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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

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

C Name of organization
HEADWATERS FOUNDATION FOR JUSTICE

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
2801 21ST AVENUE SOUTH NO 132-B

City or town, state or province, country, and ZIP or foreign postal code
MINNEAPOLIS, MN 55407

D Employer identification number

36-3359386

E Telephone number

(612) 879-0602

G Gross receipts \$ 12,297,365

F Name and address of principal officer:
MARIA DE LA CRUZ
2801 21ST AVENUE SOUTH NO 132-B
MINNEAPOLIS, MN 55407

H(a) Is this a group return for subordinates?
☐ Yes ☒ No
H(b) Are all subordinates included?
☐ Yes ☐ No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ WWW.HEADWATERSFOUNDATION.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1984

M State of legal domicile:
MN

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
HEADWATERS FOUNDATION'S MISSION IS TO AMPLIFY THE POWER OF COMMUNITY TO ADVANCE EQUITY AND JUSTICE.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) 3 11

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 11

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 12

6 Total number of volunteers (estimate if necessary) 6 55

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0

7b Net unrelated business taxable income from Form 990-T, line 39 7b 0

Revenue

8 Contributions and grants (Part VIII, line 1h) 2,590,315 6,924,265

9 Program service revenue (Part VIII, line 2g) 340,000 90,000

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 254,692 1,109,099

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 27,267 444,803

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,212,274 8,568,167

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 1,303,889 3,831,999

14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 1,175,764 864,967

16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0

b Total fundraising expenses (Part IX, column (D), line 25) ▶346,909

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 697,293 529,812

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 3,176,946 5,226,778

19 Revenue less expenses. Subtract line 18 from line 12 35,328 3,341,389

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 7,821,371 10,629,920

21 Total liabilities (Part X, line 26) 390,828 753,950

22 Net assets or fund balances. Subtract line 21 from line 20 7,430,543 9,875,970

Part II Signature Block

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

Sign Here

Signature of officer
Date 2021-01-11

MARIA DE LA CRUZ EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date 2021-01-05 Check ☐ if self-employed PTIN P01484710

Firm's name ▶ CLIFTONLARSONALLEN LLP Firm's EIN ▶ 41-0746749

Firm's address ▶ 220 S 6TH STREET SUITE 300 Phone no. (612) 376-4500
MINNEAPOLIS, MN 55402

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2019)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

HEADWATERS FOUNDATION FOR JUSTICE (THE FOUNDATION) IS A COMMUNITY FOUNDATION WHOSE MISSION IS TO AMPLIFY THE POWER OF COMMUNITY TO ADVANCE EQUITY AND JUSTICE.

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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

| | | | | | |
|---------------------|-----------------------|-----------|------------------------|-------------------------|-----|
| 4a | (Code:) (Expenses \$ | 2,094,070 | including grants of \$ | 1,779,999) (Revenue \$ | 0) |
| See Additional Data | | | | | |

| | | | | | |
|---------------------|-----------------------|-----------|------------------------|-------------------------|-----|
| 4b | (Code:) (Expenses \$ | 1,144,633 | including grants of \$ | 1,132,500) (Revenue \$ | 0) |
| See Additional Data | | | | | |

| | | | | | |
|---------------------|-----------------------|---------|------------------------|-----------------------|----------|
| 4c | (Code:) (Expenses \$ | 137,806 | including grants of \$ | 105,000) (Revenue \$ | 90,000) |
| See Additional Data | | | | | |

See Additional Data Table

| | | | | | |
|-----------|--|-----------|------------------------|-----------------------|-----|
| 4d | Other program services (Describe in Schedule O.) | | | | |
| | (Expenses \$ | 1,098,503 | including grants of \$ | 814,500) (Revenue \$ | 0) |

| | | |
|-----------|---|-----------|
| 4e | Total program service expenses ▶ | 4,475,012 |
|-----------|---|-----------|

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

Part IV Checklist of Required Schedules (continued)

| | | Yes | No | |
|------------|---|-----|-----|----|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | Yes | |
| 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 | Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | No |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | No |
| 26 | Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| a | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV | 28a | | No |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | No |
| c | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV | 28c | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | No |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | No |
| b | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. | 38 | Yes | |

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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 | 66 | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | Yes | |

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

| | | | | |
|---|---|-----|----|--|
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a 12 | | | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b | Yes | | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | No | |
| b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | | | |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | No | |
| 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 | | No | |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | No | |
| c 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 | | No | |
| 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). | | | | |
| a 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 | Yes | | |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | Yes | | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | No | |
| d If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | No | |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | No | |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | | |
| 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 | | No | |
| 9 Sponsoring organizations maintaining donor advised funds. | | | | |
| a Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | No | |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | No | |
| 10 Section 501(c)(7) organizations. Enter: | | | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | |
| 11 Section 501(c)(12) organizations. Enter: | | | | |
| a 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.) | 11b | | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | 12b | | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | |
| a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. | 13a | | | |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | | | |
| c Enter the amount of reserves on hand | 13c | | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | No | |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | | |
| 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. | 15 | | No | |
| 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | 16 | | No | |

Part VI

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

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

Section A. Governing Body and Management

| | | Yes | No |
|-----------|---|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 11 | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 11 | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | Yes | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | No |
| 6 | Did the organization have members or stockholders? | | No |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | No |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | No |

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **MN , WI**

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
►MARIA DE LA CRUZ 2801 21ST AVENUE SOUTH NO 132-B MINNEAPOLIS, MN 55407 (612) 400-6265

Part VII

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

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

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

- 1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) DAVID NICHOLSON FORMER EXECUTIVE DIRECTOR | 40.00 | | | X | | | | 256,410 | 0 | 5,206 |
| (2) MARIA DE LA CRUZ PRESIDENT | 41.00 | | | X | | | | 110,361 | 0 | 31,740 |
| (3) JULIE REMMELTS CHIEF OPERATING OFFICER | 41.00 | | | X | | | | 94,872 | 0 | 17,520 |
| (4) AVI VISWANATHAN CO-CHAIR | 1.00 | X | | X | | | | 0 | 0 | 0 |
| (5) ERICA MAUTER CO-CHAIR | 1.00 | X | | X | | | | 0 | 0 | 0 |
| (6) EARTHA BELL TREASURER | 1.00 | X | | X | | | | 0 | 0 | 0 |
| (7) DAMEUN STRANGE FORMER SECRETARY | 1.00 | X | | X | | | | 0 | 0 | 0 |
| (8) MUNEEER KARCHER-RAMOS SECRETARY | 1.00 | X | | X | | | | 0 | 0 | 0 |
| (9) EBONY ADEDAYO BOARD MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 |
| (10) ELIZABETH COCO BOARD MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 |
| (11) CAMILLE CYPRIAN BOARD MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 |
| (12) ALYSSA HAWKINS BOARD MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 |
| (13) ARLETA LITTLE BOARD MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 |
| (14) PA CHUA VANG BOARD MEMBERS | 1.00 | X | | | | | | 0 | 0 | 0 |
| (15) JANIECE WATTS BOARD MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 |
| (16) FATIMA MOORE FORMER BOARD MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 |
| (17) TROUNG CHINH DUONG FORMER BOARD MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 |

Part VII

| | | | |
|---|---------|---|--------|
| 1b Sub-Total | | | |
| 1c Total from continuation sheets to Part VII, Section A | | | |
| 1d Total (add lines 1b and 1c) | 461,643 | 0 | 54,466 |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000
of reportable compensation from the organization ▶ 3

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

Section B. Independent Contractors

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

| (A) | (B) | (C) |
|---|-------------------------|--------------|
| Name and business address | Description of services | Compensation |
| LL IN ONE ACCOUNTING INC 585 THOMAS CENTER DRIVE AGAN, MN 55122 | OUTSOURCED ACCOUNTING | 114,509 |
| | | |
| | | |
| | | |

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

| | | | | | | | | | | | | | |
|---|---|-----|----------------|---------------|--------|--------|---|--|-----------|--------------------------|--|---|--|
| Form 990 (2019) | | | | | | | | | | Page 9 | | | |
| Part VIII Statement of Revenue | | | | | | | | | | | | | |
| Check if Schedule O contains a response or note to any line in this Part VIII | | | | | | | | | | <input type="checkbox"/> | | | |
| | | | | | | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns . . . | | 1a | | | | | | | | | | |
| | b Membership dues . . . | | 1b | | | | | | | | | | |
| | c Fundraising events . . . | | 1c | -108 | | | | | | | | | |
| | d Related organizations | | 1d | | | | | | | | | | |
| | e Government grants (contributions) | | 1e | 170,500 | | | | | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | | 1f | 6,753,873 | | | | | | | | | |
| | g Noncash contributions included in lines 1a - 1f:\$ | | 1g | 108 | | | | | | | | | |
| | h Total. Add lines 1a-1f ▶ | | 6,924,265 | | | | | | | | | | |
| Program Service Revenue | | | Business Code | | | | | | | | | | |
| | 2a BLACK SEED FELLOWSHIP | | 900099 | 90,000 | | 90,000 | | | | | | | |
| | b | | | | | | | | | | | | |
| | c | | | | | | | | | | | | |
| | d | | | | | | | | | | | | |
| | e | | | | | | | | | | | | |
| | f All other program service revenue. | | | | | | | | | | | | |
| | g Total. Add lines 2a-2f. ▶ | | 90,000 | | | | | | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) ▶ | | | 63,642 | | | | | | 63,642 | | | |
| | 4 Income from investment of tax-exempt bond proceeds ▶ | | | | | | | | | | | | |
| | 5 Royalties ▶ | | | | | | | | | | | | |
| | | | (i) Real | (ii) Personal | | | | | | | | | |
| | 6a Gross rents | | 6a | | | | | | | | | | |
| | b Less: rental expenses | | 6b | | | | | | | | | | |
| | c Rental income or (loss) | | 6c | | | | | | | | | | |
| | d Net rental income or (loss) ▶ | | | | | | | | | | | | |
| | | | (i) Securities | (ii) Other | | | | | | | | | |
| | 7a Gross amount from sales of assets other than inventory | | 7a | 4,774,655 | | | | | | | | | |
| | b Less: cost or other basis and sales expenses | | 7b | 3,729,198 | | | | | | | | | |
| | c Gain or (loss) | | 7c | 1,045,457 | | | | | | | | | |
| | d Net gain or (loss) ▶ | | | 1,045,457 | | | | | | 1,045,457 | | | |
| | 8a Gross income from fundraising events (not including \$ -108 of contributions reported on line 1c). See Part IV, line 18 | | 8a | 108 | | | | | | | | | |
| | b Less: direct expenses | | 8b | 0 | | | | | | | | | |
| | c Net income or (loss) from fundraising events . . . ▶ | | | 108 | | | | | | 108 | | | |
| | 9a Gross income from gaming activities. See Part IV, line 19 | | 9a | | | | | | | | | | |
| | b Less: direct expenses | | 9b | | | | | | | | | | |
| | c Net income or (loss) from gaming activities . . . ▶ | | | | | | | | | | | | |
| | 10a Gross sales of inventory, less returns and allowances . . . | | 10a | | | | | | | | | | |
| b Less: cost of goods sold . . . | | 10b | | | | | | | | | | | |
| c Net income or (loss) from sales of inventory . . . ▶ | | | | | | | | | | | | | |
| Miscellaneous Revenue | | | Business Code | | | | | | | | | | |
| 11a ADMINISTRATIVE REVENUE | | | 900099 | 444,695 | | | | | | 444,695 | | | |
| b | | | | | | | | | | | | | |
| c | | | | | | | | | | | | | |
| d All other revenue | | | | | | | | | | | | | |
| e Total. Add lines 11a-11d ▶ | | | 444,695 | | | | | | | | | | |
| 12 Total revenue. See instructions ▶ | | | 8,568,167 | | 90,000 | | 0 | | 1,553,902 | | | | |

Form 990 (2019)

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|------------------------------|--|---|------------------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 3,827,899 | 3,827,899 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 4,100 | 4,100 | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 311,363 | 149,454 | 71,614 | 90,295 |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 445,959 | 214,084 | 100,303 | 131,572 |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 11,586 | 5,562 | 2,584 | 3,440 |
| 9 Other employee benefits | 38,346 | 18,409 | 8,551 | 11,386 |
| 10 Payroll taxes | 57,713 | 27,704 | 13,087 | 16,922 |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 127,867 | | 127,867 | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 62,686 | 55,205 | 6,831 | 650 |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 46,570 | 14,730 | 15,494 | 16,346 |
| 14 Information technology | 100,101 | 46,122 | 19,276 | 34,703 |
| 15 Royalties | | | | |
| 16 Occupancy | 79,324 | 46,234 | 12,782 | 20,308 |
| 17 Travel | | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 68,893 | 45,199 | 11,905 | 11,789 |
| 20 Interest | 240 | | 240 | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 767 | | 767 | |
| 23 Insurance | 6,396 | 3,080 | 1,935 | 1,381 |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a MISCELLANEOUS | 21,318 | 1,660 | 11,542 | 8,116 |
| b MEMBERSHIPS | 11,285 | 11,205 | 79 | 1 |
| c BAD DEBT | 4,365 | 4,365 | | |
| d | | | | |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 5,226,778 | 4,475,012 | 404,857 | 346,909 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | | | | |

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

| | | | | (A) Beginning of year | | (B) End of year |
|------------------------------------|--|--|------------|--------------------------|------------|--------------------|
| Assets | 1 | Cash—non-interest-bearing | | 419,034 | 1 | 3,711,306 |
| | 2 | Savings and temporary cash investments | | 1,698,614 | 2 | 1,244,804 |
| | 3 | Pledges and grants receivable, net | | 687,612 | 3 | 500,861 |
| | 4 | Accounts receivable, net | | 22,200 | 4 | 0 |
| | 5 | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | | 6 | |
| | 7 | Notes and loans receivable, net | | | 7 | |
| | 8 | Inventories for sale or use | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | 85,886 | 9 | 248,362 |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a | 19,733 | | |
| | b | Less: accumulated depreciation | 10b | 19,400 | 1,100 | 10c 333 |
| | 11 | Investments—publicly traded securities | | 3,342,154 | 11 | 3,366,283 |
| | 12 | Investments—other securities. See Part IV, line 11 | | | 12 | |
| | 13 | Investments—program-related. See Part IV, line 11 | | 510,000 | 13 | 510,000 |
| | 14 | Intangible assets | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 1,054,771 | 15 | 1,047,971 |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | 7,821,371 | 16 | 10,629,920 | |
| Liabilities | 17 | Accounts payable and accrued expenses | | 251,284 | 17 | 38,982 |
| | 18 | Grants payable | | 130,000 | 18 | 553,500 |
| | 19 | Deferred revenue | | 9,544 | 19 | 4,190 |
| | 20 | Tax-exempt bond liabilities | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | | 21 | |
| | 22 | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | 24 | 157,278 |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D | | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | 390,828 | 26 | 753,950 |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | | | |
| | 27 | Net assets without donor restrictions | | 1,997,056 | 27 | 2,639,221 |
| | 28 | Net assets with donor restrictions | | 5,433,487 | 28 | 7,236,749 |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | | | |
| | 29 | Capital stock or trust principal, or current funds | | | 29 | |
| | 30 | Paid-in or capital surplus, or land, building or equipment fund | | | 30 | |
| | 31 | Retained earnings, endowment, accumulated income, or other funds | | | 31 | |
| 32 | Total net assets or fund balances | | 7,430,543 | 32 | 9,875,970 | |
| 33 | Total liabilities and net assets/fund balances | | 7,821,371 | 33 | 10,629,920 | |

Part XI Reconciliation of Net AssetsCheck 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 | 8,568,167 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 5,226,778 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 3,341,389 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 7,430,543 |
| 5 | Net unrealized gains (losses) on investments | 5 | -928,182 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 32,220 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 9,875,970 |

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

| | Yes | No |
|---|-----|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | No |
| b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | Yes | |
| c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | Yes | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | No |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | | |

Additional Data

Software ID:
Software Version:
EIN: 36-3359386
Name: HEADWATERS FOUNDATION FOR JUSTICE

Form 990 (2019)

Form 990, Part III, Line 4a:

GRANTMAKING AND DONOR ADVISED FUNDS:THIS PROGRAM ENABLES INDIVIDUAL DONORS TO ADVANCE THEIR PHILANTHROPIC GOALS AND DIRECT RESOURCES TO SOCIAL CHANGE GROUPS LOCALLY AND NATIONALLY. HEADWATERS STAFF EDUCATES DONORS ABOUT SOCIAL INJUSTICE ISSUES, CONNECTS THEM TO ORGANIZATIONS THAT MATCH THEIR INTEREST, AND PROVIDES GRANTMAKING ASSISTANCE. IN FISCAL YEAR 2020, HEADWATERS ALLOCATED \$2,495,768.84 IN 111 DONOR ADVISED GRANTS (INCLUDES GRANTS OF \$782,500 GRANTED TO HFJ BY OTHER ORGANIZATIONS).

Form 990, Part III, Line 4b:

RAPID RESPONSE GRANTMAKING: COMMUNITIES FIRST FUND AND THE TRANSFORMATION FUND. THE LOCAL CORONAVIRUS PUBLIC HEALTH CRISIS CALLED ATTENTION TO HOW SYSTEMS AND INSTITUTIONS KEPT LETTING OUR COMMUNITIES FALL THROUGH THE CRACKS. HFJ'S GRANTEE PARTNERS (THE MAJORITY OF WHICH ARE BIPOC-LED) HAD BEEN TELLING US ABOUT HOW THEIR COMMUNITIES WERE ABSORBING MORE SOCIAL, POLITICAL, AND ECONOMIC CONSEQUENCES THAN THEY DID BEFORE THE OUTBREAK. OUR RESPONSE WAS TO GET TO WORK FUNDRAISING AND ESTABLISH THE COMMUNITIES FIRST FUND ON MARCH 15, 2020. THEN, ON MAY 31, HEADWATERS RESPONDED TO THE MURDER OF GEORGE FLOYD BY SETTING UP THE TRANSFORMATION FUND. WE WANTED TO MOVE MONEY QUICKLY TO FRONTLINE ORGANIZATIONS AS THEY KEPT FIGHTING AGAINST AN ONGOING CULTURE OF INSTITUTIONAL VIOLENCE AND WHITE SUPREMACY. WE ALSO WANTED TO SUPPORT THE LONG-TERM MOVEMENT WORK FOR REAL CHANGE REQUIRED FOR OUR COLLECTIVE LIBERATION. THESE TWO-RAPID RESPONSE GRANTMAKING INITIATIVES HELPED HEADWATERS TUNE INTO THE COMMUNITY'S REAL-TIME NEEDS AND GET GRANT DOLLARS TO WHERE THEY COULD BE MOST HELPFUL. IN FISCAL YEAR 2020, AWARDED \$1,132,500 IN 63 GRANTS.

Form 990, Part III, Line 4c:

BLACK SEED FELLOWSHIP:THE BLACK SEED FELLOWSHIP IS AN INNOVATIVE STRATEGY FOR BUILDING LONG-TERM POLITICAL POWER AND INFRASTRUCTURE IN MINNESOTA BY INVESTING DEEPLY IN WOMEN AND FEMME ORGANIZERS FROM DIVERSE BACKGROUNDS. FELLOWS WILL DEVELOP A SERIES OF ORGANIZED RETREATS TO PROVIDE HEALING AND RECONCILIATION SESSIONS; VISIONING SESSIONS TO BUILD ORGANIZING UNITY AND POLITICAL ALIGNMENT; AND A WORK-INTO-ACTION SESSION TO PLAN AND EXECUTE A COLLABORATIVE CAMPAIGN. DURING THE RETREAT AND COACHING SESSIONS, FELLOWS BEGAN A PROCESS OF ORGANIZATIONAL EXPLORATION AND DEVELOPMENT THAT INCORPORATES SUPPORT FROM ORGANIZERS AND PARTNERING ORGANIZERS WHO ACT AS VALIDATORS FOR THE FELLOWS' LEADERSHIP IN THE ENDEAVOR. IN FISCAL YEAR 2020, AWARDED \$105,000 IN FIVE GRANTS.

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code:) (Expenses \$ 640,970 including grants of \$ 563,500) (Revenue \$ 0)

COMMUNITY INNOVATION GRANTS PROGRAM: COMMUNITY INNOVATION GRANTS PROGRAM IS A PARTNERSHIP WITH THE BUSH FOUNDATION. GRANTS SUPPORT COMMUNITIES TO USE PROBLEM SOLVING PROCESSES THAT LEAD TO MORE EFFECTIVE, EQUITABLE, AND SUSTAINABLE SOLUTIONS. THIS GRANT ALLOWS NONPROFIT ORGANIZATIONS TO INCREASE COLLECTIVE UNDERSTANDING OF AN ISSUE, GENERATE IDEAS, AND/OR TEST AND IMPLEMENT SOLUTIONS. IN FISCAL YEAR 2020, AWARDED \$563,500 IN 47 GRANTS.

(Code:) (Expenses \$ 379,231 including grants of \$ 211,000) (Revenue \$ 0)

GIVING PROJECT: GIVING PROJECT GRANTS SUPPORT ORGANIZATIONS THAT ARE LED BY AND FOR BLACK PEOPLE, INDIGENOUS PEOPLE, AND PEOPLE OF COLOR (BIPOC) THAT ALSO USE A COMMUNITY ORGANIZING APPROACH TO ADDRESS ROOT CAUSES OF INJUSTICE. HEADWATERS HAS BEEN OFFERING GIVING PROJECT GRANTS SINCE 2015. DURING FISCAL YEAR 2020, GIVING PROJECT GRANTS WERE MANAGED BY A CROSS-CLASS, MULTIRACIAL COHORT OF COMMUNITY MEMBERS. THE GIVING PROJECT COHORT RAISED FUNDS FROM THEIR NETWORKS AND LED THE GRANTMAKING PROCESS; THEY AWARDED \$211,000 IN 18 GRANTS.

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code:) (Expenses \$ 78,302 including grants of \$ 40,000) (Revenue \$ 0)

FUND OF THE SACRED CIRCLE:THE FUND OF THE SACRED CIRCLE IS DIRECTED TOWARD NATIVE-LED GRASSROOTS GROUPS OR PROJECTS IN MINNESOTA AND WISCONSIN THAT ADDRESS ISSUES OF INJUSTICE. THE FUND REAFFIRMS THE SELF-DETERMINATION OF NATIVE PEOPLE TO DEFINE AND ADDRESS THE NEEDS OF THEIR COMMUNITIES IN CULTURALLY APPROPRIATE WAYS. IN FISCAL YEAR 2020, THE FUND OF THE SACRED CIRCLE AWARDED \$40,000 IN FOUR GRANTS.

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
HEADWATERS FOUNDATION FOR JUSTICE

Employer identification number
36-3359386

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

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

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

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

Part II

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

| Section A. Public Support | | | | | | |
|---|-----------|-----------|-----------|-----------|-----------|------------|
| Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . . | 1,079,498 | 2,137,063 | 3,166,245 | 2,488,718 | 6,924,265 | 15,795,789 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge.. | | | | | | |
| 4 Total. Add lines 1 through 3 | 1,079,498 | 2,137,063 | 3,166,245 | 2,488,718 | 6,924,265 | 15,795,789 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . | | | | | | 6,492,453 |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 9,303,336 |

| Section B. Total Support | | | | | | | |
|--|--|-----------|-----------|-----------|-----------|-----------|------------|
| Calendar year (or fiscal year beginning in) ► | | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 7 | Amounts from line 4. . . | 1,079,498 | 2,137,063 | 3,166,245 | 2,488,718 | 6,924,265 | 15,795,789 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . | 50,604 | 58,406 | 72,519 | 70,564 | 63,642 | 315,735 |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on. . . | | | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . . | 7,037 | 176 | 884 | 96,268 | 444,695 | 549,060 |
| 11 | Total support. Add lines 7 through 10 | | | | | | 16,660,584 |
| 12 | Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 147,353 |
| 13 | First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/> | | | | | | |

| Section C. Computation of Public Support Percentage | | |
|---|----|----------|
| 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) | 14 | 55.840 % |
| 15 Public support percentage for 2018 Schedule A, Part II, line 14 | 15 | 76.210 % |
| 16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/> | | |
| b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| 17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/> | | |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. | | | | | | |
| c Add lines 7a and 7b. . | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6. . . | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. | | | | | | |
| c Add lines 10a and 10b. | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) . . | | | | | | |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|--|
| 15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 Public support percentage from 2018 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|--|
| 17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 Investment income percentage from 2018 Schedule A, Part III, line 17 | 18 | |

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

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? | | |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |

Section E. Type III Functionally-Integrated Supporting Organizations

| | | |
|--|--|--|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions) | | |
| 2 Activities Test. Answer (a) and (b) below. | | |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | | |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | |
| 3 Parent of Supported Organizations. Answer (a) and (b) below. | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |

Part V

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

| | | | |
|---|--|----------------|-----------------------------|
| <div>1</div> <div><input type="checkbox"/></div> <div>Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.</div> | | | |
| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3 | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | 1 | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (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 1-1/2% 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 .035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |
| Section C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 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 | <div><input type="checkbox"/></div> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) | | |

Part V

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

| Section D - Distributions | Current Year |
|---|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI). See instructions | |
| 7 Total annual distributions. Add lines 1 through 6. | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions | |
| 9 Distributable amount for 2019 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2019 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2019: | | | |
| a From 2014. | | | |
| b From 2015. | | | |
| c From 2016. | | | |
| d From 2017. | | | |
| e From 2018. | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2019 distributable amount | | | |
| i Carryover from 2014 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2019 from Section D, line 7: | | | |
| \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2019 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions. | | | |
| 6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. | | | |
| 7 Excess distributions carryover to 2020. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2015. | | | |
| b Excess from 2016. | | | |
| c Excess from 2017. | | | |
| d Excess from 2018. | | | |
| e Excess from 2019. | | | |

Part VI **Supplemental 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).

| |
|-------------------------------------|
| Facts And Circumstances Test |
| |

990 Schedule A, Supplemental Information

| Return Reference | Explanation |
|--|---|
| SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME: | MISCELLANEOUS REVENUE - 2015 AMOUNT: \$ 7,037. 2016 AMOUNT: \$ 176. 2017 AMOUNT: \$ 884. 2018 AMOUNT: \$ 96,268. 2019 AMOUNT: \$ 444,695. |

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

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

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

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

| | |
|---|--|
| Name of the organization HEADWATERS FOUNDATION FOR JUSTICE | Employer identification number 36-3359386 |
|---|--|

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

| | | |
|---|---|------|
| 1 | Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") | |
| 2 | Political campaign activity expenditures (see instructions) | \$ 0 |
| 3 | Volunteer hours for political campaign activities (see instructions) | 0 |

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

| | | |
|----|---|--|
| 1 | Enter the amount of any excise tax incurred by the organization under section 4955 | \$ 0 |
| 2 | Enter the amount of any excise tax incurred by organization managers under section 4955 | \$ 0 |
| 3 | If the organization incurred a section 4955 tax, did it file Form 4720 for this year? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4a | Was a correction made? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b | If "Yes," describe in Part IV. | |

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

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

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).**B** Check ☒ if the filing organization checked box A and "limited control" provisions apply.

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

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

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|---|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) Total |
| 2a Lobbying nontaxable amount | 231,484 | | | 0 | 231,484 |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 347,226 |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | 57,871 | | | 0 | 57,871 |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 86,807 |
| f Grassroots lobbying expenditures | | | | | |

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

| | | (a) | | (b) |
|-----------|---|-----|----|--------|
| | | Yes | No | Amount |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a | Volunteers? | | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | |
| c | Media advertisements? | | | |
| d | Mailings to members, legislators, or the public? | | | |
| e | Publications, or published or broadcast statements? | | | |
| f | Grants to other organizations for lobbying purposes? | | | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | |
| i | Other activities? | | | |
| j | Total. Add lines 1c through 1i | | | |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

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

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

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

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

Part IV Supplemental Information

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

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
HEADWATERS FOUNDATION FOR JUSTICE

Employer identification number
36-3359386

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

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|------------------------------|
| 1 Total number at end of year | 13 | |
| 2 Aggregate value of contributions to (during year) | 2,912,176 | |
| 3 Aggregate value of grants from (during year) | 2,334,768 | |
| 4 Aggregate value at end of year | 712,874 | |

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☒ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☒ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

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

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
(i) Revenue included on Form 990, Part VIII, line 1 ► \$
(ii) Assets included in Form 990, Part X ► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
a Revenue included on Form 990, Part VIII, line 1 ► \$
b Assets included in Form 990, Part X ► \$

Part III

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

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a☐ Public exhibition

b☐ Scholarly research

c☐ Preservation for future generations

d☐ Loan or exchange programs

e☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☒ No

b

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

| | Amount |
|----|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |

c

Beginning balance

d

Additions during the year

e

Distributions during the year

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 in Part XIII

☐

Part V

Endowment Funds.

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back | |
|----|--|----------------|--------------------|----------------------|---------------------|-----------|
| 1a | Beginning of year balance | 4,928,758 | 4,927,603 | 4,460,372 | 4,172,535 | 4,535,522 |
| b | Contributions | | | | | |
| c | Net investment earnings, gains, and losses | 172,738 | 195,745 | 400,628 | 482,512 | -175,953 |
| d | Grants or scholarships | | | | | |
| e | Other expenditures for facilities and programs | 184,548 | 194,590 | 189,802 | 194,675 | 187,034 |
| f | Administrative expenses | | | | | |
| g | End of year balance | 4,916,948 | 4,928,758 | 4,927,603 | 4,460,372 | 4,172,535 |

2

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

a

Board designated or quasi-endowment

0 %

b

Permanent endowment

93.150 %

c

Temporarily restricted endowment

6.850 %

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

3a

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

(i) unrelated organizations

(ii) related organizations

3a(i)

3a(ii)

3b

Yes

No

Yes

No

b

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

4

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

Part VI

Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|-------------------------|--|---------------------------------|------------------------------|----------------|
| 1a | Land | | | |
| b | Buildings | | | |
| c | Leasehold improvements | | | |
| d | Equipment | 19,733 | 19,400 | 333 |
| e | Other | | | |
| Total. | Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | 333 |

Schedule D (Form 990) 2019

Part VII

Investments—Other Securities.

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

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

Part VIII

Investments—Program Related.

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

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

Part IX

Other Assets.

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

| (a) Description | (b) Book value |
|---|----------------|
| (1) INTEREST IN THE NET ASSETS OF THE MINNEAPOLIS FOUNDATION | 1,047,971 |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶ | 1,047,971 |

Part X

Other Liabilities.

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

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶ | |

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

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

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

| | | | |
|----------|--|-----------|-----------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 7,672,205 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | -928,182 |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 32,220 |
| e | Add lines 2a through 2d | 2e | -895,962 |
| 3 | Subtract line 2e from line 1 | 3 | 8,568,167 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 : | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | 0 |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 8,568,167 |

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

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

| | | | |
|----------|---|-----------|-----------|
| 1 | Total expenses and losses per audited financial statements | 1 | 5,226,778 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| e | Add lines 2a through 2d | 2e | 0 |
| 3 | Subtract line 2e from line 1 | 3 | 5,226,778 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 : | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | 0 |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 5,226,778 |

Part XIII Supplemental Information

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

| Return Reference | Explanation |
|---------------------------|-------------|
| See Additional Data Table | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Part XIII Supplemental Information *(continued)*

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

Additional Data

Software ID:
Software Version:
EIN: 36-3359386
Name: HEADWATERS FOUNDATION FOR JUSTICE

Supplemental Information

| Return Reference | Explanation |
|------------------|---|
| PART V, LINE 4: | THE FOUNDATION MAINTAINS THE ENDOWMENT TO SUPPORT GENERAL OPERATIONS AND FUND GRANTMAKING FOR THE BENEFIT OF INDIGENOUS LEAD GROUPS IN MINNESOTA AND WISCONSIN. |

Supplemental Information

| Return Reference | Explanation |
|------------------|--|
| PART X, LINE 2: | THE FOUNDATION IS TAX EXEMPT UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND MINNESOTA STATUTE 290.05. IT IS CLASSIFIED AS A FOUNDATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A)(1) OF THE IRC AND CONTRIBUTIONS BY DONORS ARE TAX DEDUCTIBLE. THE FOUNDATION FOLLOWS ACCOUNTING STANDARDS FOR UNCERTAIN TAX POSITIONS AND FILES AS A TAX-EXEMPT ORGANIZATION. DURING 2020 AND 2019, THE FOUNDATION HAS NOT RECOGNIZED ANY LIABILITY FOR UNCERTAIN TAX POSITIONS. THE FOUNDATION'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL AND STATE AUTHORITIES. |

| Supplemental Information | |
|---------------------------------------|--|
| Return Reference | Explanation |
| PART XI, LINE 2D - OTHER ADJUSTMENTS: | CHANGE IN BENEFICIAL INTEREST IN THE MINNEAPOLIS FOUNDATION FUND 32,220. |

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

Schedule I
(Form 990)

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
HEADWATERS FOUNDATION FOR JUSTICE

Employer identification number

36-3359386

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|---------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) See Additional Data | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 91

3 Enter total number of other organizations listed in the line 1 table 0

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

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| (1) GRANT STIPENDS | 17 | 4,100 | | N/A | N/A |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |

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

| Return Reference | Explanation |
|------------------|--|
| PART I, LINE 2: | WITH AN INITIAL APPLICATION, GROUPS MUST SUPPLY A COPY OF THE DETERMINATION LETTER, A LIST OF BOARD MEMBERS, BUDGET AND FINANCIAL INFORMATION, AND A WRITTEN NARRATIVE PROPOSAL ABOUT THE PROJECT. IF AN AWARD IS MADE, GROUPS MUST SIGN A GRANT AGREEMENT INDICATING THE TERMS OF THE GRANT AND REPORTING REQUIREMENTS. GROUPS MUST ALSO PROVIDE EVIDENCE OF CURRENT REGISTRATION WITH THE MINNESOTA ATTORNEY GENERAL'S CHARITY DIVISION. IF FUNDS ARE DISTRIBUTED TO A FISCAL AGENT, A LETTER IS REQUIRED FROM THAT ORGANIZATION INDICATING THE ORGANIZATION'S WILLINGNESS TO SERVE IN THAT CAPACITY. ORGANIZATIONS RECEIVING FUNDING ARE REQUIRED TO SUBMIT A FINAL REPORT ONE YEAR AFTER FUNDS WERE RECEIVED. ORGANIZATIONS THAT WERE FUNDED IN THE PREVIOUS YEAR ARE REQUIRED TO SUBMIT A SIX-MONTH PROGRESS REPORT WITH THEIR CURRENT APPLICATION. ORGANIZATIONS THAT WERE FUNDED PREVIOUSLY MUST HAVE ALL PROGRESS REPORTS SUBMITTED BEFORE ANY ADDITIONAL DOLLARS ARE GRANTED. |

Additional Data

Software ID:
Software Version:
EIN: 36-3359386
Name: HEADWATERS FOUNDATION FOR JUSTICE

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| MOVEMENT VOTER PROJECT PO BOX 749 NORTHAMPTON, MA 01061 | 51-0198509 | 501C3 | 400,000 | | N/A | N/A | GENERAL OPERATING SUPPORT |
| INQUILINXS UNIDXS POR JUSTICIA 3715 CHICAGO AVE MINNEAPOLIS, MN 55407 | 47-4987940 | 501C3 | 305,000 | | N/A | N/A | FOR BUILDINGS PURCHASE |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| CENTRO DE TRABAJADORES UNIDOS EN LA LUCHA 3715 CHICAGO AVE MINNEAPOLIS, MN 55407 | 38-3828696 | 501C3 | 225,000 | | N/A | N/A | GENERAL OPERATING SUPPORT |
| CENTER FOR THIRD WORLD ORGANIZING 900 ALICE ST 300 OAKLAND, CA 94607 | 52-1211059 | 501C3 | 200,000 | | N/A | N/A | BLACK LAND AND POWER |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| BLACK VISIONS COLLECTIVE 705 RAYMOND AVE SUITE 100 ST PAUL, MN 55114 | 41-1635130 | 501C3 | 115,000 | | N/A | N/A | BLVC WILL BE THE MAIN CONVENERS OF THE BLACK SEED PROJECT PROVIDING LOGISTICAL AND ADMINISTRATIVE SUPPORT, AS WELL, AS HELPING TO LEAD PROGRAM/STRATEGY DEVELOPMENT AND IMPLEMENTATION. |
| AFRICAN CAREER AND EDUCATION RESOURCE INC 6800 78TH AVENUE N SUITE 101 BROOKLYN PARK, MN 55445 | 47-1207676 | 501C3 | 110,000 | | N/A | N/A | ACER WILL DEVELOP A COHORT OF LOW WEALTH TENANT LEADERS TO TAKE A DEEP DIVE INTO UNDERSTANDING THE HISTORY OF SYSTEMIC HOUSING INJUSTICE ISSUES AND TENANTS RIGHTS. ACER STAFF WILL HELP TENANTS DEVELOP A CLEAR UNDERSTANDING OF SYSTEMIC OPPRESSION IN HOUSI |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| MIGIZI COMMUNICATIONS 3017 27TH AVENUE S MINNEAPOLIS, MN 55406 | 41-1379114 | 501C3 | 100,000 | | N/A | N/A | GENERAL OPERATING SUPPORT |
| VOICES FOR RACIAL JUSTICE 2525 E FRANKLIN AVENUE SUITE 301 MINNEAPOLIS, MN 55406 | 41-1750116 | 501C3 | 85,000 | | N/A | N/A | GENERAL OPERATING SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| COUNCIL ON AMERICAN ISLAMIC RELATIONS -CAIR- MINNESOTA INC 2511 EAST FRANKLIN AVENUE SUITE 100 100 MINNEAPOLIS, MN 55406 | 45-0553731 | 501C3 | 75,000 | | N/A | N/A | GENERAL OPERATING SUPPORT |
| RELEASEMN8 1114 139TH ST E ROSEMOUNT, MN 55068 | 81-0874603 | 501C3 | 65,000 | | N/A | N/A | GENERAL OPERATING SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| REVIVING THE ISLAMIC SISTERHOOD FOR EMPOWERMENT 1007 WEST BROADWAY AVE N MINNEAPOLIS, MN 55411 | 81-1236990 | 501C3 | 65,000 | | N/A | N/A | GENERAL OPERATING SUPPORT |
| OUTFRONT MINNESOTA COMMUNITY SERVICES 310 E 38TH STREET SUITE 209 MINNEAPOLIS, MN 55409 | 36-3550489 | 501C3 | 60,000 | | N/A | N/A | GENERAL OPERATING SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| ASIAN AMERICAN ORGANIZING PROJECT 713 MINNEHAHA AVENUE E SUITE 313 ST PAUL, MN 55106 | 38-3777419 | 501C3 | 50,000 | | N/A | N/A | GENERAL OPERATING SUPPORT |
| SOUTHERNERS ON NEW GROUND PO BOX 11250 ATLANTA, GA 30310 | 61-1274170 | 501C3 | 50,000 | | N/A | N/A | GENERAL OPERATING SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| FAMILY TREE INC 1619 DAYTON AVE 205 ST PAUL, MN 55104 | 23-7133742 | 501C3 | 45,000 | | N/A | N/A | GENERAL OPERATING SUPPORT |
| AYADA LEADS 615 1ST AVE NE 500 MINNEAPOLIS, MN 55413 | 47-4294816 | 501C3 | 30,000 | | N/A | N/A | GENERAL OPERATING SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| ST PAUL YOUTH SERVICES 2100 WILSON AVE ST PAUL, MN 55119 | 41-1316444 | 501C3 | 30,000 | | N/A | N/A | GENERAL OPERATING SUPPORT |
| AMERICAN INDIAN COMMUNITY HOUSING ORGANIZATION 202 W 2ND ST DULUTH, MN 55802 | 41-1782394 | 501C3 | 25,000 | | N/A | N/A | GENERAL OPERATING SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| APPETITE FOR CHANGE 1200 WEST BROADWAY 250 MINNEAPOLIS, MN 55411 | 27-5112040 | 501C3 | 25,000 | | N/A | N/A | GENERAL OPERATING SUPPORT |
| BDOTE LEARNING CENTER 3216 E 29TH ST MINNEAPOLIS, MN 55406 | 27-3168843 | 501C3 | 25,000 | | N/A | N/A | GENERAL OPERATING SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| BIODYNAMIC COHORT 1619 DAYTON AVE STE 205 ST PAUL, MN 55104 | 23-7133742 | 501C3 | 25,000 | | N/A | N/A | GENERAL OPERATING SUPPORT |
| BLACK TABLE ARTS 3840 12TH AVE S MINNEAPOLIS, MN 55407 | 65-1264407 | 501C3 | 25,000 | | N/A | N/A | GENERAL OPERATING SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| BUILDING DIGNITY AND RESPECT STANDARDS COUNCIL 2730 E 31ST ST MINNEAPOLIS, MN 55406 | 83-2526232 | 501C3 | 25,000 | | N/A | N/A | GENERAL OPERATING SUPPORT |
| DAKOTA WICOHAN 230 WEST SECOND STREET PO BOX 2 MORTON, MN 56270 | 42-1552956 | 501C3 | 25,000 | | N/A | N/A | GENERAL OPERATING SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| DREAM OF WILD HEALTH 1308 E FRANKLIN AVENUE MINNEAPOLIS, MN 55404 | 41-1632662 | 501C3 | 25,000 | | N/A | N/A | DREAM OF WILD HEALTH IS ONE OF THE LONGEST CONTINUALLY OPERATING NATIVE AMERICAN ORGANIZATIONS IN THE TWIN CITIES. ORIGINALLY FOUNDED IN 1998 AS PETA WAKAN TIPI, A GARDEN PROGRAM TO RECOVER AND PRESERVE THE RELATIONSHIP BETWEEN NATIVE PEOPLE AND THE LAND, |
| FREE BLACK DIRT 1500 E LAKE ST MINNEAPOLIS, MN 55407 | 41-1251313 | 501C3 | 25,000 | | N/A | N/A | GENERAL OPERATING SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| GOOD FOOD PURCHASING POLICY TWIN CITIES 821 E 35TH ST MINNEAPOLIS, MN 55407 | 41-1466054 | 501C3 | 25,000 | | N/A | N/A | GENERAL OPERATING SUPPORT |
| HISPANIC OUTREACH PROGRAM OF GOODHUE 628 W 5TH ST RED WING, MN 55066 | 26-4467878 | 501C3 | 25,000 | | N/A | N/A | GENERAL OPERATING SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| HOPE COMMUNITY 611 EAST FRANKLIN AVENUE MINNEAPOLIS, MN 55404 | 41-1292817 | 501C3 | 25,000 | | N/A | N/A | GENERAL OPERATING SUPPORT |
| LAO ASSISTANCE CENTER OF MN 503 IRVING AVE N SUITE 100 MINNEAPOLIS, MN 55405 | 36-3255880 | 501C3 | 25,000 | | N/A | N/A | GENERAL OPERATING SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| NAVIGATE MN 1515 EAST LAKE STREET SUITE 202 MINNEAPOLIS, MN 55407 | 45-3808452 | 501C3 | 25,000 | | N/A | N/A | NAVIGATE MN/UNIDOS MN IS SEEKING FUNDS FOR OUR 2020 YOUTH ACTION SUMMER CAMP (YASC). THIS CAMP IS AN OVERNIGHT CAMP CENTERED IN HONORING THE INHERENT LEADERSHIP AND DIGNITY OF OUR YOUTH, AGES 13-18, THROUGH RECLAIMING THEIR IDENTITY, SELF-WORTH, AND POWER |
| PENUMBRA THEATRE 270 NORTH KENT STREET SAINT PAUL, MN 55102 | 41-1563764 | 501C3 | 25,000 | | N/A | N/A | IN 2019 PENUMBRA LAUNCHED OUR NEW COMMISSIONING PLATFORM, THE ASHE LAB, AN INTERDISCIPLINARY RESIDENCY NURTURING BLACK ARTISTS TO CREATE BEAUTIFUL, RADICAL, LIFE-GIVING ART THAT ANSWERS OUR COMMUNITIES MOST PRESSING NEEDS. WITH CONTINUED SUPPORT FROM HEAD |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| SOMALI AMERICAN WOMEN ACTION CENTER 2910 PILLSBURY AVE S 432 MINNEAPOLIS, MN 55408 | 82-0743165 | 501C3 | 25,000 | | N/A | N/A | GENERAL OPERATING SUPPORT |
| SOUTH SUDANESE FOUNDATION 1132 28TH AVE SUITE 6 MOORHEAD, MN 56560 | 83-4476088 | 501C3 | 25,000 | | N/A | N/A | GENERAL OPERATING SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| TAKEACTION MN 705 RAYMOND AVE STE 100 ST PAUL, MN 55114 | 41-1635130 | 501C3 | 25,000 | | N/A | N/A | GENERAL OPERATING SUPPORT |
| THE SEAD PROJECT 1007 WEST BROADWAY AVENUE MINNEAPOLIS, MN 55411 | 47-4088420 | 501C3 | 25,000 | | N/A | N/A | THE SEAD PROJECT IS GROWING SOCIAL EMPOWERMENT ECOSYSTEMS WITHIN THE SOUTHEAST ASIAN DIASPORA, THROUGH LANGUAGE, STORYTELLING, AND CREATIVE COMMUNITY BUILDING. OUR MISSION THE SOUTHEAST ASIAN DIASPORA PROJECT (SEAD) IS A COMMUNITY ORGANIZATION ON A MISSI |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| WHITE EARTH LAND RECOVERY PROJECT 607 MAIN AVENUE CALLAWAY, MN 56521 | 41-1673625 | 501C3 | 25,000 | | N/A | N/A | THE MISSION OF THE WHITE EARTH LAND RECOVERY PROJECT IS TO FACILITATE THE RECOVERY OF THE ORIGINAL LAND BASE OF THE WHITE EARTH INDIAN RESERVATION WHILE PRESERVING AND RESTORING TRADITIONAL PRACTICES OF SOUND LAND STEWARDSHIP, LANGUAGE FLUENCY, COMMUNITY |
| ASTRAEA LESBIAN FOUNDATION FOR JUSTICE 116 EAST 16TH STREET 7TH FLOOR NEW YORK, NY 10003 | 13-2992977 | 501C3 | 20,000 | | N/A | N/A | GENERAL OPERATING SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| URBAN HOMEWORKS INC 2015 EMERSON AVE N MINNEAPOLIS, MN 55411 | 41-1821520 | 501C3 | 20,000 | | N/A | N/A | GENERAL OPERATING SUPPORT |
| PEOPLE'S MOVEMENT CENTER 736 E 41ST ST ST PAUL, MN 55407 | 41-1854164 | 501C3 | 15,014 | | N/A | N/A | DOCUMENTATION PROJECT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| AWOOD CENTER 2511 E FRANKLIN AVE MINNEAPOLIS, MN 55406 | 83-1170235 | 501C3 | 15,000 | | N/A | N/A | GENERAL OPERATING SUPPORT |
| BODY WISDOM 2273 TELEGRAPH AVENUE OAKLAND, CA 94612 | 94-3153475 | 501C3 | 15,000 | | N/A | N/A | GENERAL OPERATING SUPPORT |

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| CITY OF LAKES COMMUNITY LAND TRUST 1930 GLENWOOD AVENUE MINNEAPOLIS, MN 55405 | 06-1665031 | 501C3 | 15,000 | | N/A | N/A | IN FEBRUARY 2019, THE CITY OF LAKES COMMUNITY LAND TRUST (CLCLT) BOARD OF DIRECTORS ENDORSED THE RECOMMENDATION OF 20+ ECONOMIC DEVELOPMENT STAKEHOLDERS TO INITIATE A COMMERCIAL LAND TRUST INITIATIVE (CLTI) PILOT IN MINNEAPOLIS, WHICH INCLUDED THE INTENTI |
| COMMUNITY STABILIZATION PROJECT 501 DALE STREET NORTH SUITE 203 SAINT PAUL, MN 55103 | 41-1729493 | 501C3 | 15,000 | | N/A | N/A | GENERAL OPERATING SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| DEFEND GLENDALE AND PUBLIC HOUSING COALITION PO BOX 14616 MINNEAPOLIS, MN 55414 | 75-3210606 | 501C3 | 15,000 | | N/A | N/A | GENERAL OPERATING SUPPORT |
| DIVISION OF INDIAN WORK 1001 EAST LAKE STREET MINNEAPOLIS, MN 55407 | 81-5265328 | 501C3 | 15,000 | | N/A | N/A | GENERAL OPERATING SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| GREATER MINNESOTA WORKER CENTER 2719 W DIVISION ST STE 122 SAINT CLOUD, MN 56301 | 46-3874287 | 501C3 | 15,000 | | N/A | N/A | GENERAL OPERATING SUPPORT |
| GROUNDSWELL PO BOX 71642 OAKLAND, CA 94612 | 47-4003615 | 501C3 | 15,000 | | N/A | N/A | GENERAL OPERATING SUPPORT |

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| HNUB TSHIAB HMONG WOMEN ACHIEVING TOGETHER PO BOX 17391 SAINT PAUL, MN 55117 | 20-8964738 | 501C3 | 15,000 | | N/A | N/A | GENERAL OPERATING SUPPORT |
| INDIGENOUS ROOTS 788 E 7TH STREET SAINT PAUL, MN 55106 | 47-4492457 | 501C3 | 15,000 | | N/A | N/A | GENERAL OPERATING SUPPORT |

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| LANDMARK CONSERVANCY 500 MAIN ST E STE 300 MENOMONIE, WI 54751 | 39-1872550 | 501C3 | 15,000 | | N/A | N/A | CLIMATE RESILIENT LANDSCAPE PROTECTIONEAU CLAIRE RIVER FOCUS AREA |
| LEADERS OF COLOR COLLECTIVE 1132 28TH AVE SOUTH STE 6 MOORHEAD, MN 56560 | 83-4476088 | 501C3 | 15,000 | | N/A | N/A | GENERAL OPERATING SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| MANIDOO OGITIGAAN 102 FIRST STREET WEST 110 BEMIDJI, MN 56601 | 82-4771865 | 501C3 | 15,000 | | N/A | N/A | I AM WRITING THIS GRANT WITH ONLY A FEW HOURS NOTICE. WITHIN THE PAST WEEK, WE HAVE BEEN WORKING HARD TO ENSURE THAT PEOPLE HAVE FOOD AND SUPPLIES, BECAUSE THE SHELVES ARE MOSTLY BARE IN AND AROUND OUR TOWN AND RESERVATION. ORIGINALLY, WE HAD AN ENTIRELY |
| MIDWEST MIXED 2525 E FRANKLIN AVE MINNEAPOLIS, MN 55406 | 41-1750116 | 501C3 | 15,000 | | N/A | N/A | WITHIN, BETWEEN AND BEYOND IS AN EXHIBITION AND ONLINE GATHERING SPACE THAT WILL FEATURE VIDEO INTERVIEWS AND PAINTED PORTRAITS OF 16 COMMUNITY MEMBERS WHO IDENTIFY AS MIXED. THE GOAL OF THE EXHIBIT IS TO CREATE A MULTI-LAYERED VISUAL AND PARTICIPATORY EX |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| NATIVE AMERICAN COMMUNITY DEVELOPMENT INSTITUTE 1414 FRANKLIN AVENUE MINNEAPOLIS, MN 55404 | 41-2117257 | 501C3 | 15,000 | | N/A | N/A | GENERAL OPERATING SUPPORT |
| NATIVE GOVERNANCE CENTER 60 PLATO BLVD E STE 400 SAINT PAUL, MN 55107 | 47-4901644 | 501C3 | 15,000 | | N/A | N/A | NATIVE GOVERNANCE CENTER CONTINUES TO SEE THE NEED FOR EDUCATIONAL RESOURCES AND TRAINING WHEN IT COMES TO STRENGTHENING TRIBAL GOVERNANCE. THROUGHOUT NGCS NATIVE NATIONS LISTENING TOUR (WHERE WE ARE ASKING TRIBAL LEADERS FROM ALL 23 NATIVE NATIONS WITHI |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| PUEBLOS DE LUCHA Y ESPERANZA 3805 E 40TH ST SUITE 102 MINNEAPOLIS, MN 55406 | 27-1350278 | 501C3 | 15,000 | | N/A | N/A | GENERAL OPERATING SUPPORT |
| RESTAURANT OPPORTUNITIES CENTER OF MINNESOTA (ROC-MN) 2645 PLEASANT AVENUE MINNEAPOLIS, MN 55408 | 01-0939141 | 501C3 | 15,000 | | N/A | N/A | GENERAL OPERATING SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| THE NATURE CONSERVANCY W RIVER PKWY 200 MINNEAPOLIS, MN 55415 | 53-0242652 | 501C3 | 15,000 | | N/A | N/A | RESTORING THE HEALTH OF MINNESOTAS NORTHERN FORESTS |
| TOXIC TATERS COALITION PO BOX 25 CALLAWAY, MN 56521 | 94-2949686 | 501C3 | 15,000 | | N/A | N/A | GENERAL OPERATING SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| UNITE CLOUD PO BOX 851 SAINT CLOUD, MN 56302 | 47-5178839 | 501C3 | 15,000 | | N/A | N/A | CHANGE HAS COME TO CENTRAL MN. WHAT USED TO BE A VASTLY MAJORITY WHITE AND CHRISTIAN AREA IS NOW DIVERSE IN THE AREAS OF RACE, RELIGION, AND ETHNICITY. WITH THESE CHANGES HAVE COME FEAR AND ANGER, DUE TO RUMORS AND A LACK OF NEIGHBORLY RELATIONSHIPS AND U |
| WEST SIDE CITIZENS ORGANIZATION 209 WEST PAGE STREET SAINT PAUL, MN 55107 | 23-7447142 | 501C3 | 15,000 | | N/A | N/A | GENERAL OPERATING SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| YOUNG DANCE 655 FAIRVIEW AVE N ST PAUL, MN 55104 | 41-1686416 | 501C3 | 10,000 | | N/A | N/A | GENERAL OPERATING SUPPORT |
| IMMIGRANT DEVELOPMENT CENTER 810 4TH AVE S SUITE 100 WEST FARGO, MN 58078 | 20-3368647 | 501C3 | 12,000 | | N/A | N/A | GENERAL OPERATING SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| APIA MN FILM COLLECTIVE 7715 STAFFORD TRAIL SAVAGE, MN 55378 | 41-1690483 | 501C3 | 11,500 | | N/A | N/A | GENERAL OPERATING SUPPORT |
| ALL PARKS ALLIANCE FOR CHANGE 2380 WYCLIFF ST STE 200 ST PAUL, MN 55114 | 41-1386600 | 501C3 | 10,000 | | N/A | N/A | PARKS OFFER LOW HOUSING COSTS (AVERAGE LOT RENT IS \$417) AND ACCESS TO LOW-INCOME HOME OWNERSHIP (EXISTING HOMES AVERAGE \$28,900 AND NEW HOMES AVERAGE \$74,200). BY COMPARISON, THE AVERAGE SALE PRICES FOR SITE-BUILT HOMES IS \$183,300 AND A 2-BEDROOM APART |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| AMAZE PO BOX 17417 MINNEAPOLIS, MN 55417 | 41-1972162 | 501C3 | 10,000 | | N/A | N/A | GENERAL OPERATING SUPPORT |
| BLACK LGBTQ MIGRANT PROJECT PO BOX 70976 OAKLAND, CA 94612 | 05-0544006 | 501C3 | 10,000 | | N/A | N/A | BLMP HAS A MINNEAPOLIS CHAPTER THAT IS LED BY OLUCHI OMEOGA, OUR NATIONAL ORGANIZER BASED IN MINNEAPOLIS, AS WELL AS AN ACTIVE MEMBER OF BLACK VISIONS COLLECTIVE, NEKESSA OPOTI, MUSTAFA JUMALE, HANI ALI, MISKI NOOR, AND OTHER COMMUNITY MEMBERS BASED IN MI |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| BREAST CANCER ACTION 275 5TH ST 307 SAN FRANCISCO, CA 94105 | 94-3138992 | 501C3 | 10,000 | | N/A | N/A | GENERAL OPERATING SUPPORT |
| CHANGE INC 381 EAST ROBIE STREET SAINT PAUL, MN 55107 | 41-0906127 | 501C3 | 10,000 | | N/A | N/A | GAP IS REQUESTING \$10,000 TO SUPPORT OUR INDIGENOUS YOUTH CEREMONIAL MENTORING SOCIETY IN LAUNCHING A PROJECT TO INCREASE AWARENESS OF THE DOCTRINE OF DISCOVERY, AS WELL AS ENGAGE VARIOUS COMMUNITIES TO CREATE NEW STRATEGIES THAT WILL LEAD TO FORMAL REPUD |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| CLOSEKNIT 3748 BRYANT AVE S MINNEAPOLIS, MN 55409 | 41-1916337 | 501C3 | 10,000 | | N/A | N/A | GENERAL OPERATING SUPPORT |
| EXPOSED BRICK THEATRE 586 EUSTIS STREET ST PAUL, MN 55104 | 20-1944288 | 501C3 | 10,000 | | N/A | N/A | FOUNDED IN 2004, EXPOSED BRICK THEATRE IS DEDICATED TO TELLING UNTOLD STORIES, CENTERING BIPOC NARRATIVES AND CREATING ART AT THE INTERSECTION OF IDENTITIES. WE BELIEVE THAT WHEN SILENCED AND OMITTED NARRATIVES ARE AMPLIFIED IN THE ARTS, CULTURES SHIFT T |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| JEWISH COMMUNITY ACTION 2375 UNIVERSITY AVE WEST ST PAUL, MN 55114 | 41-1830619 | 501C3 | 10,000 | | N/A | N/A | GENERAL OPERATING SUPPORT |
| NEW ARAB AMERICAN THEATER WORKS 3459 NE TYLER STREET MINNEAPOLIS, MN 55418 | 81-2799048 | 501C3 | 10,000 | | N/A | N/A | WE ARE REQUESTING FUNDS TO SUPPORT CREATIVE DIALOGUES AROUND THE ISSUES OF ISLAMOPHOBIA AND ANTI ARAB RACISM. THE DIALOGUES WILL TAKE PLACE IN THE FORM OF A PLAY AND THE COMMUNITY CONVERSATIONS AFTER. THE PLAY CALLED ZAFIRA AND THE RESISTANCE TELLS THE FU |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| NIIBI CENTER 607 MAIN AVE CALLAWAY, MN 56521 | 81-4593567 | 501C3 | 10,000 | | N/A | N/A | THE NIIBI CENTER SEEKS A \$10,000 GRANT FROM THE HEADWATERS FOUNDATION TO SUPPORT THE DESIGN AND LAUNCH OF WOMENS WATER WALKER PROGRAMMING. THIS PROJECT UTILIZES A CULTURAL REVITALIZATION STRATEGY TO DESIGN AN APPROACH THAT WILL ENSURE SUCCESSFUL TRANSMIS |
| ST DAVID'S CENTER FOR CHILD AND FAMILY DEVELOPMENT 3395 PLYMOUTH ROAD MINNETONKA, MN 55305 | 41-1429208 | 501C3 | 10,000 | | N/A | N/A | ST. DAVIDS CENTER SEEKS FUNDING TO SUPPORT A NEW PHASE OF THE QUALITY PARENTING INITIATIVE MINNESOTA (QPI-MN), AN INNOVATIVE, COLLABORATIVE, NATIONALLY PROVEN APPROACH TO FOSTER CARE SYSTEM REFORM. IN OCTOBER 2017, IN PARTNERSHIP WITH THE YOUTH LAW CENTE |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| THE BRIDGE FOR YOUTH 1111 WEST 22ND STREET MINNEAPOLIS, MN 55405 | 41-0983062 | 501C3 | 10,000 | | N/A | N/A | THIS PROJECT WILL TEST AND IMPLEMENT STATEWIDE EXPANSION OF THE BRIDGES INNOVATIVE TEXT4HELP (T4H) TEXT HOTLINE FOR YOUTH IN CRISIS. THE BRIDGE BEGAN INVESTING IN TECHNOLOGY EIGHT YEARS AGO AS PART OF A LONG-RANGE PLAN TO INCREASE DIRECT ACCESS TO SERVI |
| THIRD WAVE FOUNDATION PO BOX 1159 BROOKLYN, NY 11238 | 13-3670260 | 501C3 | 10,000 | | N/A | N/A | GENERAL OPERATING SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| UPSTREAM ARTS INC 3501 CHICAGO AVE S MINNEAPOLIS, MN 55407 | 20-4451219 | 501C3 | 10,000 | | N/A | N/A | COMPLEX, EVERYDAY STORIES ABOUT INDIVIDUALS WITH DISABILITIES ARE MISSING FROM MAINSTREAM DISCOURSE. INSTEAD, HERO- AND PITY-BASED NARRATIVES PERPETUATE STEREOTYPES, REINFORCE REDUCTIVE LABELS, KEEPING DIVISIONS IN PLACE AND STUNTING SOCIAL CHANGE, PO |
| WELL BEING DEVELOPMENT PO BOX 714 ELY, MN 55731 | 27-2987032 | 501C3 | 10,000 | | N/A | N/A | THIS PROJECT, NAMED THE NLC MENTAL HEALTH LUNCH EXCHANGE, PROPOSES CREATING A MONTHLY EXCHANGE BETWEEN COMMUNITY MEMBERS LIVING WITH MENTAL ILLNESS AND THE SERVICE PROVIDERS WHO OFFER THE VITAL HEALTH, SAFETY, EDUCATION, AND OTHER SERVICES ON WHICH ALL RE |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| WOMEN'S ENVIRONMENTAL INSTITUTE 15715 RIVER RD NORTH BRANCH, MN 55056 | 20-0312344 | 501C3 | 10,000 | | N/A | N/A | GENERAL OPERATING SUPPORT |
| NOKOMIS EAST NEIGHBORHOOD ASSOCIATION (NENA) 4313 E 54TH STREET MINNEAPOLIS, MN 55417 | 41-1824990 | 501C3 | 9,000 | | N/A | N/A | GENERAL OPERATING SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| EAST SIDE FREEDOM LIBRARY 835 6TH ST E SAINT PAUL, MN 55106 | 46-3794535 | 501C3 | 7,500 | | N/A | N/A | GENERAL OPERATING SUPPORT |
| GREATER MINNEAPOLIS CRISIS NURSERY 4544 4TH AVENUE SOUTH MINNEAPOLIS, MN 55419 | 41-1379021 | 501C3 | 7,500 | | N/A | N/A | GENERAL OPERATING SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| ANANYA DANCE THEATRE PO BOX 2427 MINNEAPOLIS, MN 55402 | 20-4261878 | 501C3 | 5,000 | | N/A | N/A | GENERAL OPERATING SUPPORT |
| CHINOOK FUND 1031 33RD ST STE 237 DENVER, CO 80205 | 84-1076325 | 501C3 | 5,000 | | N/A | N/A | FUNDRAISED BY CHRIS NEWTON FOR THE GIVING PROJECT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| MAIN STREET PROJECT 105 4TH STREET EAST SUITE 213 NORTHFIELD, MN 55057 | 20-1788275 | 501C3 | 5,000 | | N/A | N/A | GENERAL OPERATING SUPPORT |
| NATIONAL NETWORK OF ABORTION FUNDS PO BOX 22457 PHILADELPHIA, PA 19110 | 04-3236982 | 501C3 | 5,000 | | N/A | N/A | GENERAL OPERATING SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| POSTPARTUM SUPPORT INTERNATIONAL 6706 SW 54TH AVENUE PORTLAND, OR 97219 | 77-0196208 | 501C3 | 5,000 | | N/A | N/A | GENERAL OPERATING SUPPORT |
| TIWAHE FOUNDATION 2801 21ST AVE S MINNEAPOLIS, MN 55407 | 26-4377588 | 501C3 | 5,000 | | N/A | N/A | GENERAL OPERATING SUPPORT |

| | | |
|---|---|--|
| Schedule J (Form 990) | Compensation Information | OMB No. 1545-0047 |
| | | 2019 |
| | | Open to Public Inspection |
| Department of the Treasury Internal Revenue Service | For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. | |
| Name of the organization HEADWATERS FOUNDATION FOR JUSTICE | | Employer identification number 36-3359386 |

| Part I Questions Regarding Compensation | | Yes | No |
|--|---|-----|-----|
| 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use | | |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence | | |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees | | |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | |
| b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | | 1b | |
| 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? | | 2 | |
| 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. | | | |
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract | | |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study | | |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee | | |
| 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: | | | |
| a Receive a severance payment or change-of-control payment? | | 4a | Yes |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | | 4b | No |
| c Participate in, or receive payment from, an equity-based compensation arrangement? | | 4c | No |
| If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | |
| 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: | | | |
| a The organization? | | 5a | No |
| b Any related organization? | | 5b | No |
| If "Yes," on line 5a or 5b, describe in Part III. | | | |
| 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: | | | |
| a The organization? | | 6a | No |
| b Any related organization? | | 6b | No |
| If "Yes," on line 6a or 6b, describe in Part III. | | | |
| 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III. | | 7 | No |
| 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. | | 8 | No |
| 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | | 9 | |

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

[illegible]

Part III Supplemental Information

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

| Return Reference | Explanation |
|------------------|---|
| PART I, LINE 4A | DAVID NICHOLSON \$159,071 DAVID NICHOLSON RECEIVED 36 WEEKS OF PAY AT HIS FINAL SALARY RATE, UP TO 6 MONTHS OF COBRA, UP TO 6 MONTHS OF PLACEMENT SERVICES, AND BENEFITS AS OUTLINED IN OUR PERSONNEL POLICIES. |

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

HEADWATERS FOUNDATION FOR JUSTICE

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Employer identification number

36-3359386

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|----------------------------------|--|
| FORM 990, PART III, LINE 1 | THROUGH GRANTMAKING AND CAPACITY BUILDING SUPPORT TO GRASSROOTS ORGANIZATIONS, OUR GOAL IS TO FOSTER JUST AND SUSTAINABLE COMMUNITIES THAT EMBRACE SOCIAL, RACIAL, ECONOMIC AND ENVIRONMENTAL EQUITY. TO ACHIEVE THIS GOAL, ALL OF HEADWATERS' PROGRAMS ARE DESIGNED TO ADVANCE TWO OBJECTIVES: CHANGING SYSTEMS OF POWER, AND INCREASING THE POWER OF DISENFRANCHISED COMMUNITIES. OUR COMMUNITY-LED GRANTMAKING PROCESS IS THE TOUCHSTONE OF OUR FOUNDATION. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|----------------------------------|---|
| FORM 990, PART III, LINE 2 | <p>HEADWATERS FOUNDATION FOR JUSTICE LAUNCHED TWO RAPID RESPONSE FUNDS. THE LOCAL CORONAVIRUS PUBLIC HEALTH CRISIS CALLED ATTENTION TO HOW SYSTEMS AND INSTITUTIONS KEPT LETTING OUR COMMUNITIES FALL THROUGH THE CRACKS. HFJ'S GRANTEE PARTNERS (THE MAJORITY OF WHICH ARE BIPOC-LED) HAD BEEN TELLING US ABOUT HOW THEIR COMMUNITIES WERE ABSORBING MORE SOCIAL, POLITICAL, AND ECONOMIC CONSEQUENCES THAN THEY DID BEFORE THE OUTBREAK. OUR RESPONSE WAS TO GET TO WORK FUNDRAISING AND ESTABLISH THE COMMUNITIES FIRST FUND ON MARCH 15, 2020. THEN, ON MAY 31, HEADWATERS RESPONDED TO THE MURDER OF GEORGE FLOYD BY SETTING UP THE TRANSFORMATION FUND. WE WANTED TO MOVE MONEY QUICKLY TO FRONTLINE ORGANIZATIONS AS THEY KEPT FIGHTING AGAINST AN ONGOING CULTURE OF INSTITUTIONAL VIOLENCE AND WHITE SUPREMACY. WE ALSO WANTED TO SUPPORT THE LONG-TERM MOVEMENT WORK FOR REAL CHANGE REQUIRED FOR OUR COLLECTIVE LIBERATION. THESE TWO-RAPID RESPONSE GRANTMAKING INITIATIVES HELPED HEADWATERS TUNE INTO THE COMMUNITY'S REAL-TIME NEEDS AND GET GRANT DOLLARS TO WHERE THEY COULD BE MOST HELPFUL. IN FISCAL YEAR 2020, \$1,132,500 IN 63 GRANTS.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------------------|--|
| FORM 990, PART III, LINE 4A | DESCRIPTION OF PROGRAM SERVICES GRANTMAKING - THIS PROGRAM INCLUDES THE PROCESS OF GRANTEE OUTREACH, PROPOSAL REVIEW, GRANT TRACKING, RECORD KEEPING, GRANTS EVALUATION, AND INTERNAL GRANTS MANAGEMENT. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
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| FORM 990, PART VI, SECTION A, LINE 1 | THE EXECUTIVE COMMITTEE IS COMPRISED OF THE BOARD OFFICERS AND UP TO TWO AT-LARGE MEMBERS FROM THE BOARD OF DIRECTORS. THE COMMITTEE MAY ACT ON BEHALF OF THE BOARD IF A FULL BOARD MEETING CANNOT REASONABLY BE CONVENED. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
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| FORM 990, PART VI, SECTION A, LINE 4 | THE FOUNDATION MADE CHANGES TO THE BYLAWS IN FISCAL YEAR 2020. THESE CHANGES INCLUDE REMOVING THE ARTICLE REGARDING MEMBERSHIP, AS THE FOUNDATION IS NOT A MEMBER ORGANIZATION. THE BOARD COMPOSITION WAS UPDATED TO CLEARLY DEFINE THE TERMS AND ROLES OF BOARD MEMBERS AND SET A MINIMUM AMOUNT OF BOARD MEMBERS. A LEAVE OF ABSENCE POLICY WAS ADDED TO THE BYLAWS. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
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| FORM 990, PART VI, SECTION B, LINE 11B | THE FINANCE COMMITTEE REVIEWS THE PREPARED FORM 990 AND THEN FORWARDS TO THE FULL BOARD FOR THEIR CONSIDERATION AND APPROVAL. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
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| FORM 990, PART VI, SECTION B, LINE 12C | <p>AS NEW BOARD AND KEY STAFF MEMBERS JOIN THE ORGANIZATION, THEY COMPLETE THE CONFLICT OF INTEREST FORM. AT THE START OF THE NEW FISCAL YEAR, ALL BOARD MEMBERS AND KEY STAFF MEMBERS COMPLETE THE CONFLICT OF INTEREST FORMS. A SUMMARY OF THE CONFLICTS IS GIVEN TO THE BOARD CO-CHAIRS. ANY CONTRACTS OR PAYMENTS MADE TO/WITH DIRECTORS MUST BE APPROVED BY THE BOARD. IF ANY CONFLICT OF INTEREST OR POTENTIAL CONFLICT OF INTEREST ARISES AFTER THE ANNUAL FORM IS FILLED OUT, THE INTERESTED DIRECTOR OR ANY DIRECTOR WITH KNOWLEDGE OF SUCH CONFLICT SHALL CALL IT TO THE ATTENTION OF THE BOARD PRIOR TO BOARD ACTION ON A DECISION INVOLVING THE CONFLICT OF INTEREST. WHEN THERE IS DOUBT AS TO WHETHER A CONFLICT OF INTEREST EXISTS, THE MATTER SHALL BE RESOLVED BY A VOTE OF THE BOARD, EXCLUDING THE PERSON WHO IS THE SUBJECT OF THE POSSIBLE CONFLICT OF INTEREST. IF A CONFLICT OF INTEREST DOES EXIST, THE BOARD MAY STILL AUTHORIZE, APPROVE, OR RATIFY A CONTRACT OR TRANSACTION IN GOOD FAITH BY THE AFFIRMATIVE VOTE OF A MAJORITY OF DIRECTORS; WITH THE CONFLICTED BOARD MEMBER ABSTAINING FROM THE VOTE. THE DIRECTOR WHO HAS A CONFLICT SHALL NOT PARTICIPATE IN THE BOARD'S DISCUSSION OF THE MATTER EXCEPT TO DISCLOSE MATERIAL FACTS AND TO RESPOND TO QUESTIONS. SUCH PERSON SHALL NOT ATTEMPT TO EXERT HIS OR HER PERSONAL INFLUENCE WITH RESPECT TO THE MATTER, EITHER AT OR OUTSIDE THE MEETING. THE DIRECTOR HAVING SUCH A CONFLICT SHALL NOT PARTICIPATE IN THE FINAL DELIBERATION OR DECISION REGARDING THE MATTER UNDER CONSIDERATION AND SHALL RETIRE FROM THE ROOM IN WHICH THE BOARD IS MEETING AFTER PROVIDING THE BOARD WITH ANY AND ALL RELEVANT INFORMATION. ANY DIRECTOR DISCLOSING A CONFLICT OF INTEREST MAY BE COUNTED IN DETERMINING THE PRESENCE OF A QUORUM AT A MEETING OF THE BOARD OR A COMMITTEE THEREOF. THE MINUTES OF THE MEETING OF THE BOARD OR COMMITTEE SHALL REFLECT THAT THE CONFLICT OF INTEREST WAS DISCLOSED AND THAT THE INTERESTED DIRECTOR WAS NOT PRESENT DURING THE FINAL DISCUSSION OR VOTE AND DID NOT VOTE ON THE MATTER.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
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| FORM 990, PART VI, SECTION B, LINE 15 | <p>IN REVIEWING THE COMPENSATION OF THE EXECUTIVE DIRECTOR, THE EXECUTIVE COMMITTEE OF THE HEADWATERS BOARD OF DIRECTORS UTILIZES THE FOLLOWING PROCESS: 1. IMPARTIAL DECISION MAKERS - THE COMPENSATION ARRANGEMENT MUST BE APPROVED IN ADVANCE (BEFORE ANY PAYMENT IS MADE) BY THE EXECUTIVE COMMITTEE COMPOSED ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT. 2. COMPARABILITY DATA - WHEN THE EXECUTIVE COMMITTEE IS CONSIDERING COMPENSATION OF THE EXECUTIVE DIRECTOR, IT MUST RELY ON COMPARABILITY DATA THAT DEMONSTRATES THE FAIR VALUE OF THE COMPENSATION IN QUESTION. THIS DATA MAY INCLUDE THE FOLLOWING: - EXPERT COMPENSATION STUDIES BY INDEPENDENT FIRMS; - WRITTEN JOB OFFERS FOR POSITIONS AT SIMILAR ORGANIZATIONS; - DOCUMENTED TELEPHONE CALLS AND EMAILS ABOUT SIMILAR POSITIONS AT BOTH NON-PROFIT AND FOR-PROFIT ORGANIZATIONS AND; - INFORMATION OBTAINED FROM THE IRS FORM 990 FILINGS OF SIMILAR ORGANIZATIONS. - USE OF SALARY SURVEYS NONPROFIT AND FOUNDATION WORLD. BOARD PROCESS AND FINAL DECISIONS ARE DOCUMENTED THROUGH BOARD MINUTES AS OF FISCAL YEAR 2020. THE HEADWATERS BOARD OF DIRECTORS, IN CONDUCTING ITS PERIODIC ANALYSIS OF EXECUTIVE DIRECTOR COMPENSATION, AND IN CONVERSATION WITH DAVID NICHOLSON AS OUTGOING EXECUTIVE DIRECTOR, MADE THE DECISION TO OFFER TWO PIECES OF COMPENSATION FOR HIM AS HE PARTED WITH THE ORGANIZATION. THE FIRST WAS A SEVERANCE PACKAGE, DEVELOPED ACCORDING TO BEST PRACTICES AND INDUSTRY STANDARDS. THE SECOND, UPON REVIEWING DAVID'S SALARY HISTORY ALONGSIDE THE CURRENT FINANCIAL AND PROGRAMMATIC STATE OF THE ORGANIZATION, PROMPTED A CONVERSATION ABOUT THE HISTORIC AND SYSTEMATIC PAY DISPARITIES THAT PEOPLE OF COLOR EXPERIENCE. DAVID TOOK ON THE EXECUTIVE DIRECTOR ROLE AT A TIME WHEN THE ORGANIZATION WAS LESS FINANCIALLY STABLE, AND ACCEPTED A SALARY RATE THAT WAS BELOW WHAT WOULD HAVE BEEN FAIR COMPENSATION FOR HIS EXPERIENCE. THIS HAPPENS OFTEN TO PEOPLE OF COLOR, AND IF NOT CORRECTED FOR, IT PUTS THEM AT AN ONGOING STRUCTURAL DISADVANTAGE, AS RAISES ARE OFTEN BASED ON A PERCENTAGE OF SALARY. IF YOU START LOW, YOU'LL NEVER CATCH UP. WHILE HIS SALARY OVER HIS TENURE WAS ADJUSTED PER HIS STRONG PERFORMANCE AND AVAILABLE FUNDS, IT WAS NOT ENOUGH TO MAKE UP FOR THE PAY GAP THAT WAS ESTABLISHED THE DAY HE STARTED. GIVEN THESE CIRCUMSTANCES, THE HEADWATERS FOUNDATION BOARD OF DIRECTORS CHOSE TO DRAW UPON RESERVES TO PAY DAVID REPARATIONS FOR THIS PAY DISPARITY, IN KEEPING WITH OUR VALUES AS AN ORGANIZATION. STAFF SALARIES ARE DETERMINED BY PERFORMANCE EVALUATION, YEARS OF EXPERIENCE, EDUCATION, AND ENSURING ALL POSITIONS ARE PAID AT LEAST WITHIN 50-75% COMPARED TO OTHER NONPROFIT ORGANIZATIONS BASED ON BUDGET, ASSETS, LOCATION, AND FOCUS AREA. THE DIRECT SUPERVISOR REVIEWS PERFORMANCE AND RECOMMENDS COMPENSATION BASED ON THE SALARY RANGES OF THE ORGANIZATIONS AND THE EXECUTIVE DIRECTOR APPROVES ALL SALARIES. THE OPERATIONS DIRECTOR CONDUCTS SALARY RESEARCH ANNUALLY TO DETERMINE SAL</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
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| FORM 990, PART VI, SECTION B, LINE 15 | ARY RANGES FOR THE ORGANIZATION. THIS IS DOCUMENTED IN THE PERSONNEL FILE WITH THE REQUEST MEMO AND THE SIGNED SALARY AUTHORIZATION APPROVED BY THE EXECUTIVE DIRECTOR. THIS IS COND UCTED ANNUALLY FOR ALL STAFF AND WAS LAST COMPLETED IN FISCAL YEAR 2020. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
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| FORM 990, PART VI, SECTION C, LINE 19 | THE FOUNDATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE ON THE WEBSITE, FOR PERSONAL INSPECTION IN THE OFFICE, OR MAILED UPON REQUEST. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
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| FORM 990, PART XI, LINE 9: | CHANGE IN BENEFICIAL INTEREST IN THE MINNEAPOLIS FOUNDATION 32,220. |