** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

<u> </u>	or the	2021 calendar year, or tax year beginning JUL I, 2021 and e	enaing U	UN 30, 2022					
B c	heck if pplicable:	WHITE BEAK LAKE AREA EDUCATIONAL		D Employer identifie	cation number				
	Address	FOUNDATION							
	Name change	Doing business as		41-17781					
	Initial return Final return/	Number and street (or P.0. box if mail is not delivered to street address) 4855 BLOOM AVENUE	Room/suite	E Telephone number 651-407-7696					
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	654,979.				
	Amende	WHITE BEAR LAKE, MN 55110		H(a) Is this a group re					
	Applica tion		for subordinates? Yes X No						
	pending	SAME AS C ABOVE		H(b) Are all subordinates included? Yes No					
	- ay-eye	mpt status: X 501(c)(3)	r 527	7 ' '	list. See instructions				
		E: ► WWW.WBLAEF.ORG	1 021	H(c) Group exemptio					
		organization: X Corporation Trust Association Other	I Vear	 	State of legal domicile: MN				
		Summary	L Toai	or formation. 1991	1 State of legal dofficile, 1114				
		Briefly describe the organization's mission or most significant activities: THE M	IISSIO	N OF THE WHI	TE BEAR				
ce		LAKE AREA EDUCATIONAL FOUNDATION IS TO EN							
Activities & Governance	ı -	Check this box if the organization discontinued its operations or dispose							
/eri	l				20				
ģ	l	Number of independent voting members of the governing body (Part VI, line 1b)			19				
જ					4				
ijes		Fotal number of individuals employed in calendar year 2021 (Part V, line 2a)			40				
Ĭ		Total number of volunteers (estimate if necessary)			0.				
Aci		Fotal unrelated business revenue from Part VIII, column (C), line 12			0.				
	1 d	Net unrelated business taxable income from Form 990-T, Part I, line 11	· · · · · · · · · · · · · · · · · · ·						
Revenue		2	-	Prior Year	Current Year				
	8 (Contributions and grants (Part VIII, line 1h)		137,936.	307,703.				
	9 F	Program service revenue (Part VIII, line 2g)		0.	122.067				
3eV	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		168,811.	122,867.				
_	111	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		9,266.	-33,481.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		316,013.	397,089.				
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		100,139.	113,799.				
	l	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
S	15 9	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		82,593.	90,450.				
Expenses	16 a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
xbe	b⊺	Fotal fundraising expenses (Part IX, column (D), line 25)	9.						
Ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		58,566.	50,660.				
	18 7	Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		241,298.	254,909.				
	19 F	Revenue less expenses. Subtract line 18 from line 12		74,715.	142,180.				
Net Assets or Fund Balances			Ве	ginning of Current Year	End of Year				
sets	20 7	Fotal assets (Part X, line 16)		4,483,725.	3,877,406.				
AS	21 7	Fotal liabilities (Part X, line 26)		33,375.	3,426.				
E.G.	22 1	Net assets or fund balances. Subtract line 21 from line 20		4,450,350.	3,873,980.				
Pa	ırt II	Signature Block							
Und	er penal	ties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of my	knowledge and belief, it is				
true,	correct	, and complete. Declaration of preparer (other than officer) is based on all information of whi	ch preparer	has any knowledge.					
Sigi	ո	Signature of officer		Date					
Her	- 1	CHRIS SUEDBECK, TREASURER							
		Type or print name and title							
		Print/Type preparer's name Preparer's signature	,	Date Check	PTIN				
Paid		LANCE J. BROCK Jance Dur	7 le 1	2/15/22 if self-employ	P01919631				
		· · · · · · · · · · · · · · · · · · ·		PA Firm's EIN					
-		Firm's address 10 RIVER PARK PLAZA, SUITE 800	,						
	1	SAINT PAUL, MN 55107		Phone no. (6	51)227-6695				
Mav	the IR	S discuss this return with the preparer shown above? See instructions		1	X Yes No				

Pai	Statement of Program Service Accomplishments	7
	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.	_
		_
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	
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$ 68,171. including grants of \$ 24,195.) (Revenue \$	_
та	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 \$ 15,786 • including grants of \$ 11,287 •) (Revenue \$	_
	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.	_
		_
		_
		_
		_
		_
		_
		_
		_
4c	(Code:) (Expenses \$ 3 , 285 • including grants of \$ 1 , 331 •) (Revenue \$)
	RYAN FAMILY FUND - FUND THAT PROVIDES FUNDING TO HELP FUND	_
	INSTRUCTIONAL MATERIALS, ART SUPPLIES, AND ARTISTS IN THE LOCAL	_
	ELEMENTARY SCHOOLS.	_
		_
		_
		—
		_
		_
		_
		_
		_
4d	Other program services (Describe on Schedule O.)	_
	(Expenses \$ 70,704 • including grants of \$ 76,986 •) (Revenue \$)	_
4e	Total program service expenses ► 157,946.	
	Form 990 (202	1)

Form 990 (2021) FOUNDATION
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			- V
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
0	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	٥		x
0	Schedule D, Part III	8		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	If "Yes," complete Schedule D, Part IV	9		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	10	21	
• •	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-		X
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10	Х	
19	1c and 8a? If "Yes," complete Schedule G, Part II	18	-22	
13	,	19		x
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
		20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
	J			

Form 990 (2021) FOUNDATION
Part IV Checklist of Required Schedules (continued) 41-1778186 Page 4

WHITE BEAR LAKE AREA EDUCATIONAL

			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	Х	
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	23		X
242	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
ZTU	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b		24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			١
	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			3,7
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		x
h	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
C	"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		Х
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			
	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
35 a	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			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			٠,,
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	20	Х	
Pai	Note: All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Δ	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
		_	000	

FOUNDATION
Statements Regarding Other IRS Filings and Tax Compliance (continued) Form 990 (2021) **Part V** Sta

				Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e -file. See instructions.				
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 C		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other au	thority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial ac	count)?	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 Acc	, ,			37
5a			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		5b		X
	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	-			x
	any contributions that were not tax deductible as charitable contributions?		6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	•	Ch		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).		6b		
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and servi	cae provided to the payor?	7a	Х	
a b			7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	required	7.5		
·	to file Form 8282?	•	7с		x
d		7d	10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit cor		7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form		7g	N/	A
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h	N/	A
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by	y the			
	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?		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:	1			
а	· · · · · · · · · · · · · · · · · · ·	10a			
b	, , , , , , , , , , , , , , , , , , , ,	10b			
11	Section 501(c)(12) organizations. Enter:	1			
a		11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	446			
100	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1	11b 0412	12a		
	77 / 7	12b	IZa		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120			
	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				
		13b			
С		13c			
	Did the consideration and the constant of the fact that a state of the fact that the constant of		14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule	0	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunera				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment i	ncome?	16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in a				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	N/A	17		
	If "Yes." complete Form 6069.				

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

	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 20					
	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 15					
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		Х		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х		
6	Did the organization have members or stockholders?	6		Х		
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		х		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1.5				
	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:	15				
а	The governing body?	8a	Х			
h	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	0.5				
3	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.)	1 0				
	(This Section B requests information about policies not required by the internal nevertide code.)		Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	X		
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100				
	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		Х		
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	114				
12a						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	X			
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	12.0				
·	on Schedule O how this was done	12c	Х			
13		13		Х		
14	Did the organization have a written whistleblower policy? 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	17				
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
•	The organization's CEO, Executive Director, or top management official	15a	Х			
	Other officers or key employees of the organization	15b		х		
D	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	130				
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a					
iou	taxable entity during the year?	16a		х		
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100				
	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	100				
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)	availal	ole		
.5	for public inspection. Indicate how you made these available. Check all that apply.	o orny)	avandi	510		
	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, an	d finan	rial			
19	statements available to the public during the tax year.	u miail	Jiai			
20	State the name, address, and telephone number of the person who possesses the organization's books and records					
20	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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization n	or any related	orga	niza	tion	con	npen	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one				nne	Reportable	Reportable	Estimated
	hours per	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of				
	week			from	from related	other				
	(list any			the	organizations	compensation				
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	truste	Institutional trustee		yee	Highest compensated employee		1099-NEC)	1000 NEO)	and related
	below	idual	ution	J.	Key employee	st co oyee	er			organizations
	line)	Indiv	Instit	Officer	Key 6	High empl	Former			
(1) LORI ARNOLD	40.00									
EXECUTIVE DIRECTOR				Х				60,000.	0.	0.
(2) ANGIE JOHNSON	2.00									
DIRECTOR		Х						52.	0.	0.
(3) MARY DAHLE	2.00									
VICE PRESIDENT - PROGRAMS		Х		Х				0.	0.	0.
(4) BRITT FOUKS	2.00									
VICE PRESIDENT - DEVELOPMENT		Х		Х				0.	0.	0.
(5) MARJORY HUMBERT	2.00									
SECRETARY		Х		Х				0.	0.	0.
(6) ANDREA LOPPNOW	2.00									
PRESIDENT		Х		Х				0.	0.	0.
(7) CHRIS SUEDBECK	2.00									
TREASURER		X		Х				0.	0.	0.
(8) DEB STENDER	2.00									
DIRECTOR		X						0.	0.	0.
(9) KIMBERLY ANDERSON	2.00									
DIRECTOR		Х						0.	0.	0.
(10) DEB BELOYED	2.00									
DIRECTOR		X						0.	0.	0.
(11) TIFFANY DITTRICH	2.00									
DIRECTOR		Х						0.	0.	0.
(12) JILL ENGWER	2.00									
DIRECTOR		Х						0.	0.	0.
(13) RYAN FARRELLY	2.00									
DIRECTOR		Х						0.	0.	0.
(14) DR.WAYNE KAZMIERCZAK	2.00									
DIRECTOR		Х						0.	0.	0.
(15) SHEILA KELLY	2.00									
DIRECTOR		Х						0.	0.	0.
(16) MARY CLEARY KOWITZ	2.00									
DIRECTOR		Х						0.	0.	0.
(17) DUNG MAO	2.00									
DIRECTOR		Х						0.	0.	0.
										Form 990 (2021)

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Section A. Officers, Directors, Trus		oloy	ees,			ghes	st C	ompensated Employee	s (continued)				
(A)	(B)			_ (C				(D)	(E)			(F)	
Name and title	Average	(do		Posi heck n			one	Reportable	Reportable		Es	timate	:d
	hours per			ss pers				compensation	compensation	n		nount (of
	week (list any	_	T an		10010	17 11 413	100)	from	from related			other	4:
	hours for	directo						the organization	organizations (W-2/1099-MIS			pensa om the	
	related	e or c	stee			sated		(W-2/1099-MISC/	1099-NEC)	C/	organiza		
	organizations	Individual trustee or director	Institutional trustee		yee	mper		1099-NEC)	1000 (120)			d relate	
	below	dualt	ution	_	Key employee	st co	- La	1				anizatio	
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former						
(18) MARYELLEN MIEURE	2.00												
DIRECTOR		Х						0.		0.			0.
(19) LEAH NICHOLSON	2.00												
DIRECTOR		Х						0.		0.			0.
(20) LISA OUREN	2.00												
DIRECTOR		Х						0.		0.			0.
(21) DAN SCHMIDT	2.00												
DIRECTOR		X						0.		0.			0.
1b Subtotal								60,052.		0.			0.
c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)								60,052.		0.			0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable				
compensation from the organization													0
												Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	кеу е	emplo	oye	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for s	uch individual										3		_X_
4 For any individual listed on line 1a, is the su									•				
and related organizations greater than \$150),000? If "Yes,	" co	mple	ete S	Sche	edule	J f	or such individual			4		X
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes," com	plete Schedule	e J fo	or su	ıch p	ers	on .					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ntra	acto	rs th	nat received more than \$	100,000 of comp	ensat	tion fro	om	
the organization. Report compensation for	the calendar ye	ear e	ndir	ng wi	ith c	or wi	thin	the organization's tax y	ear.				
(A)								(B)			(0		
Name and business	address	NC	ONE	3				Description of s	ervices	C	ompe	nsation	1
							_						
							\dashv						
							\dashv						
							\dashv		-				
2 Total number of independent centre stars for	aduding but =	o+ 11	nita	1 + 0 +	hec	o lic	+0~	aboutal who received as	are then				
2 Total number of independent contractors (in		טנ וווי	illec	ı tO T	.1108 1))	rea	above) who received mo	וומוו				
\$100,000 of compensation from the organiz	Lation -										_	990 <i>(</i>	2004)

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	Check if Schedule O contains a response or note to any line in this Part VIII								
				(A)	(B)	(C)	(D)		
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under		
					lunction revenue	business revenue	sections 512 - 514		
ωω	1 a	Federated campaigns 1a							
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b							
င်္ပ		Fundraising events 1c	96,554.						
ffs,		Related organizations 1d	30,3310						
ij či									
ns, Sirr		Government grants (contributions) 1e							
er (Ť	All other contributions, gifts, grants, and	211 140						
호된		similar amounts not included above 1f	211,149.						
gg	g			205 502					
<u>ğ</u> <u>ğ</u>	h	Total. Add lines 1a-1f		307,703.					
			Business Code						
မွ	2 a								
ه چَ	b								
Se	С								
an	d								
Program Service Revenue	е								
Pr	f	All other program service revenue							
	g	Total. Add lines 2a-2f							
	3	Investment income (including dividends, inte							
		other similar amounts)		128,444.			128,444.		
	4	Income from investment of tax-exempt bond		- ,			,		
	5	Royalties							
	Ū	(i) Real	(ii) Personal						
	6.0		(1.) 1 0.001.141						
	o a	Gross rents 6a							
	D	Less: rental expenses 6b							
	С	Rental income or (loss) 6c							
		Net rental income or (loss)	(1) 011						
	7 a	Gross amount from sales of (i) Securities							
		assets other than inventory 7a 218,832	•						
	b	Less: cost or other basis							
ne		and sales expenses	•						
l en	С	Gain or (loss) 7c -5,577	•						
Re		Net gain or (loss)		-5,577.			-5,577.		
ther Revenue	8 a	Gross income from fundraising events (not							
₹		including \$ 96,554. of							
		contributions reported on line 1c). See							
		Part IV, line 18	a 0.						
	b		33,481.						
		Net income or (loss) from fundraising events		-33,481.			-33,481.		
		Gross income from gaming activities. See							
		* *	a						
	h		b						
		Net income or (loss) from gaming activities_							
		Gross sales of inventory, less returns							
	10 a	· · · · · · · · · · · · · · · · · · ·	00						
	L		Da Ob						
			ומכ						
\rightarrow	С	Net income or (loss) from sales of inventory	Business Code						
2									
Miscellaneous Revenue	11 a								
llan	b								
See Be	C								
Ξ̈́		All other revenue							
		Total. Add lines 11a-11d		207 000	^	^	00 200		
	12	Total revenue. See instructions		397,089.	0.	0.	89,386.		

Form 990 (2021) 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	63,999.	63,999.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	49,800.	49,800.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	60,000.	30,000.	30,000.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	02 702	0.060	6 100	
7	Other salaries and wages	23,783.	9,963.	6,107.	7,713.
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	C CC7	2 100	2 072	<u></u>
10	Payroll taxes	6,667.	3,180.	2,873.	614.
11	Fees for services (nonemployees):				
	Management				
b	Legal	10,113.		10,113.	
	Accounting	10,113.		10,113.	
d	Lobbying				
	Professional fundraising services. See Part IV, line 17	26,488.		26,488.	
f	Investment management fees	20,400.		20,400.	
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	1,456.			1,456.
13	Office expenses	3,460.		3,460.	
14	Information technology	4,874.		4,874.	
15	Royalties			= / * * = *	
16	Occupancy	2,144.	1,004.	924.	216.
17	Travel	•			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	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	254,909.	157,946.	86,964.	9,999.
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 (2021)

Form 990 (2021)
Part X Balance Sheet

Par	t X	Balance Sheet				
		Check if Schedule O contains a response or note to	any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		14,569.	1	60,888.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		6,500.	4	2,000.
	5	Loans and other receivables from any current or form				
		trustee, key employee, creator or founder, substantia				
		controlled entity or family member of any of these pe		5		
	6	Loans and other receivables from other disqualified	ersonspersons (as defined			
		under section 4958(f)(1)), and persons described in s	section 4958(c)(3)(B)		6	
ပ္	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
¥	9	Prepaid expenses and deferred charges		5,941.	9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D10)a			
	b	Less: accumulated depreciation10)b		10c	
	11	Investments - publicly traded securities	4,456,715.	11	3,814,518.	
	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 lin	e 33)	4,483,725.	16	3,877,406.
	17	Accounts payable and accrued expenses		3,647.	17	3,426.
	18	Grants payable		18		
	19	Deferred revenue		29,728.	19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part	IV of Schedule D		21	
S	22	Loans and other payables to any current or former of				
Liabilities		trustee, key employee, creator or founder, substantia				
iab		controlled entity or family member of any of these pe	ersons		22	
_	23	Secured mortgages and notes payable to unrelated			23	
	24	Unsecured notes and loans payable to unrelated thin	Г		24	
	25	Other liabilities (including federal income tax, payabl				
		parties, and other liabilities not included on lines 17-	24). Complete Part X			
		of Schedule D		22 275	25	2 406
	26	Total liabilities. Add lines 17 through 25	5 37	33,375.	26	3,426.
S		Organizations that follow FASB ASC 958, check h	iere 🕨 🔼			
၁င		and complete lines 27, 28, 32, and 33.		212 156		200 225
alar	27	Net assets without donor restrictions		212,156.	27	280,335.
Ä	28	Net assets with donor restrictions		4,238,194.	28	3,593,645.
Ĕ		Organizations that do not follow FASB ASC 958,	check here L			
or F		and complete lines 29 through 33.				
ts (29	Capital stock or trust principal, or current funds			29	
SSE	30	Paid-in or capital surplus, or land, building, or equipr			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated incom		1 150 350	31	3,873,980.
Š	32	Total net assets or fund balances		4,450,350.	32	
	33	Total liabilities and net assets/fund balances	4,483,725.	33	3,877,406.	

Form 990 (2021) FOUNDATION 41-1778186 Page 12

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	39'	7,0	<u>89.</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2	254	1,9	09.	
3	Revenue less expenses. Subtract line 2 from line 1	3	142	2,1	80.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,450),3	50.	
5						
6	Donated services and use of facilities	6			1.	
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	3,873	3,9	80.	
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		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		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 Scho					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin					
	Act and OMB Circular A-133?	-	3a		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3h			

Form **990** (2021)

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

2021

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.)

Sec	tion A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	186,053.	156,926.	184,298.	137,936.	307,703.	972,916.		
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	10100	1-1-1-1-1	121 222	10- 00-				
4	Total. Add lines 1 through 3	186,053.	156,926.	184,298.	137,936.	307,703.	972,916.		
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)						34,544.		
	Public support. Subtract line 5 from line 4.						938,372.		
	ction B. Total Support								
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
	Amounts from line 4	186,053.	156,926.	184,298.	137,936.	307,703.	972,916.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,	04 001	110 501	00 607	04 661	100 444	E10 204		
	and income from similar sources	84,091.	119,501.	92,697.	94,661.	128,444.	519,394.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)						1492310.		
	Total support. Add lines 7 through 10	-1- (>			40	1492310.		
12	Gross receipts from related activities,	•	,			12			
13	First 5 years. If the Form 990 is for the	-		•					
Sec	organization, check this box and storetion C. Computation of Publi				•••••				
	Public support percentage for 2021 (li			column (f))		14	62.88 %		
15	Public support percentage from 2020					15	60.00 %		
	33 1/3% support test - 2021. If the o								
	stop here. The organization qualifies						. 57		
b	33 1/3% support test - 2020. If the o	. ,	•						
	and stop here. The organization qual								
17a	10% -facts-and-circumstances test								
	and if the organization meets the facts	-							
	meets the facts-and-circumstances te		•	•			. —		
b	10% -facts-and-circumstances test	•	•						
	more, and if the organization meets th	-							
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	>		
18									

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.)

Se	ction A. Public Support	low, please comp	Diete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
_							
3	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
ı	3 received from disqualified persons Amounts included on lines 2 and 3 received					-	
L	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(: Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support			T			
	ndar year (or fiscal year beginning in) 🕨 📙	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
108	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	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 regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organization	on,
	check this box and stop here						
	ction C. Computation of Public						
	Public support percentage for 2021 (lin			column (f))		15	<u>%</u>
	Public support percentage from 2020					16	<u>%</u>
	ction D. Computation of Invest					T .= T	
	Investment income percentage for 202					17	<u>%</u>
	Investment income percentage from 2					18	% 7 is not
198	33 1/3% support tests - 2021. If the						/ IS NOT
ŀ	more than 33 1/3%, check this box and 33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	2		
	3a		
	3b		
	3с		
	4a		
	- 10		
	4b		
	4c		
	F -		
	5a		
	5b		
	5с		
	6		
	_		
	7		
	8		
	9a		
	9b		
	55		
	0-		
	9с		
	10a		
	10b		
ule	A (Forn	n 990)	2021
	-	,	

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	rt IV Supporting Organizations (continued)			ago o
	11 C C (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		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	- 112		
	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,			
	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			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
0	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. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in.	struction	l ' I	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	, , , , , , , , , , , , , , , , , , , ,			
	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	2a		
h	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
b	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			
		2b		
3	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	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		

ichedule A (Form 990) 2021 FOUNDATION 41-1778186 Page 6

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	11 1770100 Tage 0
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	lov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete S	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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	nization (see

Schedule A (Form 990) 2021

instructions).

	dule A (Form 990) 2021 FOUNDATION			4	1-1778186 Page 7
Pai	rt V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continue	∍d)	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	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 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	;	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2021

41-177<u>8186 Page 8</u> FOUNDATION Schedule A (Form 990) 2021 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.)

132028 01-04-22 Schedule A (Form 990) 2021

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 Inspection

Name of the organization

WHITE BEAR LAKE AREA EDUCATIONAL FOUNDATION

Employer identification number 41-1778186

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(,	(-)
2	Aggregate value of contributions to (during year)		1
3	Aggregate value of grants from (during year)		1
4	Aggregate value at end of year		1
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor adv	vised funds
•	are the organization's property, subject to the organization's e	_	
6	Did the organization inform all grantees, donors, and donor ac		
•	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		
Pa			
1	Purpose(s) of conservation easements held by the organization		5, 1 (1111), 1110 1 .
•	Preservation of land for public use (for example, recreat		of a historically important land area
	Protection of natural habitat		of a certified historic structure
	Preservation of open space	i reservation	of a definited flistoffe structure
2	Complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the complete	ed conservation contribution in the for	m of a conservation easement on the last
_	day of the tax year.	ed conservation contribution in the for	Held at the End of the Tax Year
а			_
b			
c	Number of conservation easements on a certified historic stru		
	Number of conservation easements included in (c) acquired at		
u	listed in the National Register	•	
3	Number of conservation easements modified, transferred, rele		
3	year	ased, extinguished, or terminated by t	The organization during the tax
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the peri	· · · · · · · · · · · · · · · · · · ·	_
3	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
U	tan and volunteer nouns devoted to morntoning, inspecting, i	ianding of violations, and emorning co	mocreation casements during the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conser	viction assements during the year
'	\$	ing of violations, and emorcing conser	valion easements during the year
8	Does each conservation easement reported on line 2(d) above	section the requirements of section 17	70/h\/4\/P\/i\
0	and section 170(h)(4)(B)(ii)?	, ,	
9	In Part XIII, describe how the organization reports conservation		
9	balance sheet, and include, if applicable, the text of the footnotest	•	
	, , , , , , , , , , , , , , , , , , , ,	ote to the organization's illiancial state	ments that describes the
Pa	organization's accounting for conservation easements. TIII Organizations Maintaining Collections of	Art. Historical Treasures. or 0	Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 958		t and halance sheet works
iu	of art, historical treasures, or other similar assets held for public	•	
	service, provide in Part XIII the text of the footnote to its finance		
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 id	Titlerance of public service,
	provide the following amounts relating to these items:		•
	(i) Revenue included on Form 990, Part VIII, line 1		
2		auraa ar athar aimilar agasta far financ	
2	If the organization received or held works of art, historical trea		dai gain, provide
	the following amounts required to be reported under FASB AS	oo boo reialing to these items:	
_	Devenue included on Form OOC Dark VIII Bas 4	_	•
	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X	_	

Sche	dule D (Form 990) 2021 FOUNDAT					778186	
	t III Organizations Maintaining Co	ollections of Art	, Historical Tre	asures, or Othe	er Similar Asse	ts (continu	ıed)
3 a	Using the organization's acquisition, accessic collection items (check all that apply): Public exhibition		, check any of the f			•	
b	Scholarly research	е	Other				
С	Preservation for future generations						
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's exe	empt purpose in Pa	rt XIII.	
5	During the year, did the organization solicit or	receive donations of	f art, historical treas	sures, or other simila	ar assets		
	to be sold to raise funds rather than to be ma	intained as part of th	e organization's col	lection?		Yes	☐ No
Pai	t IV Escrow and Custodial Arrang	jements. Comple	te if the organization	n answered "Yes" o	n Form 990, Part IV	/, line 9, or	
	reported an amount on Form 990, Par						
1a	Is the organization an agent, trustee, custodia	an or other intermedia	ary for contributions	s or other assets not	t included		
	on Form 990, Part X?					Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a						
						Amount	
С	Beginning balance				1c		
d	Additions during the year				1d		
	Distributions during the year						
f	Ending balance						
2a	Did the organization include an amount on Fo					Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII.						
Pai	t V Endowment Funds. Complete if	the organization ans	swered "Yes" on Fo	rm 990, Part IV, line	10.		
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years bac	k (e) Four y	ears back/
1a	Beginning of year balance	1,985,472.	1,554,205.	1,543,295.	1,478,168	1,4	125,979
b	Contributions	4,000.	13,000.	9,000.	14,174		17,164
	Net investment earnings, gains, and losses	-276,101.	473,318.	53,190.	99,213	١.	91,585
d	Grants or scholarships	-27,195.	-24,748.	-24,683.	-22,519	٠	-31,021
е	Other expenditures for facilities						
	and programs						
f	Administrative expenses	-48,992.	-30,303.	-26,597.	-25,741		-25,539
g	End of year balance	1,637,184.	1,985,472.	1,554,205.	1,543,295	5. 1,4	178,168
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, column (a)) held as:			
	Board designated or quasi-endowment		_%				
b	Permanent endowment ► 85.0000	%					
С	Term endowment ▶	%					
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.					
3a	Are there endowment funds not in the posses	ssion of the organizat	ion that are held an	d administered for t	he organization	_	
	by:					\	res No
	(i) Unrelated organizations					3a(i)	X
	(ii) Related organizations						X
b	If "Yes" on line 3a(ii), are the related organizate					3b	
4	Describe in Part XIII the intended uses of the		ment funds.				
Pai	t VI Land, Buildings, and Equipme						
	Complete if the organization answered	I "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Part X	(, line 10.		
	Description of property	(a) Cost or ot	her (h) Cost	or other (c)	Accumulated	(d) Book	value

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total, Add lines 1a through 1e. (Column (d) must equa	I Form 990 Part Y colun	on (R) line 10c)		0.

Schedule D (Form 990) 2021

FOUNDATION

	omplete if the organization answered "Yes"	on Form 990. Part IV. line	11b. See Form 990. Part X. line 12.	
	of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
) Financial d	erivatives			
	d equity interests			
Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
tal. (Col. (b) m	ust equal Form 990, Part X, col. (B) line 12.)			
	vestments - Program Related.			
	omplete if the organization answered "Yes" (
	a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-ot-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7) (8)				
(9)				
	ust equal Form 990, Part X, col. (B) line 13.)			
	ther Assets. complete if the organization answered "Yes" (11d. See Form 990, Part X, line 15.	
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(4) (5)				
(4) (5) (6)				
(4) (5) (6) (7)				
(4) (5) (6) (7) (8)				
(4) (5) (6) (7) (8) (9) tal. (Column	(b) must equal Form 990, Part X, col. (B) line	15.)	>	
(4) (5) (6) (7) (8) (9) ttal. (Column	ther Liabilities.			
(4) (5) (6) (7) (8) (9) tal. (Column				
(4) (5) (6) (7) (8) (9) tal. (Column art X O	ther Liabilities. complete if the organization answered "Yes" ((a) Description of liability			(b) Book value
(4) (5) (6) (7) (8) (9) tal. (Column art X O	ther Liabilities. omplete if the organization answered "Yes" o			
(4) (5) (6) (7) (8) (9) tal. (Column art X O (1) Federa (2)	ther Liabilities. complete if the organization answered "Yes" ((a) Description of liability			
(4) (5) (6) (7) (8) (9) tal. (Column eart X O (1) Federa (2) (3)	ther Liabilities. complete if the organization answered "Yes" ((a) Description of liability			
(4) (5) (6) (7) (8) (9) Part X O (1) Federa (2) (3) (4)	ther Liabilities. complete if the organization answered "Yes" ((a) Description of liability			
(4) (5) (6) (7) (8) (9) tal. (Column art X O (1) Federa (2) (3) (4) (5)	ther Liabilities. complete if the organization answered "Yes" ((a) Description of liability			
(4) (5) (6) (7) (8) (9) tal. (Column Cart X O (1) Federa (2) (3) (4) (5) (6)	ther Liabilities. complete if the organization answered "Yes" ((a) Description of liability			
(4) (5) (6) (7) (8) (9) Part X O (1) Federa (2) (3) (4) (5) (6) (7)	ther Liabilities. complete if the organization answered "Yes" ((a) Description of liability			
(4) (5) (6) (7) (8) (9) tal. (Column Cart X O (1) Federa (2) (3) (4) (5) (6)	ther Liabilities. complete if the organization answered "Yes" ((a) Description of liability			

FOUNDATION

41-1778186 Page 4

Schedule D (Form 990) 2021 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. -347,949.Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 a Net unrealized gains (losses) on investments -718.5512a Donated services and use of facilities 2b Recoveries of prior year grants 2c Other (Describe in Part XIII.) -718,550. Add lines 2a through 2d 2e 370,601. Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 26,488. 4a Other (Describe in Part XIII.) 26,488. 4c c Add lines 4a and 4b 397,089. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12. 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 228,421. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 a Donated services and use of facilities 2a **b** Prior year adjustments 2b 2c c Other losses d Other (Describe in Part XIII.) 2d Add lines 2a through 2d 2e 228,421. Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: 26.488. a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) 26,488. 4c c Add lines 4a and 4b 254,909. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: THE FOUNDATION IS EXEMPT FROM INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) AND APPLICABLE MINNESOTA STATUTES, EXCEPT TO THE EXTENT IT HAS TAXABLE INCOME FROM BUSINESSES THAT ARE NOT RELATED TO ITS EXEMPT PURPOSE. THE FOUNDATION DID NOT HAVE ANY UNRELATED BUSINESS INCOME. 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	D (Form 990) 2021 FOUNDATION	41-1778186	Page 5
Part XIII	Continued Cont		
	(continued)		

SCHEDULE G (Form 990)

Department of the Treasury

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.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization WHITE BEAR LAKE AREA EDUCATIONAL FOUNDATION

Employer identification number 41-1778186

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.							
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a							
(i) Name and address of individual or entity (fundraiser)	(ii) Activity have custody from activity fundacion to (or					(vi) Amount paid to (or retained by) organization	
		Yes	No				
otal			•				
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is exempt from re	gistration	

Schedule G (Form 990) 2021

FOUNDATION

41-1778186 Page 2

Pa	Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000								
	of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.								
			(a) Event #1 GOLF TOURNAMENT		(b) Event #2		ther events	(d) Total events (add col. (a) through	
4)			(event type)		(event type)	(tot	al number)	- col. (c))	
anue									
Revenue	1	Gross receipts	96,554.					96,554.	
_	2	Less: Contributions	96,554.					96,554.	
	3	Gross income (line 1 minus line 2)							
	Ŭ	areas meenie (mie i rimiae mie 2)							
	4	Cash prizes							
Direct Expenses	5	Noncash prizes							
	6	Rent/facility costs							
irect Ex	7	Food and beverages							
	8	Entertainment							
	9	Other direct expenses	22 404					33,481.	
	10	Direct expense summary. Add lines 4 through	9 in column (d)				>	33,481.	
D		Net income summary. Subtract line 10 from li						-33,481.	
Pá	Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.								
		ψ13,000 0111 01111 990-L2, line 0a.	1	(b) Pull tabs/instant			(d) Total gaming (add	
nue			(a) Bingo		o/progressive bingo	(c) O	ther gaming	col. (a) through col. (c))	
Revenue									
	1	Gross revenue							
S	2	Cash prizes							
Direct Expenses	3	Noncash prizes							
Direct	4	Rent/facility costs							
	5	Other direct expenses							
	6	Volunteer labor	Yes % No		Yes % No	Ye			
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)				>		
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)								
9 Enter the state(s) in which the organization conducts gaming activities:									
a Is the organization licensed to conduct gaming activities in each of these states? Yes No									
		No," explain:							
	_								
	10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No								
b	b If "Yes," explain:								
	_								

Sch	edule G (Form 990) 2021	FOUNDATION			41-17	78	186	Pag	је 3
11	Does the organization conduct ga	ming activities with nonn	nembers?		[Yes		No
12	Is the organization a grantor, bene	ficiary or trustee of a true	st, or a member of a partr	nership or other entity formed					
	to administer charitable gaming?				[Yes		No
	Indicate the percentage of gaming				1				
	The organization's facility					13a			%
	An outside facility					13b			%
14	Enter the name and address of the	person who prepares the	ne organization's gaming/	special events books and recor	ds:				
15a	Does the organization have a cont	ract with a third party fro	om whom the organization	n receives gaming revenue?	L		Yes		No
k	If "Yes," enter the amount of gami			and the am	ount				
	of gaming revenue retained by the								
C	If "Yes," enter name and address	of the third party:							
	Name								
16	Gaming manager information:								
	Name								
	Gaming manager compensation	\$	_						
	Description of services provided								
	Director/officer	Employee	Independent co	ontractor					
17	Mandatory distributions:								
	Is the organization required under	state law to make charit	able distributions from the	e gaming proceeds to					
	retain the state gaming license?				[Yes		No
k	Enter the amount of distributions r	•		exempt organizations or spent	in the				
D-	organization's own exempt activiti	es during the tax year	\$						
Pa	Supplemental Information 15b, 15c, 16, and 17b, as			art I, line 2b, columns (iii) and (v) n. See instructions.	; and Part I	II, lin	es 9, 9	9b, 10	b,

Schedule G (Form 990) 2021 132083 10-21-21

Schedule (Filem 190) FOUNDATION 41-1778186 Page 4 Part IV Supplemental Information (continued)	Schedule G	(Form 990) FOUNDATION	41-1778186	Page 4
	Part IV	Supplemental Information (continued)		. age .

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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. ► Attach to Form 990.

OMB No. 1545-0047

Open to Public

2

Employer identification number 41-1778186 Inspection X Yes 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. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. WHITE BEAR LAKE AREA EDUCATIONAL General Information on Grants and Assistance criteria used to award the grants or assistance? FOUNDATION Name of the organization 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

Part II

	of grant ince				1.	0
	(h) Purpose of grant or assistance	SCHOLARSHIP			A	^
	(g) Description of noncash assistance					
	(f) Method of valuation (book, FMV, appraisal, other)					
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	(e) Amount of noncash assistance	·666′ £9				
	(d) Amount of cash grant	•0			listed in the line 1 table	
	(c) IRC section (if applicable)				anizations listed in the	
5,000. Part II can I	(b) EIN	41-6008212			nd government org	listed in the line 1
recipient that received more than \$	1 (a) Name and address of organization or government	ISD 624 4855 BLOOM AVENUE WHITE BEAR LAKE, MN 55110			2 Enter total number of section 501(c)(3) and government organizations	3 Enter total number of other organizations listed in the line 1 table

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

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

Schedule I (Form 990) 2021

41-1778186

Schedule I (Form 990) 2021

Part III Grants and Other

rm 990, Part IV, line 22.

ē	
_	
"Yes"	
Complete if the organization answered	
Grants and Other Assistance to Domestic Individ	Part III can be duplicated if additional space is needed.
≡	

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIP	32	.0	49,800.	CASH DONATED	
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	luired in Part I, line	2; Part III, column	(b); and any other ad	ditional information.	
PART I, LINE 2:					

ALL APPLICATIONS ARE REVIEWED BY A SELECTION COMMITTEE AND A RECOMMENDATION

IS MADE TO THE BOARD FOR APPROVAL OR DENIAL.

Schedule I (Form 990) 20
132102 10-26-21

SCHEDULE 0 (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

OMB No. 1545-0047

Inspection

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 \$ 70,704. INCLUDING GRANTS OF \$ 76,986. 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