation easements				2a			
b	Total acreage re	estricted by conservation easements				2b			
С	Number of cons	ervation easements on a certified histori	c structure included	in (a	a)	2c			
d	structure listed i	ervation easements included in (c) acqu in the National Register	,			2d			
3	Number of constax year	servation easements modified, transferre	ed, released, extingui	ishe	d, or terminated by	the or	ganization d	uring the	
4	Number of state	es where property subject to conservation	on easement is locate	ed ►			_		
5		ization have a written policy regarding that of the conservation easements it hold				of viola		Yes	□ No
6	Staff and volunt	teer hours devoted to monitoring, inspec	cting, handling of vio	latio	ns, and enforcing co	onserv	ation easem	ents durir	ng the year
7	Amount of expe	enses incurred in monitoring, inspecting,	handling of violation	ıs, a	nd enforcing conser	vation	easements	during the	e year
8		ervation easement reported on line 2(d)0(h)(4)(B)(ii)?				70(h)(Yes	□ No
9	balance sheet, a	scribe how the organization reports cons and include, if applicable, the text of the n's accounting for conservation easemen	footnote to the orga						
Par	t III Organi	izations Maintaining Collections	of Art, Historica			er Si	milar Asse	ets.	
		ete if the organization answered "Ye							
1a	historical treasu	ion elected, as permitted under FASB AS ures, or other similar assets held for pub ext of the footnote to its financial statem	lic exhibition, educat	ion,	or research in furth				
b	historical treasu	ion elected, as permitted under FASB AS ures, or other similar assets held for pub nts relating to these items:							
(ded on Form 990, Part VIII, line 1					> \$		
		l in Form 990, Part X							
2	If the organizat	ion received or held works of art, historints required to be reported under FASB.	cal treasures, or oth	er si	milar assets for fina			the	
а	_	ed on Form 990, Part VIII, line 1	_				. ▶\$		
h		in Form 990 Part V					<u> </u>		-

https://projects.propublica.org/nonprofits/organizations/743238362/202102579349301745/full

—— Page 2 —————

Sche	edule D	(Form 990) 2020											Page 2
Par	t III	Organizations Ma	aintaining Col	lections of Art,	Histori	cal Tr	easu	res, o	r Other	Similar As	ssets (conti	nued)	
3		the organization's acquicked; (check all that apply):		, and other record		ny of	the fol	llowing t	that are a	significant u	use of its coll	ection	
а		Public exhibition			d		Loan	or exch	ange prog	grams			
b		Scholarly research			е		Other	- <u>-</u>					
С		Preservation for future	generations										
4	Provi Part)	de a description of the o	organization's coll	ections and explair	n how the	y furth	er the	e organiz	zation's ex	xempt purpo	se in		
5		g the year, did the orga s to be sold to raise fun									Yes	□ N	0
Pa	rt IV	Escrow and Cust Complete if the org line 21.			orm 990,	Part	IV, lir	ne 9, or	reporte	d an amou	nt on Form	990,	Part X,
1a		e organization an agent ded on Form 990, Part)									☐ Yes	□ N	o
b	If "Ye	es," explain the arrange	ment in Part XIII	and complete the	following	tahle:				A	mount		_
c		nning balance		·	_				1c				_
d	_	ions during the year .							1d				_
е		butions during the year							1e				_
f		ig balance							1f				_
													_
2a		ne organization include			•					•		∪N	0
b		s," explain the arrange		Check here if the	explanation	on has	been	provide	d in Part)	XIII	U		
Pa	rt V	Endowment Fund Complete if the org		vered "Yes" on Fo	rm 990	Part	TV/ lin	ne 10					
		Complete ii the org	gariization answ	(a) Current year		rior year			ears back	(d) Three ye	ars back (e)	our yea	rs back
1a	Beginn	ing of year balance .											
b	Contrib	outions											
С	Net inv	estment earnings, gain	ns, and losses										
d	Grants	or scholarships											
е		expenditures for facilitie	es										
f	Admini	istrative expenses .											
g	End of	year balance											
2	Provi	de the estimated percer	ntage of the curre	nt year end balanc	e (line 1g	ı, colur	nn (a)) held a	ıs:	-			
а	Board	d designated or quasi-e	ndowment ►										
b	Perm	anent endowment ►											
c	Term	endowment ►											
	The p	ercentages on lines 2a,	, 2b, and 2c shoul	d equal 100%.									
За		here endowment funds nization by:	not in the possess	sion of the organiz	ation that	are he	eld and	d admin	istered fo	r the		Yes	No
	_	nrelated organizations									3a(i)	163	110
		Related organizations									3a(ii)		
b		s" on 3a(ii), are the rel			on Sche	dule R	? .				3b		-
4	Desci	ribe in Part XIII the inte	ended uses of the	organization's end	owment f	unds.					l .		
Pa	rt VI	Land, Buildings,											
	D	Complete if the org											
	Descri	ption of property	(a) Cost or oth (investme		st or other	Dasis (C	itrier)	(C) ACC	umulateu (depreciation	(a) b	ook valu	е
1a	Land												
b	Buildin	gs											
С	Leaseh	old improvements											-
d	Equipn	nent					5,739			4,124			1,615
е	Other												
Tota	al. Add	lines 1a through 1e. (C	Column (d) must e	qual Form 990, Pa	rt X, colui	mn (B)	, line	10(c).)		>			1,615
										Sch	edule D (Fo	rm 99	0) 2020

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Schedule D (Form 990) 2020 Page 3

Complete if the organization answered "Yes" on Form 990, P (a) Description of security or category	(b)	ic TID			
(including name of security)	f security or category (b) (c) Method of value ame of security) (b) (c) Method of value Cost or end-of-year management of the cost of the cost or end-of-year management of the cost				
(1) Financial derivatives					
(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, P (a) Description of investment	art IV, lin	e 11c.	See Form 990, (b) Book value	(c) Method of valuation:
				Cos	t 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, Pa	art IV, line	e 11d.	See Form 990, Pai	t X, lin	e 15. (b) Book value
(2)					(b) Book value
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)				•	

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

(a) Description of liability https://projects.propublica.org/nonprofits/organizations/743238362/202102579349301745/full (b) Book value

ເ) ⊦ed					
,	eral income taxes				
2)					
)					
)					
)					
5)					
7)					
3)					
9)					
	olumn (b) must equal Form 990, Part X, col.(B) line 25.) ity for uncertain tax positions. In Part XIII, provid	do the text of the feetnets to th	no organization's financial sta	tomonts that	roports the
	ation's liability for uncertain tax positions under F				
garnz	tion's hability for uncertain tax positions under the	in 40 (ASC 740). Check here ii	the text of the foothole has		
				Schedule D	(Form 990) 2020
		Dage 4			
		———— Page 4 ———			
hedul	e D (Form 990) 2020				Page 4
Part			-	eturn.	
. Т	Complete if the organization answere otal revenue, gains, and other support per audite			1	E 202 202
	mounts included on line 1 but not on Form 990, F				5,203,293
	et unrealized gains (losses) on investments .		2a		
	onated services and use of facilities	_	2b	1	
	ecoveries of prior year grants	<u> </u>	2c	1	
	ther (Describe in Part XIII.)	⊢	2d	†	
e A	dd lines 2a through 2d			2e	
S	ubtract line 2e from line 1			3	5,203,293
Α	mounts included on Form 990, Part VIII, line 12,	but not on line 1:			
a I	ivestment expenses not included on Form 990, Po	art VIII, line 7b	4a		
b C	ther (Describe in Part XIII.)		4b]	
c A	dd lines 4a and 4b			4c	
	otal revenue. Add lines 3 and 4c. (This must equa			5	5,203,293
Part 2	Reconciliation of Expenses per Au Complete if the organization answere			Return.	
L T	otal expenses and losses per audited financial sta			1	4,821,781
. A	mounts included on line 1 but not on Form 990, F	Part IX, line 25:			
a D	onated services and use of facilities		2a		
b P	rior year adjustments		2b	1	
c C	ther losses		2c]	
d C	ther (Describe in Part XIII.)		2d		
	dd lines 2a through 2d			2e	
e A	ubtract line 2e from line 1			3	4,821,781
S		A make and the art of a		1 1	
S S	mounts included on Form 990, Part IX, line 25, b	i	- 1		
s S A a I	evestment expenses not included on Form 990, Po	art VIII, line 7b	4a	_	
3 S 4 A a II b C	vestment expenses not included on Form 990, Pother (Describe in Part XIII.)	art VIII, line 7b	4b		
3 S 4 A a II b C c A	ther (Describe in Part XIII.)	art VIII, line 7b	4b	4c	1001 701
3 S 4 A a II b C c A	tivestment expenses not included on Form 990, Pot ther (Describe in Part XIII.)	art VIII, line 7b	4b	4c 5	4,821,781
3 S 4 A a II b C c A 5 T Part	ther (Describe in Part XIII.)	art VIII, line 7b	4b	5	
A A A A A A A A A A A A A A A A A A A	tivestment expenses not included on Form 990, Pot ther (Describe in Part XIII.)	art VIII, line 7b	Part IV, lines 1b and 2b; Part	5	

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Software ID: Software Version:

efile Public Visual Render ObjectId: 202102579349301745 - Submission: 2021-09-15 TIN: 74-3238362 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing OMB No. 1545-0047 Schedule I **Grants and Other Assistance to Organizations,** (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to <u>www.irs.gov/Form990</u> for the latest information. Open to Public Department of the Treasury Internal Revenue Service Employer identification number Name of the organization WIN MINNESOTA 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, the grantees' eligibility for the grants or assistance, and □ No Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 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 Part II that received more than \$5,000. Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization (if applicable) arant cash (book, FMV, appraisal, noncash assistance or assistance or government assistance other) (1) Alliance for a Better MN 1600 University Ave W Ste 26-1317208 501c4 1.547.000 Operations Saint Paul, MN 55104 (2) Blueprint Campaigns 82-1847033 501c4 45,000 Operations 8011 34th Ave S Suite 438 Minneapolis, MN 55425 (3) COPAL Minnesota 83-1278469 501c3 11,815 Operations 3702 E Lake St Minneapolis, MN 55406 (4) Minnesota Voice 1600 University Ave W 309 Saint Paul, MN 55104 46-4457692 501C4 50,000 (5) Black Civic Network 986 Maryland Avenue East Saint Paul, MN 55106 82-4728514 501c4 15,000 Operations (6) Minnesota Youth Collective 1600 University Ave W Ste 309 Saint Paul, MN 55104 82-3554493 501c4 190,000 Operations 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . Enter total number of other organizations listed in the line 1 table . . . • 5 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50055P Schedule I (Form 990) 2020 Page 2 -Schedule I (Form 990) 2020 Page 2 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22, Part III can be duplicated if additional space is needed. (e) Method of valuation (book, (b) Number of recipients (a) Type of grant or assistance (c) Amount of cash grant (d) Amount of (f) Description of noncash assistance noncash assistance FMV, appraisal, other) (1) (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 Monitoring procedures (Part I, line Grant documentation is maintained by the organization. Grantees eligibility is evaluated and awarded based on criteria determined by the Board. 2) Schedule I (Form 990) 2020

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> Software ID: Software Version:

(Form 990)

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Schedule J Compensation Information

TIN: 74-3238362

OMB No. 1545-0047

2020

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.

		► Attach to Form 990.				
	ment of the Treasury	► Go to <u>www.irs.gov/Form990</u> for instructions and the latest infor	mation.	Open 1		
	Revenue Service ne of the organiza	l ation	Employer identi		ection	
	MINNESOTA			incution ne		
			74-3238362			
Pa	rt I Questio	ons Regarding Compensation				
					Yes	No
1a		ppiate box(es) if the organization provided any of the following to or for a person liste ection A, line 1a. Complete Part III to provide any relevant information regarding the				
	990, Fait VII, 36	ection A, line 1a. Complete Part III to provide any relevant information regarding the	se items.			
	_	or charter travel — Housing allowance or residence for	personal use			
		companions — Payments for business use of person				
	☐ Tax idemn	nification and gross-up payments U Health or social club dues or initiat				
	☐ Discretion	pary spending account U Personal services (e.g., maid, chau	ffeur, chef)			
	If any of the hea	xes on Line 1a are checked, did the organization follow a written policy regarding pay	mont or			
D		or provision of all of the expenses described above? If "No," complete Part III to exp		1b		
2	Did the organiza	ation require substantiation prior to reimbursing or allowing expenses incurred by all ses, officers, including the CEO/Executive Director, regarding the items checked on Li	ne 1a?	2		
	directors, truste	ics, officers, melauning the electrone birector, regulating the items effected on an	ic 14			
3		if any, of the following the filing organization used to establish the compensation of t	he			
		EO/Executive Director. Check all that apply. Do not check any boxes for methods and organization to establish compensation of the CEO/Executive Director, but explain	in Part III			
	—		iii i dic III.			
	Compensa	ation committee				
	Independe	ent compensation consultant — Compensation survey or study				
	☐ Form 990	of other organizations Approval by the board or compensations	ation committee			
4	During the year	did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the f	iling organization o	ra		
-	related organiza		illing organization o	1 4		
а	Possivo a sovers	ance payment or change-of-control payment?		4a		No
a b		r receive payment from, a supplemental nonqualified retirement plan?		4a 4b		No
c		r receive payment from, an equity-based compensation arrangement?		4c		No
		of lines 4a-c, list the persons and provide the applicable amounts for each item in Par	t III.			140
	•					
	Only 501(c)(3)), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any				
	compensation co	ontingent on the revenues of:				
а	The organization	1?		5a		No
b	Any related orga	anization?		5b		No
	If "Yes," on line	5a or 5b, describe in Part III.				
6		ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any				
	compensation co	ontingent on the net earnings of:				
а	The organization	1?		6a		No
b	Any related orga	anization?		6b		No
	If "Yes," on line	6a or 6b, describe in Part III.				
7	For persons liste	ed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixe	d			
	payments not de	escribed in lines 5 and 6? If "Yes," describe in Part III		7		No
8		nts reported on Form 990, Part VII, paid or accured pursuant to a contract that was				
	subject to the in in Part III	nitial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," d	escribe			
				8		No
9		B, did the organization also follow the rebuttable presumption procedure described in	Regulations section			
	53.4958-6(c)? .			9	للبيا	
For F	Paperwork Redu	action Act Notice, see the Instructions for Form 990. Cat. No.	50053T Schedu	ile J (Form	990)	2020

______ Page 2 ______

Schedule J (Form 990) 2020 Page **2**

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

(B) Breakdown of W-2 and/or 1099-MISC compensation (F) Compensation in (A) Name and Title (C) Retirement (D) Nontaxable (E) Total of and other benefits columns deferred compensation (B)(i)-(D) column (B) reported as (ii) Bonus & incentive (i) Base compensation (iii) Other reportable compensation deferred on prior Form 990 compensation 1Denise Cardinal (i) 128,000 22,684 150,684 Executive Director ----(ii) -------------------------

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		+	-	+			
		+		+			
				1			
							11.7/5 000) 2020
						Scne	dule J (Form 990) 2020
			Page 3 ———				
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 Pa	rt II. Also complete	this part for any addi	tional information.
Return Reference	,	, ., ., ., ., .,		Explanation	,	, , , , , , , , , , , , , , , , , , , ,	
<u> </u>						Sche	dule J (Form 990) 2020
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Software ID: Software Version: efile Public Visual Render

ObjectId: 202102579349301745 - Submission: 2021-09-15

TIN: 74-3238362

OMB No. 1545-0047

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 <u>www.irs.gov/Form990</u> for the latest information.

Open to Public Inspection

Name of the organization
WIN MINNESOTA

Employer identification number

74-3238362

	74-3238302
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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