990 Return Public Inspection Copy

For the Year Ended December 31, 2021



600 INWOOD AVENUE NORTH SUITE 160 OAKDALE, MN 55128 TEL: (651) 636-3806 FAX: (651) 636-1136 www.akinshenke.com

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Form	y	y	U

Department of the Treasury Internal Revenue Service

## \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

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

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

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



AI	For th	e 2021 calendar year, or tax year beginning and	ending				
B	Check if applicab	e: C Name of organization		D Employer identific	cation number		
Address change SOUTHSIDE FAMILY NURTURING CENTER							
	Name			41-12741'	77		
	Initial return	Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone number			
	Final return	2448 18TH AVENUE SOUTH		612-721-2			
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,809,555.		
	Amen	MINNEAPOLIS, MN 55404		H(a) Is this a group re			
	Applie tion pendi	F Name and address of principal officer: OULLE ELLEFSON		for subordinates	? Yes 🔀 No		
		SAME AS C ABOVE		H(b) Are all subordinates in			
		empt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) c	or 527	1	list. See instructions		
		te: WWW.SSFNC.ORG		H(c) Group exemption			
	orm o art I	f organization: X Corporation Trust Association Other ► Summary	<b>L</b> Year	of formation: 1974 N	State of legal domicile: MN		
Г	T		ד זיס ר				
e	1	Briefly describe the organization's mission or most significant activities: SSFNC SERVICES INCLUDING THERAPEUTIC EARLY CHIL		FDUCATION A			
Governance	2	Check this box F if the organization discontinued its operations or disposed					
verr	3				8		
ĝ	4				8		
ళ	5		umber of independent voting members of the governing body (Part VI, line 1b) Dal number of individuals employed in calendar year 2021 (Part V, line 2a)				
itie	6	Total number of volunteers (estimate if necessary)			<u>    19</u> 43		
Activities &	7a	Total unrelated business revenue from Part VIII, column (C), line 12			0.		
Ā	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.		
				Prior Year	Current Year		
Ð	8	Contributions and grants (Part VIII, line 1h)		1,151,870.	1,804,468.		
Revenue	9	Program service revenue (Part VIII, line 2g)		9,350.	0.		
eve ve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.		
ш.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,280.	5,087.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,162,500.	1,809,555.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		739,011.	744,967.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
n B B	. b	Total fundraising expenses (Part IX, column (D), line 25)  129,48		326,506.	372,437.		
	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,065,517.	1,117,404.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		96,983.	692,151.		
OL	19	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year			
ets o	20	Total assets (Part X, line 16)		1,928,619.	End of Year 2,449,784.		
Assets	20			488,764.	317,117.		
Net /	22	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		1,439,855.	2,132,667.		
	art 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	Signature of officer		Date			
Here	JULIE ELLEFSON, EXECUT	IVE DIRECTOR				
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN		
Paid	CHRIS J. HENKE	CHRIS J. HENKE	04/11/22	self-employed P01008921		
Preparer	Firm's name 🕒 AKINS HENKE AND	COMPANY	Firm's	EIN <b>46-3220328</b>		
Use Only	Firm's address 🖕 600 INWOOD AVENU	E NORTH, SUITE 160				
	OAKDALE, MN 5512	8	Phone	e no.651-636-3806		
May the I	May the IRS discuss this return with the preparer shown above? See instructions X Yes No					
132001 12-0	132001 12-09-21LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2021)					

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2021) SOUTHSIDE FAMILY NURTURING CENTER 41-1274177 Page	, <b>2</b>
Fai		K ]
1	Check if Schedule O contains a response or note to any line in this Part III	<u>&gt;</u>
	PARENT AWARE AND NAEYC ACCREDITED THERAPEUTIC EARLY CHILDHOOD EDUCATION, AND INTENSIVE, FAMILY SUPPORT AND HOME VISITING SERVICES TO	
	(CONTINUED ON SCHEDULE O)	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	lo
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	lo
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$615,222. including grants of \$) (Revenue \$)	)
	EARLY CHILDHOOD EDUCATION/CENTER BASED SERVICES: SSFNC IS LICENSED FOR	
	29 TODDLERS AND PRESCHOOLERS IN OUR THERAPEUTIC EARLY LEARNING	
	ENVIRONMENT, OPERATING FIVE HALF DAYS PER WEEK. WE UTILIZE THE HIGHSCOPE AND AMAZE CURRICULA, TWO NATIONALLY RENOWNED EARLY CHILDHOOD	
	EDUCATION PROGRAMS PROVEN TO HELP DISADVANTAGED PRESCHOOLERS ACHIEVE	
	THEIR FULL POTENTIAL. SSFNC CHILDREN LEARN TO RESOLVE CONFLICTS AND TO	
	IDENTIFY AND EXPRESS THEIR FEELINGS. CHILDREN RECEIVE SIGNIFICANT	
	ONE-ON-ONE TEACHER TIME, AS OUR TEACHER TO CHILD RATIO IS NEVER MORE	
	THAN 1:5.	
		_
	CHILDREN WITH IDENTIFIED NEEDS RECEIVE PLAY THERAPY, MUSIC THERAPY,	
	(CONTINUED ON SCHEDULE O)	
4b	(Code:) (Expenses \$263,666. including grants of \$) (Revenue \$)	_ )
	FAMILY SUPPORT/HOME VISITING SERVICES: SSFNC DELIVERS SUPPORTIVE	
	SERVICES TO FAMILIES THROUGH A CULTURALLY RELEVANT FAMILY SPIRIT HOME VISITING MODEL. AN AVERAGE OF 28 FAMILIES RECEIVED HOME VISITING	
	SERVICES IN 2021, ENGAGING WITH A CULTURALLY RELEVANT HOME VISITOR 1-3	
	PER MONTH TIMES PER MONTH FOR AN AVERAGE OF 4 HOURS PER MONTH. HOME	
	VISITING FOCUSES ON TOPICS RELATED TO SAFE DISCIPLINE, FAMILY SUPPORT,	
	SCHOOL CHOICE, IMMIGRATION, HOUSING, ADVOCACY AND REFERRAL, HEALTHY	_
	PARENT-CHILD INTERACTIONS, HEALTH AND DENTAL CARE, CHILD DEVELOPMENT	
	AND COMMUNITY RESOURCING.	
	WORKING TOGETHER, PARENTS ARE SUPPORTED BY THEIR HOME VISITOR IN (CONTINUED ON SCHEDULE O)	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
	(Code) (Lypenses a) (nevenue a) (nevenue a)	_ ′
		_
		—
		—
		—
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses 878,888.	
132002	12-09-21 SEE SCHEDULE O FOR CONTINUATION(S)	21)

Form	990	(2021)

# Form 990 (2021) SOUTHSIDE FAMILY NURTURING CENTER Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		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? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_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?			
	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	х	
L.	Schedule D, Parts XI and XII	12a	<u>_</u>	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	101		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13 14a		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
U	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
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			
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_ <u></u>
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes, "			<u> </u>
	complete Schedule G, Part III	19		х
20a		20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		х

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete			
	Schedule J	23		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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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? If "Yes," complete			
	Schedule L, Part I	25b		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? If "Yes," complete Schedule L, Part II	26		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? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			x
05-	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>	1	
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		<u> </u>
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u></u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 9			
b				
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

	990 (2021)       SOUTHSIDE FAMILY NURTURING CENTER       41-1274         t V       Statements Regarding Other IRS Filings and Tax Compliance (continued)	<u> </u>	P	Page 5
			Yes	No
29	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		103	
Zu	filed for the calendar year ending with or within the year covered by this return 2a 19			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to $e$ -file. See instructions.	LD		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			$\vdash$
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a				
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		$\vdash$
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		$\vdash$
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		_
	Note: See the instructions for additional information the organization must report on Schedule O.			

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	Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the		
	organization is licensed to issue qualified health plans		
С	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	5 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		
	excess parachute payment(s) during the year?	15	X
	If "Yes," see the instructions and file Form 4720, Schedule N.		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
	If "Yes," complete Form 4720, Schedule O.		
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17	
	If "Yes," complete Form 6069.		

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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. X

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

a Enter the number of voting members of the governing body, of the experiming body of voting optics and presents of the governing body of voting optics and presents included on the 1s, above, who are independent in the state of the state optic optic of the state optic op						Yes	No
body delogated trand authority to an excutive committee or similar committee, explain on Schadule 0	1a	Enter the number of voting members of the governing body at the end of the tax year	1a	8			
b       Enter the number of voting members included on line 1a, above, who are independent       Ib       B         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 employees to a management ductes customary performed by or under the direct supervision of officer, director, trustee, or key employees to a management ductes customary performed by or under the direct supervision of officer, director, trustee, or key employees to a management ductes customary or person?       3       X         4       X       Did the organization bave members or stochtolders?       6       X         6       Did the organization have members, stochtolders?       6       X         7       Did the organization have members, stochtolders?       7       X         8       Deffect organization have members, stochtolders?       7       X         9       Dat any organization have members, stochtolders?       7       X         9       Dat any organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       8       X         9       Dat the organization contemporaneously document the meetings held or written actions and trackees on Schedule O       7       X         9       Is there any officer, director, trustee, or key employees listed in Part VII. Section A, who cannot be reached at the organization nave written policites and procedures governing b		If there are material differences in voting rights among members of the governing body, or if the governing					
2       Data my officer, director, trustee, or key employee?       2       X         3       Data 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 duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management duties customarily performed by or under the direct supervision of the organization become aware during the year of a significant diversion of the organization's assets?       2       X         3       Dut the organization become aware during the year of a significant diversion of the organization's assets?       5       X         4       Dut the organization have members or stockholders, or orther persons who had the power to elect or suppict one or more members of the governing body?       7a       X         5       Dat the organization have members or stockholders, or key employee listed in Part VII, Secton A, who cannot be reached at the organization netwer management duties the nares and addresses on Should D       7a       X         6       Dat the organization have members or stockholders?       8a       X         9       Is there any officer, director, trustee, or key employee listed in Part VII, Secton A, who cannot be reached at the organization have winther policies and procedures governing body?       8a       X         9       Dat the organization have winther policies and procedures governing the activities of such chaptes, affiliates, and branches, and karnches, and karnches, and karnches,		body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
a) Did the organization delegate control over management during performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?       3       X         b) Did the organization bace may significant changes to its governing documents since the prior Form 990 was filed?       4       X         c) Did the organization bace mawae during the year of a significant diversion of the organization saves for mombers, stockholders, or other persons who had the power to elect or appoint one or more members diversion of the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the organization appoint persons other than the governing body?       7a       X         b) Are any governance decisions of the organization appoint prior to act on behalf of the governing body?       8a       X         b) Each committee with authority to act on behalf of the governing body?       8a       X         b) Each committee with authority to act on behalf of the governing body?       8b       X         c) Each committee with authority to act on behalf of the governing body?       8a       X         c) Each committee with authority to act on behalf of the governing body?       8a       X         c) Each committee with authority to act on behalf of the governing bod?       8a       X         c) Each committee with authority to act on behalf of the governing bod?       8a       X         c) Each committee with authority to act on behalf of the gove	b	Enter the number of voting members included on line 1a, above, who are independent	1b	8			
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?       3       X         4       X       Did the organization was any significant changes to its governing documents since the prior Form 990 was filed?       4       X         5       Did the organization have members of stockholders?       6       X         7a       Did the organization have members of stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?       7a       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?       7a       X         9       Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization is malling address? If 'Yes', 'conside the names and addresses on Schedule O       9       X         Section B. Policies flow persons the organization is are consistent with the organization's exempt purposes?         10a       Did the organization have wordset are consistent with the organization's exempt purposes?         10a       X         Section B. Policies and procedures governing the activites of such chapters, affiliates, and branches to ensure their operations are consistent with the organization breave station preavestation procedures govern	2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with any othe	er			
of offices, directors, trustees, or key employees to a management company or other person?       3       X         4       Did the organization make any significant changes to its governing documents since the prior. Form 900 was filed?       4       X         5       Did the organization have members or stockholders?       6       X         7       Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members, stockholders, or other persons who had the power to elect or appoint one or more members, stockholders, or other persons other than the governing body?       7a       X         8       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       8a       X         9       Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization that authority to act on behalf of the organization for the organization have incell chapters, branches, or affiliates?       10a       X         9       Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization have incell chapters, branches, or affiliates?       10a       X         10a       Did the organization have written policies and procedures governing the activities of such chapters, affiliates?       10a       X         10a       Did the organization have written policies and procedures governing body?       11a       X		officer, director, trustee, or key employee?			2		X
4       Did the organization make any significant changes to its governing documents since the prior FOM 980 was filed?       4       X         5       Did the organization become aware during the year of a significant diversion of the organization's assets?       6       X         70       Did the organization have members or stockholders?       6       X         71       Did the organization have members or the governing body?       7       X         8       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       7       X         8       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       8       X         9       Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization have local chapters, branches, or affiliates?       10       10       Did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure thrut properties are consistent with the organization to neve written policies and procedures governing body?       10       11       X         10       Did the organization have awritten policies and procedures governing the activities of such chapters, affiliates, and branches to ensure thrut programmation about policies not required by before filing the form?       11       X         11       Has the organization	3	Did the organization delegate control over management duties customarily performed by or under th	e direct superv	vision			
5       Did the organization become aware during the year of a significant diversion of the organization's assets?       5       X         6       Did the organization have members, stockholdes?       7a       X         7       Did the organization have members, stockholdes?       7a       X         8       Did the organization have members, stockholdes, or other persons who had the power to elect or appoint one or more members of the governing body?       7a       X         9       Did the organization have members, stockholdes?       7b       X         8       Did the organization have members, stockholdes?       7b       X         9       Did the organization have interposen stock of or subject to approval by members, stockholders, or persons other than the governing body?       8a       X         9       Is there any officer, director, truste, or key employee listed in Part VII, Stockin A, who cannot be reached at the governing body?       8a       X         9       Is there any officer, director, truste, or key employee listed in Part VII. Stockin A, who cannot be reached at the governing body?       9a       X         9       If the organization have over the polices and procesing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?       10a       10a       10a       10a       10a       10a       10a       11a       X       <		of officers, directors, trustees, or key employees to a management company or other person?			3		
6       Did the organization have members or stockholders?       6       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?       7a       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?       7b       X         a       Did the organization contemporaneously document the meetings held or written actions undettaken during the year by the following:       8a       X         b       Each committee with authority to act on behalf of the governing body?       8a       X         b       Each committee with authority to act on behalf of the governing body?       8a       X         b       Each committee with authority to act on behalf of the governing body?       8a       X         corganization in maling address?       Trixs: Scatcon B requests information about policies not required by the Internal Bureanue Code       9       X         Section B. Policies       Trixs: Scatcon B requests information about policies not required by the Internal Bureanue Code       10a       X         10       Did the organization required by under the regramization or review this Form 990.       11a       X         11a       Atts the organization required by moleces on the organization required by the organization required by independent per	4	Did the organization make any significant changes to its governing documents since the prior Form S	990 was filed?		4		
7a       Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?       7a       X         7a       X       X         7b       A       X         7b       A       X         7b       Did the organization censerved to (or subject to approval by) members, stockholders, or persons other than the governing body?       7b       X         8       Did the organization censerved y document the meetings held or written actions undertaken during the year by the following:       8a       X         8       Esch committee with authority to act on behalf of the governing body?       8a       X       8b       X         9       Is there any officed, increact, rustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>II'</i> Yes, 'arou'de the names and addresses an Schedule O       9       X         Section B. Policies (This Section A requests information about policies not required by the Internal Revenue Code!       10a       X         10a       Did the organization have vector backers or affiliates?       10a       X         11a       Has 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 is censure their operations are consistent with the organization is censure their operations are consistent with the organ	5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		
more members of the governing body?     7a     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?     7b     X       c     Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:     8a     X       a     De doct committee writt authority to act on behalf of the governing body?     8a     X       b     Each committee writt authority to act on behalf of the governing body?     8a     X       b     Each committee writt authority to act on behalf of the governing body?     8a     X       b     Each committee writt authority to act on behalf of the governing body?     8a     X       b     Each committee writt authority to act on behalf of the governing body?     8a     X       b     Each committee writt authority to act on behalf of the governing and Schedule O     9     X       Section B. Policies     ( <i>This Section B requests information about policies not required by the Internal Revenue Code</i> )     Yes     No       10a     Did the organization have written opticies and procedures governing body before filing the form?     10a     X       11a     X     10a     Did the organization have a written conflict of interest policy?     11a     X       12a     Did the organization have a written conflict of interest policy?	6	Did the organization have members or stockholders?			6		<u> </u>
b       Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?       The stockholders, or persons other than the governing body?         a       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       The doverning body?         a       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       The doverning body?         b       Each committee with authority to act on behalf of the governing body?       Bod the organization of the percent if any concell the names and addresses an Schedule O       9       X         Section B. Policies       (This Section B requests information about policies not required by the Internal Flavenue Code)       9       X         10a       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 to review this Form 990.       10a       X         12a       Did the organization provided a complete copy of this Form 990 to line 13       10a       X       10a       X         12b       Did the organization have a written conflict of interest policy?       11a       X       12a       X         12a       Did the organization have a written writter adtendes annually interests that could give rise to conflicts?       12a	7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	opoint one or				
a Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       The governing body?       B         b Each committee writh authority to act on behalf of the governing body?       B       B       X         g 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? / H*vs, "provide the names and addressee on Schedule O.       g       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?       10a       X         b If *Ves.* 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?       10a       X         11a Has the organization provided a compilet copy of this Form 990 to all members of its governing body before filing the form?       12a       X         12a       Did the organization have a written conflict of interest policy? // / % g to line 13       12a       X         13       Did the organization have a written conflict on interest policy?       13a       X       12a       X         14       Did the organization have a written document reterition and destruction policy?       13a       12a       X					7a		<u> </u>
<ul> <li>B Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:         <ul> <li>The governing body?</li> <li>Each committee with authority to act on behalf of the governing body?</li> <li>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</li> <li>Section B. Policies (This Section B. requests information about policies not required by the Internal Revenue Code.)</li> </ul> </li> <li>Section B. Policies (This Section Facueuss information about policies and required by the Internal Revenue Code.)</li> <li>To a Did the organization have local chapters, branches, or affiliates?</li> <li>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?</li> <li>If a the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?</li> <li>Describe on Schedule O the process, if any, used by the organization to review this Form 990.</li> <li>Did the organization regularly and consistently monitor and enforce compliance with the polic?? If 'Yes,' describe on Schedule O how this was done</li> <li>Did the organization have a written whisteblower polic??</li> <li>Did the organization have a written document retention and destruction polic??</li> <li>Did the organization have a written polices or top management official</li> <li>Did the organization have a written police or top management official</li> <li>Did the organization need and mongements?</li> <li>Did the organization follow a written police or top management official</li> <li>Did the organization follow a written pol</li></ul>	b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockholders, o	r			
a The governing body?       Ba X         b Each committee with authority to act on behalf of the governing body?       Ba 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       9         Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)       Yes         10a Did the organization have local chapters, branches, or affiliates?       10a X         11a Has 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?       10a         12a Did the organization have a written conflicto?       10a       12a         2 Did the organization have a written conflicto?       12a       12a         2 Did the organization are a written conflicto?       12b       12a         2 Did the organization have a written conflicto?       12a       12a         2 Did the organization have a written conflicto?       12a       12b         3 Did the organization have a written conflicto?       12b       X         2 Did the organization have a written conflicto?       12a       X         3 Did the organization have a written conflicto?       12b       X         2 Did the organization have a					7b		<u>X</u>
b       Each committee with authority to act on behalf of the governing body?       Bb       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? II *7ves, * provide that names and addresses on Schedule O.       9       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?       Yes       No         11       Has the organization have local chapters, branches, or affiliates?       10a       X         12       Has 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 is evenny the properses?       11a       X         13       Has the organization have a written conflict of interest policy? If *No,* go to line 13       12a       X         14       Did the organization nave a written whistleblower policy?       11a       X       12a       X         15       Did the organization have a written whistleblower policy?       13       X       14       X         14       Did the organization have a written whistleblower policy?       14a       X       12a       X         15       D	8		-	-			
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," arovide the names and addresses on Schedule O       9       X         Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)         Vesting the organization have local chapters, branches, or affiliates?       10a       X         Molocies (This Section B requests information about policies not required by the Internal Revenue Code.)         10a       10a       X         Molocies (This Section B requests information about policies not required by the Internal Revenue Code.)         10a       X         Molocies (This Section B requests information about policies not required by the Internal Revenue Code.)         10a       X         Molocies (This Section B requests information about policies of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?       10b       11a       X         10b       Describe on Schedule O the process, if any, used by the organization to review this Form 990.       12a       X       12a       X         12b       X       12a       X       12a       X       12a       X       12a       X       12a       X	а						
organization's mailing address? If *Yes,* provide the names and addresses on Schedule 0       9       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?       10a       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?       10a       X         11a       Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       10b       11a       X         b       Describe on Schedule O the process, if any, used by the organization to review this Form 990.       12a       X       12b       X         c       Did the organization negulary and consistently monitor and enforce compliance with the policy? If *Yes,* describe on Schedule O how this was done       12c       X       12b       X         11       Did the organization have a written whistleblower policy?       13       X       14       X         12       Did the organization have a written document retention and destruction policy?       14       X       14       X         14       Did the organization in yea and contemporaneous ubstantiation of the deliberation and decisi	b				8b	<u> </u>	
Section B. Policies ( <i>Inis Section B requests information about policies not required by the Internal Revenue Code</i> .)       Yes         10a Did the organization have local chapters, branches, or affiliates?       10a         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?       10a         11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       11a         12b Did the organization nave a written conflict of interest policy? <i>If "No</i> ," go to line 13       12a         12 Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe</i> 12c         13 Did the organization have a written obcument retention and destruction policy?       14         14 Did the organization have a written obcument retention and destruction policy?       14         15 Did the organization have a written obcument retention and destruction policy?       14         16 Did the organization have a written obcument retention and destruction policy?       14         16 Did the organization's Cockcurve Director, or top management official       15b         17 Did the organization have a written defector, or top management official       15b         18 Did the organization in vest in, contribute assets to, or participate in a joint ventrure or similar arrangement with a taxable entity during the yea?	9						37
10a       Did the organization have local chapters, branches, or affiliates?       Ioa       X         10a       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?       10a       X         11a       Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       11a       X         12a       Did the organization have a written conflict of interest policy? If "No," go to line 13       12a       X         13       Did the organization have a written conflict of interest policy? If "No," go to line 13       12a       X         14       Has the organization have a written document retention and destruction policy?       12a       X         13       Did the organization have a written whistleblower policy?       13a       X         14       Did the organization have a written whistleblower policy?       13a       X         14       Did the organization have a written document retention and destruction policy?       14a       X         15       Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       15a       X         16       Did the organization follow a written policy or procedure requiring the organization to evaluate its participati	<u> </u>	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		A
10a       X         10b       10a       X         10c       10a       X         10c       10a       X         10c       10a       X         11c       12c       10a       X         11c       12c       10b       10c       10c         12c	Sec	TOT B. POLICIES (This Section B requests information about policies not required by the Internal Re	<u>evenue Code.)</u>			<u>v</u>	
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?       100         11a       Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       11a       X         12a       Did the organization have a written conflict of interest policy? If "No," go to line 13       12a       X         12       Did the organization nave a written whisteblower required to disclose annually interests that could give rise to conflicts?       12a       X         13       Did the organization have a written whisteblower policy?       13       X       14         14       Did the organization have a written whisteblower policy?       13       X       14       X         14       Did the organization have a written whisteblower policy?       13       X       14       X         15       Did the organization have a written document retention and destruction policy?       15a       X       15b       X         16       the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       16a       X         15       If the organization linvest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year	10-	Did the experimetion have least shorters by an efficience			10-	Yes	
and branches to ensure their operations are consistent with the organization's exempt purposes?       10b         11a       Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       11a       X         12a       Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> 12a       12a       X       12b       X       <					10a		
11a       Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       11a       X         b       Describe on Schedule O the process, if any, used by the organization to review this Form 990.       12a       Did the organization have a written conflict of interest policy? If "No," go to line 13       12a       X       12a       X       12a       X       12b       X       12a       X       12b       X       12b </th <th>a</th> <th colspan="6"></th>	a						
b       Describe on Schedule O the process, if any, used by the organization to review this Form 990.       12a         12a       Did the organization have a written conflict of interest policy? <i>If</i> "No," <i>go to line 13</i> 12a         b       Were officers, directors, or tustees, and key employees required to disclose annually interests that could give rise to conflicts?       12b         c       Did the organization have a written consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe</i> 12c         13       Did the organization have a written whistleblower policy?       13       X         14       Did the organization have a written whistleblower policy?       13       X         15       Did the organization have a written document retention and destruction policy?       14       X         15       Did the organization's CEO, Executive Director, or top management official       15a       X         16       Dther officers or key employees of the organization       15a       X         16       Dther officers or key employees of the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       16a       X         b       If "Yes," did the organization follow a written policy or procedure requiring the organization's exempt status with respect to such arrangements?       16b       16b         Section C. Disclosure	110	· · · · · · · · · · · · · · · · · · ·					
12a       Did the organization have a written conflict of interest policy? If "No," go to line 13       12a       X         b       Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?       12b       X         c       Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done       12c       X         13       Did the organization have a written document retention and destruction policy?       13       X         14       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?       14       X         a       The organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       15a       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?       16a       X         Section C. Disclosure       Its form 990 is required to be filed ▶MN       Its a state 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 1024A, if applicable),							
b       Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?       12b       X         c       Did the organization regularly and consistently monitor and enforce compliance with the policy? // ff "Yes," describe       12c       X         13       Did the organization have a written whistleblower policy?       13       X       14       X         14       Did the organization have a written document retention and destruction policy?       13       X       14       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?       15a       X         a       The organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       15b       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       16a       X         b       If "Yes," did the copy of this Form 990 is required to be filed       MM       16b       16b         Section C. Disclosure       If a section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.       Other							
c       Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe       12         13       Did the organization have a written whistleblower policy?       13       X         14       Did the organization have a written document retention and destruction policy?       14       X         15       Did the organization have a written document retention and destruction policy?       14       X         15       Did the organization have a written whistleblower policy?       14       X         16       Did the organization have a written document retention and destruction policy?       14       X         15       Did the organization is CEO, Executive Director, or top management official       15a       X       15b       X         16       Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       16a       X         17       List the states with which a copy of this Form 990 is required to be filed ▶MN       16b       5         18       Section C. Disclosure       Identify of the year?       16b       16b         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 1024A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public ins							
on Schedule O how this was done       12c       X         13       Did the organization have a written whistleblower policy?       13       X         14       Did the organization have a written document retention and destruction policy?       14       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?       14       X         a       The organization's CEO, Executive Director, or top management official       15a       X         b       Other officers or key employees of the organization       15b       X         16a       If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.       16a       X         16a       If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?       16b       I6a         Section 6.104 requires an organization to make its Form 1023 (1024 or 1024.A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.       I6b       I6b         17       List the states with which a copy of this Form 990 is required to be filed ▶MN       If upplicable), 990, and 990-T							
13       Did the organization have a written whistleblower policy?       13       X         14       Did the organization have a written document retention and destruction policy?       14       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?       14       X         a       The organization's CEO, Executive Director, or top management official       15a       X         b       Other officers or key employees of the organization       15b       X         nf "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.       16a       X         16a       Did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?       16b       16b         Section C. Disclosure       17       List the states with which a copy of this Form 990 is required to be filed ▶MN       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.       Other (explain on Schedule O)       19         19       Describe on Schedule 0 whether (and if so, how) the organi	Ū		,		12c	x	
14       Did the organization have a written document retention and destruction policy?       14       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?       14       X         a       The organization's CEO, Executive Director, or top management official       15a       X         b       Other officers or key employees of the organization       15a       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?       16a       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?       16a       X         Section C. Disclosure       16b       If us the states with which a copy of this Form 990 is required to be filed ▶MN       16b       16b         18       Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) s only) available for public inspection. Indicate how you made these available. Check all that apply.       16b       16b         19       Describe on Schedule O whether (and if so, how) the organization made its governing documents,	13						
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?       15         a       The organization's CEO, Executive Director, or top management official       15a       X         b       Other officers or key employees of the organization       15a       X         if "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.       16b       X         16a       X       16a       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?       16b       X         Section C. Disclosure       12       14b       16b       16b       16b         17       List the states with which a copy of this Form 990 is required to be filed ▶MN       16b       16b       16b       16b         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.       0ther (explain on Schedule O)       19       19       Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest po							
persons, comparability data, and contemporaneous substantiation of the deliberation and decision?       15a       X         a The organization's CEO, Executive Director, or top management official       15a       X         b Other officers or key employees of the organization       15b       X         If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.       16a       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?       16a       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?       16b       2         Section C. Disclosure       16b       16b       16b       16b         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.       0       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.       10 <t< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th></t<>							
<ul> <li>a The organization's CEO, Executive Director, or top management official</li> <li>b Other officers or key employees of the organization</li> <li>If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.</li> <li>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?</li> <li>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?</li> <li>Section C. Disclosure</li> <li>17 List the states with which a copy of this Form 990 is required to be filed &gt;MN</li> <li>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.</li> <li>Own website Another's website X Upon request Other (explain on Schedule O)</li> <li>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.</li> <li>20 State the name, address, and telephone number of the person who possesses the organization's books and records JULLIE ELLEFSON - 612-721-2762</li> </ul>							
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taxable entity during the year?       16a       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       16a       X         exempt status with respect to such arrangements?       16b       16b       16b       16b         Section C. Disclosure       16b       16b <th></th> <th>If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.</th> <th></th> <th></th> <th></th> <th></th> <th></th>		If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
<ul> <li>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?</li> <li>Section C. Disclosure</li> <li>17 List the states with which a copy of this Form 990 is required to be filed ▶MN</li> <li>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.</li> <li>Own website Another's website X Upon request Other (explain on Schedule O)</li> <li>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.</li> <li>20 State the name, address, and telephone number of the person who possesses the organization's books and records ↓</li> <li>JULIE ELLEFSON - 612-721-2762</li> </ul>	16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a				
in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b		, , ,			16a		X
exempt status with respect to such arrangements?       16b         Section C. Disclosure       17         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       □         ■       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         JULIE       ELLEFSON	b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its participa	tion			
<ul> <li>Section C. Disclosure</li> <li>17 List the states with which a copy of this Form 990 is required to be filed ▶MN</li> <li>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.</li> <li>Own website Another's website X Upon request Other (explain on Schedule O)</li> <li>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.</li> <li>20 State the name, address, and telephone number of the person who possesses the organization's books and records ↓</li> <li>JULIE ELLEFSON - 612-721-2762</li> </ul>		in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization's				
<ul> <li>17 List the states with which a copy of this Form 990 is required to be filed ▶MN</li> <li>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.</li> <li>Own website Another's website X Upon request Other (explain on Schedule O)</li> <li>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.</li> <li>20 State the name, address, and telephone number of the person who possesses the organization's books and records JULIE ELLEFSON - 612-721-2762</li> </ul>					16b		
<ul> <li>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.</li> <li>Own website Another's website X Upon request Other (explain on Schedule O)</li> <li>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.</li> <li>20 State the name, address, and telephone number of the person who possesses the organization's books and records ↓</li> <li>JULIE ELLEFSON - 612-721-2762</li> </ul>	Sec						
<ul> <li>for public inspection. Indicate how you made these available. Check all that apply.</li> <li>Own website Another's website X Upon request Other (explain on Schedule O)</li> <li>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.</li> <li>State the name, address, and telephone number of the person who possesses the organization's books and records JULIE ELLEFSON - 612-721-2762</li> </ul>							<u> </u>
<ul> <li>Own website Another's website X Upon request Other (explain on Schedule O)</li> <li>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.</li> <li>State the name, address, and telephone number of the person who possesses the organization's books and records JULIE ELLEFSON - 612-721-2762</li> </ul>	18		nd 990-T (sect	ion 501(c)(3)s	only)	availat	ble
<ul> <li>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.</li> <li>20 State the name, address, and telephone number of the person who possesses the organization's books and records ↓</li></ul>							
<ul> <li>statements available to the public during the tax year.</li> <li>State the name, address, and telephone number of the person who possesses the organization's books and records JULIE ELLEFSON - 612-721-2762</li> </ul>				,			
20 State the name, address, and telephone number of the person who possesses the organization's books and records ►	19		onflict of intere	st policy, and	i tinano	al	
JULIE ELLEFSON - 612-721-2762	00						
	20		uks and record	S 🕨			
		2448 18TH AVE SOUTH, MINNEAPOLIS, MN 55404					

2448 18TH AVE SOUTH, MINNEAPOLIS, MN

Form 990 (2		41-12/41//	Page 1
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Comper	isated	
	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 Comple	te this table for all persons required to be listed. Report compensation for the calendar year ending with or	within the organization's	tax year.
<ul> <li>List a</li> </ul>	II of the organization's <b>current</b> officers, directors, trustees (whether individuals or organizations), regardless	of amount of compensation	ation.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, 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 the instructions for the order in which to list the persons above.

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar I	nd a d I	irecto	r/trus <sup>:</sup>	tee)	from	from related	other
	(list any	ector.						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		e	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		voldu	t con	_	1099-INEC)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	(ey en	Highest compensated employee	Former			organizations
(1) JULIE ELLEFSON	40.00	-	-		-	<u> </u>				
EXECUTIVE DIRECTOR		1		x				104,938.	0.	14,707.
(2) JOY SHEALER OLSON	1.00									
CHAIR		х		X				0.	Ο.	0.
(3) MICHELLE THOMPSON	1.00									
VICE CHAIR		Х		Х				0.	0.	0.
(4) JONATHAN HORICK	1.00									
TREASURER		Х		Х				0.	0.	0.
(5) RANDY NELSON	1.00									
SECRETARY		Х		Х				0.	0.	0.
(6) RALEIGH FROMSTEIN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) FRED HERRON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) CHERYL MOSISA	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) BEN PAUL	1.00									
BOARD MEMBER		Х						0.	0.	0.
		-								
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		l								
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	<u>990 (2021)</u> SOUTHSIDE	E FAMILY	'N	IUR	TU	RI	NG	C	CENTER	41-12	<u>7417</u>	7	Page	8
Par	t VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	anc	d Hig	ghes	st C	ompensated Employee	s (continued)				
	(A) Name and title	<b>(B)</b> Average hours per	(do box	not c	(C Pos heck i ss per	C) ition <sup>more</sup> rson i	<b>)</b> than o s both	one 1 an	<b>(D)</b> Reportable compensation	(E) Reportable compensation	n	Estir	<b>F)</b> nated unt of	
		week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer		Highest compensated		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MIS0 1099-NEC)	C/	ompe fron organ and r	her ensatior n the nization related izations	
											_			
1b	Subtotal			<u> </u>	<u> </u>	<u> </u>	<u> </u>		104,938.		0.	14	,707	
	Total from continuation sheets to Part VII Total (add lines 1b and 1c)								0. 104,938.		0.	14	0 ,707	•
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable				1
3	Did the organization list any <b>former</b> officer,	director, truste	ee, k	key e	empl	loye	e, or	hig	hest compensated emp	oyee on		Y	es N	0
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su										3	3	X	
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a										4	1	X	
Sec	rendered to the organization? <i>If</i> "Yes." com tion B. Independent Contractors	plete Schedule	e J fo	or su	ich i	pers	on .				E	5	X	<u>.</u>
1	Complete this table for your five highest con the organization. Report compensation for t	•	•							•	ensation	n from	1	
	(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	Com	(C)	ation	
	Total number of independent contractors (ir		<b></b>	nite	1 + ~ -	thee		tod	abova) who received	are then				
2	\$100.000 of compensation from the organiz		JU 11(1	mec	1 10	(1105		ieu	above, who received mo					

						FAM	ILY NURT	URING CENT	ER	41-1274	177 Page <b>9</b>
Pa	rt V	111	Statement of Re	ven	ue						
			Check if Schedule O	conta	ains a re	sponse	or note to any lir	ne in this Part VIII			
								(A)	(B) Related or exempt	(C) Unrelated	<b>(D)</b> Revenue excluded
								Total revenue	function revenue	business revenue	from tax under
											sections 512 - 514
ts ts	1	а	Federated campaigns		1	a	<u>115,500.</u>				
iran oun		b	Membership dues		1	b					
Ame G		с	Fundraising events		1	c					
ar /		d	Related organizations		1	d					
s, C		е	Government grants (contr	ibuti	ons) <b>1</b>	e	468,267.				
r Si		f	All other contributions, gifts,	grant	s, and						
Contributions, Gifts, Grants and Other Similar Amounts			similar amounts not included	l abov	/e 1	f 1,	220,701.				
d Cri		g	Noncash contributions included in	lines 1	a-1f <b>1</b>	g \$					
Co an		h	Total. Add lines 1a-1f				<b>&gt;</b>	1,804,468.			
							Business Code				
e	2	а									
e vic		b									
Se		с									
am eve		d									
Program Service Revenue		е									
Ъ		f	All other program service	reve	nue						
		g	Total. Add lines 2a-2f								
	3		Investment income (includ								
			other similar amounts)				►				
	4		Income from investment of	of tax	-exempt	bond p	roceeds 🕨 🕨				
	5		Royalties	<u></u>			🕨				
	(i) Real		(ii) Personal								
	6	а	Gross rents	6a							
		b	Less: rental expenses $\dots$	6b							
		с	Rental income or (loss)	6c							
		d	Net rental income or (loss	)	r		🕨				
	7	а	Gross amount from sales of		(i) Sec	urities	(ii) Other				
			assets other than inventory	7a							
		b	Less: cost or other basis								
Ine			and sales expenses	7b							
venue		с	Gain or (loss)	7c							
Re		d	Net gain or (loss)			·····	🕨				
Other Re	8	а	Gross income from fundraisi	ng ev	ents (not						
đ			including \$		c	of					
			contributions reported on		-						
			Part IV, line 18					-			
			Less: direct expenses								
			Net income or (loss) from				<u> </u>				
	9	а	Gross income from gamin	ig ac	tivities. S	See					
			Part IV, line 19					-			
			Less: direct expenses								
			Net income or (loss) from			ities	····· •				
	10	а	Gross sales of inventory, I	less i	returns						
			and allowances					-			
		b	Less: cost of goods sold			10k	b				
		с	Net income or (loss) from	sales	s of inve	ntory					
s							Business Code	_			
Miscellaneous Revenue	11	а	MISCELLANEOUS				611710	5,087.			5,087.
ane		b									
cell eve		с									
Misc		d	All other revenue								
£		е	Total. Add lines 11a-11d					5,087.			
	12		Total revenue. See instruction	ons			🕨	1,809,555.	0.	0.	5,087.

Do	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	119,645.	22 020	29,911.	65,805
~	trustees, and key employees	119,045.	23,929.	29,911.	05,005
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
-	persons described in section 4958(c)(3)(B)	514,362.	483,653.	2,752.	27,957
7 0	Other salaries and wages	JI4, JUZ•		4,134.	41,331
8	Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)	63,918.	62,494.	427.	997
9 10	Other employee benefits	47,042.	38,332.	2,202.	6,508
11	Payroll taxes Fees for services (nonemployees):	17,012.	50,552.	2,202.	0,500
a b					
c	. ·	39,001.		39,001.	
d		5570010			
e					
f	Investment management fees				
g					
9	column (A), amount, list line 11g expenses on Sch 0.)	40,787.	40,163.	158.	466
12	Advertising and promotion	42,387.	21,660.	3,715.	466 17,012
13	Office expenses	38,223.	32,733.	2,356.	3,134
14	Information technology				
 15	Royalties				
16	Occupancy	52,900.	39,675.	10,580.	2,645
17	Travel	8,561.	8,561.	,	•
8	Payments of travel or entertainment expenses				
-	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	11,062.	8,297.	2,212.	553
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	55,976.	41,982.	11,195.	2,799
23	Insurance	16,640.	12,480.	3,328.	832
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 0.)				
а	PROGRAM SUPPLIES AND AC	55,343.	55,343.		
b	MEAL PROGRAM	6,143.	6,143.		
с	TRAINING	3,443.	3,443.		
d	MISCELLANEOUS EXPENSES	1,971.		1,196.	775
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,117,404.	878,888.	109,033.	129,483
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)				

SOUTHSIDE FAMILY	NURTURING	CENTER
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41-1274177 Page 11

Fai	πΧ	Balance Sneet					
		Check if Schedule O contains a response or note	e to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			347,218.	1	391,840.
	2	Savings and temporary cash investments			256,503.	2	757,743.
	3	Pledges and grants receivable, net			155,402.	з	138,133.
	4	Accounts receivable, net			2,157.	4	1,432.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial co	ontributor, or 35%			
		controlled entity or family member of any of thes	e perso	ns		5	
	6	Loans and other receivables from other disqualif	ied pers	ons (as defined			
		under section 4958(f)(1)), and persons described	in secti	ion 4958(c)(3)(B)		6	
ŝ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Åŝ	9				9,118.	9	9,572.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	2,211,936.			
	b	Less: accumulated depreciation		1,105,385.	1,134,971.	10c	1,106,551.
	11	Investments - publicly traded securities				11	13,540.
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line 1	1			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			23,250.	15	30,973.
	16	Total assets. Add lines 1 through 15 (must equa	al line 33	3)	1,928,619.	16	2,449,784.
	17	Accounts payable and accrued expenses			68,040.	17	56,320.
	18	Grants payable		······		18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities		······		20	
	21	Escrow or custodial account liability. Complete F	Part IV o	f Schedule D		21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, substa	antial co	ontributor, or 35%			
iab		controlled entity or family member of any of thes	-			22	050.040
_	23	Secured mortgages and notes payable to unrelate			264,024.	23	250,040.
	24	Unsecured notes and loans payable to unrelated			156,700.	24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24).	Complete Part X	0		10 757
		of Schedule D		·····	0.	25	10,757.
	26				488,764.	26	317,117.
ŷ		Organizations that follow FASB ASC 958, chee	ck here				
ЭС		and complete lines 27, 28, 32, and 33.			1 242 475		2 025 642
alaı	27				<u>1,342,475.</u> 97,380.	27	2,035,643. 97,024.
d B	28	Net assets with donor restrictions			97,300.	28	97,024.
ŝ		Organizations that do not follow FASB ASC 95	bo, cheo				
or F		and complete lines 29 through 33.				00	
ets.	29	Capital stock or trust principal, or current funds				29 20	
SS	30	Paid-in or capital surplus, or land, building, or eq				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc			1,439,855.	31	2,132,667.
ž	32	Total net assets or fund balances			1,928,619.	32 33	2,449,784.
	33	Total liabilities and net assets/fund balances			I, J20, 0IJ.	აა	<u>2,449,704</u>

2,449,784. Form **990** (2021)

Form 990 (	
Part X	Balance Sheet

	1990 (2021) SOUTHSIDE FAMILY NURTURING CENTER	41-12	74177	Pag	<sub>ge</sub> 12				
Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,809						
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,117	7,40	04.				
3									
4									
5	Net unrealized gains (losses) on investments	5		6	<u>61.</u>				
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain 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	2,132	2,60	<u>67.</u>				
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>						
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		<b>2</b> b	X					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,							
	consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,							
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х					
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch								
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audit							
	Act and OMB Circular A-133?		<b>3</b> a		X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b						

Form **990** (2021)

Department of the Treasury

Internal Revenue Service

(Form 990)

## Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

	OMB No. 1545-0047
	2021
	Open to Public Inspection
Employer	identification number

Name of the organization	Employer identification numb
SOUTHSIDE FAMILY NURTURING CENTER	41-1274177
Part I Reason for Public Charity Status. (All organizations must complete this part.) See instruction	ons.
The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)	
1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).	
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)	
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).	
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)	A)(iii). Enter the hospital's name,
city, and state:	
5 An organization operated for the benefit of a college or university owned or operated by a governmental	unit described in
section 170(b)(1)(A)(iv). (Complete Part II.)	
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).	
7 X 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, member	ship 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 c	rganization 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 a	carry out the purposes of one or
more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section	<b>1 509(a)(3).</b> Check the box on
lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and	nd 12g.
<b>a Type I.</b> 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 trus	ees of the supporting
organization. You must complete Part IV, Sections A and B.	
<b>b Type II.</b> A supporting organization supervised or controlled in connection with its supported organizat	ion(s), by having
control or management of the supporting organization vested in the same persons that control or mar	age 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 function	ally integrated with.

ation operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

\_\_\_\_ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d 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.

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.

Enter the number of supported organizations f

<b>g</b> Provide the following information about the supported organization(s).						
(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other
organization		(described on lines 1-10	Yes	No	support (see instructions)	support (see instructions)
		above (see instructions))	100	110		
Total						

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1529324.	749,607.	862,266.	1151870.	1804468.	6097535.
2	Tax revenues levied for the organ-			-			
	ization'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	1529324.	749,607.	862,266.	1151870.	1804468.	6097535.
	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)						1961122.
6	Public support. Subtract line 5 from line 4.						4136413.
	ction B. Total Support						4130413.
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	
	Amounts from line 4	1529324.	749,607.	862,266.	1151870.	1804468.	(f) Total 6097535.
	Gross income from interest,	19299240	145,001.	002,200.	1131070.	10044000	00070000
0							
	dividends, payments received on						
	securities loans, rents, royalties,	200.	550.				750.
~	and income from similar sources	200.	220.				750.
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	407	0.00	2 1 0 1	1 200	F 007	10 051
	assets (Explain in Part VI.)	487.	806.	3,191.	1,280.	5,087.	10,851.
	Total support. Add lines 7 through 10						6109136.
12			,			12	39,150.
13	First 5 years. If the Form 990 is for th	-	st, second, third, f	ourth, or fifth tax y	vear as a section 5	01(c)(3)	. —
<u> </u>	organization, check this box and stop						
	ction C. Computation of Publi						67 71
	Public support percentage for 2021 (li		-			14	<u>67.71 %</u>
	Public support percentage from 2020					15	70.97 %
16a	33 1/3% support test - 2021. If the c				14 is 33 1/3% or m	ore, check this boy	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2020. If the c				line 15 is 33 1/3%	or more, check thi	s box
	and <b>stop here.</b> The organization qual		•••				▶∟
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts			-	-	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		▶∟
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is 7	10% or
	more, and if the organization meets th	e facts-and-circum	istances test, cheo	k this box and <b>st</b>	<b>op here.</b> Explain in	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	▶∐
18	Private foundation. If the organizatio	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	

Schedule A (Form 990) 2021

### SOUTHSIDE FAMILY NURTURING CENTER 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

Section A. Fublic Support						
Calendar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 20	021 (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 per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disgualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support		1	I			
Calendar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	(b) 2018	(c) 2019	(d) 2020	(e) 20	021 (f) Total
<ul> <li>9 Amounts from line 6</li> <li>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</li> </ul>						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<ul> <li>c Add lines 10a and 10b</li> <li>11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on</li> </ul>						
<ol> <li>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>Total support. (Add lines 9, 10c, 11, and 12.)</li> </ol>						
14 First 5 years. If the Form 990 is for th	e organization's fi	rst second third	fourth or fifth tax	vear as a section F		ı
check this box and <b>stop here</b>	0		,		.,.,.	
Section C. Computation of Publi						
15 Public support percentage for 2021 (li	••		column (f))		15	%
16 Public support percentage from 2020					16	%
Section D. Computation of Inves					1 1	· · · · · · · · · · · · · · · · · · ·
17 Investment income percentage for 20	<b>21</b> (line 10c, colu	mn (f), divided by li	ne 13, column (f))		17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2021. If the					·	
more than 33 1/3%, check this box ar						
b 33 1/3% support tests - 2020. If the	-	•				1/3%, and
line 18 is not more than 33 1/3%, che	-					
20 Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	structions	

1

2

3a

Yes

No

### 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

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

#### SOUTHSIDE FAMILY NURTURING CENTER Schedule A (Form 990) 2021 Part IV Supporting Organizations (continued

No

**\_** ..

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		
	11c below, the governing body of a supported organization? 11a		
b	A family member of a person described on line 11a above? 11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI. 11c		
Sec	ion 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</i>		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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? 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.		
Sec	ion C. Type II Supporting Organizations		

				_
			Yes	
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)? 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)	1		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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on 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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

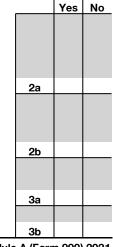
#### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the	e Integral Part Test during the year	(see instructions).
•			

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

c 🗌	The organization supported a get	overnmental entity. Describe in	Part VI how you supported a	governmental entity (see instruction <u>s).</u>
-----	----------------------------------	---------------------------------	-----------------------------	---

- 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? 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.
- 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? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.



Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	lov. 20, 1970 ( <i>explain in</i> )	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		•	
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
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		
Sect	ion 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 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

SOUTHSIDE	FAMILY	NURTURING	CENTER
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_		ILY NURTURING (			1-1274177	Page 7
Par	<u> </u>	a)(3) Supporting Orga	nizations (continu	<u>ied)</u>		
Secti	on D - Distributions				Current Yea	ar
1	Amounts paid to supported organizations to accomplish exer			1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	e organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount	(1)	()	10	<i>(</i> )	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	is	(iii) Distributabl Amount for 20	
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
а	From 2016					
b	From 2017					
C	From 2018					
d	From 2019					
e	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see instructions)					
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2021 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
e	Excess from 2021					

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021	SOUTHSIDE	FAMILY	NURTURING	CENTER	41-1274177 Pa	aae <b>8</b>
Part VI	Supplemental Inform Part IV, Section A, lines 1,	<b>nation.</b> Provide th 2, 3b, 3c, 4b, 4c, 5a ines 2 and 3; Part IV,	e explanations , 6, 9a, 9b, 9c, Section E, line	required by Part II, 11a, 11b, and 11c; s 1c, 2a, 2b, 3a, ar	line 10; Part II, line Part IV, Section B, nd 3b; Part V, line 1;	17a or 17b; Part III, line 12; lines 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V	

## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

SOU

## \*\* PUBLIC DISCLOSURE COPY \*\*

## Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

# 2021

Employer identification number

JTHSIDE	FAMILY	NURTURING	CENTER

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Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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**

X 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), 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  $\dots \longrightarrow$ 

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization

Part I

(a)

123452

No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_1		\$ <u>60,000.</u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$ <u>115,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$ <u>75,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$86,996.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 5	Name, address, and ZIP + 4	Total contributions	Type of contribution         Person       X         Payroll
(a)	(b)	(c)	(d)
No. 6 3452 11-11	Name, address, and ZIP + 4	Total contributions	Type of contribution         Person       X         Payroll

SOUTHSIDE FAMILY NURTURING CENTER

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

(b)

Employer identification number 41-1274177

(d)

(c)

Page 2

123452 11-11-21

SOUTHSIDE	FAMILY	NURTURING	CENTER

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 7 X Person Payroll 53,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 8 X Person Payroll 520,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 9 X Person Payroll 156,700. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 10 Person X Payroll <u>51,7</u>03. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

Employer identification number

41-1274177

Name of organization

SOUTHSIDE	FAMILY	NURTURING	CENTER

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

Employer identification number

Schedule I	B (Form 990) (2021)			Page <b>4</b>			
	organization			Employer identification number			
SOUTH	SIDE FAMILY NURTURING C	ENTER		41-1274177			
Part III		tions to organizations described in se a) through (e) and the following line ent charitable, etc., contributions of \$1,000 or	rv. For organizations	hat total more than \$1,000 for the year			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
		(e) Transfer of gift	t				
	Transferee's name, address, a	and ZIP + 4	Relationship of tra	ansferor to transferee			
(a) No.		[					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, a	Ind ZIP + 4	Relationship of tra	Insferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
		(e) Transfer of gift					
	Transferee's name, address, a	Ind ZIP + 4	Relationship of tra	ansferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
		e) Transfer of gift	t I				
	Transferee's name, address, a	Ind ZIP + 4	Relationship of tra	insferor to transferee			

SCHEDU	LE D
--------	------

D)

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.



Department of the Treasury Internal Revenue Service Name of the organization

## SOUTHSIDE FAMILY NURTURING CENTER

Employer identification number 41-1274177

Par	t I Organizations Maintaining Donor Advised		Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(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 v		unds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
-	for charitable purposes and not for the benefit of the donor o		
		·	
Par			
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea		storically important land area
	Protection of natural habitat		ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied 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
а			2a
b			·
	Number of conservation easements on a certified historic stru		·
	Number of conservation easements included in (c) acquired a		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel		
	year ►	, , , , , ,	5
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	•		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	easements during the year
	► \$		<b>C</b>
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)	(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statements	that describes the
	organization's accounting for conservation easements.	-	
Par	t III Organizations Maintaining Collections of	<sup>•</sup> Art, Historical Treasures, or Other	<sup>-</sup> 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 95	8, not to report in its revenue statement and b	alance sheet works
	of art, historical treasures, or other similar assets held for pub	blic exhibition, education, or research in furthe	rance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and balar	nce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtherar	nce of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		► \$
			× .
2	If the organization received or held works of art, historical treater		
-	the following amounts required to be reported under FASB A		,,
а	Revenue included on Form 990, Part VIII, line 1	-	
	Assets included in Form 990, Part X		
			···· F Y

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

Partiall       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued).         3       Using the organization accession, and other records, check any of the following that make significant use of its continued).         a       Deptice exhibition       d         b       Different exhibition       d         c       Provide acception of thure generations       d         c       Provide acception of the organization is oblections and explain how they further the organization's exempt purpose in Part XIII.         5       Diring the year, did the organization's collections and explain how they further the organization's acception of the organization's collection?       Yes       No         Particle exhibition       d       Loan or exchange program       b       Yes       No         Particle anise funds rating that no be maintained as part of the organization answered Yes' on Form 990, Part XII.       Yes       No         If 'Yes, 'explain the arrangement in Part XIII and complete the following table:       Yes       No         If 'Yes, 'explain the arrangement in Part XIII check hare fibe acganization include an anount on Form 990, Part X, line 21, for escrow or custodial account hability?       Yes       No         b       Differ galance       (a) Current Yes       (b) For year       (c) for years table       Yes       No         Differ galan the arrangement in Part XIII ch			DE FAMILY 1						41-12		
collection lores (chock all that apply):       a       b       b       Scholarly research       c       Other         b       Scholarly research       c       Other       Other       Collection 1       Yes       No         c       Provide acception of hours generations's collections and explain how they further the organization seempt purpose in Part XIII.       Scholarly research       Yes       No         Partice I cales tunks rather than to be mating as part of the organization collection?       Yes       No       No         Partice I cales tunks rather than to be mating as part of the organization answered "Yes" on Form 900, Part X, Iine 21, or reported an amount on Form 900, Part X, Iine 21, for serrow or custodial account liability?       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here If the organization answered "Yes" on Form 900, Part X, Iine 21, for serrow or custodial account liability?       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here If the organization answered "Yes" on 900, Part X, Iine 21, for serrow or custodial account liability?       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here If the organization include an amount on Form 900, Part X, Iine 10.       Iine 4       Iine 4       Iine 4         a both to organization include an amount on Form 900, Part X, Iine 10.       Iine 4       Iine 4       Iine 4       Iine 4 <th>Par</th> <th>t III   Organizations Maintaining C</th> <th>ollections of Ar</th> <th>t, Histo</th> <th>orical Tre</th> <th>easures, o</th> <th>r Othe</th> <th>r Simila</th> <th>r Assets</th> <th>(contir</th> <th>nued)</th>	Par	t III   Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, o	r Othe	r Simila	r Assets	(contir	nued)
a Public exhibition during the generations development of the organization's exempt purpose in Part XII. 5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XII. 5 During the year, did the organization societ 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?      Provide a description of the organization asset of the organization's collection?     Yee with the organization answered "Yee" on Form 990, Part X, line 8, or reported an amount on Form 990, Part X, line 21.     Is the organization answered "Yee" on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21.     Is the organization answered "Yee" on Form 990, Part X, line 21.     Is the organization answered "Yee" on Form 990, Part X, line 21.     Is the organization and the part XIII and complete the following table:     Ves	3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the	following that	t make s	ignificant ι	use of its		
b       Scholary research       e       Other         c       Previde a description of houre generations         9       Diving the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets       tota       No.         Parvide a description of the organization allow or receive donations of art, historical treasures, or other similar assets       tota       No.         Part VM       Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part X, line 21.       Tota       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on form 990, Part X, line 21.       Is to any and the organization answered 'Yes' on Form 990, Part X, line 21.         b       If 'Yes,'' explain the arrangement in Part XIII. and complete the following table:       Amount       Id											
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they three the organization's exempt purpose in Part XII. 5 During the year, did the organization solic 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 answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?     b If 'Yes', explain the arrangement in Part XIII and complete the following table:	а	Public exhibition	d								
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.     During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets     to be add to raise funds rather than to be maintained as part of the organization's collection?     Part W 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.     Is the organization an agent, trustee, custodian or other intermedialy for contributions or other assets not included     on Form 900, Part X?     Is a list the organization angent, trustee, custodian or other intermedialy for contributions or other assets not included     on Form 900, Part X?     Is a list the organization in Part XIII. Check here if the explanation has been provided on Part XIII     Part W Endowment Funds. Complete if the organization namered "Yes" on Form 990, Part X.     Ine 21, for escrow or custodial account liability?     Ves     Is degrinning of year balance     (a) Current year     (b) Prives 'a cuplain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII     Beginning of year balance     (a) Current year     (b) Prives 'a cuplain the arrangement is Part XIII.     (a) Current year     (b) Prives 'a cuplain the arrangement is Part XIII.     (c) Prives 'a cuplain the extination answered 'Yes' on Form 990, Part IV. line 10.     (a) Current year     (b) Prives 'a cuplain the extination is a current year     (c) Iwo years back.     (d) Three years back.     (e) How years back     (d) Prive years back.     (d) Current year     (d) Prive years back.     (d) Current year end balance (line 1g, column (al) held as:     a Board designated or qualiandowment IN ={56}     Term endowment IN ={56}     Term endowment IN ={56}     Term endowment IN ={56}     Term endowment IN ={56}     Term endowme	b	Scholarly research	е		Other						
S 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 mantalined as part of the organization's collection?     Part V Escrow and Outstodial Arrangements. Complete if the organization asswered "Yes" on Form 190, Part V, line 9, or     reported an amount on Form 190, Part X, line 21.     Is the organization angent, fustake, custodian or other intermediary for contributions or other assets not included     on Form 190, Part X     lit 'yes,'''''''''''''''''''''''''''''''''''	С	Preservation for future generations									
To be sold to raise funds rather than to be maintained as part of the organization accellations = [	4	Provide a description of the organization's co	ollections and explair	how th	ey further th	ne organizatio	on's exer	npt purpo	se in Part	XIII.	
Part W       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 wes       Ves       No         b       If 'Yes,' explain the arrangement in Part XIII and complete the following table: <ul> <li>Amount</li> <li>Amount</li> <li>Id</li> <li>If 'Yes', explain the arrangement in Part XII.</li> <li>Id</li> <li>Id&lt;</li></ul>	5	During the year, did the organization solicit o	r receive donations o	of art, his	storical treas	sures, or othe	er similar	assets		_	
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 980, Part X         b       If "Yes," explain the arrangement in Part XIII and complete the following table:         c       Beginning balance         d       1d         d       Id         d       Additions during the year         e       Inding balance         d       Id         d       Distributions during the year         d       Id         d       Distributions         d       If 'res.' exclain 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.         la       Beginning of year balance       Id         id       Current year       (b) Prior year         o       Not howestnent camings, gains, and losses       Id         d       Administative expe										_	No No
1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X7       Yes       No         b       If 'Yes,'' explain the arrangement in Part XIII and complete the following table:       Amount       Image: Complete the following table:       Image: Complete the following table:       Amount       Image: Complete the following table:       Image: Complete the following table	Par			ete if the	organizatio	on answered '	"Yes" on	Form 990	), Part IV, I	ine 9, or	
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       1d         d Additions during the year       1d         e Distributions during the year       1d         z Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account flability?       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 X, line 10.         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Immediate the provide on Part XIII.         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (a) Three years back       (b) Four years back         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (c) Two years back       (c) Four years back         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (c) Four years back         1a Contributions       (a) Current year end balance       (c) Two years back       (d) Three years back       (e) Four years back         1a Contributions       (b) Pri	1a	· · · · · · · · · · · · · · · · · · ·		iary for o	contribution	s or other as	sets not	included			
b       If "Yes," explain the arrangement in Part XIII and complete the following table:										Yes	No
c       Beginning balance       Id         d       Additions during the year       Id         e       Distributions during the year       Id         d       Tending balance       If         a       Distributions during the year       If         d       Tending balance       If         a       Distributions during the year       If         d       Tending balance       If         a       Distributions during the year       If         d       Distributions       If       Im         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990. Part XII.       Im       Im         f       Administrative expenses       Im       Im       Im       Im         f       Administrative expenses       Im       Im       Im       Im       Im         g       End of year balance       Im	b								······ —		
d Additions during the year       1d         e Distributions during the year       1d         f Ending balance       1t         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       (e) Four years back       (e) Four years back       (e) Four years back       (e) Four years back         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         6 Orntributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         6 Grants or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         9 End of year balance       (a) Current year end balance (line 1g, column (a) held as:       aa bacd designated or quasi-endowment )       %         9 End of year balance       %       %       Permanent endowment )       %         9 End of year balance       %       %       Permanent endowment )       %         9 End of year balance       %       %       Permanent endowment )       %         9 End of year balance       %       %       Permanent endowment )										Amoun	t
d Additions during the year       1d         e Distributions during the year       1d         f Ending balance       1t         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       (e) Four years back       (e) Four years back       (e) Four years back       (e) Four years back         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         6 Orntributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         6 Grants or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         9 End of year balance       (a) Current year end balance (line 1g, column (a) held as:       aa bacd designated or quasi-endowment )       %         9 End of year balance       %       %       Permanent endowment )       %         9 End of year balance       %       %       Permanent endowment )       %         9 End of year balance       %       %       Permanent endowment )       %         9 End of year balance       %       %       Permanent endowment )	с	Beginning balance						1c			
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       Image: Comparison on Part XIII       Image: Comparison Part X											
f       Ending balance											
2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If 'Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Yes       No         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part K, 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       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Other expenditures for facilities       (a) Current year end balance (line 1g, column (a) held as:       a       Board designated or quasi-endowment ▶       %         b       Permanent endowment ▶       %       %       The percentages on lines 2a, 2b, and 2c should equal 100%.       Sa       Are there endowment funds not in the possession of the organization stend and administered for the organization stend organizations       (a) (	-										
Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (c) Two years back       (d) Three years back       (e) Four years back         c       Other expenditures for facilities       (c) Two years back       (d) Three years back       (e) Four years back         e       Other expenditures for facilities       (c) Two years back       (d) Three years back       (e) Four years back         g       End of year balance       (c) Two years back	2a									Yes	No No
1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Not investment emings, gains, and losses       (c) Current year end balance       (in end year)       (in end year) </th <th>b</th> <th>If "Yes," explain the arrangement in Part XIII.</th> <th>Check here if the ex</th> <th>planatio</th> <th>n has been</th> <th>provided on</th> <th>Part XIII</th> <th></th> <th></th> <th></th> <th></th>	b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planatio	n has been	provided on	Part XIII				
1a       Beginning of year balance       Image: Contributions       Image: Contributions         b       Contributions       Image: Contributions       Image: Contributions         c       Net investment earnings, gains, and losses       Image: Contributions       Image: Contributions         c       Net investment earnings, gains, and losses       Image: Contributions       Image: Contributions         d       Grants or scholarships       Image: Contributions       Image: Contributions         c       Other expenditures for facilities       Image: Contributions       Image: Contributions         and programs       Image: Contributions       Image: Contributions       Image: Contributions         g       End of year balance       Image: Contributions       Image: Contributions         g       End of year balance       Image: Contributions       Image: Contributions         g       End of year balance       Image: Contributions       Image: Contributions         g       End of year balance       Image: Contributions       Image: Contributions         g       End of year balance       Image: Contributions       Image: Contributions         g       End of year balance       Image: Contributions       Image: Contributions       Image: Contributions         g       Fore on low Statt	Par	t V Endowment Funds. Complete i	f the organization an	swered	"Yes" on Fo	orm 990, Part	IV, line	10.			
b       Contributions			(a) Current year	<b>(b)</b> P	rior year	(c) Two yea	rs back	(d) Three y	/ears back	(e) Four	years back
c       Net investment earnings, gains, and losses	1a	Beginning of year balance									
d Grants or scholarships	b	Contributions									
e       Other expenditures for facilities and programs	с	Net investment earnings, gains, and losses									
and programs	d	Grants or scholarships									
f       Administrative expenses	е	Other expenditures for facilities									
g End of year balance		and programs									
2       Provide the estimated percentage of the current year end balance (line 1g, column (ai)) held as:         a       Board designated or quasi-endowment ▶%         b       Permanent endowment ▶%         c       Term endowment ▶%         d       The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       A re there endowment funds not in the possession of the organization that are held and administered for the organization by:         (i)       Unrelated organizations         (ii)       Related organizations         (iii)       Related organizations         3a(ii)       3a(ii)         3b	f	Administrative expenses									
a Board designated or quasi-endowment ▶%         b Permanent endowment ▶%         c Term endowment ▶%         d Intersections         till 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 (other)       (b) Cost or other basis (other)         b Buildings       2,078, 161.       1,	g	End of year balance									
b       Permanent endowment ▶      %         c       Term endowment ▶      %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g	, column (a	)) held as:					
c       Term endowment ▶      %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	а			_%							
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: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organization's endowment funds.</li> </ul> <ul> <li>(iii) Cost or other</li> <li>(iii) Cost or other</li> <li>(iiii) Cost or other</li> <li>(iiiii) Cost or other</li> <li>(iiiii) Cost or other</li> <li>(iiiii) Cost or other</li> <li>(iiiii) Cost or other</li> <li>(iiiiii) Cost or other</li> <li>(iiiii) Cost or other</li> <li>(iiiiii) Cost or other</li> <li>(iiiiiii) Cost or other</li> <li>(iiiiiiii) Cost or other<!--</th--><th>b</th><th></th><th>%</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></li></ul>	b		%								
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       Yes No         (i) Unrelated organizations       3a(i)         (ii) Related organizations       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       Part VI         Land, Buildings, and Equipment.       Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         0       Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a Land       5,000.       5,000.       5,000.         b Buildings       2,078,161.       1,045,160.       1,033,001.         c Leasehold improvements             d Equipment       81,317.       33,515.       47,802.         e Other       47,458.       26,710.       20,748.	С		· -								
by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other Part VI 240 (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (e Other (c) Accumulated (c) A											
(i) Unrelated organizations       3a(i)         (ii) Related organizations       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XII the intended uses of the organization's endowment funds.       3b         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 Buildings       2,078,161.       1,045,160.         c Leasehold improvements       81,317.       33,515.       47,802.         e Other       47,458.       26,710.       20,748.	3a	Are there endowment funds not in the posse	ssion of the organiza	ation tha	t are held ar	nd administer	red for th	ne organiza	ation	ſ	<u>x</u>
(ii) Related organizations       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land       5,000.		-									Yes No
b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land       5,000.       5,000.         b       Buildings       2,078,161.       1,045,160.       1,033,001.         c       Leasehold improvements       81,317.       33,515.       47,802.         e       Other       47,458.       26,710.       20,748.											
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         1a Land       5,000.       5,000.         b Buildings       2,078,161.       1,045,160.       1,033,001.         c Leasehold improvements       81,317.       33,515.       47,802.         e Other       47,458.       26,710.       20,748.											
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         1a       Land       5,000.       5,000.         b       Buildings       2,078,161.       1,045,160.       1,033,001.         c       Leasehold improvements       81,317.       33,515.       47,802.         e       Other       47,458.       26,710.       20,748.	b									3b	
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         1a Land       5,000.       5,000.       5,000.         b Buildings       2,078,161.       1,045,160.       1,033,001.         c Leasehold improvements       81,317.       33,515.       47,802.         e Other       47,458.       26,710.       20,748.	4 Da			wment f	unds.						
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land5,000.5,000.5,000.b Buildings2,078,161.1,045,160.1,033,001.c Leasehold improvements	I ai			) Dart IV	/ line 112 S	See Form 000	Part X	line 10			
basis (investment)         basis (other)         depreciation           1a Land         5,000.         5,000.           b Buildings         2,078,161.         1,045,160.         1,033,001.           c Leasehold improvements         6         6         6           d Equipment         81,317.         33,515.         47,802.           e Other         47,458.         26,710.         20,748.					-						
1a Land       5,000.       5,000.         b Buildings       2,078,161.       1,045,160.       1,033,001.         c Leasehold improvements		Description of property	1		• •					( <b>u)</b> B00	k value
b Buildings       2,078,161.       1,045,160.       1,033,001.         c Leasehold improvements       81,317.       33,515.       47,802.         e Other       47,458.       26,710.       20,748.	1a	Land	`			, ,					
c Leasehold improvements         81,317.         33,515.         47,802.           e Other         47,458.         26,710.         20,748.					2,07		1,	045,1	60.		
d Equipment         81,317.         33,515.         47,802.           e Other         47,458.         26,710.         20,748.											
e Other 47,458. 26,710. 20,748.					8	1,317.					
					4	7,458.		26,7			
				X, colur	nn (B), line 1	0c.)				1,10	6,551.

Schedule D (Form 990) 2021

Part VII Investments - Other Securities.	n Form 000 Port IV line	11b Coo Form 000 Dort V line 10	
Complete if the organization answered "Yes" o (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-c	of-vear 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" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-o	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6) (7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
(a) D	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line           Part X         Other Liabilities.	15.)		
Complete if the organization answered "Yes" o	n Form 990. Part IV. line	e 11e or 11f. See Form 990. Part X. line 25.	
1. (a) Description of liability	, , ,	, , ,	(b) Book value
(1) Federal income taxes			. ,
(2) CAPITAL LEASE			10,757.
(3)			•
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line .	<u>25.)</u>		10,757.

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 ....

X

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Schedule D (Form 990) 2021

	edule D (Form 990) 2021 SOUTHSIDE FAMILY NURTURING				1274177	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme		venue per Re	eturn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.		· · · ·		
1	Total revenue, gains, and other support per audited financial statements			1	1,810	,216.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments		661.			
b	Donated services and use of facilities	. 2b				
С	Recoveries of prior year grants	. 2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		661.
3	Subtract line 2e from line 1			3	1,809	<u>,555.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a				
b	Other (Describe in Part XIII.)	. 4b				
-	Add lines <b>4a</b> and <b>4b</b>			4c		0.
С						
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990. Part I. line 12.</i> )			5	1,809	,555.
5		ents With Ex	penses per l	I		,555.
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990. Part I. line 12.</i> )	ents With Ex	penses per l	I	า.	
5	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990. Part I. line 12.)</i> rt XII Reconciliation of Expenses per Audited Financial Statem	ents With Ex	penses per F	I		
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With Ex	penses per F	Returi	า.	
5 Pa 1	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12,)</i> <b>rt XII</b> Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	ents With Ex	penses per F	Returi	า.	
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents With Ex	penses per F	Returi	า.	
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)         Total Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	ents With Ex	penses per F	Returi	า.	
5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	ents With Ex	penses per F	Returi	า.	
5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)         rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:       Donated services and use of facilities         Prior year adjustments       Other losses         Other (Describe in Part XIII.)       Other (Describe in Part XIII.)	2a           2b           2c           2d	penses per F	Returi	n. <u>1,117</u>	<u>,404.</u> 0.
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )         rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments       Other losses         Other losses       Other the Attribution of Part XIII.)         Add lines 2a through 2d       2d	ents With Ex	penses per F	1	า.	<u>,404.</u> 0.
5 Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)         rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:       Donated services and use of facilities         Prior year adjustments       Other losses         Other (Describe in Part XIII.)       Other (Describe in Part XIII.)	ents With Ex	penses per F	1 2e	n. <u>1,117</u>	<u>,404.</u> 0.
5 Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:       Donated services and use of facilities         Prior year adjustments       Other losses       Other losses         Other (Describe in Part XIII.)       Add lines 2a through 2d       Subtract line 2e from line 1	ents With Ex	penses per F	1 2e	n. <u>1,117</u>	<u>,404.</u> 0.
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)         rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:       Donated services and use of facilities         Prior year adjustments       Other losses         Other losses       Other losses         Other losses       Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:       Investment expenses not included on Form 990, Part IX, line 7b	ents With Ex	penses per F	1 2e	n. <u>1,117</u>	<u>,404.</u> 0.
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:       Donated services and use of facilities         Prior year adjustments       Other losses         Other (Describe in Part XIII.)       Add lines 2a through 2d         Subtract line 2e from line 1       Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a           2b           2c           2d	penses per F	1 2e	n. <u>1,117</u>	<u>,404.</u> 0.
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12,</i> )         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a           2b           2c           2d           4a           4b	penses per F	1 2e 3	n. <u>1,117</u>	<u>,404.</u> 0. ,404. 0.

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 X, LINE 2:

THE CENTER HAS TAX-EXEMPT STATUS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND MINNESOTA STATUTE 290.05. IT HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER THE INTERNAL REVENUE CODE AND CHARITABLE CONTRIBUTIONS BY DONORS ARE TAX DEDUCTIBLE.

IT IS THE POLICY OF THE CENTER, IN ACCORDANCE WITH U.S. GAAP, TO ASSESS

ANY UNCERTAIN TAX POSITIONS AND, IF NECESSARY, RECORD A TAX ASSET OR

LIABILITY, AND THE RELATED INCOME TAX EXPENSE, FOR ANY UNCERTAIN TAX

POSITIONS. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE CENTER

AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2021, THERE ARE NO UNCERTAIN

POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF

Schedule D	(Form	990)	2021	
	-			

SOUTHSIDE FAMILY NURTURING CENTER 41-1274177 Page 5

Part XIII Supplemental Information (continued)

A LIABILITY OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

## 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 Form 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information. EZ
OMB No. 1545-0047
2021
Open to Public
Inspection
Employer identification number

SOUTHSIDE FAMILY NURTURING CENTER

ING CENTER 41-1274177

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

INTENSIVE HOME VISITING TO NURTURE CHILDREN, BUILD ON FAMILY STRENGTHS,

AND FIND ALTERNATIVES TO VIOLENCE.

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

FAMILIES AT RISK IN THE PHILLIPS COMMUNITY OF SOUTH MINNEAPOLIS,

MINNESOTA.

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

SPEECH THERAPY, OCCUPATIONAL THERAPY, AND EARLY AUTISM INTERVENTION

DURING THEIR SCHOOL DAY AT SSFNC. EVERY CHILD ENROLLED AT SSFNC

RECEIVES 742 HOURS/YEAR OF THERAPEUTIC EARLY CHILDHOOD EDUCATION, AND

THOSE NEEDING ADDITIONAL THERAPEUTIC SUPPORT RECEIVE UP TO 70 HOURS OF

INDIVIDUAL AND GROUP THERAPY SERVICES EACH YEAR. DURING 2021, COVID

LIMITED TO SOME DEGREE THE NUMBER OF IN-PERSON EDUCATION AND

THERAPEUTIC HOURS GIVEN SCHOOL CLOSINGS AND TRANSITIONS TO VIRTUAL

LEARNING.

CHILDREN MAINTAIN STEADY ATTENDANCE AND LONG-TERM PROGRAM ENGAGEMENT FACILITATED BY FREE, DAILY BUS TRANSPORTATION FOR ALL ENROLLED CHILDREN. CHILDREN CONSUME HEALTHY, NUTRITIOUS BREAKFAST AND LUNCHES, PREPARED FROM SCRATCH ON-SITE AT SSFNC. WHOLE GRAIN, FRESH FRUIT AND VEGETABLES, AND LEGUME-BASED MENUS WITH LOW TO MODERATE ANIMAL BASED SERVINGS/WEEK. OUR FOOD PROGRAM EXCEEDS FEDERAL SCHOOL BASED LUNCH PROGRAM GUIDELINES.

Schedule O (Form 990) 2021	Page <b>2</b>
Name of the organization SOUTHSIDE FAMILY NURTURING CENTER	Employer identification number $41 - 1274177$
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMEN	IS:
SETTING INDIVIDUALIZED CLIENT DIRECTED GOAL PLANS. FAMILIE	S PARTICIPATE
IN FAMILY EVENTS HOSTED AT THE AGENCY TWO TIMES PER MONTH.	FAMILY
EVENTS ALWAYS INCLUDE SHARING A NUTRITIOUS HOME-COOKED MEAN	L TOGETHER
AND ENGAGING FAMILIES IN A PARENT/CHILD ATTACHMENT ACTIVIT	Y, WITHIN A
SAFE AND SUPPORTIVE ENVIRONMENT. PARENT SUPPORT GROUPS ALSO	O FACILITATED
ON-SITE AT SSFNC, ARE FREE OF CHARGE.	

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

THE FINANCE COMMITTEE REVIEWS THE 990 IN DETAIL AND PRESENTS IT TO THE

BOARD OF DIRECTORS FOR APROVAL PRIOR TO IT BEING FILED.

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

THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY THAT DEFINES WHAT A CONFLICT OF INTEREST IS AND DEFINES THOSE SUBJECT TO THE POLICY AS OFFICERS, BOARD MEMBERS, AND EMPLOYEES OF THE ORGANIZATION. THIS INCLUDES FAMILY MEMBERS OF THE INDIVIDUALS AND AN ENTITY IN WHICH THE INDIVIDUALS OR THEIR FAMILY MEMBERS HAVE A MATERIAL FINANCIAL INTEREST. ALL INDIVIDUALS ARE REQUIRED TO REVIEW THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS AND COMPLETE A DISCLOSURE FORM IDENTIFYING ANY POTENTIAL CONFLICTS OF INTEREST. AN INDIVIDUAL WHO HAS A POTENTIAL CONFLICT OF INTEREST IS TO DISCLOSE ALL FACTS MATERIAL TO THE CONFLICT OF INTEREST, SHALL NOT PARTICIPATE IN OR BE PERMITTED TO HEAR THE BOARD'S OR COMMITTEE'S DISCUSSION OF THE MATTER, AND IS NOT ALLOWED TO VOTE ON THE MATTER.

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

SALARY SURVEYS OF COMPARABLE ORGANIZATIONS IN ADDITION TO BUDGET

CONSTRAINTS ARE CONSIDERED WHEN DETERMINING COMPENSATION OF THE EXECUTIVE 132212 11-11-21 Schedule O (Form 990) 2021

		SECTION C, LI					
JOVERNING	DOCUMENTS,	CONFLICT OF	INTEREST	POLICY,	AND	FINANCIAL	STATEMENTS
ARE AVAIL	ABLE TO THE	E PUBLIC UPON	REQUEST.				
32212 11-11-21						Sch	edule O (Form 990) 2

Schedule O (Form 990) 2021 Name of the organization

EMPLOYEES.

SOUTHSIDE FAMILY NURTURING CENTER

DIRECTOR. THE ORGANIZATION HAS NO OTHER COMPENSATED OFFICERS OR KEY

Employer identification number 41-1274177

Page **2**