Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

A	For the	e 2022 calend	dar year, or tax year beginning 01/01/2022 and	d ending		12/31/	2022	
в	Check if	f applicable:	C Name of organization MN FUNDRAISING INITIATIVE				D Emplo	oyer identification number
	Address	s change	Doing business as					84-1964216
	Name c	hange	Number and street (or P.O. box if mail is not delivered to street address)	s) F	Room	/suite	E Teleph	none number
	Initial re	turn	14814 Able Street NE					763-575-7585
	Final retu	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code					
	Amende	ed return	Ham Lake, MN 55304				G Gross	receipts \$ 2,517,517
	Applicat	tion pending	F Name and address of principal officer: Martin Anthony Cross			H(a) Is this a gr	oup return fo	r subordinates? 🗌 Yes 🗹 No
			14813 Able St NE, Ham Lake, MN 55304			H(b) Are all s	ubordinat	es included? 🗌 Yes 🗌 No
<u> </u>	Tax-exe	empt status:	✓ 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c	or 🗌 527		If "No," attac	h a list. Se	e instructions.
J	Website	e: www.mn	fundraisinginitiative.org			H(c) Group e	xemption	number
к	Form of	organization: 🖌	Corporation Trust Association Other	Year of form	ation:	2019	M State	of legal domicile: MN
Ρ	art I	Summa	-					
	1	Briefly des	cribe the organization's mission or most significant activitie	es: MN Fu	Indra	aising Initia	tive's mi	ssion is to enrich the
S		lives of you	uth and families by providing grants to fund opportunities the	y would ot	herw	ise not be	able to e	experience.
Governance								
ver	2	Check this	box $\[\square \]$ if the organization discontinued its operations or c	disposed o	of m	ore than 25	5% of it	s net assets.
ĝ	3	Number of	voting members of the governing body (Part VI, line 1a) .				3	11
<u>م</u>	4	Number of	independent voting members of the governing body (Part		4	11		
Activities &	5	Total numb	per of individuals employed in calendar year 2022 (Part V, li		5	0		
ž	6		per of volunteers (estimate if necessary)				6	1,600
Ă	7a	Total unrel	ated business revenue from Part VIII, column (C), line 12				7a	399
	b	Net unrelat	ed business taxable income from Form 990-T, Part I, line 1	11			7b	0
		Pric						Current Year
ē	8		ons and grants (Part VIII, line 1h)			8	865,262	2,517,118
ent	9	•	ervice revenue (Part VIII, line 2g)				0	0
Revenue	10		t income (Part VIII, column (A), lines 3, 4, and 7d)				0	399
	11		nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				0	0
	12		ue-add lines 8 through 11 (must equal Part VIII, column (A),			8	865,262	2,517,517
	13		I similar amounts paid (Part IX, column (A), lines 1–3) .			3	89,838	1,712,708
	14	•	aid to or for members (Part IX, column (A), line 4)				0	0
es	15		her compensation, employee benefits (Part IX, column (A), line	,			0	67,769
Expenses	16a		al fundraising fees (Part IX, column (A), line 11e)				0	0
ğ	b		aising expenses (Part IX, column (D), line 25)	0				
ш	17	-		• • •			14,009	24,178
	18	•	nses. Add lines 13–17 (must equal Part IX, column (A), line	,		4	03,847	1,804,655
	19	Revenue le	ess expenses. Subtract line 18 from line 12		61,415	712,862		
Net Assets or Fund Balances					Begi	inning of Curr		End of Year
sset	20		s (Part X, line 16)			4	93,456	1,206,318
et A: nd B	21		ties (Part X, line 26)				0	0
			or fund balances. Subtract line 21 from line 20			4	93,456	1,206,318
P	art II	Signatu	re 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	Martin Cross, CEO							
	Type or print name and title							
Paid Preparer	Print/Type preparer's name	Date		Check if if self-employed	PTIN			
Use Only			Firm's EIN					
	Firm's address	Phone	Phone no.					
May the IR	S discuss this return with the pr	eparer shown above? See instruction	ons				Yes	🗌 No
							- 0	000

For Paperwork Reduction Act Notice, see the separate instructions.

Form 99	90 (2022)	Page 2								
Part										
		te to any line in this Part III								
1	Briefly describe the organization's mission:	for the second form the subscription of the subscription is for the subscription of the subscription of the								
		of youth and families by providing grants to fund opportunities they would								
	otherwise not be able to experience.									
2	Did the organization undertake any significant program									
	prior Form 990 or 990-EZ?									
3	f "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program									
Ū										
	If "Yes," describe these changes on Schedule O.									
4	-	shments for each of its three largest program services, as measured by								
	expenses. Section 501(c)(3) and 501(c)(4) organization	s are required to report the amount of grants and allocations to others,								
	the total expenses, and revenue, if any, for each progra	m service reported.								
	(Code:) (Expenses \$ 1,804,655 includ	ing grants of \$ 1,712,708) (Revenue \$ 2,517,957)								
40		(way of grants to youth and families to allow family members to								
		, educational classes, & school activites. These activites provide life								
		tic development while helping build community connection which helps								
	strengthen the community as a whole. In 2022 we were at	le to provide 2611 such grants.								
4b	(Code:) (Expenses \$ includ	ing grants of \$) (Revenue \$)								
4c	(Code:) (Expenses \$ includ	ing grants of \$) (Revenue \$)								
4d	Other program services (Describe on Schedule O.)									
	(Expenses \$ 0 including grants of \$	0) (Revenue \$ 0)								
4e	Total program service expenses 1,804	,655								

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Part	V Checklist of Required Schedules			
4	In the expension described in section $501(s)(2)$ or $4047(s)(1)$ (other then a private foundation)? If "Vec."		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	~	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		~
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		~
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		~
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? <i>If "Yes," complete Schedule C, Part III</i>	5		~
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		~
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		~
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		~
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .	10		~
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		~
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		~
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		~
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		~
е	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 the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		~
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		~
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		~
D	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		~
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		~
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		~
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .	18		~
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		~
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		~

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	~	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .	00		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		~
LTU	\$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		~
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		~
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		~
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		~
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	~	
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		~
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		~
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		~
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		~
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	31 32		~
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		~
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		~
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		~
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		~
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	~	
Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			. 🗆
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b c	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and			
U	reportable gaming (gambling) winnings to prize winners?	1c	V	

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Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		~
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		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Ju		
	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		
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b		
С	required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. 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.	0-		
a b	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
10	Section 501(c)(7) organizations. Enter:	30		
a	Initiation fees and capital contributions included on Part VIII, line 12			
	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			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
40	against amounts due or received from them.)	10		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
b 13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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.			
	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 14а	Enter the amount of reserves on hand Image: service and	14a		~
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		~
	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		~
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person 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.			

Part	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI			
Secti	ion A. Governing Body and Management			
1a	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar	-	Yes	No
b 2	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent . 1b 11 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 1 1	2	~	
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		~
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? . Did the organization have members or stockholders?	4 5 6 7a	~	2 2 2
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		~
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a		8a	~	
b 9	Each committee with authority to act on behalf of the governing body?	8b 9	~	~
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Rever	nue C	ode.)	
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	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	~	
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	~	
b c	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12b	~	
	describe on Schedule O how this was done	12c	~	
13	Did the organization have a written whistleblower policy?	13	~	
14 15	Did the organization have a written document retention and destruction policy?	14		
а	The organization's CEO, Executive Director, or top management official	15a	V	
b	Other officers or key employees of the organization	15b		~
160	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		~
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		
Secti	ion C. Disclosure	1.00	1	L
17	List the states with which a copy of this Form 990 is required to be filed MN			

- ✓ Own website
 ✓ Another's website
 ✓ Upon request
 Other (explain on Schedule O)
- **19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records. Martin Cross, (763)575-7585

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

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

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

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

• List all of the organization's current key employees, if any. See 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, box 6 of 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.

				((C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and title	Average					e than o		Reportable	Reportable	Estimated amount
	hours		ox, unless person is ficer and a director					compensation	compensation	of other
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
Martin Cross	60.00									
CEO					~			67,769	0	0
Patricia Cross	15.00									
Treasurer		~		~				0	0	0
Jessica Musta	15.00									
Vice President				~				0	0	0
Stacy Schelkoph	1.00									
Treasurer				~				0	0	0
Elizabeth Di Grazia	2.00]								
Secretary				~				0	0	0
Monica Fisher	1.00									
Board member at large				~				0	0	0
Chris Johnson	1.00									
Board member at large				~				0	0	0
Jana Kachmarek	1.00									
Board Members at large				~				0	0	0
Angie Keay	1.00									
Board member at large				~				0	0	0
Kelly McElderry	1.00									
Board member at Large				~				0	0	0
Heather Murphy	1.00									
Board member at large				~				0	0	0
		-								
	+	-								
	+	-								

Part	VI Section A. Officers, Directors, 1	rustees,	Key I	Emj	ploy	yee	s, an	d F	lighest Compe	nsated E	mplo	yees (d	contir	nued)
					•	C)								
	(A)	(B)	(-1	- 4 - 1-		ition			(D)	(E)			(F)	
	Name and title	Average	•				e than o is both		Reportable	Reporta	able	Estima	ted am	ount
		hours					or/trust		compensation	compens			f other	
		per week (list any	or In	يرا را	ç	۲e	en Hi	Fo	from the organization (W-2/	from rela organizatior			pensati om the	on
		hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	nplo	Former	1099-MISC/	1099-MI			ization	and
		related	dual	lior	Ĩ	mp	st c	4	1099-NEC)	1099-N	EC)	related of	organiza	ations
		organizations below	ŤŹ	nal t		oye	omp							
		dotted line)	stee	rust		ð	Dens							
		,	Û	tee			Highest compensated employee							
							ā							
			-											
]											
			1											
			1											
			-											
			-											
]											
			1											
			1											
			1											
16	Subtotal								(7.7.0		0			
				·	•	• •	•••	•	67,769		0			0
c	Total from continuation sheets to Part	•		·	•	• •	• •	•						
d	Total (add lines 1b and 1c)	· · · ·		•	•				67,769	· .	0		00.00	0
2	Total number of individuals (including		limite	ed t	:o t	thos	e lisi	ted	above) who re	eceived n	nore t	han \$1	00,00	JU of
	reportable compensation from the organi	zation							0					
													Yes	No
3	Did the organization list any former of							mpl	loyee, or highes	t compe	nsated			
	employee on line 1a? If "Yes," complete	Schedule J	for s	uch	ind	ividu	ual					3		~
4	For any individual listed on line 1a, is the	sum of re	portal	ble	con	npei	nsatio	n a	nd other compe	nsation fro	om the			
	organization and related organizations													
	individual											4		~
5	Did any person listed on line 1a receive of	r accrue co	omne	nsat	tion	fro	m anv	/ IIn	related organizat	ion or ind	ividual			-
•	for services rendered to the organization											5		~
Santi	on B. Independent Contractors		2		201			2. 0				5		•
	Complete this table for your five high	not come	oncot	<u></u>	ind		adant		ptractore that "	oppived -	moro 4	han ¢-	100.00	<u> </u>
1	compensation from the organization. Rep													
	сотрепзанот потт не огданізацон. Кер	on compen	เอสเเบิ	110	uie	- Ca	iei iua	iye T			, organ	ιιΖατιΟΠ	ə idX	year.
	(A)								(B)	.		(C)		
	Name and business add	ress							Description of serv	lices	(Compens	ation	
None														
								<u> </u>						

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

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to an	ny line in this Pa	urt VIII...	 	

		·		(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
					function revenue	business revenue	from tax under sections 512–514
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns 1a	0				
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues	0				
s, G	C	Fundraising events 1c	0				
Sift lar	d	Related organizations1dGovernment grants (contributions)1e	0				
s, C	e f	Government grants (contributions) 1e All other contributions, gifts, grants,	0				
ion s	•	and similar amounts not included above 1f	2,517,118				
but	g	Noncash contributions included in	2,517,110				
d O	Ŭ	lines 1a-1f 1g	\$ 0				
an Co	h	Total. Add lines 1a–1f		2,517,118			
			Business Code				
Program Service Revenue	2a						
ve v	b						
jram Ser Revenue	С						
ran %ev	d						
бо <mark>н</mark>	e	A 11					
ā	f	All other program service revenue					
	 3	Total. Add lines 2a–2f		0			
	5	other similar amounts)		399	0	399	0
	4	Income from investment of tax-exempt be		0	0	399	0
	5	Royalties		0	0	0	0
	•	(i) Real	(ii) Personal				
	6a	Gross rents 6a 0	0				
	b	Less: rental expenses 6b 0	0				
	С	Rental income or (loss) 6c 0	0				
	d	Net rental income or (loss)		0	0	0	0
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets	0				
	b	other than inventory 7a					
ne	b						
Revenue	~	and sales expenses7b0Gain or (loss).7c0					
Ře	d			0	0	0	0
her		Gross income from fundraising					
oth	ou	events (not including \$ 0					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	0				
	b	Less: direct expenses 8b	0				
	С	Net income or (loss) from fundraising eve	ents	0		0	0
	9a	Gross income from gaming activities. See Part IV, line 19 . 9a					
	b						
	D C	Less: direct expenses 9b Net income or (loss) from gaming activitie	0	0	0	0	0
		Gross sales of inventory, less		0	0	0	0
		returns and allowances 10a	0				
	b	Less: cost of goods sold 10b	-				
	с	Net income or (loss) from sales of invento	ory	0	0	0	0
S			Business Code				
eor	11a						
scellaneo Revenue	b		-				
Sev l	c		-				
Miscellaneous Revenue	d	All other revenue		0	0	0	0
-	12	Total. Add lines 11a–11d . . Total revenue. See instructions . .		0			
	12	I GIAI TEVETILE. SEE INSTRUCTIONS		2,517,517	0	399	0 Form 990 (2022)

	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
-	b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
0	and domestic governments. See Part IV, line 21 .	0	0		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
•	Grants and other assistance to foreign	1,712,708	1,712,708		
3	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors,	0	0		
	trustees, and key employees	67,769	67,769	0	
6	Compensation not included above to disqualified	01,107	07,107		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B) .	0	0	0	
7	Other salaries and wages	0	0	0	
8	Pension plan accruals and contributions (include			-	
	section 401(k) and 403(b) employer contributions)	0	0	0	
9	Other employee benefits	0	0	0	
10	Payroll taxes	0	0	0	
11	Fees for services (nonemployees):				
а	Management	0	0	0	
b	Legal	0	0	0	
С	Accounting	0	0	0	
d	Lobbying	0	0	0	
е	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column	0	0	0	
g	(A), amount, list line 11g expenses on Schedule O.)				
40		0	0	0	
12 13	Advertising and promotion	8,179	8,179	0	
13 14	Office expenses	3,050	3,050	0	
15	Royalties	3,493	3,493	0	
16		0	0	0	
17		0	0	0	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0	0	0	
19	Conferences, conventions, and meetings .	3,613	3,613	0	
20	Interest	399	399	0	
21	Payments to affiliates	0	0	0	
22	Depreciation, depletion, and amortization	0	0	0	
23	Insurance	361	361	0	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	Banking and check fees	511	511	0	
b	volunteer event expenses	2,767	2,767	0	
С	replacement of stolen volunteer items	1,758	1,758	0	
d	tax filing fee	47	47	0	
e	All other expenses	0	0	0	
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	1,804,655	1,804,655	0	
20	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)				

Form 990 (2022)

	n 990 (20	•			Page 11
Ρ	art X		+ V		
		Check if Schedule O contains a response or note to any line in this Pa	(A) Beginning of year	<u> </u>	 (B) End of year
	1	Cash-non-interest-bearing	493,456	1	1,206,318
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			
	6	Loans and other receivables from other disqualified persons (as defined		5	
	0	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ŝts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
A	9 10a	Prepaid expenses and deferred charges		9	
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments-publicly traded securities		11	
	12	Investments-other securities. See Part IV, line 11		12	
	13	Investments-program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	493,456	16	1,206,318
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19			19	
	20	Tax-exempt bond liabilities		20	
es	21 22	Escrow or custodial account liability. Complete Part IV of Schedule D . Loans and other payables to any current or former officer, director,		21	
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			
iab				22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24 25	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X		24	
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
seou		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
alar	27	Net assets without donor restrictions	493,456	27	1,206,318
ä	28	Net assets with donor restrictions	0	28	0
Fund Balances		Organizations that do not follow FASB ASC 958, check here D and complete lines 29 through 33.			
P	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds .		31	
Net Assets or	32	Total net assets or fund balances	493,456	32	1,206,318
ž	33	Total liabilities and net assets/fund balances	493,456	33	1,206,318

Form **990** (2022)

	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			7,517
2	Total expenses (must equal Part IX, column (A), line 25)	2)4,655
3	Revenue less expenses. Subtract line 2 from line 1	3			2,862
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .	4			93,456
5	Net unrealized gains (losses) on investments	5			C
6	Donated services and use of facilities	6			C
7	Investment expenses	7			C
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain on Schedule O)	9			C
0	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		1,20	6,318
art	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🗆
				Yes	No
1	Accounting method used to prepare the Form 990: 🗹 Cash 🗌 Accrual 🗌 Other				
•					
	If the organization changed its method of accounting from a prior year or checked "Uther." e	explain on			
	If the organization changed its method of accounting from a prior year or checked "Other," e Schedule Q.	explain on	1		
0-	Schedule O.	·			
2a	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant?	· · · ·	2a		~
2a	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were co	· · · ·	2a		~
2a	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were co reviewed on a separate basis, consolidated basis, or both:	· · · ·	2a		~
	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were co reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	 mpiled or	2a		
	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were co reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?	mpiled or	2a 2b		· · · · · · · · · · · · · · · · · · ·
	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were co reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited by an independent accountant?	mpiled or	2a 2b		
	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were co reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited basis, or both:	mpiled or	2a 2b		
b	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were co reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both: Separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	mpiled or lited on a	2a 2b		
b	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were co reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both: Separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for owner and the	impiled or lited on a versight of	2a 2b		
b	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were co reviewed on a separate basisConsolidated basis, or both:Separate basisConsolidated basisBoth consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were aud separate basis, consolidated basis, or both:Separate basis, consolidated basis, or both:Separate basisSeparate basis, or both:Separate basisSeparate basis, or both:Separate basisSeparate basisS	impiled or lited on a versight of tant?	2a 2b 2c		
b	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were co reviewed on a separate basisConsolidated basis, or both:Separate basisConsolidated basisBoth consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were aud separate basis, consolidated basis, or both:Separate basis, consolidated basis, or both:Separate basisConsolidated basis, or both:Separate basisConsolidated basis, or both:Separate basisConsolidated basisBoth consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov the audit, review, or compilation of its financial statements and selection of an independent account If the organization changed either its oversight process or selection process during the tax year, either the organization changed either its oversight process or selection process during the tax year, either the organization changed either its oversight process or selection process during the tax year, either the organization changed either its oversight process or selection process during the tax year, either the organization changed either its oversight process or selection process during the tax year, either the organization changed either its oversight process or selection process during the tax year, either the organization changed either its oversight process or selection process during the tax year.	impiled or lited on a versight of tant?	2a 2b 2c		
b	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were co reviewed on a separate basisConsolidated basis, or both:Separate basisConsolidated basisBoth consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were aud separate basis, consolidated basis, or both:Separate basis, consolidated basis, or both:Separate basisSeparate basis, or both:Separate basisSeparate basis, or both:Separate basisSeparate basisS	impiled or lited on a versight of tant?	2a 2b 2c		
b c	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were co reviewed on a separate basisConsolidated basis, or both:Separate basisConsolidated basisBoth consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were aud separate basis, consolidated basis, or both:Separate basis, consolidated basis, or both:Separate basisConsolidated basis, or both:Separate basisConsolidated basis, or both:Separate basisConsolidated basisBoth consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov the audit, review, or compilation of its financial statements and selection of an independent account If the organization changed either its oversight process or selection process during the tax year, either the organization changed either its oversight process or selection process during the tax year, either the organization changed either its oversight process or selection process during the tax year, either the organization changed either its oversight process or selection process during the tax year, either the organization changed either its oversight process or selection process during the tax year, either the organization changed either its oversight process or selection process during the tax year, either the organization changed either its oversight process or selection process during the tax year.	impiled or dited on a versight of tant? explain on	2a 2b 2c		
b c	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were co reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were aud separate basis, consolidated basis, or both: Separate basis, consolidated basis, or both: Separate basis, consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ow the audit, review, or compilation of its financial statements and selection of an independent account If the organization changed either its oversight process or selection process during the tax year, or Schedule O.	impiled or lited on a versight of tant? explain on orth in the	2a 2b 2c		
b c 3a	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were co reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were aud separate basis, consolidated basis, or both: Separate basis, consolidated basis, or both: Separate basis, consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ow the audit, review, or compilation of its financial statements and selection of an independent account If the organization changed either its oversight process or selection process during the tax year, of Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set for	impiled or dited on a versight of tant? explain on orth in the	2a 2b 2b 2c 3a		

- orm	990	(2022)
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SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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.

2022
Open to Public Inspection

Name of the organization MN FUNDRAISING INITIATIVE

Employer identification number

84-1964216

RAISING INITIATIVE		

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - **a Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations . . .
 - g Provide the following information about the supported organization(s)

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

Part IISupport Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under
Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	0	7,402	7,157	35,754	50,313
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4	Total. Add lines 1 through 3	0	0	7,402	7,157	35,754	50,313
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
6	shown on line 11, column (f)						0
6 Secti	Public support. Subtract line 5 from line 4 on B. Total Support						50,313
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	0	0	7,402	7,157	35,754	50,313
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	0	0	0	0	399	399
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
11	Total support. Add lines 7 through 10		-		-		50,712
12	Gross receipts from related activities, etc		,			12	2,481,364
13 Secti	First 5 years. If the Form 990 is for the organization, check this box and stop he on C. Computation of Public Support	re		, third, fourth,	-		
<u>3ecu</u> 14	Public support percentage for 2022 (line (•		11. column (fi)		14	%
15	Public support percentage from 2021 Scl		-			15	<u> </u>
16a	331/3% support test-2022. If the organ	ization did not	check the boy	k on line 13, ar	nd line 14 is 33		check this
b	box and stop here . The organization qua 33 ¹ / ₃ % support test - 2021. If the organi	zation did not	check a box o	n line 13 or 16	a, and line 15	is 331/3% or m	ore, check
17a	this box and stop here . The organization 10%-facts-and-circumstances test -2	022. If the orga	anization did n	ot check a box	x on line 13, 1	6a, or 16b, and	d line 14 is
	10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
b	10%-facts-and-circumstances test — 2 15 is 10% or more, and if the organization in Part VI how the organization meets the organization	on meets the fa	cts-and-circur cumstances te	mstances test, est. The organi	check this bo zation qualifies	x and stop he s as a publicly	r e . Explain supported
18	Private foundation. If the organization	did not check	a box on line	13, 16a, 16b,	, 17a, or 17b,	check this bo	x and see
	instructions		<u>.</u>	<u></u>	<u></u> .	<u> </u>	🔲
						Schedule A	A (Form 990) 2022

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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
Ŭ	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
Ŭ							
Socti	on B. Total Support						
-		(-) 0010	(1-) 0010	(-) 0000	(4) 0001	(-) 0000	
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
•=	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
10	and 12.)						
14	First 5 years. If the Form 990 is for the	organization'	la first socond	third fourth	or fifth tax yo	ar ac a cod	ion 501(0)(3)
14	organization, check this box and stop he	•			•		
Costi							
	on C. Computation of Public Suppor		·	10 1 (0)		45	0/
15	Public support percentage for 2022 (line					15	%
16	Public support percentage from 2021 Scl					16	%
	on D. Computation of Investment In		-				
17	Investment income percentage for 2022 (-		17	%
18	Investment income percentage from 202					18	%
19a	331/3% support tests-2022. If the organ						
	17 is not more than $33^{1/3}$ %, check this box	-	-	-		-	
b	331/3% support tests-2021. If the organiz						
	line 18 is not more than $33^{1/3}$ %, check this	box and stop ł	nere. The organ	ization qualifies	s as a publicly su	pported org	anization .
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b,	check this box a	and see inst	ructions .

Schedule A (Form 990) 2022

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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.)

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

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? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the

supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

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.

Section C. Type II Supporting Organizations

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).

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.

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- **a** The organization satisfied the Activities Test. Complete **line 2** below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c 🗌 The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.*

Yes No

1

2

1

3

2a

2b

3a

3b

Yes No

Yes No

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			ions A through E.
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-function	allv i	ntegrated Type III suppo	rting organization

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization 7 (see instructions).

Schedule A (Form 990) 2022

Schedu	le A (Form 990) 2022			Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3	B) Supporting Organi	zations (continued)	
Sect	on D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e		1	
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	inizations 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required-	•	· · · · · · · · · · · · · · · · · · ·	
	Other distributions (describe in Part VI). See instructions.		6	
7 8	Total annual distributions. Add lines 1 through 6.	h the everesimetics is use	7	
0	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	in the organization is res	8 sponsive	
9	Distributable amount for 2022 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Sect	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required — <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
C	From 2019			
d	From 2020			
e	From 2021			
f	Total of lines 3a through 3e			
<u> </u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in</i> Part VI . See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2018			
b	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
e	Excess from 2022			

Schedule A (Form 990) 2022

Part VISupplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE I (Form 990)			Grants and Governments	l Other Assis s, and Individ	tance to Org luals in the l	anizations, United States	5		OMB No. 1	1545-0047
				ganization answered "Yes" on Form 990, Part IV, line 21 or 22.					<u>Z</u> U,	22
Department of the Treasury	,				Form 990.				Open to	
Internal Revenue Service			Go to w	ww.irs.gov/Form99	0 for the latest info	ormation.			Inspe	
Name of the organization								Employer	r identification numb	er
MN FUNDRAISING IN		.							84-1964216	
1 Does the org	anization maint	on Grants and ain records to sub award the grants	stantiate the amou	-		rantees' eligibility	-			No
2 Describe in F	art IV the orgar	nization's procedu	res for monitoring	the use of grant fu	inds in the United	States.				
						ents. Complete ated if additional	space is needed		ered "Yes" on F	⁻ orm 990
1 (a) Name and address or governmeters		(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description noncash assista		(h) Purpose o or assistar	•
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										

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

3

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

Schedule I (Form 990) 2022

Part III	Grants and Other Assistance to I Part III can be duplicated if addition	Domestic Individu	als. Complete if th d.	e organization ansv	vered "Yes" on Form 990	, Part IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 See	e Schedule I, Part IV, Statement 1					
2						
3						
4						
5						
6						
7						
Part IV	Supplemental Information. Provid	te the information i	equired in Part I, li	ne 2; Part III, colum	n (b); and any other addit	ional information.
Schedule	I, Part I, Line 2 - The website is blocked to IF				• • •	
	e the money is going. MN Fundraising Initiat					
				······		

Schedule I, Part IV, Statement 1

Form: Schedule I (2022)

Page: 2

EIN: 84-1964216

Description of Grants and Other Assistance to Individuals in the United States

		Number of recipients	Amt. of cash grant	Amt. of non- cash asst.
Type of grant Method of valuation Desc. of Non-Cash Asst.	Dance tuition costumes and competition expenses	524	522,167	
Type of grant Method of valuation Desc. of Non-Cash Asst.	Sports registration fee equipment and competition expenses	635	331,746	
Type of grant Method of valuation Desc. of Non-Cash Asst.	college and university tuition and housing	267	461,970	
Type of grant Method of valuation Desc. of Non-Cash Asst.	The art registration fees instruments uniforms and competition expenses	49	15,392	
Type of grant Method of valuation Desc. of Non-Cash Asst.	K12 education tuition uniforms and supplies	371	355,267	

SCHEDULE L (Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

ation. Open To Public Inspection Employer identification number

Internal Revenue Service Name of the organization

Department of the Treasury

MN FUNDRAISING INITIATIVE

84-1964216

Part	t I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.							
1 (a) Name of disqualified person (b) Relation		(b) Relationship between disqualified person and	(c) Description of transaction	(d) Corrected				
		organization		Yes	No			
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
2		ed by the organization managers or disq						
3	Enter the amount of tax, if any,	on line 2. above. reimbursed by the organi	zation \$	-				

• Enter the amount of tax, if any, of the 2, above, feitibulised by the organizatio

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fron	an to or 1 the zation?	(e) Original principal amount	(f) Balance due	(g) In c	lefault?	by bo	proved ard or hittee?	(i) Wi agreei	
			То	From			Yes	No	Yes	No	Yes	No
(1)												
(2) (3)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						\$						

Part III

Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1) Sch L, Stmt 1				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Cat. No. 50056A

Schedule L (Form 990) 2022

Part V

Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of ization's nues?
					Yes	No
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						

Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

Schedule L, Part V, Statement 1

Form: Schedule L (2022)

EIN: 84-1964216

Part III

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Description of Grants or Assistance Benefitting Interested Persons

Name of interested person	Relationship with organization	Amount Ty. of Asst.	Purpose
Avery Schelkoph	child of board member	1,135 post secondary education	nneeds based
Harmon fisher	child of board member	1,805 disability related educational and skills training	needs based
Sadie Fisher	child of board member	2,465 secondary education	needs based
Mark Musta	spouse of board member	7,754 student loans and adult education	needs based
Adrian	child of board member	10,562 sports and secondary education	needs based
Paisley Erickson	child of board member	24,024 dance tuition	needs based
Annika Kachmarek	child of board member	13,136 dance tuition and primar education	y needs based
Bethany Kachmarek	child of a booard member	1,223 dance tuition	needs based
Hailey Keay	child of board member	9,081 dance tuition and primar education	y needs based
Crystal diGrazia	child o fboard member	638 post secondary education	nneeds based
Jaun diGrazia	child of board member	13,244 post secondary education	nneeds based
Sara Johnson	child of board member	5,632 post secondary education	nneeds based
Erin Johnson	child of board member	2,000 post secondary education	nneeds based
Annabelle Murphy	child of board member	9,654 dance tuition	needs based
Heather Murphy	board member	1,500 student loans	needs based
Jake Kubiatowick	child of former board member	18,587 post secondary education	nneeds based
Eric Kubiatowica	child of former board member	24,504 post secondary education	nneeds based
Luke Kubiatowicz	child of former board member	34,776 post secondary educatio	nneeds based

Amount = Amount of grant

Ty. of Asst. = Type of assistance

Purpose = Purpose of assistance

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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



Name of the organization	Employer identification number				
MN FUNDRAISING INITIATIVE	84-1964216				
Form 990, Part VI, Section A, Line 2 - Martin Cross and Patricia Cross are husband and wife					
Form 990, Part VI, Section A, Line 7a - We had a board election in December 2022 where the volunteers in our organization voted on new					
board members starting tenure in January					
Form 990, Part VI, Section B, Line 11b - MN Fundraising Initiative provides each board member with a copy	y of the 990 form by email for				
approval before filing. All financial records are available at all monthly board meetings.					
Form 990, Part VI, Section B, Line 12c - MN Fundraising Initiative discusses the Conflict of Interest policy a	at all monthly board meetings.				
Form 990, Part VI, Section B, Line 15 - In determining the CEO compensation, the MN Fundraising Initiative					
monthly meetings, they surveyed the organizations volunteers, consulted a lawyer and a non-profit consu	Itant. The board also looked at				
equivalent organizations for comparison.					
Form 000 Dest VI Contine C. Line 10, MN For desiring to Michine mosted all desuments on our surbails					
Form 990, Part VI, Section C, Line 19 - MN Fundraising Initiative posted all documents on our own website	as well as third part sites like				
guidestar.org					

Schedule O, Statement 1

Form: Form 990 (2022)

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Reasonable Cause Explanations

EIN: 84-1964216

Header Section

Explanation

We believed we had filed our 990 form online and only realized our mistake when we received the letter from the IRS stating that we had not