

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2022

Open to Public Inspection

A For the **2022** calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HEADWATERS FOUNDATION FOR JUSTICE Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2801 21ST AVENUE SOUTH 132-B City or town, state or province, country, and ZIP or foreign postal code MINNEAPOLIS, MN 55407 F Name and address of principal officer: EMILY SCOTT SAME AS C ABOVE	D Employer identification number 36-3359386 E Telephone number 6128790602 G Gross receipts \$ 6,009,882. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW.HEADWATERSFOUNDATION.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1984
M State of legal domicile: MN		

Part I Summary

1	Briefly describe the organization's mission or most significant activities: HEADWATERS FOUNDATION'S MISSION IS TO AMPLIFY THE POWER OF COMMUNITY TO ADVANCE EQUITY AND JUSTICE.		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	5
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	5
5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	17
6	Total number of volunteers (estimate if necessary)	6	45
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	14,429,606.	3,415,883.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	529,805.	122,277.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	45,543.	23,298.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	15,004,954.	3,561,458.
14	Benefits paid to or for members (Part IX, column (A), line 4)	3,688,797.	2,200,410.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	2,051,329.	1,664,301.
b	Total fundraising expenses (Part IX, column (D), line 25) 615,371.	0.	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	609,880.	898,711.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,350,006.	4,763,422.
19	Revenue less expenses. Subtract line 18 from line 12	8,654,948.	-1,201,964.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	27,986,426.	19,516,733.
22	Net assets or fund balances. Subtract line 21 from line 20	1,550,136.	974,322.
		26,436,290.	18,542,411.

Part II Signature Block

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

Sign Here	Signature of officer EMILY SCOTT, DIRECTOR OF OPERATIONS & FINANCE Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name MICHAEL HINSCH	Preparer's signature MICHAEL HINSCH
	Firm's name CLIFTONLARSONALLEN LLP	Date 03/06/24
	Firm's address 220 S 6TH STREET, SUITE 300 MINNEAPOLIS, MN 55402	Check if self-employed <input type="checkbox"/> PTIN P01875343
		Firm's EIN 41-0746749
		Phone no. 612-376-4500

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: HEADWATERS FOUNDATION FOR JUSTICE (THE FOUNDATION) IS A COMMUNITY FOUNDATION WHOSE MISSION IS TO AMPLIFY THE POWER OF COMMUNITY TO ADVANCE EQUITY AND JUSTICE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 1,211,318. including grants of \$ 1,210,960.) (Revenue \$ 833,131.) DONOR ADVISED FUNDS: THIS PROGRAM ENABLES INDIVIDUAL DONORS TO ADVANCE THEIR PHILANTHROPIC GOALS AND DIRECT RESOURCES TO SOCIAL CHANGE GROUPS LOCALLY AND NATIONALLY. DEVELOPMENT STAFF EDUCATES DONORS ABOUT SOCIAL INJUSTICE ISSUES, CONNECTS THEM TO ORGANIZATIONS THAT MATCH THEIR INTERESTS, AND PROVIDES GRANTMAKING ASSISTANCE. IN FISCAL YEAR 2023, HEADWATERS ALLOCATED \$1,210,960 TO 113 ORGANIZATIONS. ADDITIONALLY, GRANTS OF \$189,300 WAS AWARDED TO HEADWATERS.

4b (Code:) (Expenses \$ 551,947. including grants of \$ 208,000.) (Revenue \$) THE GIVING PROJECT GRANT PROGRAM: SINCE 2015, THIS PROGRAM INVESTS IN ORGANIZATIONS THAT ARE LED BY AND FOR BLACK PEOPLE, INDIGENOUS PEOPLE, AND PEOPLE OF COLOR (BIPOC) THAT ALSO USE A COMMUNITY ORGANIZING APPROACH TO ADDRESS ROOT CAUSES OF INJUSTICE. DURING FISCAL YEAR 2023, HEADWATERS AWARDED \$208,000 IN 13 GENERAL OPERATING GRANTS.

4c (Code:) (Expenses \$ 543,369. including grants of \$ 304,000.) (Revenue \$ 2,268.) THE FUND OF THE SACRED CIRCLE: ACCORDING TO NATIVE AMERICANS IN PHILANTHROPY, FOUNDATIONS INVEST LESS THAN HALF OF ONE PERCENT OF GRANT DOLLARS IN NATIVE COMMUNITIES. HEADWATERS WORKS TO ADDRESS THIS IMBALANCE THROUGH THE FUND OF THE SACRED CIRCLE PROGRAM (FSC). GRANTS SUPPORTS MINNESOTA- AND WISCONSIN-BASED NATIVE AMERICAN ORGANIZATIONS THAT ADDRESS SYSTEMIC INJUSTICES. GENERAL OPERATING GRANTS SUPPORTS WORK THAT FOCUSES ON LANGUAGE AND CULTURAL REVITALIZATION; LAND AND ENVIRONMENTAL RESTORATION; SOVEREIGNTY AND TREATY RIGHTS; AND SELF-DETERMINATION AND CIVIL RIGHTS. IN FISCAL YEAR 2023, FSC PROGRAM AWARDED \$304,000 TO 19 ORGANIZATIONS.

4d Other program services (Describe on Schedule O.) (Expenses \$ 1,080,691. including grants of \$ 477,450.) (Revenue \$)

4e Total program service expenses 3,387,325.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and various organizational requirements.

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]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MN, WI
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
EMILY SCOTT - (612)879-0602
2801 21ST AVE S STE 132B, MINNEAPOLIS, MN 55407

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARIA DE LA CRUZ FORMER PRESIDENT	32.00			X			245,441.	0.	40,938.	
(2) MELISSA RUDNICK DIRECTOR OF PROGRAM & GRAN	32.00				X		198,900.	0.	18,404.	
(3) JULIE REMMELTS VP OF OPERATIONS & FINANCE	32.00			X			181,960.	0.	23,779.	
(4) ALLISON JOHNSON HEIST VP OF CULTURE & PARTNERSHI	32.00				X		157,938.	0.	19,759.	
(5) HABON ABDULLE SECRETARY	1.00	X		X			0.	0.	0.	
(6) CAMILLE CYPRIAN CO-CHAIR	1.00	X		X			0.	0.	0.	
(7) ERIC HOWARD VICE CHAIR	1.00	X		X			0.	0.	0.	
(8) LEAH OLM TREASURER	1.00	X		X			0.	0.	0.	
(9) ALYSSA HAWKINS BOARD MEMBER	1.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							784,239.	0.	102,880.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							784,239.	0.	102,880.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 5

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to 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 sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	61,262.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,354,621.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		3,415,883.			
Program Service Revenue	2 a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		57,779.		57,779.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				2,512,922.			
	b	Less: cost or other basis and sales expenses	7b	2,448,424.			
	c	Gain or (loss)	7c	64,498.			
	d	Net gain or (loss)		64,498.		64,498.	
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	OTHER REVENUE	Business Code	900099	23,298.	23,298.	
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d			23,298.		
12	Total revenue. See instructions			3,561,458.	0.	0.	
						145,575.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	2,200,410.	2,200,410.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	286,115.	145,919.	60,084.	80,112.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,077,244.	488,366.	263,988.	324,890.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	56,445.	25,616.	13,816.	17,013.
9 Other employee benefits	151,048.	69,018.	36,681.	45,349.
10 Payroll taxes	93,449.	43,363.	22,283.	27,803.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	170,494.	68,899.	55,759.	45,836.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	389,268.	196,879.	167,048.	25,341.
12 Advertising and promotion				
13 Office expenses	29,713.	9,768.	4,364.	15,581.
14 Information technology	99,642.	38,994.	21,927.	38,721.
15 Royalties				
16 Occupancy	123,750.	55,552.	30,645.	37,553.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	83,122.	15,450.	31,498.	36,174.
20 Interest	3,470.		3,470.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	20,021.		20,021.	
23 Insurance	5,675.	1,942.	2,438.	1,295.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MISCELLANEOUS	43,384.	3,409.	19,540.	20,435.
b MEMBERSHIPS	30,804.	23,650.	7,154.	
c BAD DEBT EXPENSE (RECOV	-100,632.	90.	10.	-100,732.
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	4,763,422.	3,387,325.	760,726.	615,371.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance 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
Assets	1 Cash - non-interest-bearing	7,098,978.	1	364,397.
	2 Savings and temporary cash investments	1,776,287.	2	4,211,923.
	3 Pledges and grants receivable, net	14,017,679.	3	5,105,132.
	4 Accounts receivable, net	0.	4	2,490.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	78,453.	9	79,871.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 278,731.		
	b Less: accumulated depreciation	10b 68,362.	158,344.	10c 210,369.
	11 Investments - publicly traded securities	3,243,012.	11	7,406,219.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11	510,000.	13	510,000.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,103,673.	15	1,626,332.
16 Total assets. Add lines 1 through 15 (must equal line 33)	27,986,426.	16	19,516,733.	
Liabilities	17 Accounts payable and accrued expenses	209,386.	17	369,654.
	18 Grants payable	1,235,000.	18	25,000.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	97,034.	24	64,962.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	8,716.	25	514,706.
	26 Total liabilities. Add lines 17 through 25	1,550,136.	26	974,322.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	4,345,464.	27	6,564,179.
	28 Net assets with donor restrictions	22,090,826.	28	11,978,232.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	26,436,290.	32	18,542,411.
33 Total liabilities and net assets/fund balances	27,986,426.	33	19,516,733.	

Part 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	3,561,458.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,763,422.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,201,964.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	26,436,290.
5	Net unrealized gains (losses) on investments	5	401,517.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-7,093,432.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	18,542,411.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2022)

SCHEDULE A (Form 990)

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

2022

Open to Public Inspection

Name of the organization

HEADWATERS FOUNDATION FOR JUSTICE

Employer identification number

36-3359386

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

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

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

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,488,718.	6,924,265.	13,311,485.	14,429,606.	3,660,929.	40,815,003.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2,488,718.	6,924,265.	13,311,485.	14,429,606.	3,660,929.	40,815,003.
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)						18,713,281.
6 Public support. Subtract line 5 from line 4.						22,101,722.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	2,488,718.	6,924,265.	13,311,485.	14,429,606.	3,660,929.	40,815,003.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	70,564.	63,642.	46,374.	45,427.	57,779.	283,786.
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.)	96,268.	444,695.	313,491.	45,543.	23,298.	923,295.
11 Total support. Add lines 7 through 10						42,022,084.
12 Gross receipts from related activities, etc. (see instructions)					12	147,353.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	52.60	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	35.55	%
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2021 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization; 19b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization; 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 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

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	

Section 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule A (Form 990) 2022

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS REVENUE

2018 AMOUNT: \$ 96,268.

2019 AMOUNT: \$ 444,695.

2020 AMOUNT: \$ 313,491.

2021 AMOUNT: \$ 45,543.

2022 AMOUNT: \$ 23,298.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

HEADWATERS FOUNDATION FOR JUSTICE

Employer identification number

36-3359386

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization HEADWATERS FOUNDATION FOR JUSTICE	Employer identification number 36-3359386
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 415,008.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 83,207.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 120,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 101,692.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HEADWATERS FOUNDATION FOR JUSTICE	Employer identification number 36-3359386
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 94,421.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 76,994.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 72,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HEADWATERS FOUNDATION FOR JUSTICE	Employer identification number 36-3359386
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization HEADWATERS FOUNDATION FOR JUSTICE	Employer identification number 36-3359386
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic structure). 2. Conservation contribution details (table with 2a-2d). 3-9. Monitoring and enforcement details (number of states, policy, staff hours, expenses, and reporting requirements).

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

Form with sections 1a-1b and 2. 1a: Reporting requirements for public exhibition. 1b: Reporting requirements for public service with revenue and asset amounts. 2: Reporting requirements for financial gain with revenue and asset amounts.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	4,856,685.	5,877,844.	4,916,948.	4,928,758.	4,927,603.
b Contributions		24.			
c Net investment earnings, gains, and losses	469,085.	-825,861.	1,237,537.	172,738.	195,745.
d Grants or scholarships					
e Other expenditures for facilities and programs	204,806.	195,322.	276,641.	184,548.	194,590.
f Administrative expenses					
g End of year balance	5,120,964.	4,856,685.	5,877,844.	4,916,948.	4,928,758.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 0.0000 %
 - b Permanent endowment 68.2100 %
 - c Term endowment 31.7900 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		263,978.	53,609.	210,369.
d Equipment		14,753.	14,753.	0.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				210,369.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) INTEREST IN THE NET ASSETS OF THE MINNEAPOLIS FOUNDATION	1,124,340.
(2) RIGHT OF USE ASSET, NET OF AMORTIZATION	501,992.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	1,626,332.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE LIABILITY	514,706.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	514,706.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	-3,130,457.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	401,517.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-7,093,432.
e	Add lines 2a through 2d	2e	-6,691,915.
3	Subtract line 2e from line 1	3	3,561,458.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	3,561,458.

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

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

1	Total expenses and losses per audited financial statements	1	4,763,422.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	4,763,422.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	4,763,422.

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 V, LINE 4:

THE FOUNDATION MAINTAINS THE ENDOWMENT TO SUPPORT GENERAL OPERATIONS AND

FUND GRANTMAKING FOR THE BENEFIT OF INDIGENOUS LED GROUPS IN MINNESOTA AND

WISCONSIN.

PART X, LINE 2:

THE FOUNDATION IS TAX EXEMPT UNDER SECTION 501(C)(3) OF THE INTERNAL

REVENUE CODE (IRC) AND MINNESOTA STATUTE 290.05. IT IS CLASSIFIED AS A

FOUNDATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A)(1) OF THE

IRC AND CONTRIBUTIONS BY DONORS ARE TAX DEDUCTIBLE.

THE FOUNDATION FOLLOWS ACCOUNTING STANDARDS FOR UNCERTAIN TAX POSITIONS

Part XIII Supplemental Information (continued)

AND FILES AS A TAX-EXEMPT ORGANIZATION. DURING 2023 AND 2022, THE
 FOUNDATION HAS NOT RECOGNIZED ANY LIABILITY FOR UNCERTAIN TAX POSITIONS.
 THE FOUNDATION'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY
 FEDERAL AND STATE AUTHORITIES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN BENEFICIAL INTEREST IN THE MINNEAPOLIS FOUNDATION

FUND	66,568.
LOSS ON UNCOLLECTIBLE GRANTS RECEIVABLE	-7,160,000.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-7,093,432.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AMAZE 1380 ENERGY LANE ST. PAUL, MN 55101-1681	41-1972162	501C3	8,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
AMERICAN INDIAN CANCER FOUNDATION 3001 BROADWAY ST NE STE 185 MINNEAPOLIS, MN 55413-2657	27-0300026	501C3	16,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
AMERICAN INDIAN COMMUNITY HOUSING ORGANIZATION - 202 W 2ND ST - DULUTH, MN 55802	41-1782394	501C3	25,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
AMERICAN INDIAN FAMILY CENTER 579 WELLS ST. SAINT PAUL, MN 55130-4134	41-1841352	501C3	16,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
ASIAN AMERICAN ORGANIZING PROJECT 1821 UNIVERSITY AVENUE W, STE 202 SAINT PAUL, MN 55104	39-4777419		10,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
ASSOCIATION OF AMERICAN INDIAN AFFAIRS - 6030 DAYBREAK CIRCLE, SUITE A150-217 - CLARKSVILLE, MD 21029	13-1623902	501C3	6,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 70.

3 Enter total number of other organizations listed in the line 1 table 20.

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

Schedule I (Form 990) 2022

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AVENUES FOR YOUTH 1708 OAK PARK AVE N MINNEAPOLIS, MN 55411	41-1765140	501C3	10,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
AWOOD CENTER 1730 NEW BRIGHTON BLVD, STE 104-120 MINNEAPOLIS, MN 55413	83-1170235	501C3	26,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
BCN COMMUNITIES 986 MARYLAND AVE E SAINT PAUL, MN 55106-2621	83-1404193		16,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
BLACK COLLECTIVE FOUNDATION MN 2429 NICOLLET AVE MINNEAPOLIS, MN 55404	88-3613546	501C3	100,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
BLACK DISABILITY COLLECTIVE 552 EAST WHEELLOCK PARKWAY SAINT PAUL, MN 55130	85-4325771		16,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
BLACK IMMIGRANT COLLECTIVE 2100 STEVENS AVE. S MINNEAPOLIS, MN 55404	38-3777419		16,250.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
BODY WISDOM D.B.A. INTERPLAY 2273 TELEGRAPH AVENUE OAKLAND, MN 94612-2330	94-3153475	501C3	10,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
BREAST CANCER ACTION 548 MARKET ST PMB 17179 SAN FRANCISCO, CA 94104-5401	94-3138992	501C3	11,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
BROWN HOPE PO BOX 6807 PORTLAND, OR 97228-6807	82-4843276	501C3	17,820.	0.	N/A	N/A	PROJECT SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUILDING DIGNITY AND RESPECT STANDARDS COUNCIL - 2730 E 31ST ST - MINNEAPOLIS, MN 55406-1923	83-2526232	501C3	15,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
CENTER SCHOOL INC 2421 BLOOMINGTON AVE S MINNEAPOLIS, MN 55404-3918	36-3591386	501C3	16,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
CENTRO DE TRABAJADORES UNIDOS EN LA LUCHA - 3715 CHICAGO AVENUE - MINNEAPOLIS, MN 55407	38-3828696	501C3	68,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
COMMUNITIES IN PARTNERSHIP PO BOX 11247 DURHAM, NC 27703-0247	47-5567396	501C3	15,000.	0.	N/A	N/A	PROJECT SUPPORT
COUNCIL ON AMERICAN ISLAMIC RELATIONS -CAIR-MINNESOTA, INC. - 2511 E FRANKLIN AVE #100 - MINNEAPOLIS, MN 55406	45-0553731	501C3	20,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
DAKHOTA IAPI OKHODAKICHIYE PO BOX 548 OSSEO, MN 55369	46-3946313	501C3	16,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
DAKOTA WICOHAN P.O. BOX 2 - 230 WEST 2ND STREET MORTON, MN 56270-1308	42-1552956	501C3	16,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
DEFEND GLENDALE AND PUBLIC HOUSING COALITION - PO BOX 14616 - MINNEAPOLIS, MN 55414	75-3210606		16,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
DIVINE NATURAL ANCESTRY 503 22ND AVE NE MINNEAPOLIS, MN 55418	46-0966610		16,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DIVINE'S URBAN GARDENS (D.U.G) 10633 QUEBEC AVE. N BROOKLYN PARK, MN 55445	47-4492457		16,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
DREAM OF WILD HEALTH 1308 E FRANKLIN AVE., SUITE 203 MINNEAPOLIS, MN 55404	41-1632662	501C3	22,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
EAST PHILLIPS NEIGHBORHOOD INSTITUTE - 2929 17TH AVE S - MINNEAPOLIS, MN 55436-1013	83-3630254	501C3	24,000.	0.	N/A	N/A	PROJECT SUPPORT, GENERAL OPERATING SUPPORT
EAST SIDE FREEDOM LIBRARY 1105 GREENBRIER STREET SAINT PAUL, MN 55106	46-3794535	501C3	6,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
FOR THE GWORLS 312 WEST 36TH ST 1ST FLOOR NEW YORK, NY 10018	01-0798319		7,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
FOSTER ADVOCATES 1425 MINNEHAHA AVE E #600-761 ST PAUL, MN 55106	82-5411160	501C3	26,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
FREEDOM FROM THE STREETS P.O. BOX 11084 MINNEAPOLIS, MN 55411-1419	84-5008150	501C3	16,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
GENDER JUSTICE 663 UNIVERSITY AVENUE W, SUITE 200 ST. PAUL, MN 55104	80-0603630	501C3	14,000.	0.	N/A	N/A	PROJECT SUPPORT, GENERAL OPERATING SUPPORT
GEORGIA STAND-UP (GEORGIA STRATEGIC ALLIANCE FOR DIRECTION) - 2366 SYLVAN ROAD - ATLANTA, GA 30344	20-0984437	501C3	10,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRASSROOTS INDIGENOUS MULTIMEDIA 619 W WHEELLOCK PARKWAY ST PAUL, MN 55406-3546	41-1962329	501C3	16,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
GREATER MINNEAPOLIS CRISIS NURSERY 4544 4TH AVE S MINNEAPOLIS, MN 55419	41-1379021	501C3	50,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
HEALTHCARE REPARATIONS COOPERATIVE 3410 GARFIELD AVENUE MINNEAPOLIS, MN 55408	23-7133742		16,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
HMONG AMERICAN FARMERS ASSOCIATION 149 THOMPSON AVENUE EAST, SUITE 210 - WEST SAINT PAUL, MN 55118-3263	46-0928003	501C3	16,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
HUMANIZE MY HOODIE 4444 CINNAMON RIDGE TRAIL EAGAN, MN 55122	45-5392245		16,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
IN BLACK INK 938 SELBY AVENUE SAINT PAUL, MN 55104	82-4012406	501C3	16,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
INQUILINKS UNIDXS POR JUSTICIA 3715 CHICAGO AVE MINNEAPOLIS, MN 55407	47-4987940	501C3	56,000.	0.	N/A	N/A	PROJECT SUPPORT, GENERAL OPERATING SUPPORT
INTERNATIONAL INSTITUTE OF MINNESOTA - 1694 COMO AVE - SAINT PAUL, MN 55108-2710	41-0693912	501C3	17,820.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
JEWISH COMMUNITY ACTION 2324 UNIVERSITY AVE W SAINT PAUL, MN 55114	41-1830619	501C3	10,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUXTAPOSITION ARTS 2007 EMERSON AVE N MINNEAPOLIS, MN 55411-2507	41-1851915	501C3	10,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
KILIMO MINNESOTA 3677 361 AVE NE CAMBRIDGE, MN 55008	20-0189339		16,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
LEECH LAKE FINANCIAL SERVICES, INC 115 SPRUCE AVE. NE CASS LAKE, MN 56633-0848	46-2579700	501C3	16,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
LITTLE EARTH RESIDENTS ASSOCIATION 2495 18TH AVE S MINNEAPOLIS, MN, MN 55404	36-3309894	501C3	21,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
LOVE FIRST COMMUNITY ENGAGEMENT 1049 VAN BUREN AVENUE SAINT PAUL, MN 55104	85-3542553	501C3	16,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
LOWER PHALEN CREEK PROJECT 332 MINNESOTA ST. SUITE W1520 SAINT PAUL, MN 55101	27-5469929	501C3	17,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
MAKOCE IKIKUUPI PO BOX 21 GRANITE FALLS, MN 56241-1426	47-4008717	501C3	6,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
MANIDOO OGITIGAAN 102 FIRST STREET WEST #110 BEMIDJI, MN 56601	82-4771865	501C3	16,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
MEWINZHA ONDAADIZIIKE WIIGAMING 802 PAUL BUNYAN DR S. SUITE 12, BEMIDJI, MN 56601	46-2523191	501C3	16,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIGIZI COMMUNICATIONS 2610 E 32ND STREET #200 MINNEAPOLIS, MN 55406	41-1379114	501C3	15,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
MILLION ARTIST MOVEMENT 887 RAYMOND AVE UPPER ST. PAUL, MN 55114	41-1690483		16,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
MINNESOTA INDIAN WOMEN'S RESOURCE CENTER - 2300 15TH AVE S - MINNEAPOLIS, MN 55404	41-1500950	501C3	10,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
MINNESOTA INDIGENOUS BUSINESS ALLIANCE (MNIBA) - 1765 CARROLL AVENUE, #10 - ST. PAUL, MN 55104-8354	81-5041824	501C3	16,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
MINNESOTA YOUTH COLLECTIVE EDUCATION FUND - 2161 UNIVERSITY AVE W #100 - ST. PAUL, MN 55114	82-4719053	501C3	16,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
MN350 4407 EAST LAKE STREET MINNEAPOLIS, MN 55406	45-2754381	501C3	17,820.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
MN8 550 RICE STREET ST. PAUL, MN 55103	86-3702657	501C3	16,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
NATIVE AMERICAN COMMUNITY DEVELOPMENT INSTITUTE - 1414 FRANKLIN AVENUE - MINNEAPOLIS, MN 55404-2134	41-2117257	501C3	22,250.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
NATIVE CONSERVANCY P.O. BOX 456 CORDOVA, AK 99574	30-0131766	501C3	10,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIVE GOVERNANCE CENTER 1730 NEW BRIGHTON BLVD MINNEAPOLIS, MN 55413	47-4901644	501C3	16,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
NATIVE SUN COMMUNITY POWER DEVELOPMENT - 4407 E. LAKE ST. - MINNEAPOLIS, MN 55406	84-4052420	501C3	16,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
NORTHWEST INDIAN COMMUNITY DEVELOPMENT CENTER - 1819 BEMIDJI AVE N - BEMIDJI, MN 56601-3866	36-3505641	501C3	16,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
OUTFRONT MINNESOTA COMMUNITY SERVICES - 2446 UNIVERSITY AVE W, STE 112 - ST. PAUL, MN 55114	36-3550489	501C3	65,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
PARTNERS IN HEALTH PO BOX 996 FREDERICK, MD 21705-9942	04-3567502	501C3	17,820.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
PROJECT FOR CHANGE 1826 MIKRANTIP RD. BEMIDJI, MN 56601-4255	45-0507287		16,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
RE:POWER FUND P.O. BOX #64689 ST. PAUL, MN 55164	35-2191193	501C3	8,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
RED LAKE ENDAZHI-NITAAWIGING 25065 HWY 1 WEST RED LAKE, MN 56671	87-2042845	501C3	16,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
RELATIONSHIPS EVOLVING POSSIBILITIES - 3010 E. LAKE STREET - MINNEAPOLIS, MN 55406	23-7133742		73,500.	0.	N/A	N/A	GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REPARATIONS SUMMER 1714 FRANKLIN ST OAKLAND, CA 94612-3409	52-1211059	501C3	26,800.	0.	N/A	N/A	PROJECT SUPPORT, GENERAL OPERATING SUPPORT
RESOURCE GENERATION 1216 BROADWAY, 2ND FLOOR NEW YORK, NY 10001	27-1847561	501C3	40,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
RESTAURANT OPPORTUNITIES CENTER OF MINNESOTA (ROC-MN) - 2110 NICOLLET AVE - MINNEAPOLIS, MN 40817	01-0939141	501C3	10,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
REVIVING THE ISLAMIC SISTERHOOD FOR EMPOWERMENT - 1007 WEST BROADWAY AVE N - MINNEAPOLIS, MN 55411	81-1236990	501C3	66,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
SOIL 388 ATLANTIC AVE, 3RD FL BROOKLYN, NY 11217	94-3462187		70,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
SOLIDAIRE NETWORK, INC. 1423 BROADWAY NO 314 OAKLAND, CA 94612	84-2130536	501C3	40,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
SOMALI AMERICAN FARMERS ASSOCIATION - 2276 E LAKE JESSIE RD SE - ALEXANDRIA, MN 56308-8925	85-0540699	501C3	16,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
SOUTH SUDANESE FOUNDATION 1132 28TH AVE S MOORHEAD, MN 56560	83-4476088	501C3	16,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
T.O.N.E. U.P. 2110 NICOLLET AVE SOUTH MINNEAPOLIS, MN 55404	47-1890824		16,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TAKEACTION MN EDUCATION FUND 705 RAYMOND AVE STE. 100 ST. PAUL, MN 55114	41-1635130	501C3	10,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
THE BRIDGE FOR YOUTH 1111 W 22ND ST MINNEAPOLIS, MN 55405	41-0983062	501C3	10,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
THE FIELDS AT ROOTSPRINGS 13537 47TH ST NW ANNANDALE, MN 55302	27-1709046	501C3	21,500.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
THE SEAD PROJECT 1007 W BROADWAY AVE MINNEAPOLIS, MN 55411	47-4088420	501C3	26,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
THE SHALOM CENTER 6711 LINCOLN DRIVE PHILADELPHIA, MN 19119-3119	23-2424621	501C3	7,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
TIERRA PARA LAS MUJERES 225 E 26TH ST, SUITE 1 TUCSON, AZ 85713	52-2094677		20,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
TIWAHE FOUNDATION 570 ASBURY ST N, SUITE 104 ST. PAUL, MN 55407-1226	26-4377588	501C3	19,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
TWIN CITIES INCARCERATED WORKERS ORGANIZING COMMITTEE - PO BOX 581561 - MINNEAPOLIS, MN 55458	87-4412519		10,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
URBAN FARM AND GARDEN ALLIANCE 855 AURORA AVE SAINT PAUL, MN 55104	47-1603523		16,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILD PATH COLLECTIVE 1948 60TH AVE OSCEOLA, WI 54020	87-3644112	501C3	30,800.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
WOMEN'S ENVIRONMENTAL INSTITUTE P.O. BOX 128 NORTH BRANCH, MN 55056-6807	20-0312344	501C3	10,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
YO MAMA'S HOUSE 3406 UPTON AVE N MINNEAPOLIS, MN 55412	47-4492457		16,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

WITH AN INITIAL APPLICATION, GROUPS MUST SUPPLY A COPY OF THE DETERMINATION LETTER, A LIST OF BOARD MEMBERS, BUDGET AND FINANCIAL INFORMATION, AND A WRITTEN NARRATIVE PROPOSAL ABOUT THE PROJECT. IF AN AWARD IS MADE, GROUPS MUST SIGN A GRANT AGREEMENT INDICATING THE TERMS OF THE GRANT AND REPORTING REQUIREMENTS. GROUPS MUST ALSO PROVIDE EVIDENCE OF CURRENT REGISTRATION WITH THE MINNESOTA ATTORNEY GENERAL'S CHARITY DIVISION. IF FUNDS ARE DISTRIBUTED TO A FISCAL AGENT, A LETTER IS REQUIRED FROM THAT ORGANIZATION INDICATING THE ORGANIZATION'S WILLINGNESS TO SERVE IN THAT CAPACITY.

Part IV Supplemental Information

ORGANIZATIONS RECEIVING FUNDING ARE REQUIRED TO SUBMIT A FINAL REPORT ONE

YEAR AFTER FUNDS WERE RECEIVED. ORGANIZATIONS THAT WERE FUNDED IN THE

PREVIOUS YEAR ARE REQUIRED TO SUBMIT A SIX-MONTH PROGRESS REPORT WITH THEIR

CURRENT APPLICATION. ORGANIZATIONS THAT WERE FUNDED PREVIOUSLY MUST HAVE

ALL PROGRESS REPORTS SUBMITTED BEFORE ANY ADDITIONAL DOLLARS ARE GRANTED.

Multiple horizontal lines for supplemental information input.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

HEADWATERS FOUNDATION FOR JUSTICE

Employer identification number

36-3359386

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MARIA DE LA CRUZ FORMER PRESIDENT	(i)	245,441.	0.	0.	12,385.	28,553.	286,379.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MELISSA RUDNICK DIRECTOR OF PROGRAM & GRAN	(i)	193,900.	5,000.	0.	9,945.	8,459.	217,304.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JULIE REMMELTS VP OF OPERATIONS & FINANCE	(i)	181,960.	0.	0.	9,179.	14,600.	205,739.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ALLISON JOHNSON HEIST VP OF CULTURE & PARTNERSHI	(i)	157,938.	0.	0.	7,938.	11,821.	177,697.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 4A:

MARIA DE LA CRUZ, \$146,102

MELISSA RUDNICK, \$62,750

JULIE REMMELTS, \$87,717

ALLISON JOHNSON HEIST, \$81,499

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

HEADWATERS FOUNDATION FOR JUSTICE

Employer identification number

36-3359386

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

THROUGH GRANTMAKING AND CAPACITY BUILDING SUPPORT TO GRASSROOTS

ORGANIZATIONS, OUR GOAL IS TO FOSTER JUST AND SUSTAINABLE COMMUNITIES

THAT EMBRACE SOCIAL, RACIAL, ECONOMIC AND ENVIRONMENTAL EQUITY. TO

ACHIEVE THIS GOAL, ALL OF HEADWATERS' PROGRAMS ARE DESIGNED TO ADVANCE

TWO OBJECTIVES: CHANGING SYSTEMS OF POWER, AND INCREASING THE POWER OF

DISENFRANCHISED COMMUNITIES. OUR COMMUNITY-LED GRANTMAKING PROCESS IS

THE TOUCHSTONE OF OUR FOUNDATION.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

BLACK MOVEMENT ECOSYSTEM: THE BLACK MOVEMENT ECOSYSTEM PROGRAM IS A NEW

STRATEGY FOR BUILDING LONG-TERM POLITICAL POWER AND INFRASTRUCTURE IN

MINNESOTA. BY INVESTING DEEPLY IN WOMEN AND FEMME ORGANIZERS FROM

DIVERSE BACKGROUNDS, HEADWATERS HELPS GRANTEE ORGANIZATIONS BUILD POWER

AND LIBERATION. IN FISCAL YEAR 2023, BME PROGRAM AWARDED \$272,000 TO 17

ORGANIZATIONS.

EXPENSES \$ 436,037. INCLUDING GRANTS OF \$ 272,000. REVENUE \$ 0.

RAPID RESPONSE GRANTMAKING: IN FISCAL YEAR 2023, OUR RAPID RESPONSE

GRANTMAKING PROGRAM AWARDED \$40,000 TO TWO ORGANIZATIONS.

EXPENSES \$ 171,320. INCLUDING GRANTS OF \$ 40,000. REVENUE \$ 0.

OTHER PROGRAMS: HEADWATERS HAS ADDITIONAL PROGRAMMING THAT INCLUDES

SUPPORT BEYOND THE DOLLARS, NATIVE STRATEGIES, AND GENERAL PROGRAMMATIC

WORK TO SUPPORT THE MISSION AND VALUES OF ADVANCING EQUITY, DEMANDING

INCLUSION, TRANSFORMING POWERS, AND TRUSTING THE COMMUNITY.

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

Schedule O (Form 990) 2022

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

EXPENSES \$ 473,334. INCLUDING GRANTS OF \$ 165,450. REVENUE \$ 0.

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

THE FINANCE COMMITTEE REVIEWS AND RECOMMENDS THE APPROVAL OF THE PREPARED

FORM 990 TO THE FULL BOARD THE BOARD THEN REVIEWS THE FORM 990 FOR THEIR

CONSIDERATION AND APPROVAL.

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

AS NEW BOARD AND KEY STAFF MEMBERS JOIN THE ORGANIZATION, THEY COMPLETE THE

CONFLICT OF INTEREST FORM. AT THE START OF THE NEW FISCAL YEAR, ALL BOARD

MEMBERS AND KEY STAFF MEMBERS COMPLETE THE CONFLICT OF INTEREST FORMS. A

SUMMARY OF THE CONFLICTS IS GIVEN TO THE BOARD CO-CHAIRS.

ANY CONTRACTS OR PAYMENTS MADE TO/WITH DIRECTORS MUST BE APPROVED BY THE

BOARD. IF ANY CONFLICT OF INTEREST OR POTENTIAL CONFLICT OF INTEREST ARISES

AFTER THE ANNUAL FORM IS FILLED OUT, THE INTERESTED DIRECTOR OR ANY

DIRECTOR WITH KNOWLEDGE OF SUCH CONFLICT SHALL CALL IT TO THE ATTENTION OF

THE BOARD PRIOR TO BOARD ACTION ON A DECISION INVOLVING THE CONFLICT OF

INTEREST. WHEN THERE IS DOUBT AS TO WHETHER A CONFLICT OF INTEREST EXISTS,

THE MATTER SHALL BE RESOLVED BY A VOTE OF THE BOARD, EXCLUDING THE PERSON

WHO IS THE SUBJECT OF THE POSSIBLE CONFLICT OF INTEREST. IF A CONFLICT OF

INTEREST DOES EXIST, THE BOARD MAY STILL AUTHORIZE, APPROVE, OR RATIFY A

CONTRACT OR TRANSACTION IN GOOD FAITH BY THE AFFIRMATIVE VOTE OF A MAJORITY

OF DIRECTORS; WITH THE CONFLICTED BOARD MEMBER ABSTAINING FROM THE VOTE.

THE DIRECTOR WHO HAS A CONFLICT SHALL NOT PARTICIPATE IN THE BOARD'S

DISCUSSION OF THE MATTER EXCEPT TO DISCLOSE MATERIAL FACTS AND TO RESPOND

TO QUESTIONS. SUCH PERSON SHALL NOT ATTEMPT TO EXERT HIS OR HER PERSONAL

INFLUENCE WITH RESPECT TO THE MATTER, EITHER AT OR OUTSIDE THE MEETING. THE

DIRECTOR HAVING SUCH A CONFLICT SHALL NOT PARTICIPATE IN THE FINAL

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DELIBERATION OR DECISION REGARDING THE MATTER UNDER CONSIDERATION AND SHALL
 RETIRE FROM THE ROOM IN WHICH THE BOARD IS MEETING AFTER PROVIDING THE
 BOARD WITH ANY AND ALL RELEVANT INFORMATION, ANY DIRECTOR DISCLOSING A
 CONFLICT OF INTEREST MAY BE COUNTED IN DETERMINING THE PRESENCE OF A QUORUM
 AT A MEETING OF THE BOARD OR A COMMITTEE THEREOF. THE MINUTES OF THE
 MEETING OF THE BOARD OR COMMITTEE SHALL REFLECT THAT THE CONFLICT OF
 INTEREST WAS DISCLOSED AND THAT THE INTERESTED DIRECTOR WAS NOT PRESENT
 DURING THE FINAL DISCUSSION OR VOTE AND DID NOT VOTE ON THE MATTER.

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

CHANGES TO THE INTERIM EXECUTIVE DIRECTOR'S SALARY SHALL BE MADE BY THE
 BOARD OF DIRECTORS. IN REVIEWING THE COMPENSATION OF THE INTERIM EXECUTIVE
 DIRECTOR, HEADWATERS BOARD OF DIRECTORS UTILIZES THE FOLLOWING PROCESS:

- 1) IMPARTIAL DECISION MAKERS - THE COMPENSATION ARRANGEMENT MUST BE
 APPROVED IN ADVANCE (BEFORE ANY PAYMENT IS MADE) BY THE BOARD COMPOSED
 ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A CONFLICT OF INTEREST WITH RESPECT
 TO THE COMPENSATION ARRANGEMENT.
- 2) COMPARABILITY DATA - WHEN THE BOARD IS CONSIDERING COMPENSATION OF THE
 INTERIM EXECUTIVE DIRECTOR, IT MUST RELY ON COMPARABILITY DATA THAT
 DEMONSTRATES THE FAIR VALUE OF THE COMPENSATION IN QUESTION. THIS DATA MAY
 INCLUDE THE FOLLOWING
 - EXPERT COMPENSATION STUDIES BY INDEPENDENT FIRMS.
 - WRITTEN JOB OFFERS FOR POSITIONS AT SIMILAR ORGANIZATIONS.
 - DOCUMENTED TELEPHONE CALLS AND EMAILS ABOUT SIMILAR POSITIONS AT BOTH
 NON-PROFIT AND FOR-PROFIT ORGANIZATIONS.
 - INFORMATION OBTAINED FROM THE IRS FORM 990 FILINGS OF SIMILAR
 ORGANIZATIONS
 - USE OF SALARY SURVEYS NON-PROFIT AND FOUNDATION WORLD.

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THE BOARD'S FINAL DECISION IS DOCUMENTED THROUGH BOARD MEETING MINUTES.

THIS IS CONDUCTED ANNUALLY AND LAST OCCURRED IN FISCAL YEAR 2023.

STAFF SALARIES ARE DETERMINED BY PERFORMANCE EVALUATION, YEARS OF

EXPERIENCE, EDUCATION, SUPERVISOR DUTIES, AND ENSURING ALL POSITIONS ARE

PAID AT LEAST WITHIN 50-75% COMPARED TO OTHER NONPROFIT ORGANIZATIONS BASED

ON BUDGET, ASSETS, LOCATION, AND FOCUS AREA. THE DIRECT SUPERVISOR REVIEWS

PERFORMANCE AND RECOMMENDS COMPENSATION BASED ON THE SALARY RANGES OF THE

ORGANIZATION AND THE INTERIM EXECUTIVE DIRECTOR APPROVES ALL SALARIES.

SALARIES ARE DOCUMENTED IN THE APPROPRIATE PERSONNEL FILE WITH THE REQUEST

MEMO AND THE SIGNED SALARY AUTHORIZATION APPROVED BY THE INTERIM EXECUTIVE

DIRECTOR. THE PROCESS DESCRIBED HERE WAS LAST COMPLETED IN 2023.

FORM 990, PART VI, SECTION C, LINE 19:

THE FOUNDATION MAKES ITS FINANCIAL STATEMENTS AVAILABLE ON THE WEBSITE OR

MAILED UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN BENEFICIAL INTEREST IN THE MINNEAPOLIS FOUNDATION	66,568.
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LOSS ON UNCOLLECTIBLE GRANTS RECEIVABLE	-7,160,000.
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TOTAL TO FORM 990, PART XI, LINE 9	-7,093,432.
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