Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A F	or the	2022 calendar year, or tax year beginning J	UL 1, 2022 and	ending J	<u>UN 30, 2023</u>	
	heck if oplicable	WHITE BEAR LAKE AREA EL	DUCATIONAL		D Employer identif	ication number
	Addres change	FOUNDATION				
	Name change	Doing business as			41-17781	.86
	Initial return Final return/	Number and street (or P.0. box if mail is not del 4855 BLOOM AVENUE	E Telephone number 651-407-7696			
	termin- ated	City or town, state or province, country, and 2	ZIP or foreign postal code		G Gross receipts \$	1,579,355.
	Amend return	ed WHITE BEAR LAKE, MN 55	5110		H(a) Is this a group r	eturn
	Application	F Name and address of principal officer: PLAN	JORY HUMBERT		for subordinates	s? Yes X No
	pendin	SAME AS C ABOVE			H(b) Are all subordinates i	included? Yes No
<u> 1 T</u>	ax-exe	mpt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1)	or 527	If "No," attach a	a list. See instructions
	/ebsit				H(c) Group exemption	
		5.84	sociation Other	L Year	of formation: 1994	M State of legal domicile; MN
Ра		Summary				
a	1	Briefly describe the organization's mission or most	significant activities: THE	MISSIO	N OF THE WH	ITE BEAR
SI S		LAKE AREA EDUCATIONAL FOUN				
Governance			tinued its operations or dispos	sed of more		1
Š		Number of voting members of the governing body (3	
ø		Number of independent voting members of the gov				20
Activities &		Fotal number of individuals employed in calendar ye				40
Ę		Total number of volunteers (estimate if necessary)				
Aç		Total unrelated business revenue from Part VIII, col Net unrelated business taxable income from Form S				
\dashv	D I	vet unrelated business taxable income from Forms	990-1, Part I, IIIIe 11		Prior Year	Current Year
	8 (Contributions and grants (Part VIII, line 1h)			307,703.	
Jue -		. (5 1)(11)			0.	
Revenue		nvestment income (Part VIII, column (A), lines 3, 4,	and 7d)		122,867.	
Be		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			-33,481.	
		Fotal revenue - add lines 8 through 11 (must equal l			397,089.	
\neg		Grants and similar amounts paid (Part IX, column (A			113,799.	
		Benefits paid to or for members (Part IX, column (A			0.	
_ω		Salaries, other compensation, employee benefits (P			90,450.	88,394.
se		Professional fundraising fees (Part IX, column (A), li			0.	0.
Expenses		Fotal fundraising expenses (Part IX, column (D), line	40 0	43.		
ŭ		Other expenses (Part IX, column (A), lines 11a-11d,	· · · · · · · · · · · · · · · · · · ·		50,660.	56,368.
		Fotal expenses. Add lines 13-17 (must equal Part IX			254,909.	381,767.
		Revenue less expenses. Subtract line 18 from line 1	12		142,180.	-15,040.
Net Assets or Fund Balances				Ве	ginning of Current Year	End of Year
sets	20	Fotal assets (Part X, line 16)			3,877,406.	4,206,615.
t As	21	Fotal liabilities (Part X, line 26)			3,426.	
		Net assets or fund balances. Subtract line 21 from	line 20		3,873,980.	4,202,724.
	rt II	Signature Block				
		ties of perjury, I declare that I have examined this return,				y knowledge and belief, it is
true,	correct	, and complete. Declaration of preparer (other than office	r) is based on all information of wh	iich preparer	has any knowledge.	
٠.		Signature of officer			I Date	
Sigr	'				Date	
Here	•	CHRIS SUEDBECK, TREASURER Type or print name and title				
			Dranararia aignatura		Date Check	PTIN
Paid	ļ	Print/Type preparer's name DEANNA SOMVONG	Preparer's signature	I .	0/04/23 self-emplo	
Paiu Prep		Firm's name MAHONEY ULBRICH CE				11-1647057
Use	Г	Firm's address 10 RIVER PARK PLAZ		DDY IF	- IIIIII SEIN 3	T TOTIODI
330	,	SAINT PAUL, MN 551	=		Phone no (6	551)227-6695
		S discuss this return with the preparer shown above			Ti nono no. (o	X Yes No

Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE MISSION OF THE WHITE BEAR LAKE AREA EDUCATIONAL FOUNDATION IS TO ENHANCE THE DISTRICT'S ABILITY TO PROVIDE EXCELLENCE IN EDUCATION FOR
	ALL STUDENTS.
	ALL SIODENIS.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	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 X 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 \$
	BROSIOUS FUND - ENDOWMENT FUND USED TO GIVE GRANTS TO AN INDIVIDUAL OR
	GROUP OF TEACHERS TO ENHANCE THE RIGOR OF THE CURRICULUM OR INSTRUCTION
	WITHIN THE SCHOOL DISTRICT.
4b	(Code:) (Expenses \$ 27 , 689 • including grants of \$ 24 , 068 •) (Revenue \$
75	GLASRUD FUND - FELLOWSHIPS AWARDED TO TEACHERS FOR PROFESSIONAL GROWTH
	WITH THE HOPE THAT THESE AWARDS WILL ALLOW TEACHERS TO PURSUE
	PROFESSIONAL DEVELOPMENT WHICH WOULD OTHERWISE NOT BE POSSIBLE.
	2.020
4c	(Code:) (Expenses \$ 3,832. including grants of \$ 2,232.) (Revenue \$
	RYAN FAMILY FUND - FUND THAT PROVIDES FUNDING TO HELP FUND
	INSTRUCTIONAL MATERIALS, ART SUPPLIES, AND ARTISTS IN THE LOCAL ELEMENTARY SCHOOLS.
	ELEMENTARY SCHOOLS.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 191,481. including grants of \$ 189,640.) (Revenue \$)
4e	Total program service expenses 280,335.

Form 990 (2022) FOUNDATION
Part IV Checklist of Required Schedules

 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 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 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 e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 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 is the organization as school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for origin organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IXI, column (A), line 3, more				Yes	No
 Is the organization required to complete <i>Schedule B</i>, <i>Schedule and Contributors</i> 7 See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>II</i> "Yes," <i>complete Schedule C</i>, <i>Part I</i> Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>II</i> "Yes," <i>complete Schedule C</i>, <i>Part II</i> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 88-1917 if "Yes," <i>complete Schedule C</i>, <i>Part II</i> 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 announts in such funds or accounts? <i>II</i> "Yes," <i>complete Schedule D</i>, <i>Part II</i> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>II</i> "Yes," <i>complete Schedule D</i>, <i>Part II</i> Did the organization maintain collections of works of art, historical treasurus, or other similar assets? <i>II</i> "Yes," <i>complete Schedule D</i>, <i>Part II</i> Did the organization maintain collections of works of art, historical treasurus, or other similar assets? <i>II</i> "Yes," <i>complete Schedule D</i>, <i>Part II</i> Did the organization report an amount in Part X, line 21, for escrew 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 If the organization diversity of through a related organization, hold assets in donor-restricted endowments? If "Yes," complete Sche	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public offices (*) "Yes," complete Schedule C, Part II 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 III 5 Is the organization a section 501(c)(4), 501(c)(6), 601(c)(6), 601		If "Yes," complete Schedule A	1	X	
public office?	2		2		X
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21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		• • •	20b		
The second secon		domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	

Form 990 (2022) FOUNDATION
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	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	l		37
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	 		- v
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		_
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		X
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	23a		-25
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	, , ,	25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		<u> </u>
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
20	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?	200		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
31		37		X
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	31		
50	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	1 30		
	Check if Schedule O contains a response or note to any line in this Part V			
	1		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		- 55	
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
	4.0.00	Гоим	990	(2022

(continued) FOUNDATION

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other author	ority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account	ınt)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	` '			77
5a			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have a supplication of the properties of the prope				v
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of		OI.		
_	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).	provided to the power	7-	Х	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services		7a	X	
b			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was rect to file Form 8282?	•	7c		Х
d		1	70		
e	If "Yes," indicate the number of Forms 8282 filed during the year		7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8		7g	N/	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h	N/	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by t			·	
	sponsoring organization have excess business holdings at any time during the year?	N/A	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?	N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	N/A	9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a	а			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	o			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders N/A 11a	а			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104	1	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	o			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	3T / 3			
а	Is the organization licensed to issue qualified health plans in more than one state?	N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	. 1			
	organization is licensed to issue qualified health plans That the amount of receives an hand				
	Enter the amount of reserves on hand Did the examination receive any neumants for indeed tapping consists during the tay year?	•	140		X
14a h			14a 14b		-22
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration		IHD		
IJ	excess parachute payment(s) during the year?		15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.		10		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income and the control of the section 4968 excise tax on net investment income and the control of	ome?	16		Х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	es			
-	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	/ -	17		
	If "Yes," complete Form 6069.				

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed MN			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only) a	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	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			
	CHRIS SUEDBECK - 651-407-4696			
	4855 BLOOM AVENUE, WHITE BEAR LAKE, MN 55110			

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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	Jiga	IIIZa		C)	ipei	isati	(D)	(E)	(F)
Name and title	Average	(do		Pos	ition	l than d	one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son is	s both	n an	compensation	compensation	amount of
	week (list any							from the	from related organizations	other compensation
	hours for	r direc				peq		organization	(W-2/1099-MISC/	from the
	related	stee o	rustee			oensai		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	nal tru	io nal 1		ploye	t com		1099-NEC)		and related
	below line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) LORI ARNOLD	40.00									
EXECUTIVE DIRECTOR				Х				65,050.	0.	0.
(2) MARY DAHLE	2.00									
VICE PRESIDENT - PROGRAMS		X		Х				0.	0.	0.
(3) MARJORY HUMBERT	2.00									
SECRETARY		X		Х				0.	0.	0.
(4) ANDREA LOPPNOW	2.00									
PRESIDENT		Х		Х				0.	0.	0.
(5) CHRIS SUEDBECK	2.00									
TREASURER		Х		Х		_		0.	0.	0.
(6) KIMBERLY ANDERSON	2.00									
DIRECTOR		Х						0.	0.	0.
(7) TIFFANY DITTRICH	2.00									•
DIRECTOR	0 00	Х				_		0.	0.	0.
(8) RYAN FARRELLY	2.00	.,							_	0
DIRECTOR	2 00	Х				_		0.	0.	0.
(9) ANGIE JOHNSON	2.00								0	0
DIRECTOR	2 00	Х				_		0.	0.	0.
(10) DR.WAYNE KAZMIERCZAK	2.00	Х						0.	0.	0.
Contraction (11) Sheila Kelly	2.00	Λ	\vdash			_		0.	0.	0.
DIRECTOR	2.00	Х						0.	0.	0.
(12) MARY CLEARY KOWITZ	2.00	21						0.	0.	
DIRECTOR		Х						0.	0.	0.
(13) DR. DUNG MAO	2.00									
DIRECTOR		Х						0.	0.	0.
(14) MARYELLEN MIEURE	2.00								<u> </u>	
DIRECTOR		Х						0.	0.	0.
(15) LEAH NICHOLSON	2.00									
DIRECTOR		Х		L	L	L	L	0.	0.	0.
(16) LISA OUREN	2.00									
DIRECTOR		Х				L	L	0.	0.	0.
(17) DAN SCHMIDT	2.00									
DIRECTOR		X						0.	0.	0.

Section A. Officers, Directors, Trus		DIOY	ees,	and	טודו ג	gnes	St C	ompensated Employee	(continued)				
(A)	(B)	(C) Position				,		(D)	(E)		l	(F)	
Name and title	Average hours per	(do not check more than one						Reportable	Reportable			imated	
	week					is both or/trus		compensation from	compensation from related		l	ount of other	
	(list any	ctor						the	organizations		l .	ensati	on
	hours for	or dire	ω.			ted		organization	(W-2/1099-MISC	/د	fro	m the	
	related organizations	ıstee (truste		90	beusa		(W-2/1099-MISC/	1099-NEC)		"	ınizatio	
	below	lual tru	tional		ploye	st com	_	1099-NEC)			l	related nization	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organ	πεαιιοι	10
(18) EMILY ST. MARTIN	25.00									\Box			
OFFICE ADMINISTRATOR		L		Х				0.		0.			0.
(19) CYNTHIA BITTNER	2.00												•
DIRECTOR	2 00	Х				┝		0.		0.			0.
(20) CLINT HANSEN DIRECTOR	2.00	X						0.		0.			0.
(21) DEB BELOYED	2.00					\vdash		0.	'	٠.			<u>.</u>
DIRECTOR	2.00	x						0.		٥.			0.
(22) JILL ENGWER	2.00	125				\vdash							•
DIRECTOR		Х						0.		0.			0.
										\neg			
		<u>L</u>											
		▙				_	-			_			
		-											
		⊢				┢				\dashv			
		1											
1b Subtotal								65,050.		0.			0.
c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)								65,050.		0.			0.
2 Total number of individuals (including but n								eceived more than \$100,	000 of reportable				
compensation from the organization													0
										1		Yes	No
3 Did the organization list any former officer	•		•		•		_	•	•				X
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the su											3		^
and related organizations greater than \$150	•							•	•		4		Х
5 Did any person listed on line 1a receive or a	accrue comper	าsati	on fi	om	anv	unre	elate	ed organization or individ	dual for services				
rendered to the organization? If "Yes." com											5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co										nsat	tion fror	m	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin		ear.				
(A) Name and business	address	NT/	ONE	7				(B) Description of s	ervices	C	(C) compen		
Name and business	<u>address</u>	11/)INI				\dashv	Description of s	CI VICCS		Ompon	Jation	
							\dashv						
										—			
2 Total number of independent contractors (i	ncludina hut n	ot lir	nited	d to t	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organi	· ·				()							

FOUNDATION

Form 990 (20		FOUNDAT
Part VIII	Statement	of Revenue

		Check if Schedule O	ontains a	response	or note to any lin	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
							Turiction revenue	business revenue	sections 512 - 514
S, S	1 a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b			1b					
ည် ရှိ		Fundraising events		1c	103,586.				
fts,		Related organizations		1d					
ية إق				1e					
Sir		Government grants (contri							
utio er	ī	All other contributions, gifts,		1 1	268 243				
들됨		similar amounts not included		1f	268,243.				
ont	g		ines 1a-1f	1g \$		271 020			
Og	h	Total. Add lines 1a-1f				371,829.			
					Business Code				
ce	2 a								
ē Ķ	b								
Su	С								
ar eve	d								
Program Service Revenue	е								
<u> </u>	f	All other program service	evenue .						
	g	Total. Add lines 2a-2f							
	3	Investment income (includ	ing divide	nds, intere	st, and				
						130,645.			130,645.
	4	Income from investment o							
	5	Royalties							
		,		(i) Real	(ii) Personal				
	6 a	Gross rents	6a						
	b		6b						
	C	Rental income or (loss)	6c						
	4	Net rental income or (loss)							
		Gross amount from sales of		Securities	(ii) Other				
	1 a		_ · · ·	076,881.	(ii) Other				
		assets other than inventory	7a ¹ ,	070,001.					
4	D	Less: cost or other basis	_	172 004					
Revenue		and sales expenses	-	172,004. -95,123.					
eve		Gain or (loss)			•	0F 122			05 122
Ř		Net gain or (loss)			I	-95,123.			-95,123.
ther	8 a	Gross income from fundraisin							
Ò		including \$1							
		contributions reported on							
		Part IV, line 18			0.				
		Less: direct expenses			40,624.				
		Net income or (loss) from t				-40,624.			-40,624.
	9 a	Gross income from gaming							
		Part IV, line 19			1				
	b	Less: direct expenses		9b					
	С	Net income or (loss) from	gaming ad	ctivities					
	10 a	Gross sales of inventory, le	ess return	s					
		and allowances		10a	ı				
	b	Less: cost of goods sold							
		Net income or (loss) from s							
		<u> </u>			Business Code				
sno	11 a								
Miscellaneous Revenue	b								
ella	С								
SS		All other revenue							
Σ		Total. Add lines 11a-11d							
	12	Total revenue. See instruction				366,727.	0.	0.	-5,102.

Form 990 (2022) FOUNDATION
Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 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	173,486.	173,486.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	63,519.	63,519.		
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,	4- 4-4			
	trustees, and key employees	65,050.	32,525.	32,525.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	45.050	6 564	2 222	
7	Other salaries and wages	17,053.	6,764.	3,238.	7,051.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	6 201	2 011	0.740	F 4.0
10	Payroll taxes	6,291.	3,011.	2,740.	540.
11	Fees for services (nonemployees):				
	Management				
b	Legal	10 546		10 546	
	Accounting	10,546.		10,546.	
d	Lobbying				
	Professional fundraising services. See Part IV, line 17	24,413.		24,413.	
f	Investment management fees	24,413.		24,413.	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	2,972.			2,972.
13	Office expenses	6,749.		6,749.	
14	Information technology	4,384.		4,384.	
15	Royalties	,		,	
16	Occupancy	2,144.	1,030.	934.	180.
17	Travel	3,035.		3,035.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,125.		2,125.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а					
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	381,767.	280,335.	90,689.	10,743.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2022)

Form 990 (2022)
Part X Balance Sheet

Pai	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pa	ırt X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	60,888.	1	15,304.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	2,000.
	5	Loans and other receivables from any current or former officer, director			
		trustee, key employee, creator or founder, substantial contributor, or	35%		
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as define			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)	(B)	6	
ß	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
ğ	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation10b		10c	
	11	Investments - publicly traded securities	3,814,518.	11	4,189,311.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	4,206,615.
	17	Accounts payable and accrued expenses	I	17	3,891.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or			
jap				22	
_	23			23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Pa of Schedule D		O.E.	
	26	T. 10 100 A110 47.0	2 126	25 26	3,891.
	26	Organizations that follow FASB ASC 958, check here	5,420	20	3,051.
Se		and complete lines 27, 28, 32, and 33.			
ü	27	Net assets without donor restrictions	280,335.	27	355,584.
3ala	28	Net assets with donor restrictions		28	3,847,140.
Þ		Organizations that do not follow FASB ASC 958, check here			4 7 1 1 1 1 1 1 1 1 1 1
Ψ		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances		32	4,202,724.
~	33	Total liabilities and net assets/fund balances	2 200	33	4,206,615.
					Farm 990 (2000)

Form **990** (2022)

Ра	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		366	7.7	27.
2	Total expenses (must equal Part IX, column (A), line 25)	2		381	.,7	67.
3	Revenue less expenses. Subtract line 2 from line 1	3	-	-15	5,0	40.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,8	373	3,98	80.
5	Net unrealized gains (losses) on investments	5	:	343	3,78	84.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	4,3	202	2,7	24.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	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:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required			\neg		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		I .	3h		

SCHEDULE A

(Form 990)

Total

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

Open to Public Inspection

WHITE BEAR LAKE AREA EDUCATIONAL **Employer identification number** Name of the organization FOUNDATION 41-1778186 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed n your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sed	ction A. Public Support						_
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	156,926.	184,298.	137,936.	307,703.	371,829.	1158692.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	156,926.	184,298.	137,936.	307,703.	371,829.	1158692.
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)						10,507.
	Public support. Subtract line 5 from line 4.						1148185.
	ction B. Total Support	1					
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	156,926.	184,298.	137,936.	307,703.	371,829.	1158692.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	110 501	00 600	0.4.661	100 444	120 645	E C E 0 4 0
	and income from similar sources	119,501.	92,697.	94,661.	128,444.	130,645.	565,948.
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						
44	assets (Explain in Part VI.)						1724640.
	Total support. Add lines 7 through 10					12	1/24040.
	Gross receipts from related activities, First 5 years. If the Form 990 is for the	•	,	ourth or fifth town			
13	organization, check this box and stor						
Sec	ction C. Computation of Publi						
	Public support percentage for 2022 (I			olumn (f))		14	66.58 %
	Public support percentage from 2021					15	62.88 %
	33 1/3% support test - 2022. If the o					<u> </u>	
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the						
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	ganization		
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	stances test, chec	k this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	·

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.)

Sed	etion A. Public Support	clow, picase comp	olete i art ii.)				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	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 organ- ization'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						
7 <i>a</i>	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 Sec	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(=,) == : =	(2, 22.2	(5) = 5 = 5	(,	(5) = 5 = 5	(-)
	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						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	· ·		•	•	. , . ,	
<u>C</u>	check this box and stop here						
	ction C. Computation of Publi					T .= I	
	Public support percentage for 2022 (I		•			15	<u>%</u>
	Public support percentage from 2021					16	<u>%</u>
	ction D. Computation of Inves					147	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from					18	% 7 : t
19a	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the		-				
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	anization qualifies a	as a publicly suppo	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	3b		
	OD		
	3с		
	4a		
	41.		
	4b		
	4c		
	F-		
	5a		
	5b		
	5c		
	_		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	401		
ulo	10b A (Forn	n 900\	2022
uic	~ U UII		

i e	rt IV Supporting Organizations (continued)		- 10	age o
	continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	110
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
800	supervised, or controlled the supporting organization.	2		
Sec	tion 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)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	_		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	1		
000	tion B. All Type in Supporting Organizations		V	N.
4	Did the executation provide to each of its supported executations, by the last day of the fifth month of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
Ü	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)) ₋		
a	The organization satisfied the Activities Test. Complete line 2 below.	,-		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	(2)	
2	Activities Test. Answer lines 2a and 2b below.	oti dotioi i	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2022 FOUNDATION 41-1778186 Page 6

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
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		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionall	y integrat	ed Type III supporting orga	nization (see

Schedule A (Form 990) 2022

instructions).

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Par	t V Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	nizations (continu	ued) _					
Secti	ction D - Distributions Current Year								
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1					
2	Amounts paid to perform activity that directly furthers exemp								
	organizations, in excess of income from activity			2					
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3					
4	Amounts paid to acquire exempt-use assets			4					
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5					
6	Other distributions (describe in Part VI). See instructions.			6					
7	Total annual distributions. Add lines 1 through 6.			7					
8	Distributions to attentive supported organizations to which the	ne organization is responsive							
	(provide details in Part VI). See instructions.			8					
9	Distributable amount for 2022 from Section C, line 6			9					
10	Line 8 amount divided by line 9 amount			10					
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022				
1	Distributable amount for 2022 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2022 (reason-								
	able cause required - explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2022								
a	From 2017								
b	From 2018								
c	From 2019								
d	From 2020								
е	From 2021								
f	Total of lines 3a through 3e								
g	Applied to underdistributions of prior years								
<u>h</u>	Applied to 2022 distributable amount								
i_	Carryover from 2017 not applied (see instructions)								
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4	Distributions for 2022 from Section D,								
	line 7: \$								
	Applied to underdistributions of prior years								
	Applied to 2022 distributable amount								
	Remainder. Subtract lines 4a and 4b from line 4.								
5	Remaining underdistributions for years prior to 2022, if								
	any. Subtract lines 3g and 4a from line 2. For result greater								
	than zero, explain in Part VI. See instructions.								
6	Remaining underdistributions for 2022. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2023. Add lines 3j								
	and 4c.								
	Breakdown of line 7: Excess from 2018								
	Excess from 2019								
	Excess from 2019 Excess from 2020								
	Excess from 2021								
	Excess from 2022								
-	LAGGGG HOITI LULL								

Schedule A (Form 990) 2022

41-177<u>8186 Page 8</u> FOUNDATION Schedule A (Form 990) 2022 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. Part VI (See instructions.)

232028 12-09-22 Schedule A (Form 990) 2022

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

2022
Open to Public Inspection

Name of the organization

WHITE BEAR LAKE AREA EDUCATIONAL FOUNDATION

Employer identification number 41-1778186

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		iiiiiai i uiius	Complete if the
		(a) Donor advise	d funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	vriting that the assets he	ld in donor advis	
	are the organization's property, subject to the organization's e	exclusive legal control?		X Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that gra	nt funds can be	used only
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any	y other purpose	•
	impermissible private benefit?			
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes	s" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	_	
	Preservation of land for public use (for example, recreat	tion or education)	Preservation of	f a historically important land area
	Protection of natural habitat		Preservation of	f a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribu	ition in the form	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)		2c
d	Number of conservation easements included in (c) acquired a	fter July 25,2006, and no	ot on a	
	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or to	erminated by the	e organization during the tax
	year			
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspect	ion, handling of	
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	handling of violations, an	d enforcing cons	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enf	forcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2(d) above	•		
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation		•	
	balance sheet, and include, if applicable, the text of the footne	ote to the organization's	financial statem	ents that describes the
Dai	organization's accounting for conservation easements. † III Organizations Maintaining Collections of	Art Historical Trac	acurac or Ot	thor Similar Assots
Fai	Complete if the organization answered "Yes" on Form		asures, or Or	illei Siillilai Assets.
12	If the organization elected, as permitted under FASB ASC 958		nue statement a	and halance sheet works
Ia	of art, historical treasures, or other similar assets held for pub			
	service, provide in Part XIII the text of the footnote to its finan			·
h	If the organization elected, as permitted under FASB ASC 958			
D	art, historical treasures, or other similar assets held for public	•		
	•	exhibition, education, or	research in fulti	lerance of public service,
	provide the following amounts relating to these items: (i) Revenue included on Form 990. Part VIII. line 1			\$
	(i) Revenue included on Form 990, Part VIII, line 1			
2	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical trea			
2				ii gaiii, provide
_	the following amounts required to be reported under FASB AS	-		¢
ä	Revenue included on Form 990, Part VIII, line 1			\$

Pai	t III Organizations Maintaining Co	ollections of Art	, Historical Tre	asures, or Othe	r Simil	ar Assets	(contin	ued)	
3	Using the organization's acquisition, accession						(000000		
	collection items (check all that apply):	,	,	3	5				
а	Public exhibition	d	I can or exc	hange program					
b	Scholarly research	e	Other						
C	Preservation for future generations	Č							
4	Provide a description of the organization's co	llections and evaluin	how thoy further th	o organization's ava	mnt nurn	ooo in Dort	VIII		
		•	•	•		ose III Fart	AIII.		
5	During the year, did the organization solicit or						7 v		٦ ٨ ٦
Dai	to be sold to raise funds rather than to be ma						_ Yes		No
I di	reported an amount on Form 990, Part		te ii trie organizatio	n answered res or	1 FOIII 9	o, Part IV,	line 9, or		
	Is the organization an agent, trustee, custodia		any for contributions	or other assets not	included				
Ia							Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII a						_ 165] 140
D	ii res, explain the arrangement in Fart Alli a	ind complete the foil	owing table.				Amount		
	Deginning belongs				40	+	711100111		
C	Beginning balance					+			
	Additions during the year					+			
e	Distributions during the year					+			
f	Ending balance						7,,		٦
	Did the organization include an amount on Fo				•	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.								
Pa	T V Endowment Funds. Complete if						(-) Faur		h a a l .
	-	(a) Current year	(b) Prior year	(c) Two years back	· ·	years back	<u> </u>		
1a	Beginning of year balance	1,637,184.	1,985,472.	<u> </u>	1,	543,295.	1,	478,	
b	Contributions	4,075.	4,000.			9,000.			174.
С	Net investment earnings, gains, and losses	165,206.	-276,101.	473,318.		53,190.		99,	213.
d	Grants or scholarships	-24,610.	-27,195.	-24,748.		-24,683.		-22,	519.
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses	-40,563.	-48,992.	-30,303.		-26,597.		-25,	741.
g	End of year balance	1,741,292.	1,637,184.	1,985,472.	1,	554,205.	1,	543,	295.
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, column (a)) held as:					
а	Board designated or quasi-endowment		%						
b	Permanent endowment 85.0000	%	_						
С	Term endowment 15.0000 9	<u></u>							
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.							
За	Are there endowment funds not in the posses	•	tion that are held ar	d administered for the	he				
	organization by:	· ·					ſ	Yes	No
	(i) Unrelated organizations						3a(i)		Х
	(ii) Related organizations						3a(ii)	\neg	Х
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as require	ed on Schedule R?				3b	\neg	
4	Describe in Part XIII the intended uses of the								
Pai	t VI Land, Buildings, and Equipme								
	Complete if the organization answered	l "Yes" on Form 990,	, Part IV, line 11a. S	ee Form 990, Part X	, line 10.				
	Description of property	(a) Cost or ot			Accumula	ted	(d) Bool	k value	 e
		basis (investm		' '	epreciatio	I	()		
	Land								
b	Buildings								
c	Leasehold improvements								
d		I							
	Equipment Other								
	L Add lines 1a through 1e. (Column (d) must ed		/ column (P) line 1	<u> </u>					0.

Schedule D (Form 990) 2022 FOUNDATION		41	1-1778186 Page 3
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 er	nd-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(8)			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 000 Part IV line	11c Soc Form 990 Part V line 13	
(a) Description of investment			ad of voor morket value
	(b) Book value	(c) Method of valuation: Cost or er	id-oi-year market value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	5.
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 X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

FOUNDATION

	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	686,098.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	343,784.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	343,784.
3	Subtract line 2e from line 1			3	342,314.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	24,413.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	24,413.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	366,727.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	nts With	Expenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	357,354.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	357,354.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	24,413.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	24,413.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	381,767.
Pa	rt XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I' 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	*		; Part X, I	ine 2; Part XI,
PA	RT X, LINE 2:				
TH:	FOUNDATION IS EXEMPT FROM INCOME TAXES UN	DER IN	TERNAL REV	ENUE	CODE
SE	CTION 501(C)(3) AND APPLICABLE MINNESOTA ST	ATUTES	, EXCEPT T	O THE	EEXTENT
IT	HAS TAXABLE INCOME FROM BUSINESSES THAT AR	E NOT	RELATED TO	ITS	EXEMPT
PII	RPOSE. THE FOUNDATION DID NOT HAVE ANY UNR	ELATED	BUSINESS	INCON	Æ.
			300211200		 •

THE FOUNDATION IS NOT CURRENTLY UNDER EXAMINATION BY ANY TAXING JURISDICTION. FEDERAL AND STATE TAX AUTHORITIES GENERALLY HAVE THE RIGHT TO EXAMINE INCOME TAX RETURNS FOR A PERIOD OF THREE YEARS AFTER THEY ARE THE FOUNDATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY FILED. TAX POSITIONS TAKEN, AND ACCORDINGLY, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.

Schedule D	(Form 990) 2022	FOUNDATION		41-1778186	Page 5
Part XIII	(Form 990) 2022 Supplemental Infor	mation (continued)			
		•			

SCHEDULE G (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

WHITE BEAR LAKE AREA EDUCATIONAL

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number

FOUNDAT	ION				41-1//8	186
Part I Fundraising Activities. required to complete this part	Complete if the organization answe	ered "Y	'es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
 Indicate whether the organization rais Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations Did the organization have a written of key employees listed in Form 990, P 	e Solicita f Solicita g Special or oral agreement with any individual	tion of tion of fundra (includ	non-g gover aising	overnment grants inment grants events fficers, directors, trus	tees, or	. □ No
b If "Yes," list the 10 highest paid indiv compensated at least \$5,000 by the	viduals or entities (fundraisers) pursu					
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	l have c	Did raiser sustody ntrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No	-		
Total						
3 List all states in which the organization or licensing.	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is exempt from re	gistration

Schedule G (Form 990) 2022

Part II Fundraising Events

FOUNDATION

41-1778186 Page 2

		of fundraising event contributions and gr	oss income on Form 990	-EZ. lines 1 and 6b. List (events with aross receip	ts greater than \$5.000.			
		3	(a) Event #1 GOLF TOURNAMENT	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))			
4)			(event type)	(event type)	(total number)				
Revenue	1	Gross receipts	103,586.			103,586.			
	2	Less: Contributions	103,586.			103,586.			
	3	Gross income (line 1 minus line 2)							
	4	Cash prizes							
s	5	Noncash prizes				-			
sued	6	Rent/facility costs							
Direct Expenses	7	Food and beverages							
Ö	8	Entertainment				40.624			
	9	Other direct expenses]	40,624.			
	10	,	. ,			-40,624.			
Pa	rt I			990 Part IV line 19 or		10,021			
	Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.								
-			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add			
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other garning	col. (a) through col. (c))			
Rev									
_	1	Gross revenue							
ses	2	Cash prizes							
Direct Expenses	3	Noncash prizes							
Direct	4	Rent/facility costs							
	5	Other direct expenses							
	6	Volunteer labor	Yes % No	Yes % No	Yes % No				
	6 7	Volunteer labor Direct expense summary. Add lines 2 through	No No		No				
	7		No h 5 in column (d)	No No	No No				
	7	Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	n 5 in column (d)	No	No No				
	7 8 Ent	Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu	No h 5 in column (d) 7 from line 1, column (d)	No No	No No				
а	7 8 Ent	Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conducted the organization licensed to conduct gaming and	No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	No No states?	No No				
а	7 8 Ent	Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu	No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	No No states?	No No				
a b	7 8 Entitle Is t	Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conducted the organization licensed to conduct gaming and	No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	No No states?	No No	Yes No			
a b 10a	7 8 Entire Is to If " We	Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct he organization licensed to conduct gaming a No," explain:	No h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: ctivities in each of these servoked, suspended, or te	states?	No No	Yes No			

Sch	edule G (Form 990) 2022 FOUNDATION 41	1777	<u>8186</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	138	a	%
	An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
	of gaming revenue retained by the third party \$ and the amount of gaming revenue retained by the third party \$ and the amount of gaming revenue retained by the third party:	:		
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	s Is the organization required under state law to make charitable distributions from the gaming proceeds to			
u	retain the state gaming license?		Yes	☐ No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		00	
U		,		
Pa	organization's own exempt activities during the tax year \$ Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Dort III I	inos 0	0h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	rait III, i	ii ies s,	30, 100,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

232083 10-27-22 Schedule G (Form 990) 2022

Schedule ((Form 990) FOUNDATION Supplemental Information (continued)	41-1778186 Page 4
Part IV	Supplemental Information (continued)	
_		

SCHEDULE I (Form 990)

Department of the Treasury

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

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

OMB No. 1545-0047

Open to Public Inspection å

Employer identification number 41-1778186 X 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 Go to www.irs.gov/Form990 for the latest information. Attach to Form 990. WHITE BEAR LAKE AREA EDUCATIONAL General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization Internal Revenue Service Part I

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

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

Part II

0 Schedule I (Form 990) 2022 (h) Purpose of grant or assistance SCHOLARSHIP (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) 173,486, (e) Amount of assistance recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant 0 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table 41-6008212 (**p**) EIN 1 (a) Name and address of organization WHITE BEAR LAKE, MN 55110 or government 4855 BLOOM AVENUE ISD 624

41-1778186

Page 2

Schedule I (Form 990) 2022 FOUNDATION

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

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIP	37	•0	63,519.	CASH DONATED	
Part IV Supplemental Information. Provide the information required in	uired in Part I, lin	e 2; Part III, column	Part I, line 2; Part III, column (b); and any other additional information.	lditional information.	
PART I, LINE 2:					
ALL APPLICATIONS ARE REVIEWED BY A		N COMMITTE	E AND A RE	SELECTION COMMITTEE AND A RECOMMENDATION	
IS MADE TO THE BOARD FOR APPROVAL OR DENIAL.	OR DENIAL	•			

Schedule I (Form 990) 2022 232102 10-31-22

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

WHITE BEAR LAKE AREA EDUCATIONAL FOUNDATION

Employer identification number 41-1778186

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ABILITY TO PROVIDE EXCELLENCE IN EDUCATION FOR ALL STUDENTS. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: OTHER FUNDS - THE FOUNDATION IS WILLING TO ESTABLISH NEW FUNDS FOR A SPECIFIC PURPOSE IF DONOR GIFTS ARE GREATER THAN \$15,000. THE FOUNDATION HAS SEVERAL FUNDS ESTABLISHED FOR VARIOUS PURPOSES, ALL OF WHICH SUPPORT THE MISSION OF THE FOUNDATION. EXPENSES \$ 191,481. INCLUDING GRANTS OF \$ 189,640. REVENUE \$ 0. FORM 990, PART VI, SECTION B, LINE 11B: ORGANIZATION'S PROCESS TO REVIEW FORM 990: THE FORM IS PRESENTED TO THE BOARD EXECUTIVE COMMITTEE AND THEN VOTED ON TO ACCEPT. FORM 990, PART VI, SECTION B, LINE 12C: ANY CONFLICT IS INDENTIFIED, DISCUSSED AT A BOARD MEETING AND VOTED ON. FORM 990, PART VI, SECTION B, LINE 15A: THE EXECUTIVE COMMITTEE TAKES CARE OF PERSONNEL ISSUES. ONCE A POSITION IS INDENTIFIED, THE PREVAILING SALARIES ARE GATHERED FOR THE OFFER. FORM 990, PART VI, SECTION C, LINE 19: PUBLIC DOCUMENTS WILL BE MADE AVAILABLE UPON REQUEST. FORM 990, PART XII, LINE 2C

Schedule O (Form 990) 20	22			Page 2
Name of the organization	WHITE BEAR FOUNDATION	LAKE AREA	EDUCATIONAL	Employer identification number 41-1778186