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CLIENT'S COPY

March 17, 2022

WomenVenture
165 Western Avenue N, Ste 8, # 100
Minneapolis, MN 55102
Attention: Susan Joos

Dear Susan:

Enclosed are the original and one copy of the 2020 Exempt Organization returns, as follows...

2020 Form 990

2020 Minnesota Annual Report

Please review the return for completeness and accuracy.

We prepared the return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Sincerely,

Michael J Peterson, CPA

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2021

Prepared For:

WomenVenture
165 Western Avenue N, Ste 8, # 100
Minneapolis, MN 55102

Prepared By:

Wipfli LLP
1502 London Road, Suite 200
Duluth, MN 55812

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by May 16, 2022

Internal Revenue Code Section 6104(d) requires that Form 990 should be made available for public inspection during regular business hours at the organization's principal office. The return must also be available for public inspection at any regional or district offices having three or more employees. Inspection of this return must be allowed for three years from the due date specified above. The inspection requirement applies to all portions of the return except for the names and addresses of any contributors to the organization. The inspection requirement also applies to your organization's application for tax-exempt status (Form 1023 or 1024) and the Internal Revenue Service determination letter approving exempt status.

***** THIS IS NOT A FILEABLE COPY *****

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

Form **8879-EO**

For calendar year 2020, or fiscal year beginning JUL 1, 2020, and ending JUN 30, 2021

2020

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization or person subject to tax

Taxpayer identification number

WOMENVENTURE

41-1463426

Name and title of officer or person subject to tax

LEEANN RASACHAK

CEO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>7,715,715.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here ▶ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize WIPFLI LLP to enter my PIN 12345
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶ ***** THIS IS NOT A FILEABLE COPY *** Date ▶

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

41718154403

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ MICHAEL J PETERSON, CPA Date ▶ 03/17/22

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. WOMENVENTURE	Taxpayer identification number (TIN) 41-1463426
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 165 WESTERN AVENUE N, STE 8, # 100	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MINNEAPOLIS, MN 55102	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

SUSAN JOOS - 165 WESTERN AVENUE N, SUITE 8, OFFICE 100

- The books are in the care of ▶ **ST. PAUL - MINNEAPOLIS, MN 55102**
Telephone No. ▶ **612-224-9540** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 16, 2022** , to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year _____ or
▶ tax year beginning **JUL 1, 2020** , and ending **JUN 30, 2021** .

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization WOMENVENTURE Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 165 WESTERN AVENUE N, STE 8, # 100 City or town, state or province, country, and ZIP or foreign postal code MINNEAPOLIS, MN 55102 F Name and address of principal officer: LEEANN RASACHAK SAME AS C ABOVE	D Employer identification number 41-1463426 E Telephone number 612-224-9540 G Gross receipts \$ 7,782,125. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.WOMENVENTURE.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1983 M State of legal domicile: MN

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: WE EMPOWER WOMEN TO ACHIEVE THEIR ECONOMIC GOALS BY BUILDING PROFITABLE AND SUSTAINABLE		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	19
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	46
	6	Total number of volunteers (estimate if necessary)	6	207
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year
9		Program service revenue (Part VIII, line 2g)	1,610,043.	7,315,211.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	269,137.	427,909.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,613.	2,325.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-6,129.	-29,730.
			1,879,664.	7,715,715.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	4,200,000.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,683,448.	1,968,275.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 324,362.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,099,356.	1,013,064.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,782,804.	7,181,339.
	19	Revenue less expenses. Subtract line 18 from line 12	-903,140.	534,376.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	4,938,505.	6,139,172.
	22	Net assets or fund balances. Subtract line 21 from line 20	3,821,800.	4,440,495.
			1,116,705.	1,698,677.

Part II Signature Block

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

Sign Here	Signature of officer LEEANN RASACHAK, CEO Type or print name and title	Date			
Paid Preparer Use Only	Print/Type preparer's name MICHAEL J PETERSON, CPA	Preparer's signature MICHAEL J PETERSON,	Date 03/17/22	Check if self-employed <input type="checkbox"/>	PTIN P01833529
	Firm's name ▶ WIPFLI LLP Firm's address ▶ 1502 LONDON ROAD, SUITE 200 DULUTH, MN 55812	Firm's EIN ▶ 39-0758449 Phone no. 218.722.4705			

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: WOMENVENTURE'S MISSION IS TO IS TO EMPOWER WOMEN TO ACHIEVE THEIR ECONOMIC GOALS BY BUILDING PROFITABLE AND SUSTAINABLE BUSINESSES THAT TRANSFORM COMMUNITIES.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 6,487,281. including grants of \$ 4,200,000.) (Revenue \$ 427,909.) WOMEN VENTURE'S MISSION IS TO HELP WOMEN ATTAIN ECONOMIC SELF-SUFFICIENCY THROUGH THE CREATION AND GROWTH OF PROFITABLE AND SUSTAINABLE BUSINESSES. OUR VISION IS TO EMPOWER ENTREPRENEURIAL WOMEN WITH TOOLS, CAPITAL, AND SUPPORT TO LEAD BUSINESSES THAT CREATE LIVING WAGE JOBS. OUR PROGRAMS PROVIDE A HOLISTIC APPROACH TO ENTREPRENEURIAL DEVELOPMENT THAT INCLUDES FOUR PILLARS: TRAINING, COACHING, ACCESS TO CAPITAL AND A COMMUNITY OF SUPPORT.

IN OUR FISCAL YEAR ENDING JUNE 30, 2021, WOMENVENTURE SERVED 1,155 ESTABLISHED AND EMERGING ENTREPRENEURS: 96% WERE WOMEN; 66% WERE LOW-INCOME OR VERY LOW-INCOME; AND 51% WERE WOMEN OF COLOR.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses 6,487,281.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a		19
b	Enter the number of voting members included on line 1a, above, who are independent		19
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **MN**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on 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 **SUSAN JOOS - 612-224-9540**
165 WESTERN AVENUE N, SUITE 8, OFFICE 100 ST. PAUL, MINNEAPOLIS, MN 5510

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ELAINE WYATT CEO (THRU DEC 2020)	40.00			X			98,737.	0.	20,158.	
(2) ERIN HORNE MCKINNEY CEO (BEG MAR 2021)	40.00			X			0.	0.	0.	
(3) SUSAN JOOS CFO	40.00			X			95,146.	0.	7,082.	
(4) AUTUMN WAY CHAIR	2.00	X		X			0.	0.	0.	
(5) MEGHAN HARRIS VICE CHAIR (THRU MAR 2021)	2.00	X		X			0.	0.	0.	
(6) ALYSON VAN DYK SECRETARY	2.00	X		X			0.	0.	0.	
(7) REBECCA WALL TREASURER	2.00	X		X			0.	0.	0.	
(8) JANDEEN BOONE CHAIR EMERITUS	2.00	X		X			0.	0.	0.	
(9) JENNY VERNER CHAIR EMERITUS (THRU JUN 2021)	2.00	X		X			0.	0.	0.	
(10) LINDAY BICKLER BOARD MEMBER	2.00	X					0.	0.	0.	
(11) KRISTEN DENZER BOARD MEMBER	2.00	X					0.	0.	0.	
(12) ANNA DOSEN BOARD MEMBER	2.00	X					0.	0.	0.	
(13) SHELLY ELMORE BOARD MEMBER	2.00	X					0.	0.	0.	
(14) ANDREA HITZEMANN-JOHNSON BOARD MEMBER (THRU OCT 2020)	2.00	X					0.	0.	0.	
(15) DANIELLE LOHBECK BOARD MEMBER (THRU MAY 2021)	2.00	X					0.	0.	0.	
(16) NELIMA SITATI MUNENE BOARD MEMBER	2.00	X					0.	0.	0.	
(17) ROSEMARIE NDUPEUCHI BOARD MEMBER	2.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ARUNA NOOKALA BOARD MEMBER	2.00	X						0.	0.	0.
(19) CARLA PAVONE BOARD MEMBER	2.00	X						0.	0.	0.
(20) SHELLEY PETERSON-BOURLAND BOARD MEMBER	2.00	X						0.	0.	0.
(21) CRISTEN PURDY BOARD MEMBER	2.00	X						0.	0.	0.
(22) LEEANN RASACHAK BOARD MEMBER	2.00	X						0.	0.	0.
(23) SONYA MCCULLUM ROBERTS BOARD MEMBER	2.00	X						0.	0.	0.
(24) LISA KRAMER RODACKER BOARD MEMBER	2.00	X						0.	0.	0.
(25) LINNEA SOLEM BOARD MEMBER	2.00	X						0.	0.	0.
(26) ROSA TOCK BOARD MEMBER	2.00	X						0.	0.	0.
1b Subtotal								193,883.	0.	27,240.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								193,883.	0.	27,240.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	129,460.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	5,744,939.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	1,440,812.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f		7,315,211.				
Program Service Revenue	2 a <u>LOAN RECOVERY</u>	Business Code	522291	198,040.	198,040.		
	b <u>LOAN INTEREST INCOME</u>		522291	143,426.	143,426.		
	c <u>TRAINING INCOME</u>		561300	61,813.	61,813.		
	d <u>LOAN FEE INCOME</u>		522291	24,630.	24,630.		
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		427,909.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,325.		2,325.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	7,000.			
			(ii) Personal				
	b Less: rental expenses ...	6b		0.			
	c Rental income or (loss)	6c		7,000.			
	d Net rental income or (loss)			7,000.		7,000.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
d Net gain or (loss)							
8 a Gross income from fundraising events (not including \$ <u>129,460.</u> of contributions reported on line 1c). See Part IV, line 18	8a		29,680.				
			66,410.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			-36,730.		-36,730.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			7,715,715.	427,909.	0.	-27,405.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	4,200,000.	4,200,000.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	219,293.	162,886.	38,390.	18,017.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,459,663.	1,180,866.	113,191.	165,606.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	17,652.	14,225.	1,206.	2,221.
9 Other employee benefits	125,653.	86,238.	19,475.	19,940.
10 Payroll taxes	146,014.	122,052.	11,347.	12,615.
11 Fees for services (nonemployees):				
a Management				
b Legal	17,577.	6,104.	11,473.	
c Accounting	18,805.		18,805.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	292.		292.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	516,366.	408,275.	75,275.	32,816.
12 Advertising and promotion	216.	70.	50.	96.
13 Office expenses	43,475.	20,151.	11,685.	11,639.
14 Information technology	219,184.	154,083.	20,658.	44,443.
15 Royalties				
16 Occupancy	77,367.	61,921.	6,985.	8,461.
17 Travel	337.	169.	19.	149.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	28,774.	20,317.	5,435.	3,022.
20 Interest	41,970.	10,866.	31,104.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	18,994.	15,202.	1,715.	2,077.
23 Insurance	23,336.	18,677.	2,107.	2,552.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DUES AND SUBSCRIPTIONS	6,142.	5,179.	255.	708.
b _____				
c _____				
d _____				
e All other expenses _____	229.		229.	
25 Total functional expenses. Add lines 1 through 24e	7,181,339.	6,487,281.	369,696.	324,362.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	458,498.	1	681,915.
	2 Savings and temporary cash investments	1,667,564.	2	2,444,658.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	307,568.	4	370,875.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	23,021.	9	27,962.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 90,941.		
	b Less: accumulated depreciation	10b 81,251.		
	11 Investments - publicly traded securities	28,913.	10c	9,690.
	12 Investments - other securities. See Part IV, line 11	406,372.	11	6,382.
	13 Investments - program-related. See Part IV, line 11	23,013.	12	30,865.
	14 Intangible assets	2,023,556.	13	2,566,825.
	15 Other assets. See Part IV, line 11		14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	4,938,505.	15		
17 Accounts payable and accrued expenses	142,551.	16	6,139,172.	
18 Grants payable		17	206,520.	
19 Deferred revenue		18		
20 Tax-exempt bond liabilities		19		
21 Escrow or custodial account liability. Complete Part IV of Schedule D		20		
22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		21		
23 Secured mortgages and notes payable to unrelated third parties	443,196.	22		
24 Unsecured notes and loans payable to unrelated third parties	2,566,161.	23	379,246.	
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	669,892.	24	3,430,692.	
26 Total liabilities. Add lines 17 through 25	3,821,800.	25	424,037.	
27 Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.		26	4,440,495.	
28 Net assets without donor restrictions	400,118.			
29 Net assets with donor restrictions	716,587.			
30 Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
31 Capital stock or trust principal, or current funds		27	914,132.	
32 Paid-in or capital surplus, or land, building, or equipment fund		28	784,545.	
33 Retained earnings, endowment, accumulated income, or other funds		29		
34 Total net assets or fund balances	1,116,705.	30		
35 Total liabilities and net assets/fund balances	4,938,505.	31		
36 Total net assets or fund balances	1,116,705.	32	1,698,677.	
37 Total liabilities and net assets/fund balances	4,938,505.	33	6,139,172.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,715,715.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,181,339.
3	Revenue less expenses. Subtract line 2 from line 1	3	534,376.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,116,705.
5	Net unrealized gains (losses) on investments	5	8,096.
6	Donated services and use of facilities	6	39,500.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,698,677.

Part XII Financial Statements and Reporting

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

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

Form 990 (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **WOMENVENTURE** Employer identification number **41-1463426**

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1837210.	2055425.	1948120.	1610043.	7315211.	14766009.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1837210.	2055425.	1948120.	1610043.	7315211.	14766009.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						892,350.
6 Public support. Subtract line 5 from line 4.						13873659.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	1837210.	2055425.	1948120.	1610043.	7315211.	14766009.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	8,160.	8,687.	9,067.	15,013.	9,325.	50,252.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						14816261.
12 Gross receipts from related activities, etc. (see instructions)					12	1,474,391.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	93.64 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	92.60 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
2a		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Schedule A

**Identification of Excess Contributions
Included on Part II, Line 5**

2020

**** Do Not File ****

***** Not Open to Public Inspection *****

Contributor's Name	Total Contributions	Excess Contributions
WELLS FARGO FOUNDATION	1,110,000.	813,675.
W.K. KELLOGG FOUNDATION	375,000.	78,675.
Total Excess Contributions to Schedule A, Part II, Line 5		892,350.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

WOMENVENTURE

Employer identification number

41-1463426

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or 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 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization WOMENVENTURE	Employer identification number 41-1463426
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WELLS FARGO FOUNDATION 550 SOUTH 4TH STREET MINNEAPOLIS, MN 55415	\$ 600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	OFFICE OF WOMEN'S BUSINESS OWNERSHIP AT US SBA 409 3RD, ST SW WASHINGTON, DC 20416	\$ 593,813.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	MCKNIGHT FOUNDATION 710 2ND ST S, STE 400 MINNEAPOLIS, MN 55401	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	SMALL BUSINESS ADMINISTRATION 409 3RD ST SW WASHINGTON, DC 20416	\$ 877,044.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	HUGH J ANDERSEN FOUNDATION 342 5TH AVE N, STE 200 BAYPORT, MN 55003	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	COMMUNITY DEVELOPMENT INSTITUTIONS FUND 1801 L ST NW, 6TH FLOOR WASHINGTON, DC 20036	\$ 272,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization WOMENVENTURE	Employer identification number 41-1463426
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	MINNESOTA DEPARTMENT OF EMPLOYMENT AND ECONOMIC DEVELOPMENT 332 MINNESOTA ST, SUITE E200 ST. PAUL, MN 55101	\$ <u>4,327,680.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization WOMENVENTURE	Employer identification number 41-1463426
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization WOMENVENTURE	Employer identification number 41-1463426
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **WOMENVENTURE** Employer identification number **41-1463426**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	23,013.	23,165.	23,045.	21,491.	18,965.
b Contributions					
c Net investment earnings, gains, and losses	8,086.	73.	337.	1,777.	2,546.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	234.	225.	217.	223.	20.
g End of year balance	30,865.	23,013.	23,165.	23,045.	21,491.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 0.0000 %
 - b Permanent endowment 63.8100 %
 - c Term endowment 36.1900 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		90,941.	81,251.	9,690.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				9,690.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) PROGRAM LENDING	2,566,825.	COST
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	2,566,825.	

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CAPITAL LEASES	10,798.
(3) ADMINISTERED LOAN FUND	413,239.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	424,037.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	7,763,019.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	8,096.
b	Donated services and use of facilities	2b	39,500.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	47,596.
3	Subtract line 2e from line 1	3	7,715,423.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	292.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	292.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	7,715,715.

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

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

1	Total expenses and losses per audited financial statements	1	7,181,047.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	7,181,047.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	292.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	292.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	7,181,339.

Part XIII Supplemental Information.

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

PART V, LINE 4:

THIS IS A PERMANENT ENDOWMENT TO SUPPORT THE PROGRAMS OF WOMENVENTURE.
 INVESTMENT GAINS ON THE ENDOWMENT MAY BE USED TO CARRY OUT THE GENERAL
 CHARITABLE PURPOSE OF WOMENVENTURE.

PART X, LINE 2:

WOMENVENTURE IS EXEMPT FROM FEDERAL INCOME TAXES UNDER INTERNAL REVENUE
 CODE SECTION 501(C)(3) AND IS EXEMPT FROM MINNESOTA INCOME TAX, EXCEPT TO
 THE EXTENT THE ORGANIZATION HAS TAXABLE INCOME FROM ACTIVITIES THAT ARE
 NOT RELATED TO ITS EXEMPT PURPOSE. THE ORGANIZATION CURRENTLY HAS NO
 UNRELATED BUSINESS ACTIVITY INCOME. IN ADDITION, WOMENVENTURE QUALIFIES
 FOR CHARITABLE CONTRIBUTION DEDUCTION AND HAS BEEN CLASSIFIED AS A PUBLIC

Part XIII Supplemental Information (continued)

CHARITY THAT IS NOT A PRIVATE FOUNDATION.

WOMENVENTURE IS NOT CURRENTLY UNDER EXAMINATION BY ANY TAXING JURISDICTION. FEDERAL AND STATE TAX AUTHORITIES HAVE THE RIGHT TO EXAMINE THE CURRENT AND PRIOR THREE YEARS' RETURNS. ANY INTEREST OR PENALTIES ASSOCIATED WITH TAX POSITIONS ARE REPORTED AS SUCH WITHIN THE MANAGEMENT AND GENERAL EXPENSES CATEGORY. FOR THE YEARS ENDED JUNE 30, 2021 OR 2020, THERE WERE NO SUCH INTEREST OR PENALTIES RECORDED IN THE ACCOMPANYING FINANCIAL STATEMENTS. WOMENVENTURE HAS EVALUATED ITS TAX POSITIONS AND DETERMINED THAT THERE ARE NO AMOUNTS TO RECORD AS ASSETS OR LIABILITIES DUE TO UNCERTAIN TAX POSITIONS.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2020

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

Open to Public Inspection

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

Name of the organization

WOMENVENTURE

Employer identification number

41-1463426

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total				▶		

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		WOMEN MEAN BUSINESS (event type)	EMPOWER SOCIAL HOUR (event type)	NONE (total number)	
Revenue	1 Gross receipts	159,140.			159,140.
	2 Less: Contributions	129,460.			129,460.
	3 Gross income (line 1 minus line 2)	29,680.			29,680.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	66,410.			66,410.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				66,410.
11 Net income summary. Subtract line 10 from line 3, column (d)				-36,730.	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **WOMENVENTURE** Employer identification number **41-1463426**

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 the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
4 LESS TECH LLC 1178 BURNSVILLE CENTER UNIT 2057 BURNSVILLE, MN 55306	83-3120356	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
400 MEDIA GROUP INC 614 WEST LAKE STREET MINNEAPOLIS, MN 55408	82-3260578	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
4TH DIMENSION HEALING, LLC 1940 S. GREELEY ST., STE.103 STILLWATER, MN 55082	47-7728062	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
4TH POWER INC. 7630 160TH ST W LAKEVILLE, MN 55044	46-1678606	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
5TH AVENUE COLOR COMPANY INC 107 E 2ND ST HASTINGS, MN 55033	04-3629627	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
6 WAGS, INC 900 NINA COURT MENDOTA HEIGHTS, MN 55118	82-2786400	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 0.

3 Enter total number of other organizations listed in the line 1 table ▶ 420.

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Schedule I (Form 990) 2020

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A & Y MANAGEMENT LLC 4920 NARCISSUS LANE N PLYMOUTH, MN 55446	81-4951843	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
A BETTER YOU WELLNESS CENTER LLC 3200 LEXINGTON AVE N SUITE #1 SHOREVIEW, MN 55126	47-4063014	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
A TIME TO HEAL MASSAGE THERAPY 1337 SAINT CLAIR AVE, SUITE 2 SAINT PAUL, MN 55105	48-3900776	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
A.K. HAIR & COMPANY, INC. 17673 KENWOOD TRAIL LAKEVILLE, MN 55044	80-0547269	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
ACE HIGH CASINO, INC. 171 BRIDGEPOINT DRIVE SOUTH ST PAUL, MN 55075	41-1743945	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
ACHIEVE LEVEL 10 FITNESS LLC 5825 NEAL AVENUE N OAK PARK HEIGHTS, MN 55082	81-3406113	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
ACTIN FITT 8337 210TH STREET W LAKEVILLE, MN 55044	84-4195743	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
ACTIVE RECOVERY CHIROPRACTIC 4920 YORK AVE. S MINNEAPOLIS, MN 55410	81-0927339	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
AIM COMMUNICATIONS LLC 4756 BANNING AVE, SUITE 206 ST PAUL, MN 55110	26-4617025	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AIR DOWN THERE SCUBA, INC 9 LITTLE CANADA RD E LITTLE CANADA, MN 55113	46-0503668	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
AIRPORT RETAIL GROUP, LLC 4300 GLUMACK DRIVE SAINT PAUL, MN 55111	20-3368511	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
AM WIRELESS LLC 1301 MISSISSIPPI ST NE SUITE B FRIDLEY, MN 55432	82-2620709	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
AMERICAN MAYO CHINESE CONSULTANTS LLC - 150 EAST TRAVELERS TRAIL APT 406 BURNSVILLE, MN 55337 USA - BURNSVILLE, MN 55337	16-4311604	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
AMIEE ELIZABETH 2717 EAST 42ND STREET SUITE A MINNEAPOLIS, MN 55406	47-0067705	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
ANAHATA COLLABORATIVE LLC 4044 11TH AVE SOUTH MINNEAPOLIS, MN 55407	82-1545688	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
ANGELA EMERSON 1500 JACKSON STREET NE, STUDIO 151 MINNEAPOLIS, MN 55413	47-1087253	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
ANGELA LUTZ AESTHETICS LLC 8981 AZTEC DRIVE EDEN PRAIRIE, MN 55347	47-1206545	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
ANNIE NAILS AND SPA 5924 LEXINGTON AVE N SHOREVIEW, MN 55126	45-4612804	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANSARI BROTHERS, INC. 1960 RAHNCLIFF CT. EAGAN, MN 55122	26-3413746	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
APEX TOOLS 3485 203RD ST W FARMINGTON, MN 55024	26-0509088	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
APPLE VALLEY MASSAGE 7373 WEST 147TH STREET, SUITE 108 APPLE VALLEY, MN 55124	46-2025812	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
AQUIREIT, INC. 3209 TERMINAL DRIVE, SUITE 150 EAGAN, MN 55121	27-4477355	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
ARABELLA SALON & SPA LLC 3470 LEXINGTON AVE N STE 105 SHOREVIEW, MN 55126	27-1907501	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
ARCADIA WELLNESS SPA 9680 63RD AVE N MAPLE GROVE, MN 55369	82-5010635	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
ARCHIVED EXPRESSIONS LLC 200 E TRAVELERS TRL, STE 105 BURNSVILLE, MN 55337	47-1743830	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
ARILASH STUDIO LLC 17563 GLASGOW AVE LAKEVILLE, MN 55044	83-3703972	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
ART AND FRAME WORLD LLC 10701 93RD AVE N STE K MAPLE GROVE, MN 55369	27-0827734	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARTRAGEOUS ADVENTURES L.L.C. 2121 WEST 21ST STREET MINNEAPOLIS, MN 55405	81-1149097	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
ATAHENSIC AMORE INC. 879 SMITH AVE WEST ST. PAUL, MN 55118	83-1407031	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
ATSIRK SERVICES LLC 5928 CONCORD AVENUE EDINA, MN 55424	82-3083453	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
AVARIELLE FITNESS 1583 HAMLINE AVE N FALCON HEIGHTS, MN 55108	47-2588850	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
B SHARP HAIR CONCEPTS 3939 WEST 50TH STREET EDINA MN., MN 55424	46-8783377	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
B. RESALE 2613 NICOLLET AVENUE MINNEAPOLIS, MN 55406	27-0803300	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
BAKING BETTY'S LLC 392 WEST MARKET #W392 BLOOMINGTON, MN 55425	47-1052168	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
BAKKENWOOD HAIR STUDIO LLC 2649 7TH AVE NORTH ST. PAUL, MN 55109	26-2892871	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
BALLROOM AND LATIN DANCE CLUB, LLC 1103 W BURNSVILLE PKWY BURNSVILLE, MN 55337	83-2175390	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH

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BAUMANN, INC. 1440 DUCKWOOD DRIVE, SUITE 600 EAGAN, MN 55122	83-4211739	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
BCOZ INC 3965 EAGAN OUTLETS PARKWAY SPACE #7 EAGAN, MN 55122	82-2984121	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
BEAUTY LIFE LLC 9086 BUCHANAN TRL INVER GROVE HEIGHTS, MN 55076	65-2977153	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
BEIRUT DELI INCORPORATED 1385 ROBERT ST. SOUTH WEST SAINT PAUL, MN 55118	41-1823413	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
BLASHII LLC 1099 ROBERT ST S WEST ST. PAUL, MN 55118	82-0699668	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
BETH GUERIN INC 331 OAKWOOD DR. SHOREVIEW, MN 55126	81-1160252	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
BETTY & EARL'S BISCUIT KITCHEN LLC 1595 HWY 36 ROSEVILLE, MN 55113	84-3228037	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
BEYOND NAILS INC. 7540 149TH STREET WEST APPLE VALLEY, MN 55124	84-2782648	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
BILLIARD STREET CAFE, INCORPORATED 7178 UNIVERSITY AVE NE FRIDLEY, MN 55432	41-1619525	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH

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BINGEMAN COMPANIES, LLC 80 SNELLING AVE N SUITE D. SAINT PAUL, MN 55104	81-0953903	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
BLUE WATER POLISH POTTERY LLC 2208 3RD STREET WHITE BEAR LAKE, MN 55110	46-2121541	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
BLUSH INC. 1001 SIBLEY MEMORIAL HWY #103 LILYDALE, MN 55118	20-4193197	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
BOBBY & STEVE'S AUTO WORLD WEST ST. PAUL LLC - 1820 SOUTH ROBERTS STREET - WEST ST PAUL, MN 55118	46-1816951	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
BODY GLOW TANNING, INC. 2073 W. WAYZATA BLVD SUITE 1000 LONG LAKE, MN 55356	20-4696168	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
BODYLABS FITNESS STUDIO, LLC 295 WASHBURN AVE N MINNEAPOLIS, MN 55405	47-3880565	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
BODYWORKSSTUDIO 5009 EXCELSIOR BLVD ST LOUIS PARK, MN 55416	45-4629700	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
BRIM LLC 2919 KNOX AVENUE S #100 MINNEAPOLIS, MN 55408	82-4486189	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
BROOK D. CARL SALON LLC 2480 FAIRVIEW AVE N ROSEVILLE, MN 55113	84-2321352	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH

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BRU HOUSE INC 1431-A SILVER LAKE RD NEW BRIGHTON,, MN 55112	41-1821816	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
BUBBLES & ECOUTURE LLC 883 SMITH AVE S WEST ST. PAUL, MN 55118	20-4661631	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
BURGERS & WINGS INC. 3475 VERMILLION STREET HASTINGS, MN 55033	81-0550679	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
C L COMPANIES INC 11068 SPRUCEWOOD LN N CHAMPLIN, MN 55316	41-1996898	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
CABIN 61 LLC 4150 HOFFMAN ROAD WHITE BEAR LAKE, MN 55110	81-2544275	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
CARAVELLE RESTAURANT INC. 1 EAST LITTLE CANADA ROAD LITTLE CANDA, MN 55117	20-1801540	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
CARDINAL CORNER INC 1098 SO. ROBERT ST WEST ST. PAUL, MN 55118	41-1595432	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
CASSIE HOP PHOTOGRAPHY 4671 WHITE BEAR PARKWAY WHITE BEAR LAKE, MN 55110	26-2114365	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
CENTER LANE LLC 21034 HERON WAY, SUITES 3 & 4 LAKEVILLE, MN 55044	83-2493002	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH

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CENTERPOINTE DENTAL GROUP, P.A. 14321 NICOLLET COURT, SUITE 200 BURNSVILLE, MN 55306	41-1620978	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
CHANHASSEN CREATIVE ARTS, LLC 564 CHERRY DRIVE WACONIA, MN 55387	20-5661252	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
CHANSON VOICE STUDIOS 795 RAYMOND AVENUE, UNIVERSITY SAINT PAUL, MN 55114	26-3256719	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
CHEFJESS LLC 8702 CHANHASSEN HILS DR N CHANHASSEN, MN 55317	83-1281933	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
CHERYL LANDRU 13786 FRONTIER CT #106 BURNSVILLE, MN 55337	81-1011286	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
CHRIS & ROB'S MINNEAPOLIS INC. 3101 E 42ND STREET MINNEAPOLIS, MN 55406	20-1223042	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
CHRISTY PHAN-INTHISONE INC 3035 WHITE BEAR AVENUE STE 23 MAPLEWOOD, MN 55109	86-1063790	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
CHRISY LEE CONSULTING LLC 17125 KENDEL AVE HASTINGS, MN 55033	81-1816247	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
CJS LLC 5036 MERRIMAC LANE N PLYMOUTH, MN 55446	32-0566543	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH

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CK HARDCORE FITNESS 1037 HIGHWAY 96 W SHOREVIEW, MN 55126	46-2080663	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
CLEANING CLUB 3414 LYNDAL AVE NORTH MINNEAPOLIS, MN 55412	83-4322992	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
CLEAR SOLUTIONS MASSAGE LLC 1405 SILVER LAKE RD NW NEW BRIGHTON, MN 55112	47-4961735	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
CNF LIMITED LIABILITY COMPANY 2515 WHITE BEAR AVE N MAPLEWOOD, MN 55109	82-4830707	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
CODE WHITE TEETH WHITENING 3939 W 69TH ST EDINA, MN 55435	83-2459237	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
COLOSSAL CAFE ST. PAUL, LLC 7500 MILITARY ROAD WOODBURY, MN 55129	45-3029980	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
CONNECTIONS XIII 6000 BASS LK RD CRYSTAL, MN 55429	83-3807702	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
CONQUER NINJA WARRIOR BURNSVILLE LLC - 3203 CORPORATE CENTER DRIVE, SUITE 180 - BURNSVILLE, MN 55306	82-0907388	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
CONQUER NINJA WARRIOR WOODBURY LLC 3203 CORPORATE CENTER DRIVE, STE 19 BURNSVILLE, MN 55306	83-0891152	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH

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CORE LLC 1828 ST CLAIR AVE SAINT PAUL, MN 55105	32-0516613	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
CORNERSTONE FITNESS CENTERS 275 33RD ST W SUITE B HASTINGS, MN 55033	47-5630041	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
COTE INCORPORATED 546 ELM ST S WACONIA, MN 55387	27-0923870	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
COUTURE FLEUR 2179 4TH STREET SUITE 2G WHITE BEAR LAKE, MN 55110	47-4806302	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
CREATIVE HAIR DESIGN 5405 10TH AVE S MINNEAPOLIS, MN 55417	41-2004192	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
CREATIVE HAIR NYA LLC 640 RAILROAD DRIVE SUIT 400 NORWOOD, MN 55368	20-0837500	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
CREATIVE LICENSE INC 1803 BUERKLE ROAD WHITE BEAR LAKE, MN 55110	27-4384318	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
CREATIVE PAWS PET GROOMING LLC 1250 126TH AVE NE BLAINE, MN 55434	81-5343814	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
CRYSTAL ANDERSON 19349 ALDRICH AVE S BURNSVILLE, MN 55372	47-0131405	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH

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CUPCAKE, INC. 1565 CLIFF RD. EAGAN, MN 55122	20-0277422	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
CURIOSITY HOME DECOR & MORE LLC 650 JACKSON ST NE MINNEAPOLIS, MN 55413	83-0910028	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
D3 INVESTMENTS INC. 525 DIFFLEY ROAD EAGAN, MN 55123	47-5199032	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
DAI JUDY LLC 2000 WILLIAM DR STE 102 BURNSVILLE, MN 55337	82-5376945	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
DAVID'S BODY SHOP, INC 1010 2ND AVE N MINNEAPOLIS, MN 55405	41-1569818	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
DBYMA, LLC 509 EAST COUNTY ROAD 42 BURNSVILLE, MN 55306	45-5311343	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
DENTISTRY OPTIMIZED, LLC 2125 UPPER 55TH STREET EAST, SUITE 210 - INVER GROVE HEIGHTS, MN 55077	83-2955600	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
DEPARIS NAILS 1201 SOUTHVIEW BLVD. SOUTH ST. PAUL, MN 55075	83-3788823	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
DIMENSIONS IN HAIR LLC 1417 WEST BROADWAY MINNEAPOLIS, MN 55411	84-1735701	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH

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DINH INC 1060 COUNTY ROAD 42 E. BURNSVILLE, MN 55337	46-4436674	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
DIVAS ENTERTAINMENT LLC 8017 TELEGRAPH RD BLOOMINGTON, MN 55438	47-2988339	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
DL SHAFFER, LLC 220 150TH STREET WEST APPLE VALLEY, MN 55124	41-1999134	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
DREAM DAY DRESSING ROOMS, LLC 2319 175TH LANE NW ANDOVER, MN 55304	81-3236773	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
DREAM LIFESTYLE 7688 184TH ST W LAKEVILLE, MN 55044	81-4724946	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
DUR DUR RESTAURANT LLC 2511 BLOOMINGTON AVE S MINNEAPOLIS, MN 55404	82-5525868	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
EAGLESTRIKE FITNESS LLC 14050 PILOT KNOB RD STE 124 APPLE VALLEY, MN 55124	84-2788998	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
ECIG XCAPE LLC 1960 CLIFF LAKE RD, SUITE 106 EAGAN, MN 55122	36-4766338	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
ECLIPSE CONCERT SYSTEMS, INC. 1034 ROBERT STREET SOUTH, UNIT A WEST ST. PAUL, MN 55118	41-1308306	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH

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ELITE NAILS 1700 LEXINGTON AVE N ROSEVILLE, MN 55113	82-2485511	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
EM ENTERPRISES 18172 MINNETONKA BLVD DEEPHAVEN, MN 55391	83-0648202	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
ERIN ADAMEK 2152 3RD STREET WHITE BEAR LAKE, MN 55110	46-9177566	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
ESSENTIAL HEALTH CHIROPRACTIC P.A. 1964 RAHNCLIFF COURT SUITE 100 EAGAN, MN 55122	26-0416828	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
EURO NAILS CORPORATION 16271 IPAVA AVE LAKEVILLE, MN 55044	82-4951334	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
EWC COON RAPIDS LLC 3595 RIVER RAPIDS DRIVE COON RAPIDS, MN 55448	46-2802760	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
EWC VADNAIS, LLC 925 EAST COUNTY ROAD E VADNAIS HEIGHTS, MN 55127	46-3744232	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
EXPERIENCE THE TWIN CITIES LLC 2600 UNIVERSITY AVE SE #500 (NEW LOCATION 1405 LILAC DRIVE NORTH, GOLDEN VAL	45-1256525	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
EXQUISITE BEAUTY, LLC 422 UNIVERSITY AVE W #11 SAINT PAUL, MN 55103	84-2056829	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH

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FACE FOUNDRIE MAPLE GROVE 12163 ELM CREEK BLVD N MAPLE GROVE, MN 55369	84-4758840	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
FICUS & FIG, LLC 12750 NICOLLET AVE #100 BURNSVILLE, MN 55337	37-1484440	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
FIRITALLC 2445 NICOLLET AVE MINNEAPOLIS, MN 55404	36-4750194	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
FIVE STAR NAILS & HAIR SPA 2191-A SNELLING AVE N ROSEVILLE, MN 55113	47-4101985	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
FLEUR LASHES LLC 1721 COUNTY RD B2 W SUITE 107 ROSEVILLE, MN 55113	82-2311324	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
FORBEARS LLC 20800 KENRICK AVE SO LAKEVILLE, MN 55044	32-0170465	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
FORE HOLTS, LLC 8150 COLLER WAY SUITE 500 WOODBURY, MN 55125	83-1265562	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
FRANSEN INC 16 N 6TH ST MINNEAPOLIS, MN 55403	41-0987971	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
FRESH FIXINS' INC 11276 210 ST W LAKEVILLE, MN 55044	41-1722163	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH

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FRESH SPORTS BARBERSHOP LLC 7330 BROOKLYN BLVD BROOKLYN PARK, MN 55442	47-7212769	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
FUJI INC 15092 CLARET AVE W ROSEMOUNT, MN 55068	46-4216056	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
FUN JUMPS ENTERTAINMENT, INC. 1340 SIBLEY MEMORIAL HWY. MENDOTA, MN 55150	16-1623339	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
G&A GROUP INC 300 N MEDINA ST LORETTO, MN 55357	41-1968965	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
GAHNZ FURNITURE 2129 VERMILLION STREET HASTINGS, MN 55033	41-1629994	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
GAJA LLC 4325 NICOLLET AVENUE MINNEAPOLIS, MN 55409	81-4889015	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
GALLAGHER'S WHITE ELEPHANT CLUB INC - 888 OHIO STREET - WEST SAINT PAUL, MN 55118	41-0845761	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
GAZEBO CORPORATE WELLNESS 1001 TWELVE OAKS CENTER DRIVE WAYZATA, MN 55391	85-0723580	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
GEHLHAR INC 11350 AQUILA DR N #915 CHAMPLIN, MN 55316	27-3187752	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GINGER CAFE RAMSEY INC 14017 ST FRANCIS BLVD RAMSEY, MN 55303	41-1959532	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
GLEASON'S GYMNAS TIC SCHOOL, INC. 2015 SILVER BELL ROAD, SUITE 180 EAGAN, MN 55122	41-1715927	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
GO BUSINESS SOLUTIONS LLC 1862 BEAM AVE. MAPLEWOOD, MN 55109	46-1671443	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
GREAT NAILS LX 3470 N LEXINGTON AVE SHOREVIEW, MN 55126	20-8922118	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
GRETHEN HOUSE OF MN, INC 4930 FRANCE AVE EDINA, MN 55410	42-1161107	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
HAIR AFFAIR ON MANE 7860 VINEWOOD LANE NORTH MAPLE GROVE, MN 55369	47-2878180	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
HAIR BY M 2401 FAIRVIEW AVE NORTH SUITE 11 ROSEVILLE, MN 55113	12-6749473	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
HAIR BY RACHEL NICHOLS LLC 688 HAGUE AVE SAINT PAUL, MN 55104	39-2942409	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
HAIR DISTRICT BURNSVILLE, INC. 12700 NICOLLET AVE STE 120-A BURNSVILLE, MN 55337	46-3305897	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH

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HANNAH SMITH LLC - 1550 UTICA AVE S MINNEAPOLIS, MN 55416	82-3866569	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
HAPPY HEALTHY & HOPEFUL LLC 992 MONARCH TRAIL EAGAN, MN 55123	81-4373536	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
HASTINGS SOCIAL LLC 111 3RD ST E HASTINGS, MN 55033	83-4175244	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
HASTINGS STRENGTH AND CONDITIONING 2950 LIGHTBOURN CT HASTINGS, MN 55033	46-3704178	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
HEALTHYSELF THERAPEUTIC MASSAGE 1931 UNIVERSITY AVE. NE MINNEAPOLIS, MN 55418	90-0602881	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
HEART & SOUL ARTIST MANAGEMENT 1885 SHADY BEACH AVE ROSEVILLE, MN 55113	27-3506469	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
HEATHER WALDOCH STYLIST INC. 2186 4TH STREET SUITE B WHITE BEAR LAKE, MN 55110	26-4703236	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
HEAVENLY HAIR LLC 319 4TH ST FARMINGTON, MN 55024	84-1911834	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
HEIDI NAILS MLK 17639 GLASGOW AVE LAKEVILLE, MN 55044	83-2718391	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH

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HOLLYWOOD NAILS 1749 LEXINGTON AVE ROSEVILLE, MN 55113	41-2003709	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
HOMESPUN GIFTS AND DECOR 2709 E 38TH ST MINNEAPOLIS, MN 55406	81-5358620	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
HOUSE OF OILWORX LLC 12781 LINCOLN STREET NE BLAINE, MN 55434	83-1796273	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
HUYNH CORPORATION 9024 CAHILL AVE INVER GROVE HEIGHTS, MN 55076	81-1765194	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
I & E, INC 761 WASHINGTON AVE N MINNEAPOLIS, MN 55401	41-1315783	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
IBACKCHECK PHYSICAL THERAPY, LLC 3650 PLYMOUTH BLVD #100 PLYMOUTH, MN 55446	26-4289023	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
INDULGE SALON AND SPA 2183 3RD STREET WHITE BEAR LAKE, MN 55110	80-0755740	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
INNER CIRCLE INC 2120 MAPLEVIEW AVE MAPLEWOOD, MN 55109	47-5583830	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
INSTANT REPLAY SPORTS INC 8913 PENN AVE SOUTH BLOOMINGTON, MN 55431	41-1666538	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH

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INTERNATIONAL GYMNASTICS OF MINNESOTA LLC - 12117 RIVERWOOD DRIVE - BURNSVILLE, MN 55337	42-1612068	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
IRAS SALON, INC 2922 BRYANT AVE S MINNEAPOLIS, MN 55408	41-2078680	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
IWA SUSHI LLC 7781 AMANA TRAIL SUITE 205 INVER GROVE HEIGHT, MN 55077	81-2169642	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
JAIME LEIGH BEAUTY AND AESTHETICS LLC - 825 NICOLLET MALL - MINNEAPOLIS, MN 55402	45-2123516	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
JAMIE KLEIN ESTHETICIAN 18480 KENYON AVE LAKEVILLE, MN 55044	48-5963749	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
JANET FISHER MASSAGE 4810 NICOLLET AVENUE MINNEAPOLIS, MN 55419	48-4721112	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
JARVIS & SONS INC 3291 ST. CROIX TRAIL SOUTH AFTON, MN 55001	41-1474735	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
JC COUNSELING 7600 143RD ST W, SUITE 200 APPLE VALLEY, MN 55124	81-5226891	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
JCLARK, INC 3500 DODD RD EAGAN, MN 55123	38-3775343	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH

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JENNIFER MAGNER 3145 HENNEPIN S MPLS, MN 55408	47-5960649	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
JFETICHE BOUTIQUE 300 NORTH BROADWAY STREET APT#601 SAINT PAUL, MN 55101	85-1731799	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
JILL HEIM 2207 3RD ST WHITE BEAR LAKE, MN 55110	47-6117447	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
JJMPC LLC 2045 BURNSVILLE CENTER BURNSVILLE, MN 55306	82-4586634	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
JMB EQUITIES LLC 9649 HARKNESS AVE S COTTAGE GROVE, MN 55016	81-1323490	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
K.T. JEWELRY, INC. 121 WEST MARYLAND AVE STE B SAINT PAUL, MN 55117	01-0643837	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
KACY COSMETICS, INC. 2100 SNELLING AVE N ROSEVILLE, MN 55113	41-2011302	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
KARIK, INC. 15190 BLUEBIRD ST NW #107 ANDOVER, MN 55304	82-4852982	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
KATE MCNALLY SKIN CARE 6542 REGENCY LANE, SUITE 104 EDEN PRAIRIE, MN 55344	82-0604734	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH

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KATYRA INC 6280 BOONE AVE N BROOKLYN PARK, MN 55428	83-1824534	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
KENNEDY CONCESSIONS, INC. 3825 190TH STREET EAST HASTINGS, MN 55033	93-0932313	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
KENWOOD HAIR DESIGN INC 1362 LASALLE AVE MINNEAPOLIS, MN 55403	47-1798589	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
KHANH LLC 4023 RIVER VALLEY WAY EAGAN, MN 55122	83-3652629	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
KIM AND LEO INC 2686 RICE STREET LITTLE CANADA, MN 55117	27-1016632	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
KIMBERLY BOATMAN 95 VICTORIA ST. N. ST. PAUL, MN 55104	47-6742171	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
KISA COLLECTIONS LLC 651 NICOLLET MALL MINNEAPOLIS, MN 55402	46-3891746	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
KITZ ELLE FASHIONS LLC 1635 COUNTY ROAD C W ROSEVILLE, MN 55113	83-3041330	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
KJTM, INC 3424 DENMARK AVE EAGAN, MN 55123	26-2148531	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH

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KMP HEALTH & WELLNESS, LLC 5620 W. 36TH STREET MINNEAPOLIS, MN 55416	47-4546735	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
KOCINAPOMIJE LLC 761 MARKETPLACE DRIVE WACONIA, MN 55387	81-3307054	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
L. SHOFF LLC 2621 E. LAKE ST. MINNEAPOLIS, MN 55406	46-3218379	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
LAKEVILLE BURGER LLC 20751 HOLYOKE AVENUE LAKEVILLE, MN 55044	83-1181140	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
LAMEI SPA LLC 5751 BLAINE AVE E INVER GROVE HEIGHTS, MN 55076	82-4974904	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
LANDBRIDGE ECOLOGICAL, INC 670 VANDALIA ST SAINT PAUL, MN 55114	27-2058011	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
LARA SCHINKE-OLSON INC 7918 MITCHELL ROAD EDEN PRAIRIE, MN 55344	41-1925686	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
LARUE'S LLC 3952 LYNDAL AVE S MINNEAPOLIS, MN 55409	41-1596314	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
LASH 3410 FEDERAL DRIVE SUITE 102 EAGAN, MN 55122	82-1894693	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH

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LASHED LLC 15300 37TH AVE N PLYMOUTH, MN 55446	83-3239794	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
LAUREN N NEAL 681 17TH AVENUE NE MINNEAPOLIS, MN 55413	90-0625808	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
LEXI SPA NAILS INC 2142 SILVER LAKE ROAD NW NEW BRIGHTON, MN 55112	81-2308783	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
LGP MANAGEMENT SYSTEMS LLC 4100 SPRING STREET SPRING PARK, MN 55384	27-0227413	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
LIFECORE YOGA, LLC 119 VILLAGE CENTER DRV NORTH OAKS, MN 55127	27-2060994	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
LIFESCAPES, LLC 7575 FRANCE AVE S EDINA, MN 55435	20-8897608	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
LIL PICKLE INC 14607 FELTON COURT #116 APPLE VALLEY, MN 55124	27-1139557	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
LISA'S FABULOUS PAWS 7155 JORGENSEN LN. S., SUITE 110 COTTAGE GROVE, MN 55016	26-4445946	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
LITTLE FEET KIDS, LLC 12981 RIDGEDALE DRIVE WAYZATA, MN 55391	20-5148375	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH

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LITTLE LOG HOUSE PROPERTIES, INC. 21889 MICHAEL AVENUE HASTINGS, MN 55033	41-1785361	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
LIVE LIFE LOVE FITNESS LLC 9618 COLORADO LANE N BROOKLYN PARK, MN 55445	83-1564890	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
LIVWELL9 1865 W. WAYZATA BLVD. SUITE 105 LONG LAKE, MN 55356	84-2368423	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
LIVVY NAILS & SPA INC 18441 ORCHARD TRAIL LAKEVILLE, MN 55044	26-3856752	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
LORENZ DANCE & TUMBLING STUDIO, LLC - 479 APOLLO DRIVE, SUITE 30 - LINO LAKES, MN 55014	46-1232878	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
LORI A KARIS 858 CHEROKEE AVE SAINT PAUL, MN 55107	81-4254692	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
LUCKY LINK LLC 6880 BOUDIN ST, 185 PRIOR LAKE, MN 55372	27-3209498	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
LUMINOUS YOU L.L.C. 1057 GRAND AVENUE SAINT PAUL, MN 55105	81-1161811	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
LUNA VINCA, INC. 401 NORTH 3RD ST MINNEAPOLIS, MN 55401	41-1913659	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH

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MAESTOSO MUSIC STUDIO, LLC 3402 LIBRARY LANE ST LOUIS PARK, MN 55426	46-1724638	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
MAIN STREET SALON 23310 MAIN STREET HAMPTON, MN 55031	47-6114460	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
MAINSTREAM BOUTIQUE - FOREST LAKE L.L.C. - 368 LAKE STREET SOUTH - FOREST LAKE, MN 55025	47-3714958	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
MAINSTREET INDUSTRIES INC. 3475 VERMILLION ST HASTINGS, MN 55033	41-1663652	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
MALLARDS IGH LLC 5681 BLAINE AVE S INVER GROVE HEIGHTS, MN 55076	84-3397457	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
MANE TAMED LLC 10260 VIKING DRIVE SUITE 30 EDEN PRARIE, MN 55344	81-4600694	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
MARIE AVENUE DRY GOODS, INC. 601 MARIE AVENUE SOUTH ST. PAUL, MN 55075	41-1274041	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
MARTA'S EUROPEAN SKIN CARE CENTRE 165 WESTERN AVE N SUITE 6 SAINT PAUL, MN 55102	41-1972875	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
MATT CO. INC 11287 KLAMATH TRAIL LAKEVILLE, MN 55044	20-2693558	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH

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MAURI'S SCHOOL OF DANCE, INC. 14380 W. BURNSVILLE PARKWAY BURNSVILLE, MN 55306	41-1779783	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
MBJ SALON INC 5147 W 98TH ST BLOOMINGTON, MN 55437	20-1321772	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
MEGAN MAHONEY 8941 CHICAGO AVENUE SOUTH BLOOMINGTON, MN 55420	47-2256578	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
MEL'BRN PRODUCTIONS LLC 1618 CENTRAL AVE NE, 130 MINNEAPOLIS, MN 55413	02-0634536	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
MRITE HOUSE OF BEAUTY 5757 SANIBEL DR, SUITE 1 MINNETONKA, MN 55343	81-0840992	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
MERRILL HAIR DESIGNERS, INC. 3900 VINEWOOD LANE NORTH PLYMOUTH, MN 55441	41-1737384	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
METRO DANCE LLC 1057 HWY 96 W SHOREVIEW, MN 55126	26-4063719	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
MIDWEST MULTISPORT RACES LLC 2370 COUNTY ROAD J, SUITE 103 WHITE BEAR LAKE, MN 55110	83-3190690	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
MINNEAPOLIS PERFORMING ARTS CENTER, LLC - 4210 MINNETONKA BLVD - MINNEAPOLIS, MN 55416	46-5702528	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH

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MINNEAPOLIS WAXING LLC 3939 WEST 69TH ST. SUITE 22 EDINA, MN 55435	81-1687625	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
MINNESOTA SCHOOL OF BARBERING, INC. - 3615 E LAKE STREET - MINNEAPOLIS, MN 55406	41-1811955	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
MISS GARRETT'S VEGAN SOUL 4430 MINNEHAHA AVENUE SOUTH MINNEAPOLIS, MN 55406	81-3449464	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
MLJ DESIGNS 5608 CHOWEN AVE S EDINA, MN 55410	80-0380210	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
MMAJ NUTRITION LLC 4713 COUNTY ROAD 101 MINNETONKA, MN 55345	81-1435596	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
MN NICE CREAM LLC 807 BROADWAY ST NE #102 MINNEAPOLIS, MN 55413	81-1496984	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
MODERN CARE ENDODONTICS OF APPLE VALLEY, PLLC - 15160 FOLIAGE AVE., SUITE 100 - APPLE VALLEY, MN 55124	83-0701197	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
MOMENTUM DANCE PROJECT LLC 3140 FEDERAL DRIVE; #107 EAGAN, MN 55121	82-1875017	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
MPOWER FITNESS LLC 4176 PILOT KNOB ROAD EAGAN, MN 55122	83-1490297	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH

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MUDDSUCKERS COFFEEHOUSE 1500 COMO AVE SE MINNEAPOLIS, MN 55414	27-2320480	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
MULTI VENUE PRODUCTIONS, INC 13152 DRUMCLIFFE PATH ROSEMOUNT, MN 55068	41-1849027	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
MYDT INC 2480 FAIRVIEW AVE N SUITE 9 ROSEVILLE, MN 55113	41-2008177	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
MYOFASCIAL RELEASE - MINNESOTA 409 TERRITORIAL ST W WATERTOWN, MN 55388	47-2601752	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
MYTH LIVE II INC 3090 SOUTHLAWN AVE MAPLEWOOD, MN 55109	83-2546349	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
N NAILS LLC 5848 BLAINE AVE INVER GROVE HEIGHT, MN 55076	84-4285920	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
NAAA LLC STYLE ENCORE 1960 CLIFF LAKE ROAD #125 EAGAN, MN 55122	83-3939871	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
NATURAL BALANCE MASSAGE INC. 17595 KENWOOD TRL SUITE 270 LAKEVILLE, MN 55044	27-1654754	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
NAUGHTON SERVICES LLC 1025 SOUTHVIEW BLVD SOUTH SAINT PAUL, MN 55075	83-4443518	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW TRIER TROPHY HOUSE, INC 23910 HOGAN AVE HAMPTON, MN 55031	41-1823152	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
NEXT EVENT RENTALS LLC 214 RAMSEY STREET HASTINGS, MN 55033	82-4132320	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
NICOLE EMMICK 1703 COUNTY ROAD 42 WEST BURNSVILLE, MN 55306	47-4191507	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
NOOR LLC 788 CLEVELAND AVE SW NEW BRIGHTON, MN 55112	37-1858592	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
OASIS WELLNESS MASSAGE 3914 CEDAR GROVE PKWY EAGAN, MN 55122	83-1028417	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
ONE MINNEAPOLIS BREWING COMPANY, LLC - 618 N. FIFTH STREET - MINNEAPOLIS, MN 55401	83-1827237	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
OPINION BREWING COMPANY LLC 374 21ST ST NEWPORT, MN 55055	46-4030078	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
OSAKA AV INC 7537 148TH ST W. SUITE A APPLE VALLEY, MN 55124	27-4692880	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
OTHERGUYS, L.L.P. 843 W BROADWAY AVENUE FOREST LAKE, MN 55025	41-2011289	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH

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PARK SQUARE SUBWAY INC. 203 HERITAGE CIRCLE SOUTH BURNSVILLE, MN 55337	41-1615355	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
PHUNG NGUYEN NAILS INC 6670 150TH ST W STE 104 APPLE VALLEY, MN 55124	81-2100686	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
PIZAZZ SALON & BOUTIQUE, LLC 20700 HOLYOKE AVE LAKEVILLE, MN 55044	45-4329367	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
PIZZA ON 50TH & FRANCE, INC. 1290 N. FRONTAGE ROAD HASTINGS, MN 55033	27-1911255	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
PRICELESS UNLIMITED INC 2305 LOUISIANA AVE NO MINNEAPOLIS, MN 55427	41-1851910	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
PRIMP HOLDINGS, INC. 1121 JACKSON ST NE, SUITE 130 MINNEAPOLIS, MN 55413	46-4325541	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
PROUD HAIR ARTISTRY 3926 W 50TH STREET EDINA, MN 55424	83-2906068	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
PSS, INC. 6819 YORK AVE S EDINA, MN 55435	46-5548854	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
PTJ RESTAURANTS INC. 909 VERMILLION ST HASTINGS, MN 55033	35-2226462	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH

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PURE JOY PILATES 16151 MAIN AVE SE SUITE 3 PRIOR LAKE, MN 55372	82-2255444	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
QUAINT AND QUIRKY LLC 216 SECOND STREET E HASTINGS, MN 55033	82-4591788	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
QUILTER'S HAVEN LLC 2930 146TH STREET SUITE 108 ROSEMOUNT, MN 55068	74-3026753	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
RATS NEST LLC 1720 LIVINGSTON AVE SAINT PAUL, MN 55118	80-0309180	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
REVIBE FITNESS AND WELLNESS 14300 BUCK HILL RD, STE E BURNSVILLE, MN 55306	46-2311928	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
RICHFIELD FLOWERS AND EVENTS, INC. 3209 TERMINAL DRIVE STUDIO 300 EAGAN, MN 55121	41-1957007	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
RISE BAGEL CO. 530 NORTH THIRD STREET MINNEAPOLIS, MN 55401	46-4387454	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
RIVER INVESTMENTS, INC. 118 2ND STREET EAST HASTINGS, MN 55033	33-1097393	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
ROBIN FREDERICK 1750 TOWER BLVD #106 EXCELSIOR, MN 55331	47-3864210	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH

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RODEO DOWNTOWN AND UPTOWN INC 4110 MINNETONKA BLVD ST. LOUIS PARK, MN 55416	41-1462042	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
ROE WOLFE LLC 3175 GALLERIA EDINA, MN 55435	82-5336091	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
ROOT TO RISE KITCHEN LLC 1210 WEST BROADWAY AVE MINNEAPOLIS, MN 55411	81-5213330	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
ROSEMOUNT POND, LLC 3400 150TH STREET WEST ROSEMOUNT, MN 55068	45-4503398	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
ROSY INC 525 DIFFLEY RD #2030 EAGAN, MN 55123	82-5336091	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
ROUND BARN TRADING COMPANY 13736 MARIGOLD ST. NW ANDOVER, MN 55304	47-5035784	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
ROUNDUP BAR INC. 23320 MAIN ST HAMPTON, MN 55031	41-0971470	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
ROYAL NAILS L. L. C. 3833 LEXINGTON AVE,N ARDEN HILLS, MN 55126	47-1568439	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
RSP PRODO 882 7TH ST W. ST. PAUL, MN 55102	83-4663226	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH

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SAIGON STAR INC 401 W BURNSVILLE PKWY BURNSVILLE, MN 55337	81-3927177	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
SALON TO SHAY LLC 3000 WHITE BEAR AVENUE SUITE 28 MAPLEWOOD, MN 55109	88-5063988	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
SARAH KRUSE MASSAGE LLC 4433 CHURCHILL STREET SHOREVIEW, MN 55126	47-1514808	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
SASSY LU SALON INC 1304 UNIVERSITY AVE NE SUITE 104 MINNEAPOLIS, MN 55413	83-0445306	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
SCANDIA FAMILY DENTAL PA 21080 OLINDA TRAIL NORTH SCANDIA, MN 55073	41-1890495	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
SCREAMIN EAGLE MARINE SERVICES 3500 CANNON STREET HASTINGS, MN 55033	45-1648730	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
SEQUENCE MASSAGE AND BODYWORK 117 3RD ST. W HASTINGS, MN 55033	82-4507828	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
SERENDIPITY CLOTHING, INC 13411 BUSCH CIRCLE ROGERS, MN 55374	26-4538346	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
SIMMAN LLC 27998 CHIPPENDALE AVE NORTHFIELD, MN 55057	46-4998100	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH

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SIP COFFEEBAR 34 13TH AVE NE, STE. 103 MINNEAPOLIS, MN 55413	20-0527825	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
SISK'S KICK START MARTIAL ARTS LLC 1565 CLIFF RD #7 EAGAN, MN 55122	36-4757200	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
SKINFINITI, INC. 13786 FRONTIER COURT; SUITE 108 BURNSVILLE, MN 55337	81-4694533	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
SLANG PRODUCTIONS, LLC 3207 EAST 51ST ST MINNEAPOLIS, MN 55417 - MINNEAPOLIS, MN 55417	57-1200289	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
SLOANE BUSINESS LLC 9119 ALGER COURT INVER GROVE HEIGHTS, MN 55077	83-2557446	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
SOKUNTHEARY LLC 2063 ROBERT ST SOUTH WEST ST. PAUL, MN 55118	82-3510718	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
SOL SISTERS INC 114 S 8TH ST MINNEAPOLIS, MN 55402	46-3217112	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
SOMETHING SWEET BY MADDIE LU, LLC 12772 RIVERDALE BLVD COON RAPIDS, MN 55448	47-2240932	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
SPA SWEET LLC 4747 CHICAGO AVE MINNEAPOLIS, MN 55407	45-3709516	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH

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SPARK SALON CORP 16330 COUNTY ROAD 30 MAPLE GROVE, MN 55311	46-4065118	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
SPLITSVILLE, INC 810 W LAKE ST MINNEAPOLIS, MN 55408	82-4346083	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
ST CROIX THERAPEUTIC MASSAGE AND BODYWORK LLC - 5901 OMAHA SUITE 210 - STILLWATER, MN 55082	47-3842172	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
STEFANY WETZLER 14609 CO RD 11 BURNSVILLE, MN 55337	47-2152302	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
STEP N STRETCH, INC. 17122 JONQUIL AVENUE LAKEVILLE, MN 55044	41-1852264	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
STONEHOUSE CUSTOM CATERING, LLC 4466 CENTERVILLE ROAD WHITE BEAR LAKE, MN 55127	27-3181451	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
STRETCH LADY LAURA 2558 RICE STREET LITTLE CANADA, MN 55113	28-3662244	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
STUDIO 4 DANCE, LLC 12264 NICOLLET AVENUE BURNSVILLE, MN 55337	03-0566076	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
STUDIO 6, LLC 6 6TH AVE N #5 HOPKINS, MN 55343	81-2855218	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH

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STUDIO ONE YOGA LEX LLC 1940 LEXINGTON AVE N ROSEVILLE, MN 55113	81-3982328	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
STYLE NAILS INC. 200 E TRAVELERS TRAIL # 135 BURNSVILLE, MN 55337	32-0469488	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
SUN YI'S ACADEMY OF WHITE BEAR LAKE LLC - 2191 4TH STREET - WHITE BEAR LAKE, MN 55110	47-1780072	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
SUN-KISSED TAN 1700 VERMILLION ST HASTINGS, MN 55033	41-1897017	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
SUNNYVIEW INC 1336 RANDOLPH AVENUE ST. PAUL, MN 55105	47-1540002	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
SUPER WORLD INC 15050 CEDAR AVE S APPLE VALLEY, MN 55124	81-4977815	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
SWEET NAUTICAL LLC 287 WATER STREET EXCELSIOR, MN 55331	82-0842098	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
SYLY INC 14555 SOUTH ROBERT TRAIL ROSEMOUNT, MN 55068	45-4147507	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
SYNERGIZE INC 1920 1ST AVE ANOKA, MN 55303	33-1006377	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH

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TAILORING BY NORMA 1004 ROBERT STREET WEST SAINT PAUL, MN 55118	45-2581404	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
TAMMIE NEUENFELDT 1763 AMES PLACE SAINT PAUL, MN 55106	47-6069413	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
TANYA SANDERS 500 WEST 79TH ST SUITE 200 CHANHASSEN, MN 55387	47-6885365	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
TAPPED BEVERAGE COMPANY, LLC 124 3RD AVENUE NORTH MINNEAPOLIS, MN 55401	83-3449340	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
TAPROOT LLC 100 SIBLEY STREET HASTINGS, MN 55033	27-4196204	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
TATU'S BY KORE, LLC 611 WEST LAKE STREET SUITE C MINNEAPOLIS, MN 55408	41-1791694	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
TB TRAINING LLC 2015 SILVER BELL ROAD, SUITE 100 EAGAN, MN 55122	45-2411220	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
THE ATHLETE LAB, INC. 3225 COUNTRY DRIVE, #100 LITTLE CANADA, MN 55117	47-1053775	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
THE BEAUTY LOUNGELLC 658 GRAND AVE SUITE 203 ST PAUL, MN 55105	86-1097506	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH

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THE CHANDELIER SUITE 13949 ALDRICH AVE S. #15 BURNSVILLE, MN 55337	47-1233141	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
THE HAIR DISTRICT PLYMOUTH 3525 VICKSBURG LANE NORTH PLYMOUTH, MN 55447	26-1172469	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
THE OSHUN GROUP INC 2264 COMO AVENUE SAINT PAUL, MN 55108	46-2007219	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
THE WHITE ROOM LLC 1621 EAST HENNEPIN AVENUE SUITE 2 MINNEAPOLIS, MN 55414	47-1023448	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
THREE KITTENS NEEDLE ARTS LLC 750 MAIN ST, STE 112 MENDOTA HEIGHTS, MN 55118	20-5609104	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
THU HUYNH INC 2900 RICE STREET #300 LITTLE CANADA, MN 55113	47-6512888	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
TOBACCO & CIGAR OUTLET PLUS INC 1278 COUNTY ROAD 42 W BURNSVILLE, MN 55337	45-2424753	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
TOP GUN CROSSFIT 3712 CEDAR AVE. S. MINNEAPOLIS, MN 55407	27-0443427	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
TOTAL MUSIC SYSTEMS INC 777 HARDING STREET NE SUITE 100 MINNEAPOLIS, MN 55413	41-1894517	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH

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TRAINING FOR WARRIORS APPLE VALLEY 15730 EMPEROR AVE, SUITE 200 APPLE VALLEY, MN 55124	83-2495093	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
TRANSFORMERS BEAUTY SUPPLY 8199 UNIVERSITY AVE NE FRIDLEY, MN 55432	82-2668254	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
T-REX COOKIE COMPANY, LLC 525 DIFFLEY ROAD #2080 EAGAN, MN 55123	47-3095044	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
TRIFITNESS TRAINING CENTER 1011 MEADOWLAND DR SUITE 7A WHITE BEAR TOWNSHIP, MN 55127	26-3387865	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
TRU PLAYERZ LLC. 15641 CANADA CIRCLE ROSEMOUNT, MN 55068	84-3204780	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
TRUE FRIENDS INC 16215 CREEKWOOD CIRCLE PRIOR LAKE, MN 55372	20-4669167	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
TU NAILS I INC 17718 KENWOOD TRAIL LAKEVILLE, MN 55044	27-3306874	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
TULO BEAUTY 2803 JOHNSON ST NE MINNEAPOLIS, MN 55418	83-4683778	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
TURNING POINTE DANCE LLC 4101 NICOLS ROAD #113 EAGAN, MN 55122	94-3440325	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH

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TWIN CITIES CRANIOSACRAL LLC 2615 PARK AVE SOUTH, SUITE B4 MINNEAPOLIS, MN 55407	82-4022092	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
TWIN CITIES QUILTING LLC 1085 DIONNE STREET ROSEVILLE, MN 55113	61-1610568	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
TWIN CITIES TRAPEZE CENTER 719 E MINNEHAHA AVE SAINT PAUL, MN 55106	46-0989854	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
TWISTED LOOP YARN SHOP LLC 16210 EAGLE CREEK AVENUE PRIOR LAKE, MN 55372	06-1839967	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
TWISTED TREASURES LLC 2310 LONDIN COURT MAPLEWOOD, MN 55119	84-3236997	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
TWO BLONDS LLC 433 EAST MENDOTA ROAD WEST ST PAUL, MN 55118	20-2938121	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
UNLEASHED HOUNDS AND HOPS LLC 200 E LYNDAL AVE N MINNEAPOLIS, MN 55405	83-4672400	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
UNO BELLO SALON, INC 13335 PALOMINO DR. APPLE VALLEY, MN 55124	45-3987791	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
UPTOWN NUVO 3133 E CALHOUN PKWY MINNEAPOLIS, MN 55408	26-2162200	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
USA NAILS 115 ELM ST, SUITE H FARMINGTON, MN 55024	83-2432830	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
USEDTWOWAYRADIOS.COM, LLC 1001 CLIFF ROAD E UNIT 200 BURNSVILLE, MN 55337	47-2048261	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
V&B ENTERPRISES, LLC 998 ROBERT STREET SOUTH WEST ST. PAUL, MN 55118	81-1381768	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
VAJA PROPERTIES, LLC 14533 DODD BLVD ROSEMOUNT, MN 55068	83-4395728	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
VALLEY IMAGES PHOTOGRAPHY 14690 GALAXIE AVENUE SUITE 109B APPLE VALLEY, MN 55124	41-1520495	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
VGMM CORP 3406 FEDERAL DRIVE EAGAN, MN 55122	82-3621600	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
W2 GALLERY LLC 619 GRAND AVENUE SAINT PAUL, MN 55102	83-1599647	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
WATER FOR YOU, INC 14031 BURNHAVEN DR SUITE 106 BURNSVILLE, MN 55337	26-2656415	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
WAXING AND LASHES BY ALLI 12685 RIVERDALE BLVD COON RAPIDS, MN 55316	47-4311872	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WHISPERLEAF THERAPEUTIC MASSAGE 8421 WAYZATA BLVD. STE 220 GOLDEN VALLEY, MN 55426	27-0966630	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
WHITE PAWS GROUP LLC 14803 ENERGY WAY APPLE VALLEY, MN 55124	82-5126618	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
XIENG KHOUNG KITCHEN LLC 1001 JOHNSON PARKWAY #3 SAINT PAUL, MN 55106	84-2870416	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
YARKI LLC 7732 OLSON MEMORIAL HWY GOLDEN VALLEY, MN 55427	82-3602778	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
YINS ASIAN CUISINE 1715 BEAM AVENUE SUITE A MAPLEWOOD, MN 55109	26-0310672	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
YOGA BY BLISSTOPIA LLC DBA 10611 BALTIMORE ST NE BLAINE, MN 55449	82-1481510	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
ZAWS, INC. 18069 JACQUARD PATH LAKEVILLE, MN 55044	20-8866905	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
ZEN NAILS SALON LLC 4105 VINEWOOD LN N SUITE C PLYMOUTH, MN 55442	81-2373775	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
ZINNIA FOLK ARTS, LLC 826 WEST 50TH STREET MINNEAPOLIS, MN 55419	26-2580905	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMBER BUDD 201 W. BURNSVILLE PARKWAY, SUITE 14 BURNSVILLE, MN 55337	47-2884395	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
BALANCED G 14585 GRAND AVE, STE 10 BURNSVILLE, MN 55306	46-2409961	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
BRETT DORRIAN 711 NE 15TH AVE, SUITE 204 MINNEAPOLIS, MN 55413	27-3920946	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
BRUNSVILLE 1100 COUNTY RD 42 E, SUITE 102 BURNSVILLE, MN 55337	83-3742673	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
BURNSVILLE AUTO 3635 HWY 13 WEST BURNSVILLE, MN 55337	47-1800378	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
DIVINE SALON 525 DIFFLEY ROAD, SUITE 1040 EAGAN, MN 55123	80-0916546	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
EMBELLIR GAL 750 MAIN STREET, STE 111 MENDOTA HEIGHTS, MN 55118	81-0882373	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
FRATELLI T 1665 YANKEE DOODLE RD EAGAN, MN 55121	14-4141380	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
FSS ENTER 262 E TRAVELERS TRAIL BURNSVILLE, MN 55423	26-4521713	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREG H ALB 2605 EAST CLIFF ROAD BURNSVILLE, MN 55337	41-1359386	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
ISDCO 2913 CLIFF ROAD EAST BURNSVILLE, MN 55337	27-0623437	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
J&J, INC. 1741 SOUTH ROBERT STREET WEST ST. PAUL, MN 55118	46-3352849	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
JNBSQUARD 3582 HOFFMAN ROAD EAST VADNAIS HEIGHTS, MN 55110	84-5119117	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
MISSISSIPPI P 4455 66TH STREET E INVER GROVE HEIGHTS, MN 55076	41-1902889	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
NEW LEAF 1287 PROMENADE PLACE EAGAN, MN 55121	84-1978554	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
NINJA DAN 1975 SENECA RD, #700 EAGAN, MN 55122	81-4891727	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
PRO KART 14350 ROSEMOUNT DRIVE BURNSVILLE, MN 55306	26-1900031	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
PROST HOSP 17714 KENWOOD TRAIL LAKEVILLE, MN 55044	83-2062959	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RELAX 14109 IRVING AVE, SUITE 7 BURNSVILLE, MN 55337	01-0926139	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
SHOWCRAFT 3190 COUNTY ROAD 42 WEST BURNSVILLE, MN 55337	41-1901269	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
SIENA SOAP 12527 CENTRAL AVE NE SUITE 168 BLAINE, MN 55434	26-0900115	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
SUITE 43 15115 CEDAR AVENUE APPLE VALLEY, MN 55124	84-4128525	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
SUPERCHANIC 1970 85TH STREET WEST INVER GROVE HEIGHTS, MN 55122	47-4237655	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
TARE MARKET 2717 E 38TH STREET MINNEAPOLIS, MN 55406	83-1654647	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
TES BOUTIQUE 14925 ENERGY WAY, #200 APPLE VALLEY, MN 55124	81-1866426	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
THE GRATEFUL 2804 FAIRVIEW AVE N ROSEVILLE, MN 55113	47-3187839	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
TILLIES FARM 4491 KIPLING CT. SAVAGE, MN 55378	81-5442368	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TULA BODY SPA 323 WEST 48TH STREET MINNEAPOLIS, MN 55419	46-2645209	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
TWINCITIES MAG 2044 SOUTH ROBERT STREET WEST SAINT PAUL, MN 55118	41-1564757	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
VINCENT SALON 1629 LENA COURT SUITE 105 EAGAN, MN 55122	45-5095999	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
VP NAILS SALON 3910B CEDAR GROVE PARKWAY EAGAN, MN 55122	47-1316343	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
WILDE CAFE 65 MAIN STREET SE, #143 MINNEAPOLIS, MN 55414	82-4295424	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
YUANS BUF 1102 VERMILLION STREET HASTINGS, MN 55033	46-4766416	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
Z ASIAN SPA 2334 LEXINGTON AVE N ROSEVILLE, MN 55113	83-3548080	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH
ZZQ ZACHARY 16240 GALENA AVE W ROSEMOUNT, MN 55068	20-8974788	N/A	10,000.	0.			CARES ACT DIRECT EXPENSE PASS THROUGH

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

THE ORGANIZATION ASSISTED THE STATE OF MINNESOTA IN ADMINISTERING CARES ACT FUNDS AS A PART OF THE SMALL BUSINESS RELIEF DUE TO COVID-19.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **WOMENVENTURE** Employer identification number **41-1463426**

Part I Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	3	45,591.	MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

WOMENVENTURE

Employer identification number

41-1463426

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

BUSINESSES THAT TRANSFORM COMMUNITIES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

WE HELPED THESE WOMEN ENTREPRENEURS: START OR EXPAND 69 SMALL

BUSINESSES AND PAY THEMSELVES ON AVERAGE \$29.63/HOUR; CREATE OR RETAIN

477 JOBS WITH AN AVERAGE WAGE OF \$20/HOUR; GENERATE \$86.4 MILLION IN

GROSS REVENUE; AND CONTRIBUTE \$9 MILLION IN INCOME TAX REVENUE.

IN FY21, WOMENVENTURE ALSO PROVIDED ITS CLIENTS: \$1,207,000 IN

CAPITAL; ACCESS TO AN ADDITIONAL \$7.2 MILLION IN FACILITATED OUTSIDE

CAPITAL THROUGH PARTNERSHIPS WITH BANKS.

WOMENVENTURE IS A SMALL BUSINESS ADMINISTRATION WOMEN'S BUSINESS

CENTER. WE OFFER 8 UNIQUE TRAINING PROGRAMS TO MEET WOMEN WHEREVER THEY

ARE ON THEIR JOURNEY. WOMENVENTURE PROVIDED OVER 7,509 HOURS OF

ENTREPRENEURIAL TRAINING TO 751 TRAINING CLIENTS THROUGH OUR CORE

TRAINING PROGRAMS ACCOMPANIED BY 7,841 HOURS OF INDIVIDUALIZED COACHING

AND PEER CIRCLES.

WOMENVENTURE ALSO DEPLOYED \$4,237,680 IN CARES ACT GRANT FUNDS WORKING

IN PARTNERSHIP WITH MN DEED.

SKILLED STAFF AND VOLUNTEERS PROVIDE FREE BUSINESS COACHING TO OUR LOAN

AND TRAINING CLIENTS TO ADDRESS INSURANCE, BOOKKEEPING, FINANCE,

MARKETING, CONTRACTS, REAL ESTATE, HUMAN RESOURCES AND GENERAL

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization

WOMENVENTURE

Employer identification number

41-1463426

OPERATIONS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE ORGANIZATION WORKS CLOSELY WITH AN OUTSIDE PAID PREPARER WHO IS EXPERIENCED WITH FORM 990. THE ORGANIZATION'S CFO AND FINANCIAL MANAGER PROVIDE THE PREPARER WITH FULL INFORMATION AND CLOSELY REVIEW THE RETURN PRIOR TO GOING TO FINAL DRAFT. THE PAID PREPARER WALKS THROUGH THE 990 WITH THE FINANCE COMMITTEE AND TAKES QUESTIONS. THEREAFTER, THE FINANCE COMMITTEE APPROVES THE FORM, WITH MINOR CHANGES, AND RECOMMENDS TO THE BOARD FOR APPROVAL. THE BOARD REVIEWS AND APPROVES, AUTHORIZING THE CEO TO SIGN THE FORM.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD AND STAFF MAKE ANNUAL DECLARATIONS OF ANY CONFLICTS OF INTEREST. WHEN CONFLICTS ARISE DURING THE YEAR, THE INTERESTED PERSON IS TO REPORT THE CONFLICT TO THE BOARD CHAIR OR THE BOARD CHAIR'S DESIGNEE. THE BOARD CHAIR, OR THE BOARD CHAIR'S DESIGNEE, DECLARES IF IT IS IN FACT A CONFLICT. DURING THE DISCUSSION OF THE TRANSACTION OR AGREEMENT IN QUESTION, THE INTERESTED BOARD MEMBER IS REMOVED FROM THE ROOM. THAT BOARD MEMBER ALSO MUST ABSTAIN FROM VOTING.

FORM 990, PART VI, SECTION B, LINE 15:

WOMENVENTURE USES THE MINNESOTA COUNCIL OF NONPROFITS SALARY SURVEY WHEN DETERMINING COMPENSATION FOR TOP MANAGEMENT OFFICIALS AND KEY EMPLOYEES. THE CHIEF EXECUTIVE OFFICER'S SALARY IS REVIEWED BY THE FULL BOARD ANNUALLY; THE BOARD CHAIR HAS A DIRECTIVE TO REVIEW MARKET COMPENSATION AND MAKE RECOMMENDATIONS. THE CHIEF FINANCIAL OFFICER'S COMPENSATION IS DETERMINED BY THE CHIEF EXECUTIVE OFFICER'S BASED ON REVIEW OF MARKET

Name of the organization WOMENVENTURE	Employer identification number 41-1463426
---	---

COMPENSATION RATES.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

TAX RETURN FILING INSTRUCTIONS

MINNESOTA ANNUAL REPORT

FOR THE YEAR ENDING

June 30, 2021

Prepared For:

WomenVenture
165 Western Avenue N, Ste 8, # 100
Minneapolis, MN 55102

Prepared By:

Wipfli LLP
1502 London Road, Suite 200
Duluth, MN 55812

Amount of Tax:

Balance due of \$25

Make Check Payable To:

State of Minnesota

Mail Tax Return To:

Minnesota Attorney Generals Office
Charities Division
445 Minnesota Street, Suite 1200
St. Paul, MN 55101-2130

Return Must Be Mailed On Or Before:

Please mail as soon as possible.

Special Instructions:

The report should be signed and dated by an authorized individual(s).

Include the organization's Federal Employer Identification Number and 2020 Annual Report on the check or money order.

We recommend that returns be mailed certified mail, return receipt requested, with the stamp validated at a postal station in order to have proof of timely mailing.

We are also enclosing two copies of the Minnesota Charitable Organization Annual Report. One copy must be signed by two officers of the organization, titles inserted and dated. The second copy enclosed stamped "client copy" is to be retained for your records.

THERE ARE 2 SIGNATURES REQUIRED FOR THIS FORM.

Mail To:

Minnesota Attorney General's Office
Charities Division
445 Minnesota Street, Suite 1200
St. Paul, MN 55101-2130

**STATE OF MINNESOTA
CHARITABLE ORGANIZATION
ANNUAL REPORT FORM**

C2

Website Address:

www.ag.state.mn.us/charity

(Pursuant to Minn. Stat. ch. 309)

SECTION A: Organization Information

Legal Name of Organization WOMENVENTURE

Federal EIN: 41-1463426

Fiscal Year-End: 06302021

mm/dd/yyyy

Did the organization's fiscal year-end change? Yes No

Mailing Address: <u>LEEANN RASACHAK</u> Contact Person <u>165 WESTERN AVENUE N, STE 8, # 100</u> Street Address <u>MINNEAPOLIS, MN 55102</u> City, State, and ZIP Code <u>612-224-9540</u> Phone Number <u>LRASACHAK@WOMENVENTURE.ORG</u> Email Address	Physical Address: <u>LEEANN RASACHAK</u> Contact Person <u>165 WESTERN AVENUE N, STE 8, # 100</u> Street Address <u>MINNEAPOLIS, MN 55102</u> City, State, and ZIP Code <u>612-224-9540</u> Phone Number <u>LRASACHAK@WOMENVENTURE.ORG</u> Email Address
--	---

1. Organization's website: WWW.WOMENVENTURE.ORG

2. List all of the organization's alternate and former names (attach list if more space is needed).

Alternate Former
 Alternate Former

3. List all names under which the organization solicits contributions (attach list if more space is needed).

WOMENVENTURE

4. Is the organization incorporated pursuant to Minn. Stat. ch. 317A? Yes No

5. Total amount of contributions the organization received from Minnesota donors: \$ 1,259,912.

6. Has the organization's tax-exempt status with the IRS changed?

Yes No If yes, attach explanation.

7. Has the organization significantly changed its purpose(s) or program(s)?

Yes No If yes, attach explanation.

CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)

8. Has the organization been denied the right to solicit contributions by any court or government agency?
 Yes No If yes, attach explanation.

9. Does the organization use the services of a professional fundraiser (outside solicitor or consultant) to solicit contributions in Minnesota? Yes No
If yes, provide the following information for each (attach list if more space is needed):

Name of Professional Fundraiser Compensation

Street Address City, State, and ZIP Code

10. Is the organization a food shelf? Yes No
If yes, is the organization required to file an audit? Yes, audit attached No

Note: An organization that has total revenue of more than \$750,000 is required to file an audit prepared in accordance with generally accepted accounting principles by an independent CPA or LPA. The value of donated food to a nonprofit food shelf may be excluded from the total revenue if the food is donated for subsequent distribution at no charge and is not resold.

11. Do any directors, officers, or employees of the organization or its related organization(s) receive total compensation* of more than \$100,000? Yes No
If yes, provide the following information for the five highest paid individuals:

Name and title	Compensation*	Other compensation

*Compensation is defined as the total amount reported on Form W-2 (Box 5) or Form 1099-MISC (Box 7) issued by the organization and its related organizations to the individual. See Minn. Stat. § 309.53, subd. 3(i) and Minn. Stat. § 317A.011 for definitions.

CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)

SECTION B: Financial Information

This section must be completed by organizations that file an IRS Form 990-EZ, 990-PF, or 990-N.
Organizations that file an IRS Form 990 may skip Section B and go directly to Section C.

INCOME

1. Contributions Received	\$ _____	1
2. Government Grants	\$ _____	2
3. Program Service Revenue	\$ _____	3
4. Other Revenue	\$ _____	4
5. TOTAL INCOME	\$ _____	5

EXPENSES

6. Program Expenses	\$ _____	6
7. Management & General Expenses	\$ _____	7
8. Fund-raising Expenses	\$ _____	8
9. TOTAL EXPENSES	\$ _____	9
10. EXCESS or DEFICIT	\$ _____	10
(Line 5 minus Line 9)		

ASSETS

11. Cash	\$ _____	11
12. Land, Buildings & Equipment	\$ _____	12
13. Other Assets	\$ _____	13
14. TOTAL ASSETS	\$ _____	14

LIABILITIES

15. Accounts Payable	\$ _____	15
16. Grants Payable	\$ _____	16
17. Other Liabilities	\$ _____	17
18. TOTAL LIABILITIES	\$ _____	18

FUND BALANCE/NET WORTH

\$ _____
(Line 14 minus Line 18)

**CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)**

Section B (continued): Statement of Functional Expenses

This expense statement must be prepared in accordance with generally accepted accounting principles. Each column must be completed, and Columns B, C, and D must equal Column A. The amount on Line 25, Column A must match Line 17 of IRS Form 990-EZ or Line 26 of IRS Form 990-PF.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1. Grants and other assistance to governments and organizations in the U.S.				
2. Grants and other assistance to individuals in the U.S.				
3. Grants and other assistance to governments, organizations, and individuals outside the U.S.				
4. Benefits paid to or for members				
5. Compensation of current officers, directors, trustees, and key employees				
6. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7. Other salaries and wages				
8. Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9. Other employee benefits				
10. Payroll taxes				
11. Fees for services (non-employees):				
a. Management				
b. Legal				
c. Accounting				
d. Lobbying				
e. Professional fundraising services				
f. Investment management fees				
g. Other				
12. Advertising and promotion				
13. Office expenses				
14. Information technology				
15. Royalties				
16. Occupancy				
17. Travel				
18. Payments of travel or entertainment expenses for any federal, state, or local public officials				
19. Conferences, conventions, and meetings				
20. Interest				
21. Payments to affiliates				
22. Depreciation, depletion, and amortization				
23. Insurance				
24. Other expenses. Itemize expenses not covered above. Expenses labeled miscellaneous may not exceed 5% of total expenses (Line 25).				
a.				
b.				
c.				
d.				
25. Total functional expenses. Add lines 1 through 24d				
26. Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in Column B joint costs from a combined educational campaign and fundraising solicitation				

CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)

Section C: Board of Directors Signatures and Acknowledgment

The form must be executed pursuant to a resolution of the board of directors, trustees, or managing group and must be signed by two officers of the organization. See Minn. Stat. § 309.52, subd. 3.

We, the undersigned, state and acknowledge that we are duly constituted officers of this organization, being the

CEO _____ (Title) and _____ (Title) respectively, and

that we execute this document on behalf of the organization pursuant to the resolution of the

_____ (Board of Directors, Trustees, or Managing Group) adopted on the _____

day of _____, 20 ____, approving the contents of the document, and do hereby certify that the

_____ (Board of Directors, Trustees, or Managing Group) has assumed, and will continue

to assume, responsibility for determining matters of policy, and have supervised, and will continue to supervise, the operations and finances of the

organization. We further state that the information supplied is true, correct and complete to the best of our knowledge.

LEEANN RASACHAK

Name (Print)

LeeAnn Rasachak

Signature

CEO

Title

March 31, 2022

Date

Name (Print)

Signature

Title

Date